

Health Sector Working Group Progress Report

Name of Sector Working Groups: Health Sector Working Group

SWG Chair and Co-Chairs:

Chair: H.E. Asso.Prof. Dr. Bounkong Sihavong, Minister of Health

Co-Chairs: H.E. Mr. Keizo Takewaka, Ambassador of Japan to the Lao PDR

Dr. Mark Jacobs, World Health Organization (WHO) representative to Lao PDR

SWG Secretariat Focal Points:

Government Officials:

Dr. Nao Boutta, Director General of Cabinet, MOH

Mr. Khamphet Manivong, Director General of Department of Planning and Cooperation, MOH

Dr. Founkham Rattavong, Deputy Director of Department of Planning and Cooperation, MOH

Dr. Phasouk Vongvichit, Deputy Director of Department of Planning and Cooperation, MOH

Dr. Bounsarth Keoprasith, Deputy Director of Cabinet, MOH

Development Partners:

Ms. Asuka Kato, Second Secretary, Embassy of Japan

Ms. Yumiko Inoue, JICA Laos Office

Technical Supporting Staffs:

Government Officials:

Dr. Viengmany Bounkham, Chief of Cooperation Division, Department of Planning and Cooperation, MOH

Dr. Souphaphone Sadettan, Chief of International Relation Division, Cabinet, MOH

Dr. Daovieng Douangvichit, Secretary to minister, Cabinet, MOH

Development partners:

Dr. Hironori Okabayashi, Health Policy Advisor, JICA

Dr Shogo Kubota, Medical Officer, World Health Organization (WHO)

Overview of Sector Performance in 2019

Sector outputs and activities	Progress	Challenges and opportunities
A. Sectoral thematic (substantive) areas		
1. Actions/activities relating to the RTIM key recommendations as per Annex 1 (for most relevant recommendations only)		

Sector outputs and activities	Progress	Challenges and opportunities
<p>1.1. Determined perseverance to address food insecurity and malnutrition.</p> <p>The rate of malnutrition is reducing and this goal is fundamental to seeing the country climb the human assets index, which is vital to secure LDC graduation.</p>	<p>Appointed national and provincial nutrition committee and 100 priority districts of MCH and EPI to take lead on food security and nutrition interventions;</p> <p>Collaborating multi-sectoral with agriculture sector for food security and education sector for nutrition education and promotion nutrition behavior change for mother and villagers at community level</p> <p>Developed Decree on Infant and Children Food Products Management to promote <u>exclusive breastfeeding</u> during 6 months and continue until 2 years, and waiting for approval from government in 2019. Currently, the promotion and support of breastfeeding are implementing under the ministerial decree No. in 042 and implement in M & E Framework</p> <p>Some budget is supported by the government while some is supported by DPs through programme based approach for nutrition interventions. For example, World Bank and EU. Some UN agencies support as project related to nutrition strategy.</p> <p>Building of new Nutrition Center supported by USA is an opportunity to strengthen capacity of nutritionists.</p>	<p>Women in remote rural areas are malnutrition and some are early pregnant and adolescent women.</p> <p>Coordination especially at implementation level in district and community is still challenging.</p> <p>Lack of water for planting in some areas and also lack of clean water for cooking.</p> <p>Challenges of both malnutrition and over nutrition are still remained: Lao children under five-year are over nutrition, children in Phongsaly province are double burden: 54% of children under-five year are chronic malnutrition (stunting) and 10% are over nutrition. Children wasting at the southern provinces (about 40% anemia) and stunting in central provinces (LSIS II, 2017)</p>
<p>1.2. Maternal and child mortality.</p> <p>Maternal and child mortality rates have significantly reduced. However, the rates are still among the highest in the region.</p>	<p>National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Committee has integrated program-based sub-committees (Family planning / Safe delivery / EmOC / EENC / IMCI / Immunization / Nutrition) into sub-committees by target groups = “People-centered approach” (Reproductive and adolescent / Maternal / Newborn / Sick child / Well child – Example: Sub-committee on “Well-child” integrates immunization, nutrition etc..) and develop one integrated master plan to improve efficiency and decrease missed opportunities.</p> <p>Adolescent Health was included in the RMNCAH strategy and action plan as a program</p> <p>Integrated all RMNCAH programs for quality assessment and improvement (technical supervision) - also as the model for hospital accreditation to improve quality of services (Dok Champa)</p>	<p>Improving equity should be focused (Eg. Stunting, SBA coverage)</p> <p>EPI is far off track and donor funding will decrease: The leadership for community mobilization from local authority is still limited, and resources for community mobilization needs to come from beyond HSDP.</p> <p>The climate crisis, poor transportation and communication at remote rural areas are also challenges for immunization.</p>
<p>2. Other substantive actions/activities relating to overall sectoral strategies, if applicable, to support the implementation of the 8th NSEDP and preparation for the 9th NSEDP</p>		
<p>Strengthening Primary Health Care</p>	<p>Drafted of Community Health Systems Strengthening Action Plan for PHC 2021-2025 with board consultation stakeholders from central</p>	<p><u>Need to clarify responsibilities and resources for PHC. The main</u></p>

Sector outputs and activities	Progress	Challenges and opportunities
<p>Health Sector Reform Phase 3 focuses on strengthening Primary Health Care (PHC). This goal can be achieved only through collective commitments of all relevant sectors and strong leadership of local authorities.</p>	<p>to district levels.</p> <p>Revised PHC policy (2019) Approved 24 October 2019;</p> <p>Amended Law on Hygiene and Health Promotion (2019) which include specific article in art 47 on PHC;</p> <p>Model Healthy Village expansion accordance to three builds policy: 6,679 villages or 76,66% of total villages (119 village in 2019)</p> <p>Village Health Volunteer establishment to conduct health intentions in community: there are 13,722 VHVs (female 5,669) in 2019</p>	<p><u>responsibility of health sector in PHC is to make quality essential services available in community. Community mobilization should be responsibility of local authority. Need to identify resource (beyond HSDP)</u></p> <p>All RMNCAH programs (Reproductive, Adolescent, Maternal, Newborn, Immunization, Nutrition) established an integrated quality assessment (used for hospital accreditation) and quality improvement (technical supervision) in district hospitals. Currently, seeking integrating HIV, TB, NCDs before rollout nation-wide. And future expansion to health center level</p> <p>RMNCAH integrated service delivery and multi-sectoral initiatives led by nutrition can be well integrated with communicable diseases and NCDs to establish sustainable integrated service provision for community, mobilizing village health volunteer.</p>
<p>B. Communication and outreach activities with the sector and across Sector Working Groups</p>		
<p>Coordination of Health Sector Working Group</p> <p>SWC mechanism in health has facilitated consensus building and alignment of DP's support to MOH Five Years Health Sector Development Plan as the single sector policy documents, strategic papers or plans</p>	<p>Combined Sector-Wide Coordination (SWC) Mechanism into Health Sector Reform and Three Builds Policy as one system for effective development cooperation of the Health Sector Working Group. This is a forum to discuss technical issues, policy dialogue, and make consensus report to the Round Table Process.</p> <p>Organized Task Force Meetings on planning, cooperation, and health information system. As well as some Technical Working Groups (TWGs) level. For example, the RMNCAH TWG has strong involvement from about 20 health partner agencies and already marked 40th meetings (quarterly meeting for almost a decade)</p> <p>Organized Sector Working Group Operational Level Meetings, and Sector Working Group Policy level meeting to discuss progress implementation of the 8th HSDP and preparation of the 9th Five-Year Health Sector Development Plan (2021-2025) with DPs and related line ministries support to the health sector</p> <p>Coordination with other sectors such as</p>	<p>Re-organizing sub-sector working group to align with the revise HSR and need clear TOR for combined coordination mechanism.</p> <p>Some Technical Working Groups are not meet regularly</p>

Sector outputs and activities	Progress	Challenges and opportunities
	Agriculture, Education through the National Nutrition Committee meetings.	
C. Cross-sectoral thematic areas applied to all SWGs		
<p>1. Partnership for Effective Development Cooperation (in accordance to VDCAP 2016-2025) (Only narrative on each principles)</p> <p>According to 8 VDCAP principles, MOH has developed guideline on the Aid Effectiveness for the health sector in 2016. The 1st revision in 2019 and conducted training to provincial health officials nation-wide.</p>	<p>Joint planning between MOH and DP's Annual Work plan (based on guideline on the aid effectiveness for the health sector) through results-based planning practices and can be monitored implementation of activities supported by DPs. Their plans also align with MOH's priority programs, sub-programs, and projects under the 8th Five-Years Health Sector Development Plan. For example, WHO, UNFPA, Luxembourg, Global Fund, ADB, WB.</p> <p>There was broad consultation with relevant stakeholders to link with national budget and national planning processes</p> <p>Some ODA flows are on national health's budget which are endorsed by NA</p> <p>Established monitoring and evaluation division to monitor both government and ODA investment in the health sector for more transparency.</p>	<p>Some DPs are not aligned their plan with sector's program and engagement of NPAs and INGOs in the national and provincial development process need to be improved;</p> <p>ODA coordination and reporting (especially expenditure monitoring of ODA) mechanism need to be improved.</p> <p>There is a need to promote and develop guidance and regulation; and conduct assessment on Public Private Partnership and private sector involvement in health sector.</p> <p>Revitalize the National Commission on Health Sector Reform to strengthen multi-sector collaboration for strengthening Primary Health Care</p>
<p>2. Innovation and technology</p> <p>Health Management Information System (HMIS)</p> <p>The Health Information System contributes towards more efficient and equitable health services for the betterment of health for all the people of Lao PDR</p> <p>By 2025 the Lao HMIS functions effectively, using an integrated central platform, providing timely, high quality, evidence-based information for policy formulation, decision making, program implementation, monitoring and evaluation for all national and international health stakeholders.</p>	<p>Improve linkage health information to become a national health information system in District Health Information System (DHIS) version 2: develop family folder by using tracker in DHIS 2 to collect data from health center level based on Health Sector Reform Pillar;</p> <p>Continue capacity building by providing training on family folder data entry and data collection, implement event capture, ANC1, delivery, EPI, and OPD, IPD;</p> <p>Using off line data collection at health centre level;</p> <p>Expand surveillance system to provinces and integrate M-supply into DHIS 2</p> <p>Improved and integrated human resources for health data into DHIS2</p> <p>Pilot government and ODA budget data into DHIS 2</p> <p>Conducted monitoring and supervision to entry CRVS data into DHIS 2 in 2019;</p> <p>Conducted training on ICD 10 to 8 programs and Central hospital staff.</p>	<p>Need to develop information center focus on research, training on how to use the data for planning, progress monitoring preparation plan for survey (LSIS3)</p> <p>eHealth strategy implementation to improve information and service</p> <p>Monitoring 39 SDG indicators (SDGi) from DHIS 2 is challenging because less than 20 SDGi can track from DHIS2</p> <p>Causes of death is challenges for improving quality of care</p>
<p>3. Promoting gender</p>	<p>Disseminated law on Violence Against Women</p>	<p>Need more government support</p>

Sector outputs and activities	Progress	Challenges and opportunities
equality and women's empowerment and accelerating the adoption and implementation of the National Youth Policy	and Children Promote gender equality and implement "strategy for gender equity and mother and child health for health sector (2019-2025)".	and request both technical and financial support to promote and conduct capacity building on gender equality, women's empowerment activity.

Request to the health partners

Health Sector Reform and Health Sector Development Plan show the vision and direction of the ministry of health. We request the partners to align with the priorities, support gaps through harmonization.

Example 1: In RMNCAH, nutrition and immunization only fills more than 90% of the reported expenditure, while reproductive, adolescent, newborn, maternal health have insufficient budget

Example 2: Emerging areas such as NCDs and climate change have limited resource to tackle compared to existing programs

Example 3: There are many constructions of central hospitals, but service delivery in primary health care level is limited

The key message and request to rise in the RTIM from MOH:

In RTIM 2019, MOH would like to clarify responsibilities and resources to achieve health for everyone in Lao PDR. Main responsibility of **Health sector** is to ensure quality essential services available for all with the budget source from Health Sector Development Plan. Main responsibility of **local authority** is to mobilize community for better health by the community. Budget source for community mobilization: Where in National Socio-Economic Development Plan?

Other topics to raise at the Round Table Implementation Meeting is sufficient resource allocation for Universal Health Coverage (UHC) through primary health care. For example, National Health Insurance, more participation across sector working group and other stakeholders, enforcement of Health Care Law to achieve "Leaving no-one behind" Eg. Local authority follows the standard on developing health facilities and human resource allocation for efficient and equitable resource allocation.

Way forward for 2020:

- Accelerate to implement the national strategy and action plan of integrated RMNCAH (planning, implementation, monitoring and supervision, and reporting) to reach 10 core health indicators and the 8th Five-Years Health Sector Development Plan;
- Ensure affordability of essential services including RMNCAH services;
- Improve data quality in DHIS2 to monitor the national progress and data usage in planning;

- Continue social mobilization involvement for PHC by village health volunteers and expand model healthy village with community ownership and participation, the goal of MHV by 2020 is 6,812, which will be covered 80% of total villages;
- Improve capacity of case detection and public health emergency and response, and implement International Health Regulation (IHR);
- Capacity building of laboratory for accurate diagnostic and improve surveillance and prevention for HIV/AIDS, TB, Malaria, and dengue;
- Improve and expand health services network for accessibility and quality to meet standard and focus on women and children and people in remote rural areas;
- Implement 5 goods and 1 satisfaction policy on quality of health care at health facilities;
- Ensure availability of quality essential drugs, effective, safety, reasonable price and rational use of drug
- Capacity building on human resource for health data management for more effective human resources planning
- Implement health financing strategy and financial management regulations with strict and transparency
- Improve and manage health insurance system which expand to target population to access to good quality of health services by focusing on free delivery and child treatment, including the poor to access quality of health services and equity
- Prepare the 9th Five-Year Health Sector Development Plan (2021-2025) with comprehensive and detail data-based planning and budget
- Implement Health Sector Reform pillar on health information with five priority areas: improve DHIS 2 for high quality and implement disbursement link indicators (DLI); focus on CRVS, support ICD 10 implementation; Continue monitoring and supervision to entry CRVS data into DHIS 2; eHealth strategy;
- Support and monitor 10 core health indicators approved by NA which aim to exit LDC status, achieve UHC and health related SDG, organize workshop on the next five-year health sector development plan with early participation from each program and project by cooperation with development partners
- Implement health sector reform strategy phase 2 (2016-2020) with the goal to achieve LDC graduation, all Lao people access to basic services, and financial protection.