

Overview of Sector Performance in 2020/2021

A. Overview of Sector Priorities linking to the 9th NSEDP (2021-2025)

As stated in the 9th Health Sector Development Plan (HSDP) 2021-2025 and the draft updated Health Sector Reform Strategy, the health sector aims to achieve universal health coverage (UHC) in Lao PDR by 2025 and health related Sustainable Development Goals (SDGs) by 2030 with strong commitment to leave no one behind. UHC in Lao PDR is to ensure all Lao People have equitable access to quality health services across all levels of service delivery with strong focus on primary health care without financial hardship associated with use of healthcare services. The health sector also aims to contribute to achieving the broader socio-economic development goals of the 9th NSEDP, including graduation from the least developed countries status by 2026, green and sustainable growth and development of quality and competent human resources. It will contribute to promoting healthy and quality of life for all Lao People, empowering all to make informed healthy choices for both physical and mental health, and responding to public health emergencies like COVID-19 pandemic effectively by strengthening resilient health system at grass root level and people's ownership for their own health.

To achieve this, the Health Sector Reform Strategy prioritizes enhancing capacity of human resources, both quantity and quality, and improving quality of health care services through comprehensive health sector reform. In addition, in preparation for the next phase of health sector reform 2026-2030, the current health sector reform strategy will lay a foundation for governance reform, specifically for hospital autonomy and private sector engagement. In alignment with the Health Sector Reform Strategy, the overall directions of the 9th HSDP are to continue development and implementation of health development strategy by focusing on enhancing provision of quality health services with improved equitable access to health services, placing hygiene, health promotion and prevention as the primary focus, and making more efforts for immunization program, including COVID-19 vaccination (50% of total population) by 2021. It also prioritizes provision of health education to raise awareness for the people to understand and participate actively in individual, family and community's healthcare and change their behaviours to reduce health risks. Further, strengthening seamless continuum of people-centred service delivery across health promotion, prevention, treatment, rehabilitation and palliative care throughout lifecycle from new born to elderly population, specifically not only with modern health technology but also with traditional medicine, is another priority. Through these comprehensive efforts, the 9th HSDP aims to reach the national health targets, to achieve UHC by 2025 as well as contributing to the 50th Anniversary of Lao Independent's day, to lead to country graduation from Least Developed Country (LDC) by 2026 and towards the achievement of SDGs by 2030.

In 2020-2021, building a resilient health system to respond to the COVID-19 pandemic effectively during the pandemic and beyond, while minimizing disruption of essential health services, has been a key priority in the health sector. In the coming years, it is expected that the health sector should make continued efforts to respond to the pandemic effectively, while taking a balanced approach to protect the public health and move forward the overall socio-economic development according to the 9th NSEDP. The health sector's top priority is to strengthen resilient health system to enable the country's continued

socioeconomic development. Further, with expectation of economic downturn, the government’s limited fiscal space and budget cutdown for all sectors, including the health sector, preparation for donor transition to sustain key essential health services and public health programs would be another key priority.

Overall sector priorities

To achieve universal health coverage by 2025, the strategic direction of health sector reform will be improving resilient health system to respond to the pandemic and be well prepared for any public health emergencies in the future and strengthening primary health care through implementation of 3-builds (Sam Sang). Further, improving overall quality and safety of healthcare services and strengthening strategic planning and capacity of human resources for health have been identified as key priorities to achieve the health goals during 2021-2025. The key priorities in five pillars of health sector reform include:

- Service delivery: improving the quality of healthcare services, while ensuring access to essential health services (reproductive, maternal, new born and child health, nutrition, immunization, communicable diseases and non-communicable diseases, availability of essential medicines and medical products) and improving efficiency of service delivery through integration of relevant services across programs; improving referral network and care capacity for emergency services; and preparedness, surveillance, response for public health emergencies including emerging infections based on International Health Regulations/Asia-Pacific Strategy for Emerging Diseases
- Human resources for health: strengthening capacity of human resources for health through implementation of licensing, registration, medical education reform and improvement of recruitment, distribution and incentives
- Health financing: ensuring financial protection through adequate and sustainable domestic government financing, accountability for the funds and strategic purchasing of efficient and high-quality services
- Governance and management: Strengthening governance and coordination across pillars and sectors to achieve health sector reform and management capacity at the district level; and private sector regulation and hospital autonomy
- Monitoring and evaluation: improving health information governance and e-health enterprise architecture to use modern technologies efficiently and effectively, scope and quality of health information system, District Health Information System 2, and use of information for decision making at all levels

Health Sector Progress Update

| Sector outputs and activities | Update on the Progress/note on situation and relevant information to highlight sector performance | Challenges, opportunities and way forward |
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| A. Actions/activities relating to the RTIM key recommendations and those highlighted in SWG Call for Action 2019 | | |
| 1. Improve quality of health services and increase | - Organized <i>the National Health Conference 2020: improve health services</i> to report progress of the Health Sector Reform | - Challenges among certain population groups defined |

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| <p>access and utilization of services</p> | <p>implementation toward Universal Health Coverage and lessons learned from COVID-19 responses.</p> <ul style="list-style-type: none"> - Quality standards for health care facilities were drafted with a nation-wide situation analysis initiated, and 5 Good 1 Satisfaction standards for healthcare quality have been finalized for further nation-wide healthcare quality assessment. - MOH developed the national clinical management guideline for COVID-19 in 2020, and the Essential Health Service Package was updated with COVID-19 care. - Competencies of human resources for health and infrastructure have been strengthened to implement surveillance, testing, clinical care and infection prevention and control measures in the context of COVID-19 and beyond. It will be critical in making continued efforts to sustain all medical equipment and competences gained during the pandemic and improve the quality and safety of health services and preparedness for public health emergencies in the future. For example, improve health infrastructure, modern medical equipment, laboratory capacity, referral system, and etc. - Further, quality assurance system is applied in health professional education institution (HPEIs) based on national standards. There are 7 schools that implemented self-evaluation in 2020. Competencies of medical, nursing, midwifery faculties/teachers and clinical instructors have been strengthened. - To ensure access to services, all services for COVID-19 response- lab testing, clinical services, quarantine, isolation and COVID-19 vaccine- were provided for free to all people in Lao PDR, including migrant workers who returned from neighboring countries. | <p>either by ethnicity, place of residence, or other social determinants;</p> <ul style="list-style-type: none"> - Challenges in enhancing capacity of human resources within a short period of time during the pandemic (e.g. surveillance, lab testing and intensive care) - Challenges in providing systematic continuing professional development and enhancing competencies of teachers and clinical instructors which will be a key to improving competencies of healthcare workers and enhancing the quality and safety of healthcare services - Limited health budget: 30% budget cut down at central level and 10% at subnational level during COVID-19 pandemic; - There is a substantial number of formal workers who are not yet enrolled that should be enrolled in what is a compulsory social protection scheme. |
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| | <ul style="list-style-type: none"> - Implementation of the National Health Insurance scheme has been enhanced to improve equitable access to essential health services and ensure financial protection under the Health Financing Strategy which has recently been endorsed by Minister of Health. - Benefit package of NHI has been costed; and Essential Health Service Package was costed for 2021-2025. | |
| <p>2. There is a need to address wide disparities within the region as the more remote communities continue to face high rates of malnutrition and food insecurity</p> | <ul style="list-style-type: none"> - National Nutrition Centre/ National Plan of Action for Nutrition - and RMNCAH strategic objective 4 and 5 aim to provide micronutrient and deworming (Iron, Acfolic, Zinc, B1, A, Iodine, food fortification) to children under 5 years, pregnant/breastfeeding and reproductive health women in essential health services package to target group, arranged Vit A, Daily Iron/Folic Acid, Weekly Iron /Folic Acid , Mebendazole, Zinc, RUTF, F-75, F-100, and ReSoMal to 18 provinces reach 62.5% ; raising awareness of caregivers target 65% of children under 5 years parents were screened to deliver to take care infant and children (achieved 33.3%); and ensure 60% of infant less than 6 months receive breastfeeding only (achieved 33.3%) - Ensuring the implementation of the guideline on using micronutrient and deworming and its provision effectively - Disseminated Decree on food products and feeding equipment for infant and children and its implementation guidelines. The monitoring on this Decree was implemented in 8 provinces effectively. Curriculum on Breastfeeding Advisors course was developed and approved. The first course will be organized soon. The first two provincial hospitals (Houaphanh and Salavanh) were declared being “Model Hospital for Breastfeeding “. | <p>There are wide disparities within the regions, wherein, the more remote communities.</p> <p>In some provinces, as many as half of all children suffer from chronic malnutrition. Among causes of undernutrition of children under age 5, a contributing factor is the poor quality of complementary feeding of children 6 months and above and the limited awareness of caregivers around adequate feeding practices providing sufficient protein, energy and micronutrients to young children. Efforts are underway to counter these developments but need to be scaled up, institutionalised and placed on-budget. Social and Behaviour Change Communication could be a low-cost example of awareness raising tools and sustainable practices but take time.</p> |

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| | <ul style="list-style-type: none"> - Mid-Year review meeting of National Nutrition Committee was organized with online participation of 18 Provincial Nutrition Committee. - Word Breastfeeding Week Celebration and Inauguration the National Nutrition Day chaired by Deputy Minister of Health and adopted the National Nutrition Day on 31st July of every year. | |
| <p>3. Strong commitment from various sectors beyond health</p> | <ul style="list-style-type: none"> - COVID-19 brought various sectors to work together to combat against the pandemic and address public health issues. - Unprecedented attentions to health of the community due to COVID-19 has also provided an opportunity to engage with local authorities and communities in implementing COVID-19 response (e.g. contact tracing and quarantine) effectively and strengthening primary health care. Ministry of Health started interventions together with Ministry of Home Affairs to strengthening Primary Health Care through engaging local authorities and communities in responding to COVID-19 pandemic and other health issues beyond COVID-19. - | <ul style="list-style-type: none"> - Unclear roles/responsibilities of various sectors - Lack of a sustainable platform to engage with various sectors beyond COVID-19 |
| <p>4. Greater efforts to address the nutritional challenges</p> | <ul style="list-style-type: none"> - The Integrated Maternal, Neonatal and Child Mortality Reduction Strategy in Laos has been implemented to achieve UHC of an essential package of interventions for all mothers and children in Lao PDR. - <i>The Strategy and Action Plan on Reproductive, Maternal, New born, Child and Adolescent Health 2021-2025</i> has been finalized with aims to integrate RMNCAH service delivery in order to more effectively and efficiently reduce MMR, IMR and U5MR through strengthened provision of immunization, nutrition and maternal and child health services. | |

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| | <ul style="list-style-type: none"> - The 5-year plan of National Plan of Action for Nutrition 2021-2025 was updated in alignment with the midterm review to address all forms of malnutrition (undernutrition, overnutrition and micronutrient deficiency) by using all resources from government and development partners as well as the EU budget support as health sector involved in five main indicators: <ul style="list-style-type: none"> o Number of Provincial Nutrition Committees that are operational. o Decree on "Infant and Young Child Food Product Control in place and effectively implemented. o Percentage of Zone 2 and 3 villages where Package "1+3" integrated outreach sessions have been conducted at least twice during the year o Effective deployment and development of health personnel at health centres level o Percentage of health facilities with trained staff in Integrated Management of Acute Malnutrition (IMAM) and delivering the IMAM programme <p>There have been continued efforts to upgrade the Nutrition Centre to be the National Nutrition Institute; Establish a good model at both the central and local levels (Model nutrition Village) as coordination, multi-sectoral approach to strategic implementation by lessons learned and then expand to other areas and across the country; Cooperation with all aspects for developing the Action Plan of Social Behavioural Communication Change for Nutrition to be implemented in a sustainable manner</p> | |
| B. Communication and outreach activities with the sector and across Sector Working Groups | | |
| <p>1. Sector-Wide Coordination Mechanism for Health has facilitated MOH's ownership, consensus building on a single policy framework, establish a coordination mechanism, joint formulation of subsector</p> | <ul style="list-style-type: none"> - Organised Health Sector Working Group Operational level meeting to discuss and share the development of the 9th Five-Year Health Sector Development Plan (HSDP) 2021-2025; consult the draft National COVID-19 Strategic Preparedness and Response Plan for Health 2020-2025 which was endorsed in November 2020; and update on the | <ul style="list-style-type: none"> - Some TWGs were not functional and did not meet regularly - Lack of coordination and functionality of the revised coordination unit and the secretariat of TWGs and SWG |

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| <p>strategies by strengthening of MOH's for alignment planning & monitoring system: 5-year plan, annual plan, including expansion to subnational level through strengthening of SWG Secretariat</p> | <p>COVID-19 response and budget implementation of the plan</p> <ul style="list-style-type: none"> - Organized the following TWGs: <ul style="list-style-type: none"> • Health Planning and Financing TWG meetings to discuss summary of the 8th HSDP 2016-2020 and the draft 9th HSDP 2021-2025; the development of Health Financing Strategy, and Operational Plan for COVID-19 preparedness and response 2020-2021; • RMNCAH TWG meetings regularly between MOH implementers and more than 20 DPs; RMNCAH TWG also establishes a taskforce to improve domestic and ODA financial coordination for the RMNCAH Strategy 2016-2025 implementation (45th TWG meeting, Oct 2021) • Human Resources for Health (HRH) TWG meetings to review the progress in HRH area and identify priorities and gaps for the development of the Human Resources for Health Development Strategy 2021-2030 - Organised various Task Force meetings to monitor the progress in implementation of Annual Operational Plan, improve health management information system, ODA monitoring to align DP's support with the national health plan, monitoring and evaluation COVID-19 operational Plan, RMNCAH strategy, and draft health financing strategy. - Reviewed the current structure of TWGs and SWG in alignment with 5 pillars of the Health Sector Reform Strategy in 2020 which will be finalized soon. | <ul style="list-style-type: none"> - Waiting for restructuring of TWG/sub-sector working groups in alignment with decision to have one secretariat in MOH for three builds, Health Sector Reform and SWC for health - Weak governance to conduct monitoring and evaluation of the national health plan and coordinate within MOH and with partners to resolve the constraints to implement activities and find solutions together. - Weak coordination with DPs to align different DPs' support with a single national plan to improve effectiveness and efficiency and avoid duplicated support |
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| <p>2. Multisectoral engagement during COVID-19 pandemic had strengthen governance and coordination for preparedness and response the community outbreak and import cases.</p> | <ul style="list-style-type: none"> - Established the Ad-Hoc COVID-19 Committee, chaired by the Deputy Prime Minister and secretariat by Vice-Minister of Health - Activated the National Emergency Operation Centre (EOC) to coordinate the COVID-19 response and coordination with DPs - Developed the National COVID-19 Strategic Preparedness and Response Plan for Health 2020-2025 and the National Operation Plan 2020-2021 with budget costing - Developed strong mechanisms to foster coordination among relevant ministries and DPs such as MOF, PMO, MOLSW, MOICT, MOPWT, MPI, MOPS, WHO, UNICEF, UNFPA, EU, JICA, KOICA, KOFIH, ADB, WB, USCDC, and etc - Established several coordination mechanisms. For example, provincial Ad-Hoc Committees, provincial EOCs, health technical committees, and COVID-19 research task force. - Developed guidance and notices to guide activities held throughout the community - Opened free national hotline 165 and 166 and IHR line to provide information on COVID-19 to the public in collaboration with the Ministry of Communication and Information | <ul style="list-style-type: none"> - Limited operational capacity of EOCs at provincial level - Lack of operational plans at provincial level - Lack of standardised mechanisms to accept international aid/assistance, e.g. international management teams - MOH burden work for COVID-19 outbreak and lack of clarity on roles/responsibilities of other relevant sectors to assist the MOH in widespread community transmission - Limited capacity of provincial facilities and staff to manage commodities and logistical requirements during public health emergencies |
| <p>C. Cross-sectoral thematic areas applied to all SWGs</p> | | |
| <p>1. Partnership for Effective Development Cooperation (in accordance to VDCAP 2015-2025) (Only narrative on each principle)</p> | <p>1. Ownership and alignment: According to the 9th HSDP, MOH provided training on results-based planning to all health planners at central and provincial levels (district level have micro planning) , which include health sector indicators, 8 priority programs, 49 sub-programs, 133 MOH's projects with detail activities and estimated budget requirements; integrated single sector policy framework to align various source of fund to the national health plan; and</p> | <p>1. Development Partners' support were not fully aligned with HSDP, not all DPs making joint annual work plan with MOH. Some DPs provided their fund to CSOs/NOGs/ INGOs to implement activities, which is</p> |

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| | <p>developed annual work plans by development partners in close coordination with MOH for better alignment of their support with the 9th HSDP. With support from MPI, MOH has initiated the development of the draft Health Sector Cooperation Strategy 2021-2025 which will provide overall direction to improve governance, accountability and coordination mechanism among MOH implementers and DPs.</p> <ol style="list-style-type: none"> 2. Harmonization and simplification: MOH implemented Programme Based Approach (PBA) to support the Health Sector Development Plans, including 39 SDGi related to health; harmonized aid coordination through joint annual workplan between MOH and partners such as WHO, UNFPA, Lao-Luxembourg, ADB, WB, EU, and etc through regular meetings to monitor and supervise the implementation of the joint workplan. 3. Inclusive partnership for development results: MOH developed guidelines on the aid effectiveness for health sector, which included annual work plans (AWP) and quarterly reporting forms to monitor ODA disbursement from development partners (DPs), line departments, technical centres, health institutions, and provincial health departments; and drafting Health Sector Cooperation Strategy 2021-2030 to better align cooperation and enhance shared accountability of MOH and DPs for the health sector development. 4. Transparency, predictability and mutual accountability: MOH organized annual meetings in 2019 and 2020 to assess the progress, and report and discuss financial disbursement plan and estimated budget for the next year from DPs and line departments; conducted workshop on ODA in 2020 and 2021 to make mutual understanding between MOH's implementers and DPs. ODA disbursement data were | <p>very difficult for MOH to coordinate and monitor disbursement/implementation.</p> <ol style="list-style-type: none"> 2. Some DPs are still taking a Project Based Approach with specific planning, monitoring and evaluation system of the project. 3. Some DPs don't use MOH Annual Work Plan and reporting forms. This led to unpredictable DP's support 4. DPs have multiple entry points with MOH implementers that created non-cycle management and challenges in information sharing and coordination for activities and monitoring of national health indicators. 5. Fulfilment of co-financing commitment in the context of preparation for donor transition to sustain crucial immunization and communicable diseases programs (HIV/TB/Malaria) and COVID-19 response and recovery will require more government budget for health sector. However, government budget allocation to health is still low, and the domestic general government health |
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| | <p>added into ODAMIS MPI data base quarterly and annual basis.</p> <ol style="list-style-type: none"> 5. Domestic resource mobilization: Under the Health Financing Strategy, there have been efforts to explore potential ways to increase domestic resource mobilization, including pro-health tax. 6. South-South cooperation, triangular cooperation and knowledge sharing: based on GMS COVID-19 Response and Recovery Plan, there are 3 areas of cooperation namely protecting life, protecting the vulnerable and poor, and keeping borders open and accelerating inclusive economic activities. As a result, Lao PDR received 47 million USD (ADB, WB, USCDC, Japan UHC fund) as of July 2021. Further, with support from many partners and ASEAN, there have been lots of information exchange and lessons sharing with other countries during the pandemic. 7. Business as partner in development: MOH encourages private sector to invest in health and Public Private Partnership (PPP) for building modern hospitals in Lao PDR. The number of private hospitals has increased to provide health services for Lao population. Private sectors also contribute to COVID-19 response through donation and vaccine procurements for the government of Lao. | <p>expenditure was only 4.9% in 2019 that did not meet budget requirement. In 2020, the government budget for health was reduced by 30% of allocated fund due to COVID-19 pandemic impacts. It will lead to challenges in reaching health indicators target and SDGi</p> <ol style="list-style-type: none"> 6. Though completion of Lao-China Railway will benefit regional cooperation in health under Belt and Road Initiative, Lanxang-Mekong Growing, GMS, and other multinational partnership,; Lao health service market competition is still smaller compared to other ASEAN countries; and the COVID-19 pandemic caused financial constraints and interrupts communication platform. 7. The role of private investment is one of the priority activities emphasized in the 9th NSEDP to enhance investment on quality and effectiveness. However, lack of legal framework and technical knowledge in establishment of PPP partnership in the health |
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| | | sector and effective one-stop service coordination mechanism |
| <p>2. Innovation and technology</p> | <p>The Department of Planning and Cooperation hosted a digital health convergence meeting in March 2021 to accelerate innovation through the strengthening of digitization in health. Development of standards for greater interoperability was identified as a key priority.</p> <p>Rolling out hospital information systems, including electronic patient records, which are interoperable with national health information system (DHIS2) was another key priority that the MoH is making progress. Coordinated efforts to strengthen hospital information system across recent initiatives supported by various DPs is expected to contribute to adoption of modern technology and innovation in the health sector.</p> <p>With the recent emergence of infectious diseases, including COVID-19, innovation in the area of telemedicine and use of mobile technology in health for strengthened surveillance need to be tested and adopted based on the context of Lao PDR in the coming years. Some aspects of it were tested in limited settings particularly within the MCH programme.</p> <p>Ensure the using high technology to manage Health Worker's data and apply the new regulation to improve Health service</p> <p>Ensure ethnic HWs to provide health service in remote area: training and supportive supervision (SSV) on Health Personnel Information Management System (HPIMS) using, and link HPIMS to DHIS 2 and generate HRH report in DHIS 2</p> | |

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| | <p>Routine to research training for provincial and district health professionals, including ethic issue in health research for researchers, and medical ethics for hospital staff</p> <p>upgraded the diagnostic tools from conventional microscopic technique and solid culture to the Gene expert machine which functioning as RT-real time PCR or molecular technique</p> <p>Conventional research on MDR. TB patients, this research aims to support of nutrition to them.</p> | |
| <p>3. Promoting gender equality and women’s empowerment and accelerating the adoption and implementation of the National youth policy</p> | <p>To reduce inequities in Lao PDR, there have been substantial efforts to reach the poorest and most marginalized households across programs, specifically for reproductive women and children. This includes those marginalized by geographical, social, political, economic, and ethnic and gender factors.</p> <p>During planning and implementation of health programs and national policies related to health, marginalized population who may be underserved or less inclined to access health care would be key target group to make sure that no one is left behind which is one of key principles of UHC.</p> <p>In the health sector, there are also clear policies to ensure female health workers in health facility and administrative management position. There have been great efforts to increase health centres having at least one female health worker to provide healthcare services and increase percentage of female leadership in administrative management position through job description development, training and human resources planning.</p> | <p>Most of the poor, pregnant women and child under 5, who should be exempted from co-payment for health services, continue to pay out-of-pocket; and very few of the poor receive the food and transport allowances to which they are entitled for admissions.</p> <p>Lack of a list of poor people is another challenge in protecting the vulnerable population. There must be close collaboration between MOH and Ministry of Agriculture and Forestry (MAF) to improve implementation of this pro-poor policy under the national health insurance scheme by improving identification of the poor and strengthening routine monitoring of financial protection for vulnerable populations such as the poor and pregnant women.</p> |

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| | <p>Implementation of the national health insurance policy has made substantial contribution to narrowing inequities, specifically among the vulnerable population, including pregnant women and children.</p> <p>DPC/MOH has initiated collaboration with relevant sectors, including MOHA, to strengthening Civil Registration and Vital Statics which would be pivotal in narrowing down inequities. Strengthening birth registration provides a legal identity to every child which would afford the child to the basic rights of services such as health and education. Similarly, having access to accurate mortality statistics would support making the right choices in addressing inequities in health. During the pandemic, MOH has issued an agreement with MOHA which would provide substantial contribution to move it forward.</p> | <p>Insufficient funding is also a key challenge to implement the national health insurance scheme effectively.</p> |
| <p>4. Other emerging issues such as impact of COVID-19 and response</p> | <p>During the COVID-19 pandemic, with support from various partners, MOH has strengthened the health system’s capacity for surveillance, laboratory testing, and clinical management of COVID-19 patients at the central and subnational levels and worked with relevant sectors to improve management of point of entry and border control. Strengthening resilient health system to continue effective COVID-19 response and prepare for any public health emergencies in the future will be one of the key priorities. Further, the COVID-19 has affected utilization of essential health services which will have impact on key national health targets and indicators. Ensuring uptake of essential health services through community engagement will be critical. Finally, the impact of COVID-19 pandemic in health financing is substantial for COVID-19 response and preparation for donor transition. Donor coordination and strategic engagement would be more important than ever to address these challenges.</p> | <p>COVID-19 response revealed the following challenges:</p> <p>Limited HRH (quantity) in surveillance, lab testing, clinical management and vaccination</p> <p>Difficulties in training HRH (quality) in a short-period time (e.g. IPC, intensive care, surveillance and lab testing)</p> <p>Weak infrastructure for IPC, WASH and clinical management which requires substantial investment in the future</p> <p>Maintenance for medical/lab equipment in the longer term due to</p> |

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| | <p>In 2020, MOH developed the National COVID-19 Strategic Preparedness and Response Plan for Health which includes 10 pillars:</p> <ol style="list-style-type: none"> 1. Command, coordination and planning 2. Infection prevention and control 3. Case management 4. Surveillance and laboratory 5. Risk communication 6. Public health and social measures 7. Essential health services 8. Point of entry 9. Availability of an accessibility to good-quality medicines and medical products 10. Monitoring and evaluation <p>Progress of each pillar is as follows:</p> <p>1. Command, coordination and planning</p> <ul style="list-style-type: none"> - The National Ad Hoc Committee has been established, and Emergency Operation Centres (EOCs) have been strengthened at central and provincial levels to provide a platform for coordination across sectors on policy decisions on public health and social measures and COVID-19 response. - MOH set up the multi-source surveillance system and engaged with provincial EOCs to assess transmission stage to support data-informed policy decisions. - Based on the evolving situation, policies, orders, and notices have been issued to respond to the pandemic effectively and timely. - The National COVID-19 Strategic Preparedness and Response Plan for Health was developed, and an | <p>limited technical capacity for medical engineering</p> <p>Difficulties in prediction of migrant workers' movement during the pandemic which led to challenges in preparing quarantine facilities and management of them</p> <p>Use of emergency fund and timely disbursement to respond to the pandemic immediately</p> |
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| | <p>operational costed plan for 2020-2021 was developed and shared with partners for effective coordination with them.</p> <ul style="list-style-type: none"> - Table-top exercise and intra-action review have been conducted. <p>2. Infection prevention and control (IPC)/WASH</p> <ul style="list-style-type: none"> - With substantial support from partners, infrastructure, equipment and supplies for IPC and WASH have been strengthened during the pandemic, specifically in designated isolation facilities (designated central/provincial hospitals and field hospitals) and quarantine facilities. - Guidelines and SOPs for IPC and WASH in the context of COVID-19 have been developed. Healthcare workers in those facilities have been trained, using the guidelines and SOPs. <p>3. Case management</p> <ul style="list-style-type: none"> - The National Clinical Management Guideline for COVID-19 was developed in 2020 and has been updated according to the evidence and WHO guidelines available. - Medical teams for COVID-19 clinical management have been established in each designated facility. Healthcare workers have been trained using the guideline nationwide to provide optimal care to COVID-19 patients. - In addition to designated central/provincial hospitals, field hospitals have been expanded and set up with a standardized list of medical equipment and critical supplies to increase surge capacity. - As part of multi-source surveillance, a system to monitor beds capacity and occupancy, including ICU beds, in designated facilities has been set up since 2020. | |
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| | <ul style="list-style-type: none"> - Critical medical equipment, consumables and medicines have been procured and donated. - MOH supported innovative researches on COVID-19 case management (such as infection within household after discharge and use of traditional medicine). <p>4. Surveillance and laboratory</p> <ul style="list-style-type: none"> - MOH has expanded COVID-19 laboratory testing capacity rapidly nationwide since 2020 by providing training and equipping national and subnational laboratories with critical lab equipment and supplies, which is one of remarkable achievements during the pandemic. - MOH has strengthened HRH and capacity of them for surveillance. The role of FET was critical for this. Active engagement with communities and village authorities also made a substantial contribution to surveillance. - MOH has conducted the multi-source surveillance to assess transmission stage of Vientiane Capital and each province and provide data for policy decisions on public health and social measures. <p>5. Risk Communication</p> <ul style="list-style-type: none"> - MOH strengthened the national hotline 165 and 166 and IHR line to provide timely and accurate information on COVID-19, improve awareness and understanding on risk and promote active participation in the COVID-19 response and compliance with the policies/guides by communities. - MOH also worked with the Ministry of Technology and Communication, other relevant sectors and mass organizations to disseminate COVID-19 information | |
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| | <p>widely and engage with the communities for social listening and effective risk communication.</p> <ul style="list-style-type: none"> - MOH used the social media to reach out to the public more actively. - Risk communication capacity has been strengthened through various trainings at central and subnational levels. <p>6. Public health and social measures, including COVID-19 vaccine</p> <ul style="list-style-type: none"> - All policies, guidelines and notices have been issued to implement public health and social measures including lockdown measures to prevent transmission of the virus in communities. - MOH developed the National Vaccine Deployment Plan for COVID-19 vaccines and updated according to the evolving situation. Further, MOH has made intensive efforts to roll out COVID-19 vaccines rapidly with a target of 50% coverage of total population by the end of 2021. - As of 10 Nov 2021, the first dose coverage is 47%; while coverage of all recommended doses is 40%. - Monitoring system for adverse event following immunization, as part of pharmacovigilance, has been strengthened. <p>7. Essential health services</p> <ul style="list-style-type: none"> - Guidelines on safe provision of essential health services, including RMNCAH program, have been developed. Healthcare workers have been trained to provide safe care for essential health services across the country. | |
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| | <ul style="list-style-type: none"> - MOH has worked with MOHA to engage with local governance to support uptake of essential health services during the pandemic and other COVID-19 response. <p>8. Point of entry (POEs)</p> <ul style="list-style-type: none"> - Guidelines and SOPs on management of POE have been developed and used for training. - MOH worked with relevant sectors, Ministry of Defence and Ministry of Public Security, to enhance POE management. <p>9. Availability of an accessibility to good-quality medicines and medical products</p> <ul style="list-style-type: none"> - MOH worked with partners to ensure availability of PPE and critical equipment through strengthening logistics management at central and subnational levels. - A SOP and flow for emergency request for these essential items during public health emergencies have been developed and disseminated. - Strengthen for National Laboratory of Food and Drug on testing and analysing of personal protective equipment (PPEs) and hand sanitizer by providing of testing equipment of these products. - Technical support to strengthen the subnational logistics management system was provided. - MOH developed the Emergency Use Authorization Regulation timely to introduce COVID-19 vaccines. - MOH issued notice on importation, distribution and use of Antigen Rapid Test Kit for (AgRDTs) for detecting of COVID-19. | |
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| | <p>10. Monitoring and evaluation</p> <ul style="list-style-type: none"> - MOH used TWG and SWG to disseminate the COVID-19 plan and monitor and evaluate the implementation of the plan with partners. | |
|--|--|--|

Please add and adjust as appropriate

3. Targets and indicators in your sector plan M&E framework

| Sector outputs | Indicators | Target | Linked to SDG indicators and LDC criteria |
|-------------------------|---|-------------|---|
| Mother and Child Health | - Underweight ratio in children under 5 reduced to | 12% | SDG2 |
| | - Stunting ratio reduced to | 26% | SDG2 |
| | - Infant Mortality Rate (children under 1 year old) reduced to | 20/1.000 | SDG3 |
| | - Infant Mortality Rate (children under 5 years old) reduced to | 30/1.000 | SDG3 |
| | - Maternal Mortality Rate reduced to | 100/100.000 | SDG3 |

| | | | |
|--------------------------|--|---|---|
| | <ul style="list-style-type: none"> - Delivery with skilled birth attendant rate increased to - Vaccine coverage rate increased to - Percent of the population use clean water increased to - Percent of the population use latrines increased to | <p>85%</p> <p>95%</p> <p>95%</p> <p>85%</p> | <p>SDG 6</p> <p>SDG 6</p> |
| Social Health Protection | <ul style="list-style-type: none"> - Percent of the population is covered by health insurance increased to | 96% | SDG 3.8.2 |
| Primary Health Care | <ul style="list-style-type: none"> - Certified Model Healthy Village of the total village | 85% | |
| Quality of life | <ul style="list-style-type: none"> - Achieve an average life span (life expectancy) to | 73 years | |

B. How your SWG contribute to implementation of sectoral development plan contributing to the achievement of the 9th NSEDP

Please indicate any ongoing or new measures, government-led initiatives/ activities, and/ or institutional reforms for your sector to help achieve your sector goals contributing to the achievement of the 9th NSEDP outputs and outcomes.

Over the past two years, the health sector has focused on effective and timely response to the COVID-19 pandemic in close coordination with other sectors. To contribute to the achievement of the 9th NSEDP, the health sector will make continued efforts to strengthen the resilient health system and empower/engage with the communities to respond to ongoing pandemic and be prepared for the future. Further, the health sector will work closely with other sectors to support the government's balanced approach between public health and socio-economic development to move forward the overall socio-economic development of the country in the coming years. There will also be more intensified efforts to ensure equitable access to quality essential health services (EHS) and improve the uptake of EHS to recover from disruption of EHS during the pandemic and reach the national health targets. In these endeavours, ensuring 'leaving no one behind' will be a core underlying principle across all programs in the health sector.

To achieve all these, under the guidance of the Health Sector Reform Strategy, there will be intensified efforts to align strategic direction of health sector reform, the COVID-19 response and activities/projects of the 9th HSDP. For this, governance structure in MOH will be strengthened further to improve coordination and collaboration across programs and five pillars and with partners. Strengthening health financing will also be critical through improved donor coordination, enhanced planning, execution, monitoring and evaluation to maximize use of limited resources in the sector. At the same time, ensuring allocation of sufficient government budget for the sector will be essential not only to implement the health sector's plan but also to enable reopening of the country and socio-economic development of the country.

Strengthening primary health care (PHC) will be the key pathway of health sector reform to achieve universal health coverage by 2025. The important value of PHC has been demonstrated during the pandemic. Strengthening capacity of health care system at sub-national level, specifically at the district and village levels, and multi-sectoral cooperation with active engagement and empowerment with the community will be critical in strengthening PHC, and it will be done through implementation of the key Party Directives (4 breakthroughs and *Sam Sang*). Lessons learned during the pandemic will provide a foundation for this.

Improving the quality of healthcare services and strengthening capacity of human resources for health are identified as key strategic priorities to strengthen the health care system in Lao PDR. Ensuring further progress on the implementation of the "Convergence Reproductive, Maternal, Newborn, Child and Adolescent Health Strategic Plan 2021-2025" with appropriate budget allocation and enhanced a multi-stakeholder approach will also be another key priority. Whilst acknowledging that nutrition is highly prioritized in the country and is firmly represented on the government's development agenda, the implementation costs are mostly covered by development partners. There is an urgent need for an increase in public financing for nutrition. Increased government funding is required to accelerate programme implementation at the national and sub national levels; for increased monitoring and supervision and for procurement of nutrition supplies and equipment. In addition, hospital autonomy and private sector regulation will be key areas which the health sector will work on in the coming years.

C. Key factors in the broader country context

Thinking beyond the relevant sector plans, please describe key factors in the broader country context that can affect sector performance positively or negatively (e.g., geo-political developments, climate, disease patterns, commodity price changes, etc.).

COVID-19 pandemic has affected health sector performance in many ways. Decline in utilization of essential health services was noted since 2020 compared to the same period of previous years, specifically when the lockdown measures were implemented and there were rapidly increasing number of confirmed cases. It might be caused due to various potential factors such as public health and social measures, including lockdown measures, and fear for potential infection of COVID-19 among general public and healthcare workers. It may lead to challenges in achieving health targets of the national indicators for health. Further, COVID-19 outbreak at the global level has negative impact on increase in prices of medical equipment, laboratory equipment and personal protective equipment across the world due to global shortage of them and Lao PDR is also heavily affected by this. In a long-run, financing strategy for health sector during and after COVID-19 should also be prepared well with expectation that the overall government budget may decrease in the coming years. This discussion needs to cover grants coming in as well as concessionary loans taken. There should be due consideration of using up grants for the immediate response of COVID-19 (equipment and supplies etc.) and using up loan money for gaps that grants are unable to fill, while also maintaining buffer to cover any major health budget shortfall for essential health services in the coming years.

At the same time, all efforts to strengthen preparedness and response for COVID-19 can be an opportunity to strengthen resilient health system for public health emergencies, including COVID-19. All activities for preparedness and response for COVID-19 would contribute to strengthening health system's capacity to be prepared and respond to public health emergencies in the future. The activities include strengthening infection prevention and control in various setting (e.g. hospitals, point of entry and laboratory), clinical management, surveillance and laboratory, point of entry, risk communication, public health and social measures and coordination for these activities under the leadership of Emergency Operation Centre.

Finally, in the context of transition financing for disease programs driven by development partners, there will be more coordinated approaches to improve efficiency, flexibility and sustainability of implementation of programs in health sector.

Annex 1 – Summary of 9th NSEDP outcome and outputs linked to SDGs, LDC Criteria and SWGs

| Outcomes (Pillars) | Outputs (Priorities) | SDG | LDC Criteria | Sector platform |
|---|--|--|--|---|
| 1. SPUR SUSTAINABLE, BROAD-BASED ECONOMIC GROWTH | 1. Macroeconomic stability, incl. public finance consolidation | <ul style="list-style-type: none"> • Goals 8: Decent work and economic growth, • SDG 12: Responsible consumption and production | <ul style="list-style-type: none"> • GNI per capita [1/1] • Instability of exports [1/4] • Instability of agricultural production [1/8] • Export concentration [1/16] • Share of agriculture/forestry in GDP [1/16] | • Macro-Economic Working Group |
| | 2. Economic diversification, incl. digital economy | | | • Macro-Economic Working Group |
| | 3. Quality investment and favorable investment climate for firm competitiveness & jobs | | | • Agriculture and Rural Development SWG |
| | | | | • Trade and Private SWG |
| | 4. SME development and promotion | | | • Macro-Economic Working Group |
| | | | | • Trade and Private SWG |
| 2. DEVELOP HUMAN ASSETS | 5. Health and nutrition | <ul style="list-style-type: none"> • Goals 2: Zero hunger, • Goal 3: Good health and well-being, • Goal 4: Quality education, • Goal 6: Clean water and sanitation | <ul style="list-style-type: none"> • Under-5 mortality [1/6] • MMR [1/6] • Under-nourished pop [1/6] • Secondary school enrolment [1/4] • Adult literacy [1/4] | • Health SWG |
| | 6. Quality education for the preparedness of the 4 th industrial revolution, labor and technical skills, incl. female participation | | | • Education SWG |
| | 7. Technological adoption, research and innovation | | | • Agriculture and Rural Development |
| | | | | • Education SWG |
| | | | | • All SWG |
| 3. NURTURE SOCIAL COHESION AND WELLBEING | 8. Reduced poverty and rural development | <ul style="list-style-type: none"> • Goal 1: No poverty, • Goal 5: Gender equality, • Goal 10: Reduced inequality, | | • All SWGs |
| | 9. Enhanced basic social service and infrastructure | | • Health SWG | |
| | | | | • Education SWG |
| | | | | • Governance SWG |

| Outcomes (Pillars) | Outputs (Priorities) | SDG | LDC Criteria | Sector platform |
|--|---|--|--|--|
| | | <ul style="list-style-type: none"> • Goal 18: UXO | | |
| | 10. Narrowed inequities: women's role, youth, children, elderly and the vulnerable | | | <ul style="list-style-type: none"> • All SWGs |
| | 11. Social protection and insurance | | | <ul style="list-style-type: none"> • Governance SWG |
| | 12. UXO | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • UXO SWG |
| 4. PRESERVE ENVIRONMENTAL INTEGRITY AND LIMIT EXPOSURE TO SHOCKS | 13. Natural resource and land management, Green growth & action against climate change | <ul style="list-style-type: none"> • Goals 13: Climate action • Goal 14: Life below water • Goal 15: Life on land | <ul style="list-style-type: none"> • Victims of natural disasters [1/8] • Share of population in coastal areas [1/8] | <ul style="list-style-type: none"> • Environment and Natural Resource Management SWG • Agriculture and Rural Development |
| | 14. Preparedness against disasters | | | <ul style="list-style-type: none"> • All SWGs |
| 5. BUILD RESILIENT INFRASTRUCTURE AND PROMOTE INTERNATIONAL INTEGRATION | 15. Increased regional and international connectivity through road, rail and air connectivity | <ul style="list-style-type: none"> • Goals 7: Affordable clean energy, • Goal 9: Industry, innovation and infrastructure, • Goal 11: Sustainable cities and communities | <ul style="list-style-type: none"> • Population size [1/8] • Remoteness [1/8] | <ul style="list-style-type: none"> • Infrastructure SWG |
| | 16. Regional and international integration (soft integration e.g. trade agreements, clean energy, etc) | | | <ul style="list-style-type: none"> • Trade and Private SWG • Infrastructure SWG |
| | 17. Regional development and interlinkages between localities (north, central and south) | | | <ul style="list-style-type: none"> • Infrastructure SWG |
| 6. FOSTER INCLUSIVE GOVERNANCE | 18. Effective public provisioning of basic services 19. Civil service and legislative reforms 20. Inter-governmental coordination | | | <ul style="list-style-type: none"> • Governance SWG |