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Health Sector Working group report to RTIM 2022

During the past one year, the health sector has focused on continued efforts for effective and timely response to the COVID-19 pandemic and shift towards sustained management of the response and preparedness beyond the COVID-19 pandemic in close collaboration and coordination with public and private sectors, development partners, and the community. The COVID-19 pandemic has had devastating impact worldwide, including health, economy, education, climate, poverty, and tourism. The health sector has made all efforts to contribute to the achievement of the 9th National Socio-Economic Development Plan (NSEDPP), and reach Universal Health Coverage (UHC) by 2025 as stated in the Health Sector Reform Strategy. This report mainly provides an updated progress of the health sector regarding the 13th HL-RTM recommendations in 2021 and some suggestions to the RTIM 2022.

Overall sector priorities

According to the Lao Health Sector Reform Strategy 2021-2030 revised in August 2022, there are five pillars for health sector priorities as follows:

- Service delivery: strengthening the quality of healthcare services, while improving equitable access to essential health services (i.e, reproductive, maternal, new born, and child health (RMNCAH), nutrition, immunization, communicable diseases), and ensuring availability of essential medicines, medical products, and basic equipment including water, sanitation and medical waste management services); improving the efficiency of service delivery through integration of relevant services across programs; improving referral network and care capacity for emergency services; and strengthening preparedness and response for public health emergencies including emerging infections based on International Health Regulations/Asia-Pacific Strategy for Emerging Diseases
- Human resources for health: strengthening the capacity of human resources for health through the implementation of licensing, registration, medical education reform and improvement of recruitment, distribution and incentives
- Health financing: improving sustainable health financing through strategic engagement with donors and increase in the government health budget; ensuring financial protection through adequate and sustainable domestic financing; and strengthening 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 improve management capacity at the district level; 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 (DHIS2), and use of information for decision making at all levels, and establishing innovative approach such as climate informed early warning system for climate sensitive diseases.

key issues and challenges in the health sector

- Health service coverage remains low, particularly inpatient and outpatient care that were disrupted by COVID-19 are yet to reach pre-COVID-19 levels in Central and Provincial Hospitals. Since April 2022, there are clear signs of gradual recovery in uptake of essential health services. The reduction in the number of users of modern contraceptives and an increase in deliveries and still births are noted in 2022.
- Maternal and child mortality have been significantly reduced over the previous decades, but there are still among the highest in the region. The infant mortality decreased from 1,895 (12/1,000 live births) in 2021 to 1,839 (11.8/1,000 live births) in 2022. During the pandemic, there was a gradual increase in maternal deaths from 87 (55,1/100,000 live births) in 2021 to 91 (58,3/100,000 live births) in 2022, children under-five mortality increased from 2,114 (13.4/1,000 live births) in 2021 to 2,118 (13.6/1,000 live births) in 2022 (DHIS 2, December 2022). However, these indicators tend to achieve target in 2022.
- TB detection needs to be urgently improved: there has been an increase in active case finding of TB since April 2022 which has increased TB case registrations back to the previous levels seen in 2019.
- Progress on HIV control and scale-up of treatment is constrained by difficulties in reaching people living with HIV and their referral for treatment. There has been continuous increase in HIV testing in 2022 which was mainly due to a higher number of pregnant women being tested.
- With rapid lifestyle change, the disease burden of non-communicable diseases (NCDs) has increased. Capacity to prevent, detect NCDs timely and provide treatment needs to be strengthened further. The revised Tobacco Control Law was endorsed in November 2021. More efforts are required to improve the enforcement of the law.
- Access to improved water sources and sanitation facilities in health care facilities and urban and rural communities requires sustainable funding, necessary supplies and equipment and continued support to effectively implement the safe water, sanitation and hygiene guidelines/tools including medical waste management assessment and improvement tool at facility level and implementation capacity.
- In the context of donor transition and the recent sharp increase in inflation rate, it is critical for the government to increase the health budget to sustain essential health services and improve the efficiency of government spending in the health sector.
- The paper-based reporting system for health management information: since 2014, health sector has been successful in developing innovative health management information to collect data, consolidate, analyze, and disseminate data from by using website electronic called District Health Information System version 2 (DHIS2) and used across the country. This system collects data online from health centers to district hospitals, including military and police hospitals. DHIS 2 aims to have timely and accurate data as an integrated HMIS platform. Currently, there are 15 information systems of key health programmes integrated with the DHIS2 such as EPI, MCH, COVID-19, finance, family folders, EHSP& QHC monitoring, hotline, IBS surveillance, monitoring of DLIs, TB, Malaria, HIV/AIDS, OPD/IPD, family planning, nutrition, m-supply. As a result, more than 100 data sets collected routinely with over 95% of reporting completeness across all levels of health. In

addition, Hospital Information System (HIS) of health services in hospital is now piloting in some central and provincial hospitals but not integrated in the DHIS 2 yet.

- Under the governance in the 9th NSEDP, local authorities have responsibilities for community mobilization and resources for it. It is critical to improve access to and uptake of essential health services such as immunization and delivery with a skilled birth attendant. However, there is a weak commitment from local authorities for this.
- There are needs to clarify responsibilities and mobilize resources for primary health care.
- Inadequate quantity and quality of human resources for health (HRH), including village health volunteers (VHVs) with sustainable financing for their incentives; maldistribution of HRH, coupled with a limited budget to update HRH; and lack of mechanisms to ensure the effectiveness of VHVs' support to reach the unreached populations
- Capacity of local production of pharmaceutical products and medical equipment by the state-owned pharmaceutical factories to supply the public health service network is still not as good as it should be due to weak infrastructure and lack of funding to support construction and development of these two state factories.
- Most of the warehouses at provincial and district levels are suboptimal for the good storage practices. They have limited space to store medicines, medical equipment and essential commodities, especially during the pandemic and do not meet the standards of the good storage practices.

A. Actions/activities relating to the 13th HL-RTM key recommendations

1. Strengthen the Primary Health Care system through systematic medical check-up services and capacity building to treat the severely malnourished; provide family planning and nutrition services and build capacity of health care personnel; respond to COVID-19, including providing supports to the society and individuals to adopt to the current situation

Health Sector's update on the progress of each activity related to the 13th HL-RTM recommendations as follows:

1) Strengthen the Primary Health Care (PHC) system

The Health Sector Reform Strategy Phase III places PHC at the heart of efforts to achieve UHC with the implementation of priorities across five pillars of reform namely service delivery, human resources for health, financing, health information system and governance. Finalized the Health Sector Reform Strategy 2021-2030 which identifies PHC strengthening as a core pathway to achieve UHC by 2025 and Sustainable Development Goals (SDGs) by 2030 and shared the government's plan on PHC strengthening with the Sustainable Development Goal Global Action Plan PHC Accelerator Group in March 2022 to enhance coordination with partners

- Developed a plan to assess healthcare facilities using data from the geographic information system (GIS) to improve strategic resource allocation and service delivery at PHC level

- Strengthened health services starting from village level with strengthened communities' ownership and referral to the healthcare facilities when needed
- Built capacity and developed human resources related to PHC especially village health volunteer (VHV), skilled birth attendant, traditional medicine practitioners, and village health and water/sanitation committees
- Continued collaboration with relevant sectors, local authorities, and other stakeholders (education, agriculture, mass organization, etc)
- Developed the draft law on Primary Health Care which will be submitted to National Assembly by the end of 2023
- Strengthened model healthy village (MHV) to achieve all criteria and enhance quality and sustainability of model healthy village
- Certified 7,166 villages for MHV that covers 85.2% of the total villages in the country (8,412 village) and exceeds the 2022 target, 82%, by 3.2%
- Collected information for registration of VHVs: total VHV 20,375 (female 10,127)
- Enhanced continued collaboration between MOH and MOHA through the nationwide roll-out of the community engagement initiative called as 'CONNECT' and completed training sessions on CONNECT module 1 and 2 in VTP, XK, HP, BLX, XSB, CPS, BK to improve the local authorities' ownership and support for the COVID-19 response and PHC strengthening to be sustainable
- Trained staff at small hospitals (Health Center) as well as district health staff for medicine quantification and procurement practices to be able to manage and to avoid stock out of essential medicine and medical equipment
- Developed tools and guidelines to support VHV for RMNCAH (98% completed) and NCDs and their risk factors including high blood pressure, diabetes and smoking (30% completed)
- Refresher training on the dengue clinical management was conducted in five provinces namely Attapeu, Saravan, Sekong, Luangnamtha and Khammouan provinces.

2) Nutrition services and treatments

- Organized the National Action Plan Meeting, developed a joint report to improve tools and documents focusing on multi-sectoral work, and organized the Meeting of the National Committee on Nutrition in the first 6 months of the year chaired by the Deputy Prime Minister of the Lao PDR; and Children under 5 years of age receiving Vit A in 18 provinces across the country was 62% compared to the target of 2022 (>80%): About 508,025 children received at least one dose of vitamin A (source: DHIS2, January to November 2022); 171,069 adolescents received Iron and Folic Acid (IFA); 289,982 pregnant women and breast feeding received IFA; and only 53% of children under 5 years of age or about 620,649 children received deworming drugs.
- The government appointed the Nutrition Committee at central level, and there is a systematic screening of severe malnutrition in the community to address malnutrition.
- The National Nutrition Center provides capacity building on Integrated Management of Acute Malnutrition (IMAM) for health workers, procurement and distribution of IMAM. The training on nutrition include:

- Training tools for training and orientation for health and nutrition staff at various levels and volunteers
- Training of central trainers on malnutrition outpatient care & community level activities of IMAM work
- Training for provincial/district level staff on malnutrition outpatient care in rural areas (3 days) - 10 provinces.
- District-level training on community-level activities (2 days) - 69 small hospitals

Care for children with SAM in both provincial, district hospital and health centers (10 provincial hospitals, 92 district hospitals & 69 health centers).

3) Family Planning

There are 1,159 employees providing health services across the country from all service facilities with the ability to provide comprehensive family planning services, using the national family planning training manuals based on their capacity, including counseling. Ensuring the supply of contraceptives and equipment through the m-Supply system has been extended to the district level to facilitate monitoring and ensure the availability of drugs and family planning equipment. The supply chain is integrated into the curriculum of healthcare providers such as physician, nurse, midwives.

Improvements have been made in all service facilities to ensure that there is no shortage of drugs and family planning equipment in the warehouses of provincial hospitals, district hospitals and small hospitals: the proportion of healthcare facilities with stock-out of drugs and family planning equipment reduced from 21% to 11% (based on the nationwide drug survey in 2021). The government has increased the procurement of contraceptives from 3.5% to 32%.

4) Build capacity of health personnel

- Finalized the Human Resources for Health Development Strategy by 2030 providing key priorities to strengthen the quantity and quality of human resources for health (HRH) to achieve UHC with strong focus on capacity building on HRH at local level
- Approved the quota for human resources for health (HRH) and recruited new civil servants for 2022 for a total of 335 positions, in which the focus was recruitment at the district level and health centers covering 63% (93 positions)
- Reduced the number of health centers with less than 3 employees, achieved reduction of all health centers by 6.1% from 20.6% in 2019 to 14.47% in 2022; the number of health centers without clinical health workers (specialist, medical doctor, medical high level, primary health care high level, or medical assistant) reduced from 46.7 % in 2019 to 17.31% in 2022 of all health centers by 29.39%; and ensured that health centers have at least one midwife, covering 75% of all small hospitals
- Accredited and used direct and continuous high-level midwifery courses to ensure that employees who provide services at the primary level have opportunities to upgrade and develop themselves to a higher level
- Eight trainees successfully graduate from the Lao Field Epidemiology Training Programme (Lao FET) including 7 from the provincial level.

- Strengthening the capacity of human resources for health through the implementation of licensing (Licenses were issued to 2,192 doctors (62.10%), 610 dentists (66.23%), 1,518 nurses (59.16%), 331 midwives (56.97%)), and the remaining 2,839 licenses will be issued in 2023
- In 2022, a total of 104 employees, 66 women out of the total, were sent for training, of which 16 employees (women) were from primary health care facilities; and the employee upgrade plan has a total of 807 employees: 17 second level specialists, 83 1st level specialists, 77 with masters' degree, 29 with specialized degree, 156 with bachelor's degree, 33 with diploma, and 412 with high-level certificates
- Trainings on the use of tools to assess the capacity of staff in health centers were conducted for 16 provinces: Xiengkhouang, Huaphan, Oudomxai, Phongsaly, Vientiane, Borikamxay, Sekong, Attaphu, Bokeo, Luang Namtha, Luang Prabang, Sayabouly, Khammouan, Saravan, Champasak, Xaisomboun
- Completed the development of a tool to evaluate the performance of health workers to determine the incentives at the health centers and trained the staff at the provincial and district levels to be trainers for health centers in 12 provinces: Xiengkhouang, Huaphan, Oudomxay, Phongsaly, Vientiane, Borikamxay, Sekong, Attapu, Bokeo, Luang Namtha, Luang Prabang and Sayabouly
- Trainings on event-based surveillance to strengthen event detection of acute public health events were conducted in Oudomxay, Savannakhet, Xiengkhuang and Vientiane Capital

5) Covid-19 preparedness, response, and sustainable COVID-19 management

- Emergency Operation Center (EOC) at the central level, chaired by MOH, has been activated since 2020. Weekly meetings were conducted to discuss the response based on information from different departments and sectors. This mechanism allows for quick decision making.
- Continued to expand and strengthen the Public Health Emergency Operations Center, which is a center for coordinating and responding to any public health emergencies;
- Developed COVID-19 prevention, control, and response operational plan 2022 through Technical Working Group mechanism and signed by Minister of Health
- Implemented COVID-19 projects under GMS COVID-19 response and recovery plan 2021-2023 (GMS Health Security Project, GMS Health Security Additional Financing) and Lao PDR Toward a COVID-19 Recovery Plan
- Reviewed lesson learned from the COVID-19 pandemic and incorporated those into future planning:
 - o Conducted an intra-action review meeting to identify what went well and areas for improvement for the COVID-19 response and beyond and develop recommendations;
 - o Integrated the National COVID-19 Operational Plan with the National workplan for health security 2022-2025;
 - o Revised and finalized the Pandemic Preparedness Plan based on lessons learnt from the COVID-19 pandemic.

- Completed developing of regulation No. 0833/ST, dated 18/02/2021 regarding emergencies use authorization for drugs and vaccines
- Developed manuals and procedures for considering the use of vaccines against COVID-19 during emergencies and developed a manual on the development of pharmaceutical and medical equipment warehouses
- Approved Emergency Use Authorization for seven local pharmaceutical manufacturers and Institute of Traditional Medicine to produce medicines for COVID-19 treatment;
- Shared information of all COVID-19 medicines and rapid diagnostic test product to public through website and medias.
- Monitored the quality of hand sanitizer products and face masks that imported, manufactured and distributed in the country
- Accelerated COVID-19 vaccine provision to contribute to full reopening of the country and economic recovery, which aims to achieve more than 80% of total population. Currently, 1st dose coverage is 81.3% of total population and 2nd dose covers 72.6%
- Coordinated with local authorities to determine targets for vaccination and take a lead in achieving the targets nationwide
- Provided extra efforts to support delivery of the COVID-19 vaccines in provinces/districts with lower coverage
- Improved health infrastructure: isolation centers and laboratory at central and provincial levels
- Procured and mobilized donations of medical equipment and consumables for central and provincial hospitals
- Trained health workers and developed various SOPs related to COVID-19 prevention and response with support from development partners
- Rapid response teams in each province investigated and responded to outbreaks of acute respiratory infection.
- Improved health information management for communicable disease surveillance with adaptation of systems to integrate COVID-19 and influenza surveillance
- Strengthened capacity for provinces to conduct multisource surveillance for data-informed policy decision making at provincial level. COVID-19 has been used as an entry point to strengthen the implementation of multisource surveillance for all public health emergencies and has already been conducted for dengue response. On-site supervision visits were also conducted to eight priority provinces to further strengthen implementation.
- Expanded the testing capacity for SARS-CoV-2 to the subnational level and strengthened capacity to conduct genomic surveillance for SARS-CoV-2
- Monitored circulating and new SARS-CoV-2 variants through strengthened genomic surveillance.
- Re-established influenza-like-illness and severe acute respiratory infection surveillance sites to strengthen integrated Covid-19 and influenza surveillance
- Made continued efforts to enhance clinical care capacity for treatment of COVID-19 patients by updating the clinical management guidelines and trainings and capacity to implement infection prevention and control measures from central to local hospitals

- Eight Field Epidemiology Trainees supported in the COVID-19 response including case investigation and data management- strengthening their capacity in epidemiology during their course
- Strengthened HRH and related parties to be prepared with health emergencies that may occur in the future
- Point of entry capacities have been strengthened through review and update of Standard Operating Procedures of public health emergencies at ground crossings and international airports. Tested plans through simulation and tablet-top exercises.

2. Strengthen the sustainable financing system for the public health care sector and equitable access to the public health services

MOH negotiated with DPs and collaborated with relevant line Ministries to increase domestic funding sources in co-financing for essential health services in the context of donor transition, in order to ensure the priority activities are supported by DPs continuously and sustain the progress in meeting the national targets of the health indicators set by the government. MOH also developed the Health Financing Strategy 2021-2025 which was endorsed by Minister of Health in 2021. It has become an important centerpiece, and the goals are to:

- Increase the transparency of financial management in the health sector: developed a manual for the management of health sector finances for the provincial, district and health centers as well as organized trainings to ensure that each budget unit meets the minimum public financial management standards set by MOF.
- Create an enabling environment for sustainable health financing: the goal is to ensure that the government budget is sufficient and predictable, especially from domestic funding sources such as general taxes and pro-health taxes.
- Prioritize increasing the efficiency of the use of funds in the health sector: pay attention to the budget allocation of provinces and districts to be efficient by focusing on PHC.
- Promote equity in the use of resources, with a focus on ensuring that service providers comply with policies to remove financial barriers to access services for the poor and vulnerable population.
- Monitor the effectiveness of health services: focus on the effectiveness of budget use of programs and the rational use of drugs, including health administration expenditures for outpatient care, for inpatient care, and disease prevention-health promotion programs.
- Transform the health sector from a purchaser of quantitative services to a purchaser of higher quality services, in line with the policy of Five Goods, One Satisfaction.

The National Health Insurance (NHI) Strategy 2021-2025 was developed and endorsed in September 2022, which aims to provide overall guidance and approach for improving equitable access to healthcare and financial protection through the sustainable national

health insurance scheme in the coming years in line with the Health Financing Strategy and the Health Sector Reform Strategy. The strategic objectives are to:

- Improve the legal and policy framework of NHI and strengthen the National Health Insurance Bureau (NHIB) governance mechanism
- Strengthen the financial independence, accountability, and sustainability of the NHI fund
- Strengthen NHIB's institutional capacity and operational effectiveness and efficiency at the central, provincial and district levels
- Ensure responsiveness of health facilities and improve quality of health care services
- Raise awareness among the general population about NHI benefit entitlements.

Financing protection analysis using the Lao Expenditure and Consumption Surveys (2007/08, 2012/13, 2018/19) was conducted jointly through ministerial collaboration between the Ministry of Health and the Lao Statistics Bureau/Ministry of Planning and Investment for data-informed decision-making to make a further progress towards UHC in Lao PDR. Based on the results, the increasing health care use and declining incidence of catastrophic health expenditure due to Out of Pocket (OOP) expenditure over time suggest that the introduction of the NHI scheme had a positive impact on financial protection and, to a lesser extent, access to care in Lao PDR. Yet, significant gaps remain, especially for the poorest.

2.1. Key challenges

- High reliance on OOP and external financing while grant financing declining and co-financing requirements increasing (e.g., Gavi and GF transition)
- Government budgets in deficit and fiscal consolidation efforts getting worse due to the economic impact of the pandemic and the increase in inflation rate
- Increased prices of medicines becoming barriers to access to care for patients leading to higher OOP payments by patients
- Lack of financial information system to track resources in the health sector, and improve the efficiency of the health spending
- Key issues in the implementation of the NHI scheme include: 1) sustainability due to its structure (tax-based); 2) delayed reimbursement which has affected the management of healthcare facilities, specifically procurement of medicines; 3) weak information system for NHI reimbursement; 4) lack of an updated list of the poor in the catchment areas, although the poor group should be exempted from copayment; and 5) limited awareness among the public

2.2. Efforts put in place to address

- Sustainability in financing: Adequate and predictable public financing, including a transition to domestic financing, primarily through general taxes
- Secure the domestic financing to meet co-financing requirements to maintain essential public health programs in the context of donor transition

- Strengthen effective implementation of projects that support the priority programs of the health sector by integrating into the annual plan and joint M&E (e.g., HANSA project)
- Improve financial accountability by strengthening financial management and connecting to health information, for accountable payers and providers at all levels
- Improve the financial sustainability of the NHI scheme through
 - o *Increase the mobilization of domestic financing for social health protection*
 - o *Review and adapt the benefit package to the realistic, expected budget for NHI*
 - o *Improve planning and budgeting to ensure that NHI annual expenditures remain within the budget envelope made available by MoF*
- Ensure service coverage and provide appropriate financial protection targeting vulnerable population groups by reducing inequities in outcomes and access across income, region, province, and gender during the transition.

B. Communication and outreach activities within the sector and across SWGs

MOH has actively engaged with relevant line Ministries, Ministry of Planning and Investment, and Ministry of Finance, to address health financing challenges, specifically co-financing commitments and strategic engagement with partners including Gavi and Global Fund, which will be critical in sustaining essential health services to achieve UHC and SDGs and graduate from the Least Development Country Status by 2026.

MOH has collaborated with relevant sectors to improve health promotion and address risk factors of NCDs such as tobacco control. The National Assembly endorsed the National Tobacco Control Law in 2021 which was revised according to the WHO Framework Convention on Tobacco Control (FCTC). Implementation of effective tobacco control measures according to the law requires strengthening the national tobacco control committee and close collaboration across relevant sectors. MOH has actively reached out to the Ministry of Planning, Ministry of Finance, Ministry of Industry and Commerce, Ministry of Education, Ministry of Communication and Information, Prime Minister's office and National Assembly for collective efforts.

During the pandemic, MOH and MOHA worked very closely to empower and support local authorities for their leadership for community engagement under CONNECT. It now moves towards a longer-term collaboration between two sectors to improve uptake of essential health services and strengthen PHC beyond the pandemic.

C. Cross-sectoral thematic areas applied to all SWGs

1. Partnership for effective development cooperation (in accordance to VDCAP 2015-2025)

According to the 9th HSDP, MOH is promoting integrated single sector policy framework to align various source of fund to the national health plan and has developed joint annual work plans with development partners. The draft Health Sector Cooperation Strategy 2030 was presented at the health planning and financing technical working group meetings and has been discussed with relevant department. In September 2022, the revised

structure of the Health Sector Working Group to align with Health Sector Reform pillars is approved and disseminated at the 14th Health Sector Working Group Policy level meeting.

2. Innovation and technology

The Department of Planning and Cooperation developed the Digital Health Strategy 2023-2027 endorsed by Minister of Health. This strategy aims to accelerate innovation through the strengthening of digitization in health. Development of standards for greater interoperability was identified as a key priority; implementing 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.

During COVID-19 pandemic, innovation in the area of telemedicine and use of mobile technology in health for strengthened surveillance was tested and adopted based on the context of Lao PDR and it was extended to six more provinces. Ensured ethnic healthcare workers to provide health service in remote area; provided training and supportive supervision for use of the Health Personnel Information Management System (HPIMS), linked HPIMS to DHIS 2 and generated HRH report in DHIS 2

3. Promoting gender equality and women's empowerment and accelerating the adoption and implementation of the National Youth Policy: health sector continues to implement policies to ensure female health workers in health facilities and administrative management position, meaning that encourage to allocate at least one female health worker to provide health care services in health centers and give more opportunity for female workers to attend training, workshop or promote female leadership, the total number of health administrative management position is 6,058 persons (female 3,251 persons accounted for 53.6%). The advancement of women in health cabinet office has disseminated the committee of advancement of women and mother and child health to coordinators across health sector, including training for coordinators and developed health gender equality strategy with their five years plan (2021-2025). Health sector has endorsed and disseminated of the health sector standard operating procedure (SOP) for gender-based violence response and provided training of SOP that include technique and skill to provide consultation, examination, treatment, coordination, and referral to Savannaketh, Luang Prabang, and Champasack provincial health workers.

4. Comment of the Health Sector to the RTIM 2022

Theme: Accelerating the implementation of the 9th NSEDP (achievement of 2022 and plans for 2023) SDGs and achieving LDC graduation. Date: 26th January 2023 at NCC

Health Sector's comments for RTIM 2022

For government

- Increase the budget for the health sector to reach at least 9% which will be critical to sustain essential health services to implement the 9th NSEDP, meet the LDC graduation criteria, achieve the 11 indicators approved by the National Assembly and achieve UHC and SDGs ultimately.
- Create a mechanism to enhance coordination among MOH, MOF and MPI for co-financing commitment.

For Development partners

- In the current economic situation, the health sector proposes that DPs need to provide more intensified support to ensure delivery of essential health services in the coming years that will be core to achieving the 11 health indicators, UHC by 2025, and SDGs by 2030.
- In alignment with the HSR and the MOH recent decision (No. 2645), it is proposed that DPs support the coordination mechanism, TWG and SWG of the health sector in terms of technical and financial support to strengthen streamlined coordination to achieve UHC and SDGs.

Priority Plan for 2023

- Strengthening PHC through 1) providing support for micro planning at subnational level to assess the situation using all data available, identify issues and find innovative solutions to improve service delivery, reach the unreached, strengthen sustainability across vertical programs; 2) ensuring that all health centres have adequate level of HRH by improving distribution; and 3) strengthening health promotion and prevention activities at the village level and improving service delivery/referral from communities to healthcare facilities with support from strengthened VHVs
- Recovery from the health impact of the COVID-19 pandemic on uptake of essential health services to meet the national health indicators' targets and contribute to LDC graduation and achieving UHC and SDGs
- Ensuring sufficient health financing to sustain essential health services through strategic engagement with partners and efforts to increase the government budget allocation for the health sector, at least 9%
- Strengthening the resilient health system to be well prepared for any future public health emergencies beyond the COVID-19 pandemic, specifically strengthening HRH capacity across key pillars of the response
- Enhancing multi-sectoral collaboration to address risk factors of NCDs with strong focus on tobacco control and strengthen health promotion at the community level
- Ensuring availability of medicine and medical equipment by strengthening the procurement practices to increase the access to good quality, efficacious, safe and affordable medicines and medical products at all health facilities; promotion of the rational use of medicine at each level of healthcare services; supporting local pharmaceutical

manufacturers and promoting consumption of locally produced medicines(generic medicines) at all levels of healthcare services; strengthening distribution practices to ensure the availability of essential medicines and medical equipment; and improving logistic system which focus on the storage and distribution of medicines and medical equipment by using the m-Supply as modernized database to monitor storage and distribution.