

Bridging the Gaps in Promoting Health Equity: experiences from Lao PDR health sector

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HEALTH INEQUALITY AND ITS FAR-REACHING IMPLICATIONS WITNESSED FROM COVID-19: LESSONS-LEARNED FROM LAO PDR





Key health Indicators

Maternal Mortality Rate per 100,000 – 185 (2017)



Infant Mortality Rate – 35.3 (2020)

Under-5 Mortality Rate – 44.1 (2020)

Penta 3 Vaccination Coverage – 86.7 (2021)

Skilled Birth Attendance – 73.2 (2020)

Percentage of children underweight – 21.1 (2017)



Percentage of children stunted – 33 (2017)



Proportion of population using basic water services – 83.9 (2017)



Proportion of population using basic sanitation servicers - 73.8 (2017)



National Health Insurance Coverage – 94% (2020)



Percentage of Model Healthy Villages – 83%



Inequality access to health services

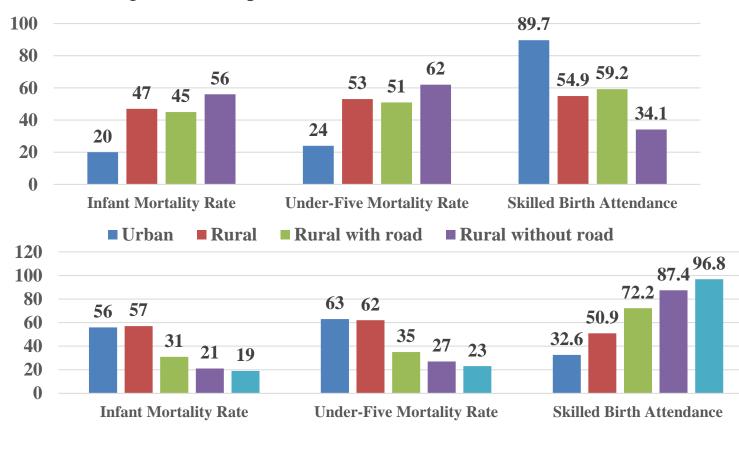
• Despite good progress in many of the national assembly indicators, there are significant disparities

PENTA3 Immunization by mode of delivery - 2021

Outreach 32%

Mob

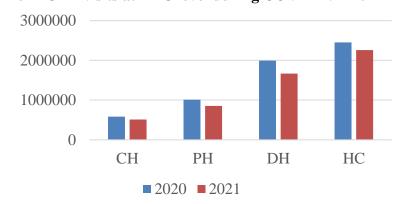
14%



1 in 2 HCs vaccinated less than 25 children at the HC in 2021 1 in 3 HCs vaccinated less than 25 children during outreach in 2021 Decline in OPD visits at PHC level during COVID-19 - 2021

Fixed

54%



■ Poorest ■ Second ■ Middle ■ Fourth ■ Richest

Outpatient episodes declined by 16% in DHs and 8% in HCs



Social health protection in Lao PDR | COVID-19

- The Government of Lao PDR (GoL) is **committed to achieve universal health coverage (UHC) in 2025** by expanding population and service coverage, and achieving financial protection for all
- The Health Sector Reform (HSR) Strategy and Framework till 2025 outlines the strategy towards UHC
 - The Phase Three (2021-2025) is expected to complete the health sector reform and reach UHC with an adequate benefit package and appropriate financial protection for a vast majority of the population
 - It is expected that over 95% of the population will be covered by 2025 and that OOP payments will be reduced from more than 40% of THE to less than 30%
- To achieve these objectives, GoL has strengthened efforts in recent years to enhance financial protection through the **extension of social health protection mechanisms**
 - The roll out of the National Health Insurance (NHI) scheme targeting previously uninsured population groups and managed by the National Health Insurance Bureau (NHIB) under the Ministry of Health (MoH) has resulted in a rapid increase in coverage since 2016
 - Following the new policy orientation, the total population coverage of all schemes (including the public sector, the military and the police) reached 60% in 2016 and about 94% in 2020
- The rapid increase in the population coverage and the harmonization of the schemes aimed to **enhance access to health services and financial protection** from catastrophic health expenditure for all Lao people, thus contributing to the government's policy directions towards achieving universal health coverage by 2025

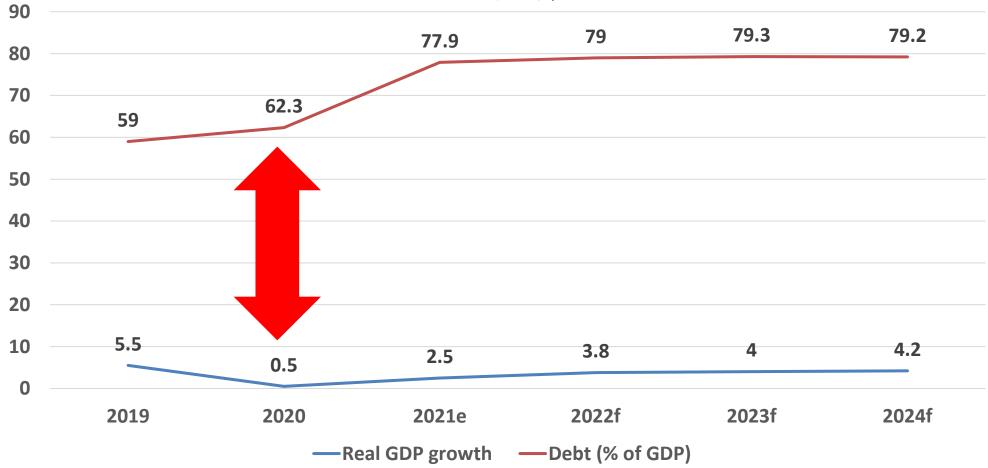


Health financing situations | COVID-19

- COVID-19 impact on the economy (World Bank, April 2022)
 - **GDP growth** is projected to be at **5.5%** in 2019, **0.5%** in 2020 and **3.8%** in 2022
 - General government debt as a share of GDP has been significantly increased from 59% in 2019 to 62.3% in 2020 to 77.9% in 2021, 79% in 2022, 79.3% in 2023
 - Public and publicly guaranteed debt increased to 88% of GDP (\$14.5 billion) in 2021; public sector external debt service due is almost \$1.3 billion per year over 2022-2025, which is about half of the average domestic revenue.
- COVID-19 impact on the health sector
 - Govt budget cuts by 30% at the central level and 10% at the provincial levels in 2020
 - Government budgets in deficit for many years
 - ⇒ May lead to delays of delivery of health services and decline in the quality and quantity of health services
 - ⇒ A substantial drop in the use of some essential health services was observed compared to previous years based on the data from the District Health Information System (DHIS2). Concerns and anxiety over COVID-19 among the public affected their health seeking behaviour, leading to reduction in the uptake of essential health services during the pandemic

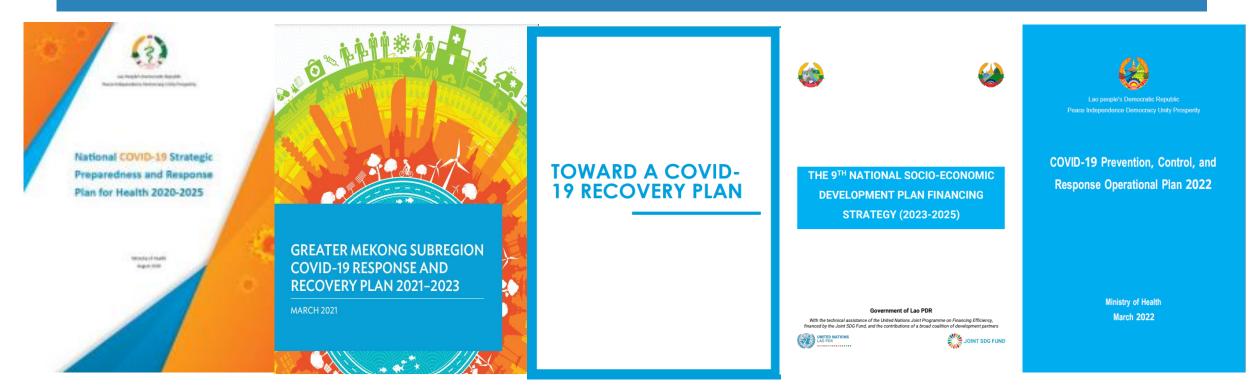


Real GDP growth rate and government debt as % of GDP (%), 2019-2024





How to take equality issues into account in COVID-19 recover plans





Implement National and Regional Plans

Multi-Stakeholder Taskforce: 25th May 2020 developed National Covid-19 Strategic Preparedness and Response Plan for health 2020-2025; background papers entailing recommendations for changes to mitigate the consequences of COVID-19

GMS covid-19 Response and Recovery Plan 2021-2025: GMS project supporting the plan with grant and loan from Development partners such as ADB, WB, GF, EU, DFAT, Japan UHC Fund, and etc Multi-sectoral cooperation and community participation : health sector cooperate with UN agencies (WHO, UNICEF, UNFPA,...) for technical lead, mobilize fund support from DPs, private sector, individual donation; collaborate with relevant ministries for command, coordination, and control; local authority share responsibilities for Covid-19 prevention and control.



Recommendations for addressing health inequality through regional cooperation

And for



Recommendations

Build resilience health system: narrow down the gap of quality of health services in the region by improve health infrastructure, laboratory capacity, competency of human resources for health, and POE facilities.

Trade and private sector, value chains and tourism:

improve business and investment environment in Lao PDR, regional economic integration, ecommerce, e-health or digital health.

Border area health system strengthening: managing changes and enhance policy preparedness for decent work: wage, labour, migration and borderer management to mitigate the impact of COVID-19, UHC for migrant and mobile population.

Recommendations



Strengthening regional cooperation and collaboration:

- Communicable disease control
- ► Regional disease surveillance and outbreak response system
- Knowledge exchange on health planning and financing, monitoring and evaluation, including health management information system
- ➢ Improve multisectoral collaboration for conducting one health approach, which health sector take lead for people's health and agriculture sector take lead for animal's health







