





#### Lao PDR Facts & Figures



- Area: 236,800 km2
- Population (2015): 6,5 M
- GDP growth rate (2016): 7.0%
- GNI per capita (2016): \$2,150
- Birth cohort (2017): 179,023
- Infant mortality rate <1yr (2015): 51/1000
- Child mortality rate <5yr (2015): 67/1000
- Maternal mortality rate (2015): 197/1000
- 18 provinces, 148 districts



#### 3 Builds

Whole of Government (approx. 12-15 years)

National: Leadership/Policy Guidance

**Provincial:** Translate Policy to Strategy

**District:** Provide Management – planning/financing/HR/etc.

Village: Implementers

#### **4 Breakthroughs**

Whole of government (3-4 years)

- Change the mindset
- Focus on human resources
- Good governance
- Poverty Reduction

### **5 Pillars**

Health Sector Reform (3 Phases to 2025)

- Human Resources for Health (HRH)
- Health Financing
- Governance, Organisation, and Management
- Health Service Delivery and Hospital Management
- Health Information System (HIS)



#### Health System Context

- Sth Health Sector Development Plan 2016-2020
- **Provision of healthcare**: through public system to the central, provincial, district, and health centre levels
- 1,233 health facilities (as of 2016\*)
  - 5 central hospitals
  - 38 army and police hospitals
  - 17 provincial hospitals
  - 137 district hospitals
  - 1,026 health centres



#### **National Immunization Programme**

- Immunization services: free of charge at all levels: provincial and district hospitals, as well as health centres through a mix of fixed site and outreach services
- Routine immunizations provided: HepB birth dose, BCG, OPV, Penta, PCV, IPV, MR, JE, Td



#### **Maximizing Coverage & Equity**



### **Gavi Support to Lao PDR**

- Total Gavi commitment to Lao PDR
  (2001 to 2021): \$36,294,092, with approx.
  30% going to non-vaccine support
- Vaccines introduced: HepB, Penta, PCV, IPV, JE campaign, HPV demo, MR 2nd dose
- Non vaccine support: Three HSS grants focusing on various activities (e.g. strengthening capacity of EPI staff at all levels, increasing community demand for immunization, etc.)



- Future vaccine introductions: HPV and Rota (both recommended for approval by IRC)
- Cold Chain Equipment Support: Planned CCEOP application 2018
- **Transition:** Lao PDR entered the accelerated transition phase in Jan 2017 and will transition from Gavi support by the end of 2021.

#### **Impact of PCV introduction**

PCV13.... ... has reduced the carriage (and therefore transmission) of vaccine types in the community

....is likely to contribute to a reduction in child mortality in Lao PDR Pre-PCV13: 56% of healthy toddlers and 14% of healthy infants too young to be vaccinated carried pneumococcus in their nose

**Post-PCV13:** for PCV13 types, there was a 31% decline in toddlers and 24% decline infants too young to be vaccinated

- 20% of all admissions in VTE capital in U5s is due to pneumonia, 15% need oxygen
- PCV13 reduced pneumonia requiring treatment with oxygen by 55%. As low oxygen is the reason why children die from pneumonia, we expect this would translate to reduction in child mortality.

Source: Murdoch Children's Research Institute/Fiona Russell (2017), Government of Lao PDR/NIP and University of Health Sciences





### **Reaching Every Community**



Challenges towards ensuring equitable coverage:

- Geographical, cultural and language barriers
- Low demand/vaccine hesitancy

Strategies for addressing barriers:

- Community-centered communications
- Microplanning
- Integrated outreach

### 2nd Year of Life (2YL) Platform



- Important opportunity to reach children with 2nd dose of measles-rubella as well as missed routine immunizations
- Enables integrated service delivery
- New health 'touchpoint' to provide ANC/PNC, family planning, nutrition, and other health services



#### NIP Data Quality Improvement



#### Strengthen the quality of data for:

- immunization coverage monitoring
- vaccine supply management
- VPD surveillance
- AEFI surveillance

### **New Vaccine Introductions**

#### HPV Vaccine

• Planned introduction in September 2019; school-based delivery

#### **Rotavirus vaccines**

 Planned introduction in September 2019









## **Transition in context**



• As Lao PDR plans to graduate from LDC status, UNFPA, in this current programme of support (2017-2021), will gradually reduce funding for family planning commodities



Global Fund funding will already start to be reduced during 2018–2021



- Fully self-financing by end 2021
- Gavi Transition Plan agreed in 2017

### **Developing a Plan**

The Government of Lao with partner support has developed a Gavi transition plan, which was approved in mid-2017.

Focus areas of the Transition Plan:

- Immunisation financing
- Immunisation legislation and advocacy
- Strengthening technical advice (NITAG)
- Strengthening of microplanning, supervision and outreach
- Improving data quality and surveillance
- Increasing communication and demand generation



### Mobilizing domestic resources to replace Gavi support



# Vaccine cost as % of government health expenditure will peak in 2022



#### Managing Transition on the path to UHC

- Situate transitioning of key health programs within a broader health financing context in progressing toward UHC
- Assess fiscal space and viable options for domestic resource mobilization for achieving and sustaining UHC
- Strengthen institutional capacity of the country to deliver services for results
- Develop **one unified transition roadmap** and actionable plans to ensure smooth transition from donor funded programs to domestically financed integrated health programs

#### **Importance of Partnerships**



# Looking to the future of Lao PDR

- Graduation from LDC status by 2020
- Progress towards UHC by 2025
- Achievement of SDGs







# Thank you! Kop chai lai lai!

