



# LAO PEOPLE'S DEMOCRATIC REPUBLIC–WHO

## Country Cooperation Strategy 2017–2021



# **LAO PEOPLE'S DEMOCRATIC REPUBLIC–WHO Country Cooperation Strategy 2017–2021**

WPRO/2017/DPM/001

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# ABBREVIATIONS

|                   |   |
|-------------------|---|
| <b>AMR</b>        | antimicrobial resistance                        |
| <b>ASEAN</b>      | Association of Southeast Asian Nations          |
| <b>CCS</b>        | country cooperation strategy                    |
| <b>GDP</b>        | gross domestic product                          |
| <b>HSDP8</b>      | Eighth Health Sector Development Plan           |
| <b>IHR (2005)</b> | International Health Regulations (2005)         |
| <b>LDC</b>        | least-developed country                         |
| <b>MDGs</b>       | Millennium Development Goals                    |
| <b>NCDs</b>       | noncommunicable diseases                        |
| <b>NSEDP8</b>     | Eighth National Socio-Economic Development Plan |
| <b>SDGs</b>       | Sustainable Development Goals                   |
| <b>TB</b>         | tuberculosis                                    |
| <b>UHC</b>        | universal health coverage                       |
| <b>UXO</b>        | unexploded ordinance                            |
| <b>WHO</b>        | World Health Organization                       |

# FOREWORD

**The Ministry of Health of the Lao People's Democratic Republic and the World Health Organization (WHO) are pleased to present the *Lao People's Democratic Republic- WHO Country Cooperation Strategy 2017-2021*. The strategy provides a blueprint for collaboration on health for the next five years between the Lao People's Democratic Republic and WHO.**

Countries are changing and developing rapidly, as are the needs and expectations of their populations. The Lao health system has shown significant improvements, as evidenced by the achievement of most of the country's Millennium Development Goal targets.

The cooperation strategy was developed by leveraging these developments, in consultation with Government agencies, the United Nations system in the country and other multilateral health and development partners.

The strategy reflects the national health needs, challenges and public health priorities of the country, aligned with global development goals and international norms. On behalf of the Lao Government and WHO, we express our gratitude to the many national counterparts, staff and other stakeholders that contributed to the development of the strategy.

In partnership and solidarity, we look forward to working together to implement this strategy over the next five years to benefit the health of all the people of the Lao People's Democratic Republic.



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# EXECUTIVE SUMMARY

**The country cooperation strategy (CCS) provides a medium-term strategic vision for World Health Organization (WHO) cooperation with a given Member State in support of the country's national health policies, strategies and plans. The Government of the Lao People's Democratic Republic and WHO, in consultation other health and development partners, have jointly developed the *Lao People's Democratic Republic–WHO Country Cooperation Strategy 2017–2021*. The strategic priorities of this CCS are based on and aligned with the country's *Lao Health Sector Reform 2013–2015*, the *Eighth Health Sector Development Plan (2016–2020)*, the *Lao People's Democratic Republic–United Nations Partnership Framework (2017–2021)*, *WHO's Twelfth General Programme of Work (2014–2019)* and the Sustainable Development Goals (SDGs).**

As one of the fastest-growing economies in the WHO Western Pacific Region, the Lao People's Democratic Republic has seen rapid economic development in recent years. The country reached lower-middle-income status in 2011 and is on track to achieve the graduation criteria from least-developed country (LDC) status by 2020. Economic growth has been accompanied by a reduction in poverty rates, but at a slower pace than anticipated due to limited job creation, low income growth and high vulnerability (1). Moving towards sustainable and more equitable growth will be the main challenge for the Lao People's Democratic Republic in the coming years if the global SDG agenda of leaving no one behind is to be achieved.

The Lao People's Democratic Republic has made significant progress in improving the health of its citizens, with life expectancy reaching 66 years in 2013 (2). Progress in service delivery and access to health services was reflected in the achievement of a majority of the health-related Millennium Development Goals targets. The national policy of graduating from LDC status underlines the commitment of the Government of the Lao People's Democratic Republic to additional investments in basic health to ensure equitable access to health services in remote and mountainous areas in order to reach the LDC target of reduced child mortality. On the other hand, national policies to strengthen the health system are addressing expected emerging health challenges linked to rapid socioeconomic development, deepened regional integration and climate change. Additional planned domestic resources allocated to the health sector will compensate for a reduction in external support, a result expected from LDC graduation.

Public spending on health in the Lao People's Democratic Republic remains low, and health service provision continues to rely on out-of-pocket spending and external financing. Less than 15% of the poor have health insurance, and health shocks are considered a main factor for falling back into poverty (1). The *Lao Health Sector Reform 2013–2025* provides a road map to achieve a resilient health system and universal health coverage (UHC) by 2025, including a consequent increase of domestic spending on health.



Addressing cultural, financial and geographical barriers encountered by vulnerable groups in accessing health services under the objective of reaching a more equitable health system is reflected in the Eighth Health Sector Development Plan and related priority programmes. The localization of the SDG agenda provides an opportunity to further improve the quality of services at the local level and increase population trust in the system. This will support achievement of targets related to maternal and child health, immunization, communicable diseases, and neglected tropical diseases.

The Lao People's Democratic Republic continues to face regular outbreaks of communicable diseases. Increased cross-border exchanges and climate change are expected to put further pressure on the health system's capacity to prevent, monitor and control outbreaks. Most of these challenges cannot be addressed by the health sector alone, and the *Vientiane Declaration on Partnership for Effective Development Cooperation (2016–2025)* provides a framework for integrated responses involving various departments, ministries and partners.

This CCS is based on the comparative advantage of WHO in supporting the Lao People's Democratic Republic in addressing existing and emerging public health challenges and is underpinned by an analysis of the health context in the Lao People's Democratic Republic. This CCS also has been informed by a consultative process involving the Government, WHO and major stakeholders.

**The five strategic priorities for WHO collaboration with the Lao People's Democratic Republic in 2017–2021 are:**

1. resilient health systems towards universal health coverage;
2. effective delivery of essential public health programmes;
3. enhanced health security;
4. effective policy dialogue and advocacy; and
5. active partner in the Greater Mekong Subregion and the Association of Southeast Asian Nations (ASEAN).

WHO intends to deliver on the CCS strategic priorities in the Lao People's Democratic Republic through leadership on the evolving cross-sectoral health policy dialogue, with a focus on linking cooperation at the national level to the subnational level, and by working across sectors and with a wide range of governmental and nongovernmental partners.





# 1. Introduction

**The country cooperation strategy (CCS) provides a medium-term strategic vision for cooperation by the World Health Organization (WHO) with a given Member State in support of the country's national health policies, strategies and plans. The *Lao People's Democratic Republic–WHO Country Cooperation Strategy 2017–2021* aims to respond to the national health needs, challenges and public health priorities of the Lao People's Democratic Republic while aligning with globally agreed development goals and international norms. This CCS will provide the framework for WHO support to the Ministry of Health and for WHO engagement with other partners in the health sector. It will guide the work of WHO at all organizational levels, including preparation of the biennial programme priorities and budgets under the overall goal of improving the health of all people in the Lao People's Democratic Republic.**

WHO's mission, as stated in its Constitution, is to attain the highest possible level of health for all people. Health is recognized as a fundamental right of every human being regardless of race, religion, political belief, and economic or social condition. Among WHO's global priorities, achievement of the unfinished agenda of the Millennium Development Goals (MDGs) and the agenda of the recently adopted Sustainable Development Goals (SDGs), as well as support towards the realization of universal health coverage (UHC), are strongly reflected in the Lao CCS. The status of the Lao People's Democratic Republic as a lower-middle-income country means that noncommunicable diseases (NCDs), social economic and environmental determinants of health, and access to medicines also are important issues.

WHO has been supporting the development of health services and the health system in the Lao People's Democratic Republic since the country became a member of the Organization in 1950. A WHO country office was established in 1962 allowing direct support and cooperation with the Government of the Lao People's Democratic Republic and other actors in the health sector. The WHO country office is recognized by the

Ministry of Health and other partners as a valuable source of technical expertise and one of the lead partners in the health sector. The country office team, under the leadership of the WHO Representative to the Lao People's Democratic Republic, is committed to continue its support role under the CCS 2017-2021.

The CCS builds on achievements under the previous CCS 2012-2016. That CCS focused on supporting the Government to strengthen the health system, achieve the health-related MDGs, prevent and control public health threats, and address health risk factors to reduce NCDs, mental illness and disabilities. Like the previous CCS, the 2017-2021 CCS has been developed through a consultative process led by the WHO country office and that included the WHO Regional Office for the Western Pacific, the Ministry of Health and other development partners in the health sector. The time frame of the CCS aligns to the policy cycle of the Government of the Lao People's Democratic Republic including the *Eighth National Socio-Economic Development Plan* (NSED8) and the *Eighth Health Sector Development Plan* (HSD8). Long-term national priorities included in the *Lao Health Sector Reform 2013-2025* and in the *Vision 2030* development strategy also are reflected. The CCS is also aligned with other United Nations priorities in the Lao People's Democratic Republic as identified under the *United Nations Partnership Framework 2017-2021*.



## 2. Development and health situation in the Lao People's Democratic Republic

### 2.1 Development achievements and remaining challenges

The Lao People's Democratic Republic is a landlocked, ethnically diverse, mountainous and low population density country with an estimated population of 6.5 million and a total area of 236 800 km <sup>(3)</sup>. The country is a lower-middle-income economy with a gross national income per capita of US\$ 1660 in 2014 <sup>(4)</sup>. As one of the fastest-growing economies in the WHO Western Pacific Region, it is likely to meet the criteria for graduation from least-developed country (LDC) status by 2020. Gross domestic product (GDP) growth averaged almost 8% over the last decade. Economic growth strongly relies on use of the country's natural resources, especially mining, timber and hydropower. The construction and service sector also expanded as resource rents spread to the rest of the economy and growing regional integration boosted tourism and attracted foreign investment.

The Lao People's Democratic Republic ranked 141 of 188 countries on the Human Development Index in 2015 <sup>(5)</sup>. The country has one of the youngest populations among countries of the Association of Southeast Asian Nations (ASEAN). Urbanization is taking place at a moderate pace with one third of the population living in urban areas according to the 2015 census. The Lao People's Democratic Republic has achieved the poverty-related MDG by halving its national poverty rate over the past 10 years. However, poverty reduction and consumption growth lag behind the country's GDP growth. The growth in consumption has benefited the richer quintiles more than the poorer segments of the population, and the rural-urban gap remains significant. Internal and international migration, the latter mostly to Thailand, is common. Inequality has increased over the last 10 years, and policies and measures to increase the access of the most vulnerable groups to services, livelihoods and resources need to be more explicit and targeted if the global agenda of leaving no one behind is to be achieved in the Lao People's Democratic Republic.

## 2.2 Health achievements and remaining challenges

Over the last 10 years the health of the Lao population improved significantly, with life expectancy at birth rising steadily to reach 66 years in 2013 (2). The Lao People's Democratic Republic achieved the MDG target of reducing its maternal mortality ratio by more than 75% and its own national target on reducing child mortality. Reported vaccination coverage has continued to improve and a wide range of vaccines is available through Government and donor support. The Lao People's Democratic Republic managed to achieve the MDG target related to malaria deaths before 2015. The prevalence of all forms of tuberculosis (TB) has been halved from 1990 levels. The MDG target on access to improved sanitation and drinking water has been achieved as well. Progress in service delivery and access to health services has been reflected in the achievement of a majority of the health-related MDG targets.

Despite this success, health indicators remain low in comparison with neighbouring countries. A few MDGs remained off track, most importantly the MDG on nutrition, with an estimated 44% of children under 5 years being stunted and 27% underweight in 2012 (6). The under-5 mortality rate was 67 per 1000 live births, taking MDG4 off track in 2015 (7). The Lao People's Democratic Republic continues to face repeated outbreaks of all major communicable diseases. Progress has been uneven, with remote areas and ethnic groups struggling to achieve improved health status.

Public spending on health in the Lao People's Democratic Republic is very low compared to other countries. Financial sustainability remains an issue as service delivery remains dependent on out-of-pocket expenditure and less than 30% of the population is covered by health insurance. The planned merging of health insurance schemes is a further challenge, especially given that the *National Health Financing Strategy*, drafted in 2014, is awaiting approval.

## 2.3 National development strategies, priorities and plans

The Lao People's Democratic Republic's revised constitution of 2015 states that "the State intends to improve and expand public health services to take care of the people's health" with a special focus on women and children, poor people, and people in remote areas.

National policies are guided by the long-term *Vision 2030*, which is implemented through five-year national socioeconomic development plans. These plans are further detailed into provincial, district and sectoral five-year plans. *Vision 2030* sees the Lao People's Democratic Republic as a middle- to high-income country with balanced economic and social development, political stability, and social order and social safety nets in place. The objectives of the NSEDP8 (2016-2020) are continued poverty reduction, graduation from LDC status, effective management and use of natural resources, and strong regional and international integration.

The need to improve access to and the quality of services is recognized in the *Lao Health Sector Reform 2013–2025* which continues to build on the foundation of primary health care and aims to achieve UHC by 2025. Health system strengthening is central to the reform framework's priority areas: health financing, health governance, human resources for health, health service delivery, and health information systems. The implementation of the reform framework is supported through HSDP8, which identifies eight priority programmes for 2016–2020.

## 2.4 Development assistance and partnership landscape

The main donors in the health sector are the World Bank; the Asian Development Bank; the Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi, the Vaccine Alliance; Japan; Luxembourg; the Republic of Korea; and the United States of America. Several vertical programmes continue to rely heavily on external funding. The Global Fund remains the largest and generally the only funding source for HIV/AIDS, TB and malaria programmes in the Lao People's Democratic Republic. Similarly, Gavi support has been crucial for vaccine procurement, but the transition to procurement by the Government is expected by 2021.

The Lao People's Democratic Republic is likely to reach graduation criteria from LDC status by 2020. This will lead to a decrease in official development assistance over the long term. This may affect the social sectors in particular, such as health and education, as they benefit significantly from external support.

The health sector working group, chaired by Ministry of Health and co-chaired by WHO and by the Embassy of Japan as bilateral donor, has been the core mechanism for coordination and cooperation in the health sector. It is one of the 10 sector working groups contributing to the annual roundtable meeting and includes representatives of the Government, United Nations agencies, bilateral and multilateral donors, and national and international nongovernmental organizations supporting health improvements in the Lao People's Democratic Republic. Under the sector-wide coordination mechanism, technical working groups have been set up to coordinate and support the Ministry of Health in key areas.

The *Vientiane Declaration on Partnership for Effective Development Cooperation (2016–2025)* was endorsed by the Government and development partners at the annual roundtable meeting in 2015. Under this umbrella, the Ministry of Health is developing guidelines to enhance national ownership; alignment with national policies; harmonization and simpler procedures; the creation of an inclusive partnership for development results, transparency, predictability and mutual accountability; domestic resource mobilization; knowledge sharing; and the inclusion of the private sector as a partner in development.



### 3. The Sustainable Development Goals and implications for the Lao People's Democratic Republic

**The 2030 Agenda for Sustainable Development is comprised of 17 goals and 169 targets. The SDGs are unprecedented in scope and ambition, applicable to all countries, and go well beyond the MDGs. While poverty eradication, health, education, and food security and nutrition remain priorities, the SDGs comprise a broad range of economic, social and environmental objectives, and offer the prospect of more peaceful and inclusive societies.**

Health is central as a major contributor to and beneficiary of sustainable development policies. There are many links between the primary SDG health goal (SDG3) and other goals and targets, reflecting the integrated approach that underpins the SDGs. SDG3 aims to “Ensure healthy lives and promote well-being for all at all ages”. Its 13 targets build on progress made on the MDGs and reflect a new focus on NCDs and UHC. To reflect the high burden of unexploded ordnance (UXO) contamination and its relation to morbidity and mortality in the Lao People's Democratic Republic, the Government has defined an additional local goal (SDG18) to “Remove the UXO obstacle to human development”.

For the Lao People's Democratic Republic, achieving the SDG targets will require a focus on off-track MDGs as well as emerging challenges posed by rapid economic development. SDG targets and goals are reflected in national policies such as *Vision 2030*, NSEDP8, the *Lao Health Sector Reform 2013–2025* and HSDP8. Internationally agreed indicators are included in the monitoring-and-evaluation frameworks of these documents.

Additional investments in the health sector, including in primary health care at the local level, will be necessary to ensure that nobody is left behind. Addressing cultural, financial and geographical barriers encountered by vulnerable groups to access health services will be crucial to reach a more equitable health system. At the same time, the quality of services at the local level and population trust in the system need to be improved.



Additional resource allocation for the health sector is foreseen in HSDP8 and reflects other initiatives of the Government to increase public spending on health, including through earmarking revenues from hydropower specifically for health and education.

Through the CCS, WHO will assist the Lao People's Democratic Republic in the implementation of its national health-related policies and the implementation and monitoring of the SDG agenda. As reflected in the following chapter, support will be provided for the implementation of priority health programmes by improving access and financial protection for vulnerable and hard-to-reach groups, for strengthening health systems, and for enhancing vigilance in monitoring and addressing emerging infectious diseases.



## 4. The strategic agenda for Lao People's Democratic Republic–WHO cooperation

**The strategic agenda for Lao People's Democratic Republic–WHO cooperation in 2017–2021 is intended to support the Lao People's Democratic Republic in the implementation of the eight priority programmes under HSDP8. These programmes address the remaining agenda of the MDGs and aim to develop the basis for responding to the health challenges resulting from continued socioeconomic development, increased urbanization, strengthened regional integration and the effects of climate change.**

The strategic priorities and focus areas have been identified in consultation with the Ministry of Health of the Lao People's Democratic Republic based on the comparative advantage of WHO, expected resources to support programme implementation, and areas in which WHO support is expected to result in maximum impact.

# STRATEGIC PRIORITY 1

## Resilient health system towards universal health coverage

WHO will support the Government's ongoing implementation of health reform and will be guided by the *Lao Health Sector Reform 2013–2025* and HSDP8 as the road map to achieving UHC. WHO will assist the Government of the Lao People's Democratic Republic to strengthen the health system. This work will be implemented through collaboration across all public health and disease programmes, with a focus on delivering appropriately financed quality services at all levels and reaching vulnerable and remote communities.

### Focus area 1.1 Integrated people-centred service delivery

To improve integrated people-centred service delivery through Phase II of the Health Sector Reform Process (2016–2020), WHO will:

- Develop appropriately financed health service delivery packages having appropriate models of care provided by a competent health workforce for each level of the health facility at each level of the health system.
- Support annual development of the National Health Account to generate evidence to advocate increased domestic public health spending and efficient and equitable allocation of resources.
- Support the assessment and development of public health legal frameworks to strengthen health service delivery.
- Strengthen multisectoral coordination and cooperation to improve people-centred, comprehensive and integrated health-care services.

The most common problem facing the service delivery system is the bypassing of local facilities in favour of central and provincial health facilities, leading to the underutilization of district- and community-level facilities. There are major bottlenecks in service delivery, and experience suggests that actions that occur only at the national level will have a limited impact on efforts at reaching out with basic health services, in particular to underserved segments of the population.

There is a need to identify harmonized service packages that should be available to populations at each service-delivery level: national, provincial, district, health centre and community. Implementation of this approach will further need a comprehensive plan including an assessment of facility-based service standards and models of care, of the types of services that populations in each catchment area require, and of barriers to

service usage and ways to overcome these. A focus on strengthening referral systems will also be needed. This includes integration of services among various programmes and among facilities.

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## Focus area 1.2 Health information system

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**To strengthen the development and use of health information for effective management and statistical reporting to senior decision-makers and provincial and district health managers, WHO will:**

- Support annual comprehensive analysis of health information to provide essential information for planning, decision-making and monitoring performance in the health sector towards UHC.
- Support an increased use of health information products and systems and improved timeliness and quality of data reporting required for reporting on the national core indicators and programme implementation.
- Continue to support ongoing efforts to integrate existing reporting systems and mechanisms into one integrated national web-based health information platform.

Substantial investments have been made by the Government of the Lao People's Democratic Republic and donors to further develop health information systems. Various systems exist to collect information on disease surveillance, vertical programmes, commodities and management data. A web-based system collecting data at the health-facility level was rolled out in 2014. Significant progress has been achieved regarding data completeness, harmonization and standardization with all districts and more than 90% of health centres submitting monthly reports within the agreed time frames.

However, data quality remains an issue with data validation and quality checks not yet used systematically. Integration of the existing systems will constitute a major challenge over the next few years. A culture of systematically using available data for planning and monitoring needs to be developed at all levels of the health system. The use of data and research results for evidence-based policy-making also needs strengthening.

## STRATEGIC PRIORITY 2

### Effective delivery of essential public health programmes

WHO will reflect the priorities of creating a resilient health system in its support to thematic programmes including on maternal and child health, the Expanded Programme on Immunization, malaria, TB, HIV/AIDS, neglected tropical diseases and environmental health. To support the country to address the unfinished agenda of the MDGs and ensure no one is left behind, WHO will support the Ministry of Health in improving the efficiency of targeted public health programmes. This support will have a special focus on reaching remote areas and vulnerable populations and creating an integrated system from the community level to health facilities that respects ethical standards and is accountable to its users. Refocusing first points of contact in communities will help address inequities and disparities in access to health services. Proposed solutions will be based on the country context and align with international norms and standards. WHO will further support cross-programme collaboration in monitoring and evaluation, including data quality and availability. In line with national plans on increasing domestic spending on health, WHO will continue advocating the financial sustainability of public health programmes.

#### Focus area 2.1 Maternal and child health

To promote implementation of the *National Strategy and Action Plan for Integrated Services on Reproductive, Maternal, Newborn and Child Health 2016–2025*, WHO will:

- Support the use and quality of pregnancy and delivery care, particularly for those living in poor and rural areas.
- Support the quality and availability of basic and comprehensive emergency obstetric care, including safe abortion care, as well as strengthening the maternal death review system.
- Enhance and expand the reach of high-quality early essential newborn care for all newborns.
- Advocate infant and young child care and feeding practices.

In the Lao People's Democratic Republic, the under-5 mortality rate was 67 per 1000 live births in 2015, taking MDG4 off track. The majority of child deaths occur within the first month of life, with a neonatal mortality rate of 30 per 1000 live births in 2015 (8). Most of the child deaths are preventable with high-impact, cost-effective interventions,

but the coverage is still low for many of the interventions and varies widely depending on geographical location and ethnicity (9).

Prime Minister Decree 178 of 5 April 2012 provides for free delivery and free health care for children under 5 years. Implementation covers 70% of the districts in the country, but data show that the scheme has been accessed less by disadvantaged populations. Deployment of midwives has increased significantly in recent years; however, concerns on the limited practical experience and skills of young graduates have been raised.

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## Focus area 2.2 Vaccine-preventable diseases

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**To facilitate implementation of the comprehensive 2016–2020 plan for immunization, WHO will:**

- Support sub-district-level capacity-building for community-level social mobilization to increase routine immunization coverage in high-risk communities.
- Support capacity-building at the district and sub-district level for surveillance to enable early detection of any vaccine-preventable disease outbreak and an adequate response.
- Support capacity-building at the sub-provincial level for data quality assessment and for local-level decision-making.

Despite the steady improvement in the national vaccination coverage level, the reporting of vaccine-preventable disease outbreaks (circulating vaccine-derived polio virus, diphtheria, measles and pertussis) in recent years indicates that there are areas of suboptimal vaccination service delivery and utilization. These under-vaccinated and unvaccinated pockets among vulnerable populations represent specific ethnic communities and are concentrated in specific geo-topographical locations.

The comprehensive national 2016–2020 plan for immunization responds to these challenges. It emphasizes elimination of communicable diseases such as polio, measles, rubella, and maternal and neonatal tetanus, as well as community mobilization for vaccination, the introduction of new and underused vaccines with evidence-based decisions, and the strengthening of logistics management.

### Focus area 2.3 Malaria

To facilitate implementation of the *National Strategic Plan for Malaria Control and Elimination 2016–2020*, WHO will:

- Support stratification of malaria risk throughout the country to effectively and efficiently achieve the targets of the national strategic plan towards elimination.
- Support the conduct of therapeutic efficacy studies of antimalarials to inform programmatic interventions and contain or eliminate resistance.
- Support the conduct of vector bionomic studies and insecticide resistance surveillance.
- Promote the introduction of innovative strategies to reach most-at-risk, migrant and mobile populations.

Malaria is endemic in most of the Lao People's Democratic Republic, but about 97% of reported cases occur in hilly, forested areas in the southern part of the country. In 2013, the Lao People's Democratic Republic reported the first occurrence of multidrug-resistant malaria in the southern provinces.

To achieve elimination of *plasmodium falciparum*, including multidrug resistance, by 2025 and elimination of all kinds of malaria by 2030, WHO will support the Lao People's Democratic Republic to reduce the impact of malaria multidrug resistance in the southern provinces and move progressively towards malaria elimination in the northern provinces, while aligning with the Greater Mekong Subregion elimination efforts.

### Focus area 2.4 Tuberculosis

To facilitate implementation of the *National Tuberculosis Action Plan 2015–2019*, WHO will:

- Promote and support the integration of TB care into general service delivery, with a special focus on collaboration with HIV programmes.
- Support the development of and capacity-building for new interventions and tools, including improved management of multidrug-resistant TB.
- Support the implementation of multisectoral coordination mechanisms promoting involvement of all stakeholders, including the private sector and the prison system.

According to the WHO *Global Tuberculosis Report 2015*, the Lao People's Democratic Republic has a high TB burden, with an estimated prevalence of 464 per 100 000

people in 2014. Based on achievements in improving quality, availability and access to treatment, the national programme now focuses on increasing the case detection rate, which remained low at an estimated 34% in 2014 (10). The *National Tuberculosis Action Plan 2015–2019* is aligned with the three pillars of the WHO *End TB Strategy* and the main outcome indicator target is to increase the case detection rate to 70% in 2019.

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## Focus area 2.5 Health and the environment

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To facilitate implementation of the *National Environment and Health Strategic Plan 2016–2020*, WHO will:

- Promote and assist the health sector in its leadership role and in developing a multisectoral policy addressing environmental impacts, including from climate change, on health.
- Support the implementation of the national environmental health strategic action plan, including reinforcing national capacity on surveillance and water safety.
- Advocate for and assist with the development of regulatory frameworks and tools to improve water and sanitation and health-care waste management in health-care facilities.

The burden of diseases associated with environmental risks in the Lao People's Democratic Republic is mainly the result of poor water quality, lack of access to sanitation and hygiene, and poor indoor air quality.

Basic environmental health services in hospitals and health centres remain a serious challenge in the country. A national survey in 2014 showed that 76% of health centres and 43% of district hospitals do not have a functional improved water supply and 75% of health centres and 55% district hospitals do not have functional improved sanitation services (11). These challenges require a multisectoral approach.

The *National Environment and Health Strategic Plan 2016–2020* has been drafted under the leadership of the Ministry of Health in consultation with representatives from the environment, infrastructure development and water sectors.



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## Focus area 2.6 Noncommunicable diseases and social determinants of health

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To address social determinants of health and the increasing burden of NCDs in the Lao People's Democratic Republic, WHO will:

- Support the Government on advocacy and promotion of healthy lifestyles through encouragement of multi-stakeholder coalitions on selected priority topics.

As a result of economic transition, urbanization, environmental degradation and changes in lifestyle, the burden of NCDs is rising in the Lao People's Democratic Republic. In 2014 around one third of recorded deaths were below 60 years, indicating a heavy premature death burden from NCDs (12). The main risk factors for NCDs – tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol – are avoidable. Legal frameworks have been continuously expanded and improved with laws on tobacco control, alcoholic beverages control, food safety, disease prevention and health promotion, medicines and medical equipment, and environmental protection. The main challenges for the Lao People's Democratic Republic in NCD prevention and control are in implementing the legal frameworks, enforcing standards and capacity-building, with an insufficient number of health workers dedicated to these activities. In addition, conflicts of interest with tobacco and alcohol companies prevent the effective implementation of NCD prevention and control measures.

## STRATEGIC PRIORITY 3

### Enhance health security

WHO will support the Government of the Lao People's Democratic Republic to fulfil requirements of the International Health Regulations (2005), or IHR (2005), which foresee the establishment of national core capacities to prevent, protect against, detect, control and provide a public health response to national and international public health emergencies in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. WHO will support the Government in the ongoing implementation of *National Work Plan for Emerging Infectious Diseases and Public Health Emergencies 2016-2020* and the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*.

#### Focus area 3.1 Emerging infectious disease and public health emergencies

To advance implementation of the *National Work Plan for Emerging Infectious Diseases and Public Health Emergencies 2016-2020*, WHO will:

- Support the development of a legal framework on communicable diseases.
- Strengthen the surveillance capacity at national and subnational levels for better prevention, detection, risk assessment and response through upgrading the scale and scope of systems.
- Enhance the capacity of laboratories to support surveillance and outbreak detection through improved diagnostic services and networking, including through continuation of the Lao Field Epidemiology Training Programme.
- Promote and advocate action to prevent and manage impacts of natural disasters, food safety events and public health emergencies.

The capacity of health security-related institutions in the Lao People's Democratic Republic increased significantly in recent years. The improvements were confirmed in an IHR assessment of the Lao People's Democratic Republic in 2015 that graded almost all indicators above level 1 (13). However, extending collaboration beyond local levels to include exchanges at the national level still remains challenging. The dengue outbreak of 2013, with 44 171 cases including 95 deaths, pushed the health system to the limits of its capacity. Further strengthening is needed to ensure that the health system is resilient and can respond effectively to different and frequent outbreaks.

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## Focus area 3.2 Resistance

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To contribute to achieving the strategic objectives of the *Global Action Plan on Antimicrobial Resistance* by 2021, WHO will:

- Support the development of a national action plan for antimicrobial resistance (AMR).
- Support the identification and implementation of a two-year action plan with time-bound and costed activities.
- Assist with advocacy and capacity-building of national stakeholders primarily from the Ministry of Health in line with the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*.

Through the *Action Agenda for Antimicrobial Resistance in the Western Pacific Region*, the Lao People's Democratic Republic is focused on three priority actions: developing and implementing comprehensive national action plans to contain AMR; improving surveillance of AMR and monitoring of antimicrobial use; and strengthening health system capacity to contain AMR.

An AMR Committee has been established, and AMR containment for disease-specific programmes (artemisinin resistance and TB multidrug resistance) has been initiated. However, AMR is still a relatively new agenda in the country.

## STRATEGIC PRIORITY 4

### Effective policy dialogue and advocacy

Strengthening health systems, effective implementation of public health programmes and ensuring health security can only be achieved through concerted efforts across various sectors, with the inclusion of a broad range of stakeholders. WHO will support the Ministry of Health to take a leading role in coordinating and working with other ministries and agencies in key areas such as water and sanitation. Development effectiveness commitments have been localized in the *Vientiane Declaration on Partnership for Effective Development Cooperation (2016-2025)*. WHO will support the Ministry Health to implement these commitments in line with the related action plan.

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#### Focus area 4.1 Improved development effectiveness in the health sector

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Based on its convening role, WHO will collaborate with the Ministry of Health to:

- Promote collaborative and inclusive partnerships to implement essential health programmes of the Government in alignment with the *Vientiane Declaration on Partnership for Effective Development Cooperation (2016-2025)*.
- Support the Ministry of Health in improving harmonization of donor support, including guideline development and implementation.

Donor support to the health sector remains fragmented and is mostly project based. External support tends to follow donor requirements on planning, reporting and financial flows, making it difficult for the Ministry of Health to collect information on donor support in a harmonized way. Limited subnational financial management capacities impact the ability to comply with donor requirements on transparency and accountability. At the same time, coordination between the Ministry of Health and development partners has improved significantly and the working group for the health sector and related mechanisms provide an effective platform for exchange. However, all parties could engage more in coordination mechanisms to go beyond the exchange of information.

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## Focus area 4.2 Health leadership and multisectoral collaboration

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Based on its functions of supporting knowledge generation and sharing, WHO will:

- Promote effective multisectoral approaches to address socioeconomic and environmental determinants of health.
- Enhance leadership of the Ministry of Health in multisectoral initiatives to ensure a holistic approach on health in policy dialogues across various sectors.

Determinants of health are multiple, and achieving the highest possible level of health for all populations requires the involvement of many sectors. Wider collaboration across sectors and with a variety of partners, including ministries, development partners, civil society and the private sector, is needed to achieve health goals. Education, environment, infrastructure and home affairs are examples of sectors whose policies should complement health policies. Cross-sector cooperation including the generation and use of evidence to inform decisions that impact health will have to be strengthened to ensure that health is appropriately reflected in all relevant policies and regulations.

## STRATEGIC PRIORITY 5

### Active partner in the Greater Mekong Subregion and ASEAN

Regional integration, migration of populations and increased economic exchanges mean that the health system in the Lao People's Democratic Republic has to be able to address cross-border health challenges. WHO will support the Government of the Lao People's Democratic Republic to engage in regional initiatives and collaboration with neighbouring countries to address public health issues related to the movement of people and access to health services, as well as the movement of health workers, related to emerging diseases, increased trade, and exchange in medical technologies and products including the fight against trade in counterfeit medicines. These issues may require a coordinated response with neighbouring countries. WHO will further support the Government of the Lao People's Democratic Republic to participate in regional discussions on health issues.

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#### Focus area 5.1 One bioregion/one health

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**To address identified regional cross-border health challenges, WHO will:**

- Promote health security and information sharing in the Greater Mekong Subregion.
- Advocate improved access to care for mobile and migrant populations.

Due to its climate and geographical conditions, the Mekong region is home to several communicable and neglected tropical diseases affecting many countries. These diseases, including artemisinin-resistant malaria and schistosomiasis, can only be addressed in a coordinated manner. Increased regional integration has facilitated migration out of and into the Lao People's Democratic Republic. Arriving populations are more vulnerable to diseases they have not been exposed to previously, while illegal migration and language barriers will limit their access to health services. Populations in border areas also frequently use health facilities on both sides of the border, posing further challenges for ensuring a continuum of care. Finally, health workers might also take advantage of training and employment opportunities in neighbouring countries, requiring the national registration system to be able to assess and regulate foreign qualifications and providers.

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## Focus area 5.2 Regional and global health diplomacy

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To support regional and global health diplomacy, WHO will:

- Facilitate the participation of the Lao People's Democratic Republic in addressing health issues concerning the Greater Mekong Subregion and ASEAN countries.
- Support the documentation and sharing of best practices to benefit the Region and beyond.

Several regional and international forums allow countries to discuss and develop strategic approaches to public health challenges. Active participation in these forums, including sharing of best practices from the Lao People's Democratic Republic, and ensuring that regional initiatives contribute to the improvement of the health of the Lao population require evidence-based information. WHO through its country office and the Regional Office for the Western Pacific in Manila, Philippines, provides support to the Government of the Lao People's Democratic Republic to engage in international meetings. WHO also recently concluded a Memorandum of Understanding with the ASEAN Secretariat to formalize and strengthen its support to and through this regional convener.



## 5. Implementing the strategic agenda

### 5.1 Means of delivery

WHO's comparative strength is its global platform; its reputation as an impartial convener of a wide range of partners; its stewardship of global standards, frameworks and conventions; its role as a trusted and authoritative source of health information; and its technical and policy expertise. In the Lao People's Democratic Republic, WHO aims to link cooperation at the national level to the subnational level, across sectors, and among a wide range of government and nongovernmental partners.

WHO intends to deliver on the five CCS strategic priorities through the following support mechanisms:

#### **Leadership and cross-sectoral policy dialogue**

WHO's leadership in health policy will evolve continually at the country level along with changing global, regional and national environments. Conversations and discourse that promote policy dialogue will become more strategic than operational as the capacity of the Government increases and the Lao People's Democratic Republic transitions from LDC status.

Through policy dialogue on priority public health issues, WHO will support the Government to improve health conditions and align national policies to global norms and standards. WHO leadership in health policy will also involve strengthened coordination and engagement among Government and nongovernmental partners, including development partners. This reflects the need for a broader approach to improving health-promoting cross-sectoral policy and regulation and evidence-based information, with WHO remaining the lead convener among multiple partners.



### **Promoting a strategic focus on the subnational level**

In the context of decentralization, WHO support to the Ministry of Health will continue to have a strong focus on translating upstream policy to subnational implementation. This CCS includes a strategic focus on the subnational level to reach down to and support the catalytic role of health centres in engaging communities. This subnational approach is reflected in programme support that targets specific areas – geographical, societal, health programme or disease focus – to monitor and evaluate the links among the various levels of provincial, district and health centre, in order to guide improved service provision, management and governance.

### **Maximizing technical assistance at the country level**

Historically, the provision of public health services in the Lao People's Democratic Republic was characterized by parallel systems and external support, often following different approaches. A nationwide harmonized health system emerged only recently. As such and in line with the strategic priorities of this CCS that go beyond the borders of the country, WHO will transform its cooperation at the country level, drawing strategically on cooperation at all three levels of the Organization – the Office of the WHO Representative in the Lao People's Democratic Republic (the WHO country office), the WHO Regional Office for the Western Pacific and WHO headquarters – to achieve results.

The WHO country office will continue to lead WHO's core functions at the country level: providing leadership, engaging with partners, shaping the health research agenda, supporting implementation of norms and standards, articulating evidence-based policy options, providing technical support, and monitoring and assessing health trends. The WHO Regional Office for the Western Pacific and WHO headquarters will work with the WHO country office to build country capacity, share experiences from other countries, provide surge capacity as required, and align the work of global and regional partners with country needs, specifically in support of the fifth strategic priority.

### **Upgrading external and internal communication**

Properly communicating and facilitating the flow of useful and timely health and related information to the Government and partners, including United Nations agencies and development partners, will continue. Governments all over the world trust WHO with country-specific information. Hence, WHO is in a unique position to use that information to build stronger collaboration, facilitate evidence-based policy dialogue and use the data for action.

Internally, communication among units in the Country Office and across WHO's three levels has proved indispensable for ensuring coordinated action on a range of health and related areas.

## 5.2 Implication for WHO Secretariat

Organizational arrangements within the WHO country office will be realigned, taking into account the strategic priorities of this CCS, as well as promoting horizontal collaboration and acknowledging the country context. The core staffing of the WHO country office will continue to comprise several senior international staff working closely with national professional staff, as well as middle- and junior-level international professional staff. To reflect as much as possible the diversity of the ethnic composition of the country, the WHO country office will increasingly seek out this diversity in national professional officers. The WHO country office will draw upon the WHO Regional Office for the Western Pacific and WHO headquarters for other specific expertise as required.

## 5.3 Monitoring and evaluation

Measuring results is important for monitoring and improving performance, ensuring accountability in the use of resources, and achieving targets and goals. The WHO country office measures its results through a clear results chain. The biennial WHO programme budget and its operational plans are informed by the midterm strategic priorities as laid out in this CCS. The programme budget has an embedded process of annual assessment of its implementation.

In addition to the periodic assessments of programme budget implementation, WHO will regularly monitor and evaluate its performance through a midterm review of the CCS around 2019 and an assessment at the end of the CCS cycle.

Other results and monitoring frameworks in the Lao People's Democratic Republic (*The Lao People's Democratic Republic-United Nations Partnership Framework 2017-2020*, NSEDP8 and HSDP8) provide the means for monitoring the implementation and measuring results of WHO's collaborative programmes.

# ANNEX

## Core Health Indicators

| Indicator   | Baseline (2015)   |
|---|---|
| Total population in thousands   | 6492 <sup>1</sup>   |
| % Population under 15   | 32 <sup>a</sup>   |
| % Population over 60  | 7 <sup>a</sup>  |
| Life expectancy at birth, total, female, male   | 65.7<br>67.2 (Female)<br>64.1 (Male) <sup>2</sup>                   |
| Maternal mortality ratio (per 100 000 live births)  | 197 <sup>3</sup>  |
| % of births attended by skilled health personnel  | 64 <sup>4</sup>   |
| Adolescent fertility rate   | 94 (2012) <sup>5</sup>  |
| Under-5 mortality rate (per 1000 live births)   | 67 <sup>6</sup>   |
| Infant mortality rate (per 1000 live births)  | 51 <sup>f</sup>   |
| Neonatal mortality rate (per 1000 live births)  | 30 <sup>f</sup>   |
| % DPT3 immunization coverage  | 66.3 <sup>d</sup>   |
| Ratio of health personnel per 1000 population <sup>7</sup>                                  | 2.87 <sup>d</sup>   |
| Total expenditure on health as % of GDP   | 1.87 (2014) <sup>b</sup>  |
| General government expenditure on health as % of total government expenditure               | 3.44 (2014) <sup>b</sup>  |
| Out-of-pocket expenditure (US\$ per person, per year)                                       | 13 (2014) <sup>8</sup>  |
| Population using improved drinking-water sources (%)  | 75.7% (Total)<br>69.4% (Rural)<br>85.6% (Urban) <sup>b</sup>        |
| Population using improved sanitation facilities (%)   | 70.9% (Total)<br>94.5% (Urban)<br>56% (Rural) <sup>b</sup>          |
| Percentage of children under 5 years of age affected by stunting                            | 44% (2012)<br>43% (female) (2012)<br>46% (male) (2012) <sup>e</sup> |
| Adult (15+) literacy rate   | 81.3 (2012) <sup>e</sup>  |
| Poverty headcount ratio at US\$ 1.90 a day (2011 purchasing power parity) (% of population) | 29.9 (2012) <sup>9</sup>  |
| Gender-related development index rank out of 188 countries                                  | 141 (2014) <sup>j</sup>   |
| Human development index rank out of 188 countries   | 141 (2014) <sup>10</sup>  |

<sup>a</sup> Provisional Report of the 4th Lao Population and Housing Census 2015. Vientiane: Lao Statistics Bureau; 2015 (<http://lao.unfpa.org/sites/asiapacific/files/pub-pdf/Final%20report-editing-English1.pdf>, accessed 25 January 2017).

<sup>b</sup> WHO global health observatory data repository [online database]. Geneva: World Health Organization; 2015 (<http://www.who.int/gho/en/>, accessed 25 January 2017).

<sup>c</sup> Trends in maternal mortality: 1990 to 2015. Geneva: World Health Organization; 2015

<sup>d</sup> Health Statistics Report FY 2014/15. Vientiane: Ministry of Health; 2015.

<sup>e</sup> Lao Social Indicator Survey 2012. Vientiane: Ministry of Health; 2015.

<sup>f</sup> UN Inter-agency Group for Child Mortality Estimation. Levels & trends in child mortality: report 2015. [New York: UNICEF; 2015 ([http://www.childmortality.org/files\\_v20/download/IGME%20Report%202015\\_9\\_3%20LR%20Web.pdf](http://www.childmortality.org/files_v20/download/IGME%20Report%202015_9_3%20LR%20Web.pdf), accessed on 4 January 2017).

<sup>g</sup> The 8th Health Sector Development Plan identifies as targets that all health centers are staffed with at least one medical doctor and one midwife; and that all remote villages with at least a village health worker.

<sup>h</sup> WHO global health expenditure database [online database]. Geneva: World Health Organization; 2017 (<http://apps.who.int/nha/database>, accessed on 4 January 2017).

<sup>i</sup> Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population). In: World Bank Open Data [website]. Washington, DC: World Bank; 2015 (<http://data.worldbank.org/indicator/SI.POV.DDAY?locations=LA>, accessed on 4 January 2017).

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