

LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity



Ministry of Health

**THE VIITH FIVE- YEAR HEALTH
SECTOR DEVELOPMENT PLAN
(2011-2015)**

(Provisional Non-Official Translation)

10 October 2011

The VIIth FIVE-YEAR HEALTH SECTOR DEVELOPMENT PLAN (2011-2015)

I. General condition, opportunities, challenge and long-term contradiction in health;

1. Health and health sector particular aspect:

Government concept states that human being is the at most elaborated product of the nature and society. Health is a precious capital for individual, family and society. Health is steward object for the health sector the quality of health care is a humanitarian activity for providing good quality workforces for the defense and the edification of the country. It is a top priority of the government. The investment in health is not considered as wastage but as investment for socio-economic development, for the defense and security and it is reflecting the qualities of the new system. These verities require as much as possible adequate investment in terms of human resources, capital investment, infrastructure, materials, operational expenses appropriately with the real needs and capacities of the moment. Health sector has clear specific targets in each period such as: By 2020, the government wants to bring our country out of the under-development status; the health sector has to contribute to the target by bringing the health status out of under developing as well, by basing on the sector's maser plan to 2020. To 2015, the Government has a goal to reach MDGs, which included several direct and indirect health sectors targets that required to full fill or to contribute. Therefore, the specific task of the health sector in these 5 years is to fulfill the reaching of MDGs.

2. Environmental condition:

New condition provides both opportunities and challenges. We have the opportunity to apply new advanced science-technology and management approaches from external source. However, we are also confronted with

challenges inner ourselves, in order to strive to overcome obstacles to build and strengthen our own capacities.

3. Challenge in health sector:

Health is closely linked with war, peace, social stability and security, linked with poverty, hunger, malnutrition (stunting, underweight), preventable morbidity, stamina to work and education, illiteracy or level of education, superstition and health risky lifestyle.

In the conditions of globalization and international integration, in the condition of market economy under the leadership and the management of the Government, the climate warming has facilitated the emergence or re-emergence of diseases such as HIV/AIDS, SARS, avian influenza, mad cow disease etc..... Health is also linked with the healthy growth of socio-economic development in the country since the development has changed people's lifestyle in both better and worse ways. For instance of the negative way of lifestyle: smoking, illicit drug abuse, over alcohol drinking related accidents, physical inactivity leading to diabetes, hypertension, cardiovascular diseases, stroke, contaminated food and cancer. The international and regional integration has increased threats to health, to food and drug safety at the higher level.

All these above challenges are created outside the health sector but towards the end their control becomes the health sector's responsibility. These old and emerging challenges require us to expand our disease prevention outside our sector at the moment and where they are emerging to solve them jointly with other sectors. Our Government uses to say: "Health is the Endeavour for the Government, the whole state and the whole people. For example, prevention first must be combined with important curative care, modern and traditional medicine must be integrated".

4. The fundamental long term contradictions on health:

In the condition of the globalization, compared to the region and the world, compared to the ASEAN, we have started from a very low level due to the

long period of war and underdevelopment. In addition, poverty, maternal & child mortality rates and malnutrition remain very high, despite significant decline. Moreover, the global warming has contributed to the emergence of new diseases. Due to the acceleration of the economic development, there is a rapid increase of the demand for better services that is unmet by the supply capacity, especially due to limited human resources, insufficient infrastructure and lack of funding. This is a main challenge that health sector has to strive to overcome in order to reach MDGs.

II. The VIIth five-year health sector development plan (2011-2015)

1. Importance and reference of the plan 2011-2015:

- This VIIth HSD plan has been developed based on the IXth Party resolution, on the outcome of the monitoring and evaluation of the 6th HSD plan 2006-2010. It is a pursuing to reach the goals and targets guided by the resolutions of the Party, of the National Assembly and the Government such as the 7th resolution of the VIIIth session of Party Central Administrative Committee.
- The five-year VIIth Health Sector Development (HSD) Plan focuses on a contribution to reach the IXth Party resolution's major targets including the 4 breakthroughs (Ideology, human resource, management and poverty eradication), the fast track change to industrialization and modernization in the direction toward socialism and the reaching all MDGs' targets including the targets for health sector and for others.

2. Directions, duties, aims and objectives of the plan:

2. 1. Overall key direction:

The IXth Party resolution defined that beside the development in intellectual, side, knowledge, professionalism and morality, the human development should be strive more to build Lao people with a strengthened physical and good health. Therefore, we have to pursue to implement health

strategy by giving priority to prevention and health promotion and in the same time, by giving importance to good quality in treatment and universal health service coverage. By 2015, all programs in health sector have to make every effort to fulfill their own task to make the reaching of MDGs possible. To these directions, we need to:

- Pursue the strong promotion of IEC and hygiene-prevention to all community in a routine manner;
- Implement efficient prevention-surveillance and communicable disease control; education on awareness of good nutrition and promote physical exercise for health;
- Implement fee and fee exemption policy for all poor and underserved targets, focusing on free delivery and care for children under five.
- Expand health care service network down to all rural and out of remote mountainous areas;
- Maintain the development of model healthy village; insure that all priority groups of villages have their health center with medicine and health service staffs.
- Improve the modernization and quality of health service in hospitals by focusing on the improvement of knowledge, special technical skill and correct morale and political ideology including attitude of health staff and nurse during their service.
- Research on traditional medicine, prompt to do the plantation, excavation, production, export and use of drug that has high heritage and potential in health promotion and cure disease based on scientific principle.
- Improve food and drug laws and management system and develop health facilities at all levels
- Pursue to promote and support private sector in the development of modern private hospitals to create a more choice for user and more satisfaction.

2.2 Health sector specific direction:

- **Strengthening the Health system:** Improve health services quality focusing on diminishing the rate of mother and child mortality by strongly exploring domestic potential and using existing capacity (human resources, infrastructures, science and technology capacity, equipment and drug etc.), by dispatching quality services to regional, mountainous and remote areas using Primary Health Care approach as a basis of developing Model Healthy Villages within the framework of the village development and development of strategic groups of villages. This is the spearhead for poverty and superstition eradication and improvement of the population quality of life by focusing especially on nutrition activity (These respond to MDGs 1, 4 and 5)
- **Improvement of organization:** Define staff category, staffing personal in a well balance manner and aligned with strategy and policy set,
- **Improve quality and expand the health service capacity:** (human resource development on political ideology, knowledge and capacity, ethics, interpersonal skill and expertise; infrastructure development for disease prevention-epidemiology, patient examination, diagnosis, treatment, resuscitation, rehabilitation; infrastructure for staff training and for health research....), **improvement health production force** (pharmaceutical factories, modern traditional medicinal research centre, traditional medicine factory, companies and small factories in provinces...) **along with an improvement of service** (property right, management and distribution) to make it appropriate, good coverage, complete and strongly in quality in line with the key direction to turn health service down to population (These respond to MDG6)
- **Enhance health sector humanitarian potential:** with the purpose to mobilize assistance and international cooperation in harmony to the principle of self-strengthening first. Strive to create a smooth coordination with

development partners in unity manner, in alignment and harmonize with policy and law of our country

- Promote medicine in heritage and rich potential traditional medicine in Laos, by using potential wealth of natural medicinal resources available in the country, by developing research units, production units, business units and plantation units for medicinal plant and farming animal that can be used as medicine.
- Promote potential and benefit from all economic sectors that contribute to health system development and health service with an objective to reach health MDGs'.
 - Strengthen the government sector to gradually increase, step by step, its leadership.
 - Promote and widen step by step the strong people participation in line with the primary entryway toward Socialist
 - Promote step by step the growth of small and medium health technical-services to step by step develop with a better quality and modern technology used.
 - Develop Health Sector in appropriate balance between hygiene & prevention vs. curative care (communicated & non communicated diseases) (Targeting MDG 6), promotion of Mother and child health (MCH) and nutrition (Targeting MDG 1, 4, 5) , Improve hygiene and sanitation activity (Targeting MDG 7), health examination-diagnosis-treatment-reanimation-rehabilitation, medicine and modern pharmacy, modern medicine and traditional medicine, food and drug, personal organization and research, management and planning-finance, balance among programs and sectors, central and regional. Consider:
 - hygiene & prevention as priority
 - examination-diagnosis-treatment-resuscitation-rehabilitation as important
 - planning-finance, food and drug as important logistic support

- Staff education, training, staffing, management & supervision, protection, staff assessment, staff classification in line with the Party guidance based on implementation quality and accomplishment of political duty, which are used as a foundation for future appropriate incentives
- **Development of sustainable health financing package:**
 - Pursue the development of sustainable health financing through the implementation of the Circular No. 619, the decrees No. 03 and No. 381 to improve quality of services by providing attractive remuneration based on the type of responsibility. It will also ensure that the poor and general population will access to better service's quality and it will facilitate the mobilization of more government budget for all levels hospital in order to create condition for better performance.
 - Move from a direct out-of-pocket expenditure to a fee for service but through health insurance scheme, which can avoid an influence on the family's financial instability and insecurity and also It facilitate solidarity among people by having the rich helping the poor, the young one helping the elderly and the healthy helping the ailing. These will facilitate the implement fee and fee exemption policy to all targets with any confusion and will help hospital to collect revenues consistent with the real expenditure.
 - Exploit and strongly promote existing potential and strength such as facility, staff, equipment and resource, for health sector to continue the improvement of condition for industrialization and modernization to upgrade better health services.

2.3 Objectives:

1. The VIIIth five Year Health Development Plan focus on the creation of Foundation for human resource, finance, technology-equipment and other required conditions for the development in compliance with the

industrial direction and modernize in order to reach MDGs in 2015 and to take Laos out of the least developed countries status by 2020:

- Develop infra-structure for a stronger disease prevention system
 - Provide modern equipment to support diagnosis and treatment at central and then at regional level
 - Increase the promotion and mobilization for more private social investment in country and a broad
2. Step by step gradually expand health activities in the rhythm of the industrialization and modernization. Contribute in improvement of quality of life, good living style, eradicate poverty in population; strive to further overcome under development status of the country; and to reach 5 millennium development goals that related to health tasks including:
- MDG# 1: Eradicate the poverty and hunger
 - MDG#4: Reduce child mortality
 - MDG#5: Improve maternal health
 - MDG#6: Combat HIV/AIDS, Malaria and other diseases
 - MDG#7: Ensure environmental sustainability

2.4 Health Targets

1. Overall Targets by 2020.

By 2020, with breakthrough principles and Health Sector master plan to 2020 bring Health Sector out of the least developed status alongside with the General Socio-economic development. The country will have stability in politic and strong social safety; Economic strongly and steady grow at a steady pace. People will have better living conditions; national economy will have a strong foundation with a well balance and accomplish agro-industry-services sectors, capable to be well integrated into the region, and international levels. The economic sectors will all have much more potential and will be smoothly developed. Herein, the state and cooperative economic will cover most of the

national economic; the market-economic, which is state managed will be a good system and will have basic factor to facilitate the evolution toward industrialization and modernization. The political system of democratic republic having the Party as the core will be concrete, The real feature of our state is the people's state, by people and for people, which has been clearly made well known: People's right has been secured by an effective protecting law, all ethnic groups have solid unity and all having condition to better develop themselves including an access to the good coverage and good quality of health services. Cooperation will be wider with friendly countries and international to bring assistance and Lao PDR is capable to joint population of Asean and of the world population in peace, friendship and cooperation in the development.

2. Main key objectives by 2015:

Pursue to improve and develop a well coverage, wide-ranging, stronger and better quality of health system to be equal to regional and especially, by 2015, strive to reach MDGs such as having:

- Maternal mortality ratio: 260/100,000 live births
- Infant mortality rate (under one year): 45/1000 live births
- Infant mortality rate under 5 year): 70/1000 live births
- Proportion of population with sustainable access to an improved water source (targeted at 80% by old standard and 69% by new standard)
- Proportion of population with access to improved sanitation (targeted at 60% by old standard and 54% by new standard)
- Control of malaria, tuberculosis and HIV/AIDS
- Life expectancy: 68.3 years old

With the aim of reaching MDGs, the budget of the health sector needs to make at least \$29.6 per head

The VIIth Five Years Health Sector Development Plan (2011-2015) has been developed in the condition and situation in country and in International arena keeping changing, which is as an opportunity and a challenge as well including after the implementation of the 6th Five Years Plan (2006-2010), the country potential and power were stronger than before; the economy foundation was in a positive direction, the capacity of potential development of each sector and regional as well as state enterprises had been improved in line with international and regional status and moreover, due to the geographical situation of the country, which became the central of the region and also thank to the ASEAN's member status. The market-economic mechanism has been effectively performing and it has been recognized by international arena that our country is a peaceful nation, politically stable, which is a good conditions to attract more investors and has a potential to better integrate within the ASEAN and international community.

Continue to expand the health activities implementation in line with the direction toward socialism. Wherein, contribute to improve the quality of life, promote good living style, eradicate population poverty and reach 5 MDGs related to health activities as follows:

- MDG# 1: Eradicate the poverty and hunger

- Aim 2: Reduction of malnutrition by halve in 2015 compared to 1990
 - Proportion of underweight in children under five year of age targeted at 22%
 - Proportion of stunted children under five year of age targeted at 34%
 - Proportion of population below minimum level of dietary energy consumption targeted at 21%

To reach MDG 1, the direct responsibility in health sector is the task of the Hygiene and Prevention Program (Mother and child activity), and other programs to contribute to including Curative and Food and Drug, to take the

lead in the implementation required activities and in coordinating all parties concerned including supportive projects in line with the plan and policy of the health sector and the required budget per year is \$2.4 Million or total required budget is \$12 Millions. The availability of the fund required is as follows:

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$ 12 Millions	\$1.1 Millions (9% of required Budget)	0	0	\$ 10,9 Millions

- MDG#4: Reduce Child Mortality

- Aims 4: Reduce by 2/3 the children under five mortality rate
 - Children under five mortality rate targeted at 70/1000 live births
 - Infant mortality rate (under 1 year) targeted at 45/1000 live births
 - Proportion of under 1 year old children immunized against measles targeted at 90%

To reach MDG 4, the direct responsibility in health sector is the task of the Hygiene and Prevention Program (Mother and child activity), and other programs to contribute to including to take the lead in the implementation required activities and in coordinating all parties concerned including supportive projects to work in line with MCH strategy. Total required is as follows:

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$ 22.7 Million only for Immunization	\$2.6 Millions	GAVI (\$10.5 Millions) UNICEF (\$2.15 Million) WHO (\$1.2 Million)	0	\$5.7 Million

- MDG#5: Improve Maternal Health

- Aims 5A: Reduce by 2/3 the maternal mortality ratio
 - Maternal mortality ratio targeted at 260/100,000 live births
 - Proportion of births attended by skilled health personnel targeted at 50%
- Aims 5B: Access to reproductive health services widely
 - Contraceptive prevalence rate targeted at 55%
 - Antenatal care rate targeted at 69%
 - Contraceptive prevalence rate without services targeted at 50%

To reach MDG 5, the direct responsibility in health sector is the task of the Hygiene and Prevention Curative, Food and Drug, Organization and Personal Programs to take the lead in the implementation and coordination of all parties concerned including supportive projects (List of projects is in annex 1) in line with MCH strategy, which will require a total budget of \$125.7 Million (Immunization is not included). The availability status of the funding is as follows:

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$125.7 Millions	Expected from NT2 (17 Billions Kips)≈\$2Millions	\$3.5 Millions	0	\$120.2 Millions

- MDG#6: Combat HIV/AIDS, Malaria and other diseases

- **Aims 6A: Combat HIV/AIDS**
 - HIV prevalence among the general population targeted at <1%
 - HIV prevalence among the 15-24 year old targeted at <5%
 - HIV prevalence among the 15-49 year old targeted at <5%

To reach MDG 6B, the direct responsibility in health sector is the task of the Hygiene and Prevention Curative, to take the lead in the implementation and coordination of all parties concerned including supportive projects (List of projects is in annex 1) with a funding required of \$54.2 Million and the actual status of the funding is as follows:

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$54.2 Millions	\$4.9 Million (9% of required Budget)	GF \$17.9 Millions UN \$7.5 Millions USAID \$3.7 Millions AFD \$0.3 Millions ESTHER \$0.2 Millions DHAPP \$0.1 Millions	0	\$19.5Millions

Aims 6B: Combat malaria and other diseases

- Mortality rate due to malaria targeted at 0.2/100,000

To reach MDG 6B, the direct responsibility in health sector is the task of the Hygiene and Prevention Program with the Centre of Malaria, Parasite and Insect and all parties concerned including supportive projects (List of projects is in annex 1) with a funding required of \$27.4 Millions

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$27.4 Million	\$2,5 Million (9% of required Budget)	\$9.5 Million (GF)	\$5.0Million (GF)	\$10.4Million

- Prevalence and death rates due to tuberculosis targeted at 240/10,000

- Proportion of tuberculosis cases detected under directly observed treatment short course (DOTS) targeted at 70%
- Proportion of tuberculosis cases cured under directly observed treatment short course (DOTS) targeted at 85%

To reach this MDG the direct responsibility in health sector is the task of the Hygiene and Prevention, Curative Programs with the Centre of Tuberculosis and all concerned supportive projects (List of projects is in annex 1) with a required funding of \$16.3 Million and Kips 7.8 Billion (≈\$0.97 Millions):

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$17.26 Millions	\$0.97 Millions	NA	0	\$16.3Millions

- MDG#7: Ensure Environmental Sustainability

- Aims 7C: Reduce the proportion of people without access to safe drinking water by halve in 2015
 - Proportion of the population with sustainable access to an improved water source targeted at 80% (according to the old standard) of all population, targeted at 69% (according to the new standard)
 - Proportion of population with access to improved sanitation targeted at 60% (according to the old standard) of all population, targeted at 54% (according to the new standard)

To reach this MDG, the Program Hygiene and Prevention with the Center of clean water and Sanitation have the responsibility to implement the plan with a required funding of \$185 Millions:

Total required	Request from Government	Pledged from Donors	In negotiation	Actual still required
\$185 Millions	\$16.6 Million (9%of required Budget)	NA	NA	\$168.5 Millions

The Program of Hygiene and Prevention has to strive to advocate and negotiate with the Government and donors to obtain more funding to reach this MDG. .

Concerning other MDGs, which required also indirection contribution and action from health sector, support is needed as well, for example, gender activities and etc... In vice versa, all MDGs, which are linked to the Health Sector are also vital to get close support from other sectors to concentrate on prior to fulfill the aims (See attached Annexes on programs and project required).

Pursue to contribute to the implement the Government National Socio-Economic Development Plan including slash-and-burn cultivation stopping and appropriate resettlement by focusing on integration with rural development and taking four following sectors as priority including agriculture, transport, education and health sectors.

Pursue to build up province to be a strategic unit, district to be a comprehensive strong unit and village to be a development unit; That means to increase the move down to grassroots level, including surround MOH and regional to implement 4 contents, 4 objectives, by taking all historical or important events that had been occurred to use them as special occasion to strongly mobilize activities to develop the health sector, especially the Model Healthy Villages (MHV) development using 8 components of Primary Health Care as the basis. The MHV scheme is in fact within the framework of the village development and development of strategic groups of villages that are the spearhead to breakthrough eradicate poverty in 64 priorities spots and link to the effort of the Poverty Eradication Fund to eradicate poverty in 274 focus spots in 38 districts within 10 provinces in the country.

3. Plan by 6 Programs in Health Sector:

3.1 Program of Hygiene-Prevention and Health Promotion

Health Education: is to improve knowledge and awareness of the population on the care and promotion of Mother and Child Health including reproductive health by developing participation and use of health service through promoting more routine IEC and hygiene-prevention to community. If people has better knowledge and comprehend on health care, it will be a further economical and efficiency approach. Health education is the duty of every in Party, in army and people. The educational tool should be in all forms and in all means and the awareness should begin since at early age.

Mother and child: Improve capacity and quality of health facilities network at all levels, in prevention and care by focusing on mother-new born-child-health (MNCH) as a core:

- Family planning (Birth spacing and delivery in normal condition) and prevention of sexual transmissible infectious (STI) and AIDS;
- Training on implement 4 times antenatal care (ANC) for each pregnancy and look for possible risk case to refer in time to referral hospital;
- Ensure safety of normal delivery by having skill birth attendant (SBA) assistance, and having capacity to manage obstetric complications and 2-3 postnatal care;
- District hospital type A is capable to manage obstetric complications.
- Capable to safely resuscitate newborn and implement breast feeding principle;
- Ensure to reach 85%of fully and normal round immunization;
- Expansion of IMCI delivery including ARI, diarrhea disease, malaria, dengue, seasoning flu etc.....;

- Implement free delivery and care of children under five policy to ensure safety delivery with SBA assistance at home, at health center and at district hospital.(These respond to MDGs 4 & 5).

Surveillance epidemiology and Communicable and Non-Communicable Diseases control:

Pursue to concentrate on the insurance and efficiency system of epidemic surveillance and communicable disease control. In parallel, provide IEC on good nutrition, promote physical exercise for good health especially to prepare for (newly emerge or re-emerge) communicable diseases. Moreover, pursue to monitor and control on border diseases with Thailand, Myanmar, China, Vietnam and Cambodia that are still needed to focus on. Important factor is to improve knowledge and capacity building on epidemiological surveillance network and to have measure ready against disease out-break or epidemic and to be able to respond to emergency, at earlier stage, on time, at where it begins, no matter what levels either at central or province in order to prevent to manage the outbreak at severe stage. The task should be taken as the responsibility all people in the whole society such as hygiene; bit by bit upgrade and improve laboratory activities to be in the level of ASEAN or international standard in order to ensure that the result of analysis are exact and trusted. In parallel, it should also focus on capacity building to deal with non-communicable diseases that is linked to the behavior and way of life including vascular-heart diseases. Asthma, cancer, diabetes, bone diseases and etc... (These respond to MDGs1 & 6).

Preparedness for disasters: Prepare for all type of disasters resulting from natural disaster due to climate change caused by environment destruction that induces climate warming, flooding, drought, forest fire, earth quake, land slide, typhoon and etc.... Health sector is required to, at very earlier stage, coordinate with other sectors to take action and making health facility appropriately designed..

Nutrition: Concentrate to resolve nutrient elements insufficiency in some groups of people, especially in underserved group of people and reproductive age women by focusing on pregnant, post delivered and breast-feeding women, children under 2 and under 5 years old and children at age to school. Improve food consumption in every day's life, prevent and decrease food born disease and food born vector control. Moreover, it should also focus on food access and food security, IEC on good nutrition and insure efficiency in coordination on the quality and safety in nutrition from bottom up (These respond to MDGs1).

Model Healthy Village: By building MHV, health sector strive to break through the contribution to eradicate poverty in 64 government priorities spot among 274 priorities spots in 38 districts of 10 provinces taken as priority by Poverty Eradication Fund.

Clean water supply and Environment Sanitation: To improve the environment sanitation of population in urban and rural areas; Encourage to construct more water system and implement hygiene in poor, out of remote and underserved areas to increase quantitatively and qualitatively access. Meantime, increase the community's ownership in management, and participation in maintenance the water supply system and hygiene since the source of disease (These respond to MDG 7).

3.2 **Program of Curative**

Villages at grass root level: In the small still nomadic villages linked with the slash-and-burn cultivation and puppy re-cultivation, modernization sign at this level should be seen as a building up of model healthy village based on 8 elements of primary health care (3 cleans villages with water supply, village health volunteer, village drug kit, sleeping under impregnated bed net, fully immunized, having latrine and use, birth spacing, breast feeding, ante natal care, risk case referral and decease or birth reporting) and to end with the village is

declared as a fully Model Healthy Village status (These respond to MDGs1,4,5,6,7)

At health center in big village or of group of village: The modernization sign at this level should be seen as the construction of health center and staffing with health staffs, birth attendant and nurse in accordance to the structure, quantity, technical level, knowledge, capacity, skill of staff appropriated to what the MOH has defined and capable to produce. Currently, importance is given to the production of community skill birth attendance who can assist delivery and resuscitate newborn in fixe sites, at health center or going outreach to assist delivery at home in a condition to have equipment and drug defined (These respond to MDGs 4, 5)

At district hospital: In small rural district, the modernization at this level should be seen as having a district hospital type B that is capable to manage basic delivery emergency cases and newborn resuscitation (BemONC, which means the know how to use antibiotic, to cure infected mother, to use drug inducing uterine spasm to prevent hemorrhagic, preventing and treating eclamsy by Magnesium sulfate or Valium) to decide in time to refer risk case, which is over his or her capacity, to another referral level safely. The referral would avoid loss precious time due to some patient's family uses to bring the patient to be treated by traditional healer with shaman ritual, which could later causes death. Moreover, district hospital's medical staff should know how to use vacuum suction in labor and well know the procedures for Birth of the normal placenta by hand, how to do curettage if needed and how to resuscitate newborn). To do so, there is a need to staffing medical staffs, birth attendant and nurse well trained in accordance to what has been defined by MOH, in appropriate structure, in adequate quantity, technical levels, knowledge, capability and skill (Medical Bachelor at least 4, Medical assistance 1-2 per each Medical Bachelor, Nurse 1-3 per each Medical Bachelor and Medical assistance).

At district hospital Type A, which has a characteristic of a hospital for a group of districts, modernization at this level should be seen as real district hospital type A who is capable to manage delivery urgent case by surgery or by hysterectomy if it is necessary and capable to resuscitate newborn (CemONC means level of BemONC + capacity to perform delivery by surgery and/or to perform hysterectomy + to reanimate newborn and safely blood transfusion). To do so, there is a need to staffing medical staffs, birth attendant and nurse well trained in accordance to what has been defined by MOH, and from lesson learned from the experience done in Vang Vieng district hospital and the staffs should be in appropriate in structure, in adequate quantity, technical levels, knowledge, capability and skill (For instance, Medical Bachelor 8-12, Medical assistance 1-2 per each Medical Bachelor, Nurse 1-3 per each Medical Bachelor and Medical assistance). An appropriate and capable team should be set up. It is included a team of surgeon, a team of anesthesiologist-resuscitator, a team of nurse to assist surgery room, aseptic facility to closely monitor the service delivery. In parallel, it requires appropriate technical equipments for surgery (standard operation theater and completed set of standard instruments). It requires consultation-diagnostic unit before surgery (Laboratory and X-ray at basic level), concerning post surgery care (ICU), ascetic system, laundry-ascetic and septic waste management system.

At provincial hospital: The objective is to have modern hospital with a higher capacity than the district hospital type A. Staffs are with an ideology to be ready for serving patient and technically sound as professional, skilled, sufficiently equipped and drug, possess necessary conditions and financial to serve. However, accordance to the actual situation in provincial hospitals and district hospital type A, it still requires of technical assistance. MOH still needs to send capable teams from Central or from regional hospitals to assist them (The team is consisted of the teams from Central Hospitals - Schools - Centre - Institutes and Projects, with the hospitals team as leader and teams from technical chairs of school as the core implementer = CHIPU). Beside the provincial hospitals, which are belonged to the state, it is required to have modern hospitals in

different sizes and types invested by private sector in some province where there is suitable condition.

Regional hospital should act like the central hospital such as cooperate with local health college to make a team of Hospital-College, which will progressively become a root for future health college or university. The window period required to become a root for future health college or university, rely on the capability to produce staffs at the levels of Expert Type 1 and Type 2 in different technical subject and will be later lecturer or tutor and depend on availability of appropriate technical equipment.

At Central hospital: The objective of the modernization should be seen, first of all, as having technical level similar the regional or international levels. Even there is capacity to use modern and appropriate technology for prevention, consultation-diagnosis, curative care, resuscitation and health promotion, but the real decisive criteria is having essential medical staffs, nurse, technical medical staff, professional staff, expert, lecturer, researcher in accordance to requirement of the system of Medical Teaching Unit (MTU) and MMTU. Moreover, following categories of staff are also needed including managers, accountant and marketing manager. In all spearhead services should be in full technical service, with all required levels including regional, international standard or even better, such as:

- **Consultation-Diagnosis:** It should have improvement and expansion in endoscopy technique: bronco endoscopy, gastro endoscopy, colonoscopy, and uretero endoscopy.
- **Imaging Technology:** Ultrasound, X- Ray, CT scan, MRI ...
- **Curative care:** First of all, upgrade and expansion of ICU
 - At Central hospital: All central hospitals should have appropriate ICU with a regional/International standard based on the size and type of service.
 - o ICU for adult (Medical, surgical, Obstetric-gynecologic)

- ICU for child (pediatric ICU, neonatal ICU)
 - CCU (cardio intensive care unit)
 - NCU (neuro intensive care unit)
- At regional hospital: All regional hospitals should have appropriate standard of ICU.
- At provincial hospital: ICU for adult service including surgery, post-operation, medicine; ICU for child service.
- At district hospital Type A: ICU for mother and child
- At district hospital Type B: ICU for mother and child
- Endosurgery: should be established at:
 - Central level: All hospitals in services where there is needed.
 - Regional level: All hospitals similar to central level.
 - Province: In hospital where there is capable staff to use.
- Traumatology service should be created in
 - Capital of Vientiane, Province of Vientiane, Louang Prabang, Savannakhet, Champassak and Oudomxay.
- Create Neurosurgery service with:
 - Stroke centre and perform spinal surgery at Central level.
- Cardiovascular surgery service at Central should capable to practice:
 - Angiography,
 - Catheterize
 - By pass,
- Cancer centre, is indispensable for health at central level and should comprise of 4 services (Surgery therapy, Chemo therapy, Radio therapy and New traditional medicine), which required 2 phases to be constructed:

- 1st phase: \$5 Millions
- 2nd phase: \$10 Millions
- Hemodialysis service should be in
 - Capital of Vientiane,
 - Louang Prabang, Savannakhet, Champassak and Oudomxay.
- Kidney implant unit should be established up at Central level by 2015
- At regional and provincial levels, it should have 1-2 state owner modern hospitals and along with this, allow local or international private investor to build some private hospitals.

Law: Improve and upgrade gradually the quality of health service to the level of ASEAN and International, *by improving health system or renovating the quality of health service*, to revolutionize step by step into industrialization and modernization. Upgrade the examination and diagnosis quality to boost the treatment and health promotion effectiveness and efficiency together with the improvement of all levels medical staffs' morale, ethic and interpersonal skill. Pursue to improve the hospital's organization structure, to set up the hospital board of administration and clearly define job descriptions within committee directors (Staff administration, technical administration, financial administration and marketing).

Re-organization of all departments and technical services in hospital and university by implementing the mode of integration of theoretical teaching and practices by using actual Medical Teaching Unit (MTU) and implement 10 Minimum Requirement (MR). Pursue to revise hospital working and practice system such as the length of shift guard and rotation, diagnosis methodology, emergency methodology, internal consultation prior finalize decision on diagnosis and treatment, ICU, aseptic methodology, method of patient's antecedent taken, research on the cause of decease, method of drug purchasing, reporting system, administration system and management of hospital finance; new financing

mechanism “book-keeping of incomes-expenses” etc.. Health sector has to implement the principle of providing incentive and increase salary in accordance to knowledge, capacity and output to stimulate the staff’s interest and create condition to allow patients to choose medical staff according to their preference. Pursue the decentralization implemented in accordance of the MOH guidance in terms of assistance to provinces and particularly to priority districts by dispatching the teams of Hospital-Institute-Centre-Project-School-University Complex (CHIPU) as an integrated method toward the grass root level. (These respond to MDGs 1, 4, 5 & 6).

3.2 Program of Food and Drug

Law and Quality Control of Food and Drug: This program should emphasize on an improvement of food and drug management system up to-date. Moreover, law and the system of management of food and drug and health service facility should be improved and firm at all levels. The system of food and drug quality control should be up to date to insure consumers’ safety and under-standard drug, drug abuse and freak drug should be also controlled.

Drug Production: Promote and encourage investment into health sector and traditional medicine to manufacture more basic drug and modern tradition drug capable to compete in market: Taking a share with CBF, CODUPHA; Construct drug factory that meets with GMP.

Drug supply and delivery: Redirect import-export system to be up to date especially local distribution and exportation (Co.)

Tradition Medicine: Establish the Traditional Medicine Research Institute. Improve and develop the chair of traditional medicine in the University of Health Sciences, in high level and medium level health schools along with the upgrading practice of traditional medicine in the hospitals. The Established traditional medicinal research centre comprises of a research unit, to study on the potential of natural medicinal resources available in the country, on high heritage and potential drug in cure disease and traditional drug used in different ethnic groups. The research should focus on high quality drugs, on market trend, on the

development, on the plantation, excavation, selection, protection and on preparation and production. Another part of the traditional medicinal research centre has the duty to develop modern import-export system: Local supply (Co.) and export (Co.). Promote the development of still unknown traditional drug and medicinal plan to manufacture them to become merchandise, capital, products for further development and exportation by encouraging the investment, the research, inheritance, and protection. Protect and expand traditional medicine therapy to promote it as a scientific profession equivalent to regional and international levels.

Research and production: Improve research and development system in an objective of prevention first and importance to curative: Expand and upgrade existing root of Centre of excellence (Pole d'excellence) including: Welcome Trust Oxford Laboratory, Laboratory Christophe Merieux Lao, Institute Pasteur Lao + IFMT + CLE + Centre of food and drug analysis (Central and provincial food quality analysis labs supported by the grant of Merieux foundation contributes to the country's condition to become a WTO member). These have a purpose of doing research and lead the way for health sector's development. (These respond to MDGs1, 4, 5 & 6).

3.3 Program of Human resource Development

Building and expansion of Party: In the breakthrough manner, focus on upgrade state regulation and procedure that is still be a bottle neck for the production and service, the Party Committee and all leaders of all levels in health sector should increase their leadership and provide political ideology education for Party's member, general staffs and medical staffs by implanting the principle of the unity and democracy, develop an integrated method toward the grass root level through the creation of teams of Hospital-Institute-Centre-Project-School-University Complex (CHIPU) at central, regional and grass root level. Focus on Party expansion, improve the organization and based on performance, and support the principle of "good result-capable people".

Provide right and fairness incentive strategy for good staff and in contrast, strongly punish the guilty.

Personal: Focus on human resource development in a breakthrough manner, Medical staffs should be well educated to get better knowledge, intelligence, technical profession and good behavior/morale. In parallel, strive to make Lao people having a strong physical and good health in line with the health staff development strategy. Upgrade the staff production/re-training system to make staff's quality up-to date and dispatch them in appropriate manner in term of quantity in line with the human resource development for health strategy, especially to hospital and to school at grass-root level. Upgrade the University of Health Science (UHS) in quality, production of post-graduated and intern student in hospital to improve their knowledge, their capacity and skill by real practice up to the level of expert and lecturer in the technical subjects that the UHS, Regional/Provincial colleges require especially in spearhead disciplines including endoscopy surgery, traumatology, brain surgery, digestive surgery, cardio-vascular surgery, oncology care and non-communication disease. Strengthen the system of Hospital-Institute-Centre-Project-School-University Complex (CHIPU): It is an integrated method and toward modernization in order to strengthen the capacity of hospitals, institutes, factories, projects and the university to go down to assist provinces by integrating theory and practice, learning, lecture and research and by taking the out-come of MNCH service as a core. By doing so, it is also a method or the measure to strengthen the capacity of health staff. It should request for more staff quotas every year in line with the increase of the government funding for Social-cultural sector.

Organization: Pursue to improve the personal organization and clearly define staff's duty and their term of reference by reasonably dispatching them and post them in accordance to their background knowledge, their capacity and their skill. Define appropriate incentive and salary based on their performance or out-come.

Develop mechanism and strict law in the improvement and change with the new mechanism in order to be appropriate to the reality. These respond to MDGs1, 4, 5, 6 &7).

3.5 Program of Health Research

Research Management: Improve research system to develop “Prevention first and importance to curative” that are linked to all programs of the health sector by pursuing the in-service upgrading of staff’s knowledge and develop an overall 5 years plan for health research.

Training management: Cooperate with Faculty of Medicine and Health College of Hanoi, Vietnam and other International Organization to develop a Master of Public Health program in Capital of Vientiane.

International cooperation and information exchange: Continue to review MOU signed with several Institutes such as China Research Institute, Universities from Japan, IHP from Srilanka, and IHPP from Thailand. Meantime, prepare to discuss on the exchange of staff and information sharing with Institute Pasteur, in Dalat, Vietnam and School of Public Health, University NSW, Australia, in the effort to prepare a Health Research Strategic Plan aiming to strengthen the future health research system of Lao PDR. (These respond to MDGs 1, 4, 5, 6 &7).

3.6 Program of Administration, Planning and Financing

Planning: Promote the development of plan, the completion reporting in good quality and capable to fulfill in time required by decentralize responsibility and task to regional in the effort to make province to be a strategy unit, district to be a comprehensive strong unit and village to be a development unit for Health activity.

Statistic and Health Information System: Develop a compacted Health Information System, appropriate to a real condition, with a good standard, a good

quality, in unity and centralized to the newly improving statistic database. Continue to train province staffs on the use of the new statistic database and the use of computer, internet and GIS. Continue to monitor data collection and annual reported and participate in the government survey on LECS with other sectors.

Asset management and Infrastructure construction: Use MOF's form to collect annual state asset data in all MOH departments and in all provincial health offices. Coordinate with the Department of National Land Use Planning and Development to get data base on the use of land and registered the land that owned and used by Health Sector. Moreover, authorize the government staff who have the right to use the state owned house, land and vehicle. Using the single door's system to control items from donors' grant and imported per year. Develop an annual plan of infrastructure building invested by state in accordance to the real need and in time required.

Health financing: Increase health budget at all levels in conjunction with the raise of the Government expenditure budget. Collaborate with MOF to estimate the annual budget allocated for health service according to what has been approved by the National Assembly, especial to support free delivery and under 5 years care policy in state hospitals from 2011--2012 and beyond (These respond to MDGs1, 4, 5, 6 & 7). Under the leadership of MOH and other parties concerned, fee and fee exemption policy should be implemented for all poor and underserved targets and contribute to break through the eradicate of poverty by pursuing the policy of promoting private investment on health facility development and modernization of curative care service to offer users more choice and satisfaction (These activities support the MDG 1).

Sustainable Health financing: Redirect the hospital financial mechanism to be sustained by increasing all levels funding together with an expansion of the health insurance coverage to support hospital's finance. Convert from out of

pocket paying for health care fee to the payment by different methods in the Health insurance system of by cooperating with Ministry of Labor and Ministry of Finance to develop specific staffs to assist the combination and to review all existing insurance schemes. Moreover, all previous contractual hospitals at provincial level to provide service, need also to be assessed in order to unify all existing insurance funds in the province where is ready to allow health insurance scheme universal coverage. These are also included Health Equity Fund, which allows a direct poverty eradication contribution. Collaborate with Province and District Governors to expand health insurance schemes part belonging to the Health Sector's responsibility, in all provinces with a target of coverage at 30% in 2012 and 100% in 2015. Urge to pilot implement the Capital of Vientiane as a focal point to receive complicated cases of patient, that will allows a high trend of fee accumulation and capable to improve financial management and service of health insurance approaches to be more efficiency and transparency. These can be uses as a guide for hospitals to collect fee in line with the genuine expenditure and will allow the financial mechanism be sustainable and powerful enough to upgrade the quality of health service provided.

Foreign Affairs and Cooperation Strengthen the coordination (In ministry and among ministries, provinces, districts, villages and all partners through sector wide coordination mechanism) in line with the Vientiane declaration *“Self promoting, self strengthening before requesting for assistance. Through discussions and negotiations, obtain donors’ support in accordance with the real needs of our country, government’s policy and laws. Finally monitor and assess quality of implementation as well as quality of implementers in a transparent, effective and reliable manner”*. (These activities support MDGs 8). Expand the coordination with health development partners and support private investment in the development a better quality of health service such as encourage private sector, enterprises to construct modern private hospitals at central and in some provinces (These activities support MDGs 8).

Control activities: Concentrate in routine supervision-monitor and audit the 6 programs of health sector having the center of attention on government budget, projects grant or loan from donors, state enterprise etc..

Gender promotion for women: Enhance the perception on gender equality in offices, at home and in society by creating condition to promote more women into important decision maker's posts on the basis of focusing on the women formation and in-service training system, on the management and employment of female staffs, on the women assignment and provide them with responsibility to progressively develop and make them capable to perform a long side with men in the society.

4. Budget estimation and Projects required:

4.1 Budget estimation

Required budget estimated for the next 5 years is at least 35\$/cap/yr (Included 9% from National budget) as the ceiling to strive to reach MDGs by 2015, is in line with the detailed estimates by the Ministry of Planning and Investment and UNDP team (MDG costing). In fact, according to the well known UNDP expert, all developing countries will need \$30-50/cap/yr in order to reach the Millennium development Goals on health

4.1 Projects required:

- In next 5 years, **120** health projects are required with the total funding Kips**9,664 Billion (~\$1,208 Millions) in which:**

Programs	Projects	Total budget required (USD)	Pledged from (Gov+Donors) (USD)	In negotiation (USD)	Actual still required (USD)
Hygiene	50	485,017,000	99,020,000	9,190,000	376,807,000
Curative	28	336,740,000	14,610,000	227,880,000	94,250,000

Programs	Projects	Total budget required (USD)	Pledged from (Gov+Donors) (USD)	In negotiation (USD)	Actual still required (USD)
Food & Drug	7	46,920,000	0	46,920,000	0
Human Resource Development	8	105,354,100	16,666,000	27,067,100	61,621,000
Research	13	7,525,000	320,000	7,205,000	0
Administration, Planing & Finance	14	226,307,000	184,425,000	29,120,000	12,762,000
Total	120	1,207,863,100	315,041,000	347,382,100	545,440,000

- The required budget for 5 MDGs targets (2011-15) are **Kips3,554Billions(≈\$444.3 Millions)** in which:
 - Projects expected with available funding are **Kips702 Billion (≈\$87.8 Millions)**
 - Projects that are being studied and negotiated for possible funding are **Kips40Billions (≈\$-5 Millions)**
 - Projects still with no funding are **Kips2,812 Billion (≈\$351.5 Millions)**

MDGs	Total budget required (\$ Millions)	Fund available (\$ Millions)	In negotiation (\$ Millions)	Actual still required (\$ Millions)
MDG 1	12.0	1.1 (Gov. 1.1)	0	10.9
MDG 4	22.7	17.0 (Gov. 2.6)	0	5.7
MDG 5	125.7	5.5 (Gov. 2.0)	0	120.2

MDGs	Total budget required (\$ Millions)	Fund available (\$ Millions)	In negotiation (\$ Millions)	Actual still required (\$ Millions)
MDG 6.1 HIV	54.2	34.7 (Gov. 4.9)	0	19.5
MDG 6.2 Mal	27.4	12.0	5.0	10.4
MDG 6.3 TB	17.26	0.97 (Gov. 0.97)	0	16.3
MDG 7	185.1	16.6 (Gov. 16.6)	0	168.5
Total	\$444.3	\$87.8	\$5.0	\$351.5

5. Measures and methods:

5.1 Measures:

- Understand and perform correctly and creatively in line with Government policies; Continue to transform of the party directions into plan, program, and clear-cut own projects to implement, monitor and report the activities. Moreover, use lessons learned in each stage of the implementation, to expand good outcomes and vice-versa correct weakness and error in all steps in accordance to the frames of responsibility, to reach MDGs. Improve the organization to strengthen all department and working methods in line with the principle of consensus in the decision making by enforcing the public and social hierarchy. Build “Strong and know how to lead in all aspect” Party unit as a measure to improve task in line with the frame and levels of responsibility and relying on performance based.
- Increase awareness; mobilize to get more cooperation and investment into health sector from all economic sectors.

5.2 Methodology:

- Focusing on the grassroots for implementing 4 contents, 4 objectives, implementing 6 programs, 120 defined projects and coordinate with all parties concern to concentrate on MDGs' target by providing training, guiding, monitoring and efficiently conduct assessment.
- Increase a stronger routine IEC and hygiene prevention that cover all communities with 8 components of Primary Health Care policy in the process of building Model Healthy village.
- Actively develop and in-service training staff to gain more knowledge and skill, to have political motivation, with a strong belief in ideological doctrine and to have Medical ethics and to provide good quality of service.
- Implement Presidential Decree 03, Decree 381/PM and the Circular No. 619 to be effective in conjunction with the expansion and centralize all health insurance schemes.

Capital of Vientiane, date

Minister of Health

Annexes

1. Annex 1: Total budget of Health Sector by Project directly or indirectly related to MDG (2011-2015)
2. Annex 2: Total budget of Health Sector by 6 Program, sub-programs and projects (2011-2015)

Annex 1: Total budget of Health Sector by Project directly or indirectly related to MDG (2011-2015)

	Projects	MDGs	Total Cost (US\$)	Fund available (US\$)	In feasibility study stage (Still unavailable in US\$)	Fund still required (Still unavailable in US\$)	Sources
	A. Projects direct linked to MDGs	36	444,347,000	87,770,000	5,000,000	351,577,000	
1	Nutrition (12 Projects)	MDG 1	12,000,000	1,100,000	-	10,900,000	FAO, WFP, WHO, Lao Govt.
2	Mother and child (8 Projects)	MDG4,5	148,345,000	22,400,000	-	125,945,000	ADB, WB, Lux, Gavi, WHO, UNICE
3	Malaria control (3 Projects)	MDG 6	27,367,000	12,000,000	5,000,000	10,367,000	GF, Lao Govt.
4	Tuberculosis control (4 Projects)	MDG 6	17,263,000	970,000	-	16,293,000	Lao Govt., GF
5	AIDS (3 Projects)	MDG 6	54,227,000	34,700,000	-	19,527,000	GF
6	Water supply and sanitation (6 Projects)	MDG 7	185,145,000	16,600,000	-	168,545,000	Lao Govt.
	B. Projects indirect linked to MDGs	84	763,516,600	227,271,000	342,382,100	193,863,500	
1	Health education (5 Projects)		4,270,500	-	-	4,270,500	Lao Govt.
2	Prevention and Communicable diseases control (6 Projects)		22,670,000	11,250,000	4,190,000	7,230,000	
3	Leptosies control (3 Projects)		13,730,000	-	-	13,730,000	
4	Curative Program (28 Projects)		336,740,000	14,610,000	227,880,000	94,250,000	
5	Food and Drug Program (7 Projects)		46,920,000		46,920,000	-	
6	Human Resource Development Program (8 Projects)		105,354,100	16,666,000	27,067,100	61,621,000	ADB, WB, WHO
7	Health Research Program (13 Projects)		7,525,000	320,000	7,205,000	-	
8	Management, Planning, Finance (14 Projects)		226,307,000	184,425,000	29,120,000	12,762,000	ADB, WB, Lux, WHO, UNICEF, Lac
	Total	120	1,207,863,600	315,041,000	347,382,100	545,440,500	

26.1%

28.8%

45.2%

Annex 2: Total budget of Health Sector by 6 Program, sub-program and projects (2011-2015)

6 Programs in Health sector	Sub-programs	No of Projects	Projects	MDGs	Cost (US\$)	Availability (US\$)	In feasibility study stage (Still unavailable in US\$)	Fund still required (US\$)	%	Sources
		50			485,017,000	99,020,000	9,190,000	376,807,000	40.2%	
	Mother and Child			MDG4,5	148,345,000	22,400,000	-	125,945,000		
		1	Improvement of MCH networking and coordination project		7,308,000			7,308,000		
		2	Strengthening and promotion of MCH project		30,000,000	2,400,000		27,600,000		UNICEF, Govt.
		3	Reproductive Health project (Safe motherhood and family planning)		21,083,000	3,000,000		18,083,000		UNFPA, UNICEF, Govt.
		4	Immunization project		22,700,000	17,000,000		5,700,000		Govt, GAVI, UNICEF,WHO
		5	Integrated mother and child service project		30,004,000			30,004,000		
		6	Integrated Management Child illness (IMCI)		9,000,000			9,000,000		
		7	Free delivery and under 5 year care in health facility project		26,250,000			26,250,000		
		8	New office construction for Mother and child centre		2,000,000			2,000,000		
	Nutrition			MDG 1	12,000,000	1,100,000	-	10,900,000		
		9	Supplemental Vitamins powder and mineral salts project		1,000,000	-	-	1,000,000		
		10	Management of under 5 year child medium and acute food insufficiency		1,000,000	-	-	1,000,000		
		11	Supplemental Vitamin A for post partum and under 5 year child		1,000,000	-	-	1,000,000		
		12	Distribution of anti parasite to under 5 year child		1,000,000	-	-	1,000,000		
		13	Supplemental zinc for under 5 year child project		1,000,000	-	-	1,000,000		
		14	Distribution of ORS to under 5 years with diarrhea disease		1,000,000	100,000		900,000		Govt.
		15	Supplemental iron for pregnant and reproductive age women		1,000,000	1,000,000		-		Govt.
		16	Iodine salt used in household project		1,000,000	-	-	1,000,000		
		17	Nutrition study/Information project		1,000,000	-	-	1,000,000		
		18	Promotion of breast feeding only from born to 6 months		1,000,000	-	-	1,000,000		
		19	Integrated outreach nutrition and mobile health service to out of remote community		1,000,000	-	-	1,000,000		
		20	Supplemental milk and food for primary school and under 5 children		1,000,000	-	-	1,000,000		
	Health education				4,270,500	-	-	4,270,500		
		21	Community health radio broadcasting		1,500,000	-	-	1,500,000		
		22	Health education promotion at district hospital project		570,500	-	-	570,500		
		23	Strengthening health education network project		100,000	-	-	100,000		
		24	Strengthening health education information system project		100,000	-	-	100,000		
		25	Construction of national training centre for health education and health promotion		2,000,000	-	-	2,000,000		
	Water supply and environment			MDG 7	185,144,500	16,600,000	-	168,544,500		
		26	Provision of rural sanitation project		31,486,500	-	-	31,486,500		
		27	Community based training and rural population awareness on sanitation; Human resource development at central, province and district.		3,049,000	-	-	3,049,000		
		28	Provision of appropriate and clean water supply with accessories to rural areas		125,500,000	16,600,000	-	108,900,000		Govt.
		29	Expansion and promotion of household water storage method		15,000,000	-	-	15,000,000		
		30	Equipment supply for central, province and district levels		8,299,000	-	-	8,299,000		
		31	Progress monitoring of the activities' implementation		1,810,000	-	-	1,810,000		
	Malaria, Parasite and Insect control			MDG 6	27,367,000	12,000,000	5,000,000	10,367,000		

6 Programs in Health sector	Sub-programs	No of Projects	Projects	MDGs	Cost (US\$)	Availability (US\$)	In feasibility study stage (Still unavailable in US\$)	Fund still required (US\$)	%	Sources
		32	Malaria control project		16,098,461	10,000,000	3,000,000	3,098,461		Govt., GF
		33	Dengue fever control project		10,000,000	1,500,000	2,000,000	6,500,000		Govt., ADB
		34	Parasite control project (Opisthorchis, filariases...)		1,268,539	500,000	-	768,539		Govt., ADB
	AIDS & STI			MDG 6	54,227,000	34,700,000	-	19,527,000		
		35	Expansion of HIV/AIDS and STDs prevention		30,500,000	20,000,000	-	10,500,000		
		36	Expansion of treatment, care and assist HIV infected and living with AIDS persons project		15,843,000	10,000,000	-	5,843,000		
		37	Management, supervision and assessment project		7,884,000	4,700,000	-	3,184,000		
	Tuberculosis control			MDG 6	17,263,000	970,000	-	16,293,000		
		38	Training and human resource development project		7,141,184	970,000	-	6,171,184		Lao Gov., GF
		39	Expansion of network and equipment supply		4,424,294	-	-	4,424,294		
		40	Management, supervision and assessment project		4,722,638	-	-	4,722,638		
		41	Construction of Tuberculosis Centre project		974,884	-	-	974,884		
	Prevention and Communicable				22,670,000	11,250,000	4,190,000	7,230,000		
		42	Epidemic (Avian flu) AH1N1 control project		670,000	250,000	420,000	-		USAID, NAHICO
		43	Border diseases control project		10,000,000	6,000,000		4,000,000		
		44	National diseases surveillance project (19 symptom/diseases)		2,000,000		2,000,000	-		
		45	Surveillance and investigation in SISEA		5,000,000	3,000,000	1,770,000	230,000		
		46	EWARDS		4,000,000	2,000,000		2,000,000		
		47	Surveillance of acute respiratory infectious disease		1,000,000			1,000,000		
	Leprosies control				13,730,000	-	-	13,730,000		
		48	Strengthen network and information system of dermatology		5,000,000	-	-	5,000,000		
		49	Improvement of infrastructure and service project		7,000,000	-	-	7,000,000		
		50	Production and in-service training specialist staff		1,730,000	-	-	1,730,000		
		28			336,740,000	14,610,000	227,880,000	94,250,000	27.9%	
		1	Project of integrated assistance toward priority districts through the Teams of Hospital-Institute-Centre-Project-School-University Complex (CHIPU) from central		5,000,000	3,000,000	2,000,000	-		ADB, WB ,Lux
		2	Construction of district hospital and health center project		10,700,000	1,070,000	-	9,630,000		Lux, ADB, WB
		3	Mental health project		850,000	850,000	-	-		Basic needs
		4	Rehabilitation project		1,500,000		1,500,000	-		
		5	Provincial equipment maintenance and service unit project		10,000,000		10,000,000	-		
		6	Improvement of hospital management project		5,000,000		5,000,000	-		
		7	National project of patient friendly hospital		10,000,000		10,000,000	-		
		8	Procurement of medical equipment and supply project		3,900,000	730,000	3,170,000	-		
		9	Monitoring, supervision and assessment project		1,000,000		300,000	700,000		
		10	ICU in services at central, regional, province and district hospital (Type A)		1,040,000			1,040,000		
		11	Strengthening of district hospital (Type A) project		5,030,000			5,030,000		
		12	Extension of Mother and child hospital (150 b)		3,960,000	3,960,000		-		Korea
		13	Ophthalmology project		100,700,000	-	50,000,000	50,700,000		CBM, Fred Hollow
		14	Construction of Leprosies treatment facility and staff training on surgery for Dermatology Centre		3,100,000			3,100,000		French
		15	Medical Entre-aide project between Attapeu and LuangNamtha		670,000		670,000	-		SEF
		16	Geriatric care project		2,990,000		2,990,000	-		Unission Fr-lao
		17	Training project on equipment assemblage and use for central and provincial hospitals		4,520,000		4,520,000	-		AMLF, VAMED, Austria
		18	Supervision of health service at district hospital and health center project		21,140,000		21,140,000	-		Japan, GF, UNFPA

6 Programs in Health sector	Sub-programs	No of Projects	Projects	MDGs	Cost (US\$)	Availability (US\$)	In feasibility study stage (Still unavailable in US\$)	Fund still required (US\$)	%	Sources
		19	Improvement of MNCH service project		6,540,000		6,540,000	-		UNFPA, WHO
		20	Septic waste management project in 3 central and 4 regional hospitals project		1,500,000		410,000	1,090,000		WB
		21	Health service improvement project (hospital renovation)		6,160,000		6,160,000	-		
		22	Construction of district hospital in southern provinces		10,000,000		8,000,000	2,000,000		Japan
		23	Renovation of district hospital in Southern province (Xaysathan, Phonthong, Xaychamphone and Meuane)		12,000,000		12,000,000	-		
		24	Improvement of health service quality to new mechanism project (Central, regional and province)		6,620,000		1,020,000	5,600,000		
		25	Contribution fund for Friendship Child hospital construction, Korea (KOICA)		3,960,000		3,960,000	-		Government
		26	Construction of Oncology hospital project		10,360,000			10,360,000		
		27	Construction of modern hospitals in Capital of Vientiane		73,000,000		73,000,000	-		
		28	Construction, renovation, maintenance of buildings in central hospitals		15,500,000	5,000,000	5,500,000	5,000,000		
		7			46,920,000	-	46,920,000	-	3.9%	
3. Food and Drug		1	Construction modern drug factory at central and regional provinces		20,000,000		20,000,000	-		
		2	Training on management and improvement of service project		1,440,000		1,440,000	-		
		3	Improvement of food and drug quality		3,500,000		3,500,000	-		
		4	IEC on food and drug through different medias project		560,000		560,000	-		
		5	Construction of food analysis centre project		10,000,000		10,000,000	-		
		6	Construction of modern traditional medicine factory project		11,000,000		11,000,000	-		
		7	Management and medical service project		420,000		420,000	-		GF
4. Human resource development		8			105,354,100	16,666,000	27,067,100	61,621,000	8.7%	
		1	Capacity building on human resource management		5,624,100	181,000	2,257,100	3,186,000		
		2	Quality improvement on health staff education project		6,310,000	15,000	360,000	5,935,000		
		3	Skill birth attendant development project		7,650,000	2,250,000	3,150,000	2,250,000		
		4	Production and up grade health staff project		33,187,000	9,270,000	-	23,917,000		
		5	Equipment and utility vehicle procurement project		15,413,000	420,000	780,000	14,213,000		
		6	School construction and maintenance project		32,030,000	1,400,000	20,310,000	10,320,000		
		7	Research support project		3,140,000	1,130,000	210,000	1,800,000		
	8	Support the Integration of the complex of Hospital-Institute-Centre-Project-School-University Complex (CHIPU) project		2,000,000	2,000,000	-	-			
5. Health Research		13			7,525,000	320,000	7,205,000	-	0.6%	
		1	Surveillance on population's health		120,000	120,000		-		RHNN (JP)
		2	Research on Nutrition		120,000		120,000	-		Nestle, EU
		3	Research on gender and reproductive age		200,000	200,000		-		Government
		4	Research on parasite, drug used and sustainable control		5,000,000		5,000,000	-		IDRC, MRC/WT, WHO, NCCR
		5	Survey on national health		500,000		500,000	-		
		6	Research on health service quality improvement		200,000		200,000	-		
		7	Research on cause of decease based on community		230,000		230,000	-		
		8	Training on research methodology		250,000		250,000	-		
		9	Training on research deontology		100,000		100,000	-		
		10	Improvement of high level curriculum of health management		180,000		180,000	-		
		11	Training of district manager		405,000		405,000	-		
		12	Training of health center manager		120,000		120,000	-		
		13	Annual scientific forum		100,000		100,000	-		
	14			226,307,000	184,425,000	29,120,000	12,762,000	18.7%		
	1	Lao Social Indicator Survey		1,300,000	1,300,000		-		USAID, UNICEF	
	2	Improvement of health information system		3,000,000		3,000,000	-			
	3	Construction of facility and architect design project		1,740,000			1,740,000			
	4	Expansion of community based insurance		1,090,000		1,090,000	-			

6 Programs in Health sector	Sub-programs	No of Projects	Projects	MDGs	Cost (US\$)	Availability (US\$)	In feasibility study stage (Still unavailable in US\$)	Fund still required (US\$)	%	Sources
6. Management, Statistic, Planning and Finance.		5	Creation of community based insurance		23,260,000		23,260,000	-		
		6	Supervision and experience exchange on CBHI		330,000		330,000	-		
		7	Construction of 5 levels building offices for MOH at Mekong riverside		1,340,000		1,340,000	-		
		8	Strengthening of health sector coordination project		100,000		100,000	-		
		9	Communicable diseases control project (CDC)		10,000,000	10,000,000		-		ADB
		10	Project/Program health sector development (H-SDP)		19,000,000	19,000,000		-		ADB
		11	Model healthy village project (MHV)		3,000,000	3,000,000		-		JFPR/ADB
		12	Project health system development project (HSDP)		4,000,000	4,000,000		-		ADB
		13	Namtheun 2 project		13,147,000	2,125,000		11,022,000		Government
		14	National health staff salary and incentive		145,000,000	145,000,000		-		Government
	120	Total budget		1,207,863,100	315,041,000	347,382,100	545,440,000	100%		
					26.1%	28.8%	45.2%			