



Lao People's Democratic Republic-WHO Country Cooperation Strategy 2024–2028

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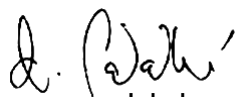
FOREWORD

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 2024–2028, which provides strategic direction for collaboration in health over the next five years. By supporting the country in achieving the 2030 Sustainable Development Goals, the strategy pursues the vision of better health and well-being for the people of the Lao People's Democratic Republic and contributes to the implementation of the national five-year health sector development plans and the Health Sector Reform Strategy 2021–2030.

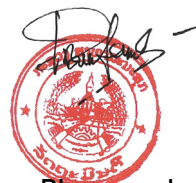
Despite challenges such as the coronavirus disease (COVID-19) and other disease outbreaks, the Lao People's Democratic Republic has achieved remarkable improvements in health indicators in recent years. Nevertheless, future progress is threatened by worsening climate change, environmental risks and the increasing burden of noncommunicable diseases. Adequate investment in health and the health system over the next few years is critical to withstand these challenges, promote and protect health, and leverage the COVID-19 economic recovery for more sustainable and inclusive development.

Building on the lessons learned from the COVID-19 pandemic and addressing national health needs and challenges, this country cooperation strategy looks at common elements of resilient health systems based on primary health care and integration of public health programmes. It focuses on three strategic priorities – promoting sustainable and resilient health systems toward universal health coverage, providing protection for communities from health emergencies and diseases, and protecting health from climate change and environmental threats – to support the country's goals to achieve universal health coverage, graduate from least developed country status and attain the 2030 Sustainable Development Goals.

We thank all government departments, United Nations agencies, multilateral and bilateral partners and civil society organizations for their participation in the consultation process and their valuable contributions, which have been instrumental in the development of this country cooperation strategy. We look forward to continuing to work together in the coming years to implement this strategy and achieve better health and well-being for the people of the Lao People's Democratic Republic.



Dr Zsuzsanna Jakab
Acting Regional Director for the
Western Pacific, World Health Organization



Dr Bounfeng Phoummalaysith
Minister of Health, Lao People's
Democratic Republic

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We extend our appreciation to all individuals and teams who played pivotal roles in the development of this strategy. The consultation process was led by Dr Ying-Ru Jacqueline Lo, WHO Representative to the Lao People's Democratic Republic, and His Excellency the Minister of Health Dr Bounfeng Phoummalaysith. Ms Carola Pava Medina, Programme Management Officer, and Ms Vichit Santivong, Executive Assistant, from WHO, along with the Ministry of Health cabinet, coordinated the development of the strategy. All WHO country office personnel contributed to the development of the strategy. Valuable contributions were compiled by the WHO core group: Ms Souliya Channavong, National Professional Officer, Vaccine-Preventable Diseases and Immunization; Dr Chitsavang Chanthavisouk, National Professional Officer, HIV/AIDS, Tuberculosis and Malaria; Ms May Chiew, Technical Officer (Epidemiologist), WHO Health Emergencies Programme; Ms Kim Carmela Co, Technical Officer, WHO Health Emergencies Programme; Dr Eunkyong Kim, Health Economist (Health Care Financing and Governance), Health Systems and Development; Mr William Seal, Technical Officer, Communication for Health; and Ms Souvanaly Thammavong, National Professional Officer, Health and Environment. Crucial insights and direction were provided by WHO team leaders: Dr Nyambat Batmunkh, Team Leader Vaccine-Preventable Diseases; Ms Chinh Tran Thi Tuyet, Programme and Administrative Officer; Dr Oyuntogos Lkhasuren, Team Leader Health and Environment; Dr Satoko Otsu, Team Leader WHO Health Emergencies Programme; Dr Yu Lee Park, Coordinator, Health Systems Development; Mr Matthew Scott Shortus, Team Leader HIV/AIDS, Tuberculosis and Malaria; and Ms Ando Moe, acting Team Leader Maternal Child Health/Health Care Quality and Safety.

We thank Ms Mareike Günther, WHO consultant, for writing the first and final draft documents with Dr Ying-Ru Lo.

ABBREVIATIONS

CCS	country cooperation strategy
C4H	Communication for Health
DHIS2	District Health Information System 2
FAO	Food and Agriculture Organization of the United Nations
GPW	General Programme of Work
HRH	human resources for health
HSDP	Health Sector Development Plan
HSRS	Health Sector Reform Strategy
IHR	International Health Regulations
Lao PEN	Lao Package of Essential Noncommunicable Disease Interventions for Primary Health Care
LCD	least developed country
LPRP	Lao People's Revolutionary Party
MOH	Ministry of Health
NCD	noncommunicable disease
NHSAS	National Health Sector Adaptation Strategy to Climate Change
NSEDP	National Socio-Economic Development Plan
OOP	out-of-pocket
OSH	occupational safety and health
PHC	primary health care
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SDG	Sustainable Development Goal
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	water, sanitation and hygiene
WHO	World Health Organization
WOAH	World Organisation for Animal Health

EXECUTIVE SUMMARY

This country cooperation strategy (CCS) outlines how the World Health Organization (WHO) will work with the Lao People's Democratic Republic over the next five years (2024–2028), supporting the implementation of the five-year health sector development plans and the Health Sector Reform Strategy 2021–2030 to attain the Sustainable Development Goals (SDGs) by 2030.

The Lao People's Democratic Republic experienced substantial economic growth in the 30 years prior to the coronavirus disease (COVID-19) pandemic, contributing to reduced poverty and significant progress toward the SDGs. However, the COVID-19 pandemic brought this development to a halt. It was anticipated that the COVID-19 recovery and the tremendous population growth in recent years would provide opportunities for a shift toward more sustainable and inclusive development in the years ahead. In 2023, however, the contrary was the case. Rural residents, including many ethnic minorities, continued to face marginalization because of limited access to education, health care and economic opportunities.

Despite the challenges of COVID-19 and other disease outbreaks, the country has made significant improvements in health. Nonetheless, progress has been uneven and not everyone has benefited from these achievements. In the mountainous region, many people lack access to quality health care because of the unequal distribution of well-trained health-care workers. Preventable deaths due to poor-quality health care for children and newborns, infants and mothers remain a concern, as do communicable diseases such as sexually transmitted infections and tuberculosis. The increasing burden of noncommunicable diseases and the health impact of worsening climate change further heighten the need for strengthened and resilient health systems, which are at risk due to an underfunded health sector and weak economy.

This CCS aims to address remaining and future challenges as well as health needs while creating an impact that is sustainable. It identifies three strategic priorities and nine deliverables (Table 1) to support the attainment of the national vision of *Health for all by all*, as articulated in the 9th Health Sector Development Plan 2021–2025. It contributes to the country's goals to achieve universal health coverage, graduate from least developed country status by 2026 and attain SDGs by 2030.

Table 1. Strategic agenda for WHO's collaboration with the Lao People's Democratic Republic, 2024–2028

STRATEGIC PRIORITY 1: Promoting sustainable and resilient health systems toward universal health coverage

- **Strategic deliverable 1.1** Equitable access to primary health care strengthened
- **Strategic deliverable 1.2** Adequate investment in human resources for health ensured
- **Strategic deliverable 1.3** Central role of governance sector in leading and sustaining health gains enhanced

STRATEGIC PRIORITY 2: Providing protection for communities from health emergencies and diseases

- **Strategic deliverable 2.1** Progress made towards national and subnational systems and capacities to prevent, prepare for and respond to public health threats in all provinces
- **Strategic deliverable 2.2** Communicable and neglected tropical disease prevention and elimination sustained
- **Strategic deliverable 2.3** Noncommunicable disease morbidity and mortality decreased

STRATEGIC PRIORITY 3: Protecting health from climate change and environmental threats

- **Strategic deliverable 3.1** Environmental risks to health assessed and mitigated
- **Strategic deliverable 3.2** Climate-related health risks addressed through a climate-adapted and low carbon health system
- **Strategic deliverable 3.3** WASH and health-care waste management improved

Several cross-cutting and critical enablers will support the implementation of the strategic agenda, including **communicating for health, reaching the unreached, leveraging digital solutions for health, and driving and measuring country impact.**

In contributing to the country's vision for health, WHO will draw on the combined resources and expertise of the Organization's three levels: the WHO country office in the Lao People's Democratic Republic, the WHO Regional Office for the Western Pacific, and WHO headquarters. A particular focus of WHO support will be placed on the subnational level. Building on its maximized technical assistance to the subnational level during the COVID-19 pandemic, WHO will continue to further improve engagement

with communities. The COVID-19 pandemic has also demonstrated the importance of coordination and collaboration beyond the health sector. Therefore, the CCS 2024-2028 seeks greater partnerships with other sectors to tackle the different challenges the country is and will be facing, as well as respond to the country's needs to achieve the national health and development goals.

As an organization committed to continuous learning, WHO will regularly assess the implementation of the CCS, identify hurdles and obstacles, and adjust its support to the Lao People's Democratic Republic accordingly to optimize its impact in the country.



1. Introduction – achieving better health and well-being for all people in the Lao People’s Democratic Republic

The country cooperation strategy (CCS) between the Lao People’s Democratic Republic and the World Health Organization (WHO) for the period 2024 to 2028 sets out how WHO will support the Government in collaboration with development partners, the United Nations Country Team (UNCT), nongovernmental organizations, the private sector and academia in implementing national health policies, strategies and plans. These include the 9th and 10th five-year health sector development plans for the periods 2021–2025 and 2026–2030, respectively (1), the Health Sector Reform Strategy (HSRS) 2021–2030 (2), and the Lao PDR - United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026 (3). It will guide the work of WHO at all organizational levels, including the preparation of the priorities of the biennial workplan and budget, to achieve better health and well-being for all people in the Lao People’s Democratic Republic.

The CCS 2024–2028 is a forward-looking strategy that translates globally agreed development and health goals and regional priorities to the country context. It delivers on the strategic priorities of the global WHO Thirteenth General Programme of Work 2019–2025 (GPW13) and the planned GPW14 (2025–2028) (4,5). It supports WHO’s efforts to achieve the triple billion targets – one billion more people benefiting from universal health coverage (UHC), one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being – and the Organization’s Proposed Programme Budget 2024–2025 priorities of promoting, providing, protecting, strengthening and delivering health to accelerate progress towards the health-related Sustainable Development Goals (SDGs).

Aligned with GPW13, the regional publication, *For the Future: Towards the Healthiest and Safest Region*, articulates a vision for WHO’s work with Member States and partners in the Western Pacific Region. *For the Future* reflects the challenges shared by countries and areas in the Region. These consist of health security, including antimicrobial resistance; noncommunicable diseases (NCDs) and ageing; the health impacts of climate and environmental change; and reaching the unreached, including people and

communities still affected by persistent epidemics of infectious diseases and high rates of child and maternal mortality (6).

The CCS 2024-2028 builds on the previous strategy (2017-2021), which was extended to 2023 because of the coronavirus disease (COVID-19) pandemic. This new strategy is the result of 10 months of consultations with the Government, partners and other stakeholders, involving the three levels of the Organization – the country, regional and global levels. These consultations, which included a review of lessons learned from the previous CCS and a critical analysis of the country's needs, led to the formulation of the strategic agenda for the CCS 2024-2028, focusing on promoting sustainable and resilient health systems toward UHC, providing protection for communities from health emergencies and diseases, and protecting health from climate change and environmental threats.



2. Country context – moving towards graduation from least developed country status

2.1 Sociocultural, political and economic context – a diverse and largely rural population with youth as a beacon of hope for socioeconomic development

With over 62% of the population residing in rural and mountainous areas, reaching the unreached remains a challenge

The Lao People's Democratic Republic shares borders with Cambodia, China, Myanmar, Thailand and Viet Nam. It is the only landlocked country in the WHO Western Pacific Region and is divided into 18 provinces (7). The population was about 7.4 million in 2022 (8) and is expected to increase to 10 million by 2055 (9). About 62% of the population resided in rural areas in 2022 (10), including in hard-to-reach mountainous regions. Out of 50 ethnic groups, the ethnic Lao accounted for about 53.2% of the population in 2015 (11), making the Lao People's Democratic Republic one of the most ethnically diverse countries in mainland South-East Asia. Primarily residing in rural areas, ethnic minorities face marginalization because of limited access to education, health care and economic opportunities (12).

A growing working-age population brings opportunities for growth

Having experienced enormous population growth in recent years, the country has one of the youngest populations in South-East Asia, bringing opportunities for socioeconomic development (13). One third of the citizens are below 15 years of age, and half are below 24 years of age (7). The proportion of older citizens (65+ years) is relatively small, at 4.2% in 2021 (3). Although still low, the demographic projections for the Lao People's Democratic Republic indicate a substantial increase in the ageing population, which poses significant challenges to the country's health care and social systems (14).

Stabilizing the country's economy will be crucial to protect the Lao people from marginalization.

Over the past 30 years, the Lao People's Democratic Republic has experienced a significant economic expansion, with an average annual growth rate of 7.3% from 1993 to 2019 (13), allowing the country to reduce poverty rates and transition from low-income to lower-middle-income status in 2011 (7). Economic growth has depended largely on the use of the country's national resources, especially mining and hydropower (15). However, the COVID-19 pandemic and global economic pressures have exposed the country's long-standing financial instability (15). Addressing this instability and generating revenue will be critical to ensuring the country's debt sustainability and supporting essential services such as education, health care and social protection.

In 2020, 18.6% of the population lived below the national poverty line (3). With a Human Development Index of 0.604% in 2018, the country's level of human development is considered to be *medium* (7). The share of the population affected by hunger has declined from one third to under one quarter over the past decade (16). Having been categorized as *serious* in 2020, hunger rates were ranked as *moderate* in the 2022 Global Hunger Index (17).

Since its foundation in 1975, the Lao People's Democratic Republic has been a single-party state

The Lao People's Democratic Republic is a single-party state led by the Lao People's Revolutionary Party. The Party Congress takes place every five years and coincides with the elections of the National Assembly, the country's legislative branch. The National Assembly elects the President, who serves as the head of state and government and appoints the Prime Minister. The elections for the 9th National Assembly were held in February 2021. The Lao People's Democratic Republic is a member of several intergovernmental organizations, including the United Nations (UN), the Association of Southeast Asian Nations and the World Trade Organization.

2.2 Development and health situation – achievements in health but challenges in reaching the hard-to-reach

Leveraging the COVID-19 and economic recovery to advance sustainable development is key

The Lao People's Democratic Republic is committed to the 2030 Agenda for Sustainable Development and has made significant progress in achieving the SDGs, although the COVID-19 pandemic and unprecedented economic downturns have hindered this progress (3). Recovering from the pandemic provides an opportunity to move toward more sustainable and inclusive development and tackle issues such as worsening air pollution, unsustainable food production, clean water scarcity, poor sanitation, hazardous waste generation, and the country's high vulnerability to climate change.

These challenges are reflected in the country's 9th Five-Year National Socio-Economic Development Plan (NSED) 2021–2025 (18), which aims at putting the country's growth trajectory on a green and sustainable path. The NSED 2021–2025, the Ten-Year Socio-Economic Development Strategy 2016–2025 and Vision 2030 (19) set the direction for the country's development and provide the overarching framework for various sector plans, including the 9th Health Sector Development Plan (HSD) 2021–2025 (1). Under the *Sam Sang* (Three Builds) directive, the Government pursues a decentralization strategy to strengthen public administration and service delivery at the local level.

The country's expected graduation from least developed country (LDC) status at the end of 2023 has been postponed to 2026 (19). This change may be accompanied by a donor transition that may impact access to essential health services already threatened during the 2022–2023 economic crisis. Careful planning of the transition from donor funding for health to national resources is required.

An underfunded public health system is challenged by a growing and largely unregulated private health sector

The Lao health system is organized through three public administrative levels – the central, provincial and district levels – and includes health centres and village-based health services. Most health-care services are provided by the public sector through provincial and district hospitals and health centres. However, there is a growing presence of private health-care providers, which are regulated to a limited extent. It is common for health-care professionals to work in the public and private sectors simultaneously. In 2023, the public health system consisted of 10 central hospitals, 17 provincial hospitals, 135 district hospitals and more than 1070 health centres (20).

Health financing is characterized by low levels of government spending on health and a high reliance on out-of-pocket (OOP) payments and external funding. In 2021, the share of domestic government expenditure on health was 24.1% as a share of total health expenditure, the share of OOP payments was 29.5% as a share of total health expenditure, and the share of donor funding was 39.6% as a share of total health expenditure. Domestic government expenditure on health remains underfunded at 4.1% of general government expenditure (general government expenditure includes domestic government expenditure on health and donor funding through the government budget system) in 2021 (0.7% of gross domestic product) (21).

Other key challenges concern the quality of health services, the availability and equal distribution of competent and qualified health-care workers, including training and development for health workers, the quality and use of data, and the strengthening of disease surveillance systems and outbreak response capabilities (22).

The HSRS 2021–2030 addresses these challenges through five pillars: health service delivery; human resources for health; governance, management and coordination; health financing; and health information, planning, monitoring and evaluation (2). The National Health Insurance, launched in 2016, is an essential component of the HSRS to increase financial and social protection, especially for the poor (23).

Health programmes have seen significant progress, but challenges remain

Despite challenges such as COVID-19 and other disease outbreaks, the Lao People's Democratic Republic has made noteworthy improvements in health indicators. Future progress, however, is threatened by an underfunded health sector and a weak economy, as well as various risks such as climate change, environmental threats and NCDs linked to changing lifestyles (24). Notable progress has been made in reducing malaria cases. HIV prevalence is low overall but increasing among men who have sex with men. Sexually transmitted infections, particularly syphilis, are also on the rise, and tuberculosis (TB) remains a widespread problem (25,26). Child and newborn, infant and maternal mortality rates have declined significantly, but preventable deaths due to poor-quality health care remain a concern (7). High routine immunization coverage achieved during past decades declined during the COVID-19 pandemic, which led to a rise in vaccine-preventable disease outbreaks such as diphtheria and pertussis. (27).

Strengthened public health emergency preparedness and response capacity is closing gaps

The Lao People's Democratic Republic is vulnerable to a range of public health threats. Over the past decade, it has managed outbreaks of dengue, circulating vaccine-derived poliovirus type 1 (cVDPV1), measles, avian influenza, seasonal influenza, hepatitis A, diphtheria and COVID-19, and has responded to other critical health threats such as flooding.

Although much progress has been made in recent years to strengthen health security, the COVID-19 pandemic has highlighted the need for stronger and more resilient systems across health care and other sectors during public health emergencies. A health facility assessment conducted amid the COVID-19 pandemic revealed that only 2% of all facilities had a basic level¹ of sanitation services (28). Joint missions to the field revealed that several hospitals and health centres did not adhere to minimum standards to provide safe services to patients. This included leaking water pipes, unstable building infrastructure, outdated equipment, absence of sufficient electricity lines, and broken floor tiling. These issues seriously threaten the quality and safety of health-care services and the lives of patients (Dr Ying-Ru J Lo, WHO, unpublished internal mission report, 19 January 2023).

¹ Basic service levels are defined by the WHO/UNICEF Joint Monitoring Programme. See: <https://washdata.org/>

2.3 Partner landscape and WHO's leadership in health – working with partners to protect and promote health

WHO serves as the directing and coordinating agency for health in the UN system. Its role involves providing guidance on global health matters, shaping health research priorities, setting norms and standards and formulating evidence-based policy options. In the Lao People's Democratic Republic, WHO collaborates with local authorities on the provision of technical and operational assistance, the design and implementation of health policies and legislations, and the monitoring and supervision of progress.

Numerous partners, including the Asian Development Bank, the World Bank, other multilateral and bilateral donors, the wider UN family and international and national nongovernmental organizations, are strongly committed to protecting and promoting health in the Lao People's Democratic Republic. Many of them directly support WHO and the Government. The outbreak of COVID-19 led to a significant increase in the scale of assistance provided by partners, from US\$ 9.2 million in 2020 to US\$ 138.3 million in 2021 (21).

The UNCT consists of 25 UN agencies that actively work together. The UNSDCF 2022–2026 is responsible for planning and implementing UN activities to support the implementation of the 2030 Agenda (3).





3. The Lao People's Democratic Republic's vision for health – Health for all by all

National vision: Health for all by all

Goals: Achieving UHC, graduating from LDC status and attaining SDGs by 2030

Source: HSRS 2021–2030 (2).

The 17 SDGs of the 2030 Agenda for Sustainable Development were adopted by all UN Member States in 2015. In addition to the 17 SDGs, the Lao People's Democratic Republic adopted SDG 18 "Live in safety from unexploded ordnance (UXO)" to address one of the country's major obstacles to development. SDG 3 "Ensure healthy lives and promote well-being for all at all ages" is underpinned by 13 health-related targets. Almost all the other SDGs relate directly or indirectly to health, with SDG 6 "Ensure availability and sustainable management of water and sanitation for all" and SDG 13 "Take urgent action to combat climate change and its impacts" being particularly relevant to the country's collaboration with WHO.

The NSEDP 2021–2025 constitutes the framework for implementing the SDGs in the Lao People's Democratic Republic. To advance sustainable development in the country, it is necessary to achieve more inclusive development by promoting better and more equitable access to quality services. This requires the mobilization of resources to compensate for the country's current financial challenges, in particular the diminishing financial scope for investment in the social sectors and the increasing debt repayment obligations. It also requires careful planning for graduation from LDC status to sustain essential services during such transition based on a thorough assessment of different donor and country approaches.

The 9th HSDP 2021–2025 represents the efforts of the Ministry of Health (MOH) to advance the national health and development agenda under the vision of *Health for all by all*. It aims to develop a health workforce for quality services; implement UHC with a

focus on hygiene, prevention, health measures and health promotion; strengthen health sector financing and achieve self-sufficiency; improve structures and procedures of the health-care system; and enhance the health information system. The HSRS 2021-2030 provides strategic direction for the country to strengthen primary health care (PHC). It focuses on improving the efficiency, resilience and sustainability of the health system to progress towards UHC and other health-related SDGs. The National Health Sector Adaptation Strategy to Climate Change (NHSAS) 2019-2025 provides strategic direction to strengthen the capacity of the public health sector and communities to prevent and protect the health of people from unstable and changing climate conditions (29).

With the CCS 2024-2028, WHO's support to the country is aligned with the goals of the national health and development sector plans and strategies, helping to address the country's current and future challenges and supporting the country in achieving the SDGs by 2030. WHO has identified a set of strategic deliverables and outputs (Annex 1) to help achieve the strategic priorities of the CCS and, at the same time, the priorities of the country. To improve health and reduce disparities in health, a gender and equity lens will be applied across all strategic priorities to ensure that everyone benefits equally from progress towards better health. A comprehensive overview of the linkages between national and country levels as well as regional and global priorities is provided in Annex 2.



4. WHO's collaboration in and with the Lao People's Democratic Republic – a strategic agenda toward better health and well-being for all people

4.1 Strategic priority 1:

Promoting sustainable and resilient health systems toward universal health coverage

STRATEGIC DELIVERABLE 1.1 Equitable access to quality primary health care strengthened

Building on the health sector reforms commenced in 2014 (30), the MOH continues to prioritize PHC in the ongoing health sector reform (2021–2030), with the overarching goal of achieving UHC.

At its core, PHC seeks to provide equitable access to integrated, people-centred health-care services, especially for poor and vulnerable populations residing in remote areas. Achieving PHC advances UHC, which represents the aspiration that all people should have access to quality health services without suffering from financial hardship.

While progress has been made in achieving UHC, including the development of essential health-care packages for each level of care and legal frameworks on public health, more investments are necessary in the coming years. In 2019, progress towards achieving essential health service coverage, as per the SDG indicator 3.8.1, was only 50% in the Lao People's Democratic Republic. Specifically, there is a need to improve financial protection, considering the SDG indicator 3.8.2 on catastrophic health spending. In 2018–2019, 8.4% of the population spent more than the SDG threshold of 10% on OOP payments for health from their household budget. Additionally, 4.1% surpassed the SDG threshold of 25% on such payments (31).

PHC plays a key role in improving coverage and equity of access to reproductive, maternal, newborn, child and adolescent health (RMNCAH) services. Over the last decade, service coverage for RMNCAH was enhanced, accompanied by significant accomplishments. The

estimated number of pregnant women who died per 100 000 live births dropped from 579 in 2000 to 126 in 2020, which represents a remarkable 78.7% decrease and one of the fastest falling rates in the world (32). However, child and maternal mortality rates remain among the highest in South-East Asia, with children from the poorest quintile of households being 2.8 times more likely to die than children from the richest quintile. Underlying this concern is the inadequate practice of exclusive breastfeeding and poor nutritional statuses contributing to high rates of stunted, underweight and wasted children under age 5 (33%, 21%, and 9%, respectively, as of 2017) (33).

To strengthen equitable access to PHC, WHO will support the MOH in enhancing integrated, people-centred service delivery, including improving the quality and safety of these services. This requires support at the grassroots level aimed at empowering communities to manage health programmes. It also necessitates the availability of quality-assured, affordable medicines, including safe traditional medicines, as well as necessary equipment at the PHC level. To promote this, WHO will assist the Government in strengthening the rational use of medicines, including antimicrobials. To enhance the effectiveness and sustainability of collaborative interventions, efforts will be undertaken to monitor and evaluate health programmes, particularly at the PHC level, and to generate data for policy-making.

In light of the underfunded National Health Insurance, improving the quality and safety of essential health services will also require significant and innovative efforts in sustainable health financing. Due to the country's economic challenges, careful adjustments are needed in the implementation of the Health Financing Strategy 2021–2025 and the National Health Insurance Strategy 2021–2025. Considering this, WHO will collaborate with the MOH to advocate for the promotion of sustainable health financing. This will involve identifying modalities to increase government health spending and allocate resources for health, particularly at PHC level. Throughout these efforts, working in partnership with relevant sectors and development partners remains crucial to achieve better health outcomes in the Lao People's Democratic Republic.

STRATEGIC DELIVERABLE 1.2 Adequate investment in human resources for health ensured

Human resources for health (HRH) is an important component of the national health system to ensure the delivery of quality, patient-centred health care and services at all levels. The promotion of these is therefore an essential priority of the 9th HSDP 2021–2025 (1).

However, much remains to be done to provide equal access to well-trained health professionals for all people in the Lao People's Democratic Republic. In 2022, the density of HRH (specialists, medical doctors and allied health workers such as medical assistants, nurses and midwives) was 1.23 health-care personnel per 1000 population. This is well below the WHO-recommended overall density of 4.45 doctors, nurses, and midwives per 1000 population to meet the health-care needs of the population. It is also well below the national benchmark of 1.7 health-care professionals per 1000 population (34).

WHO is committed to working closely with the Government to support efforts per the National Human Resources for Health Development Strategy 2021–2030 to increase and equally distribute qualified health workers, particularly in communities of remote areas. Activities over the coming years will focus on improving the quality of medical education to produce competent and qualified health-care workers for better and safer services. In addition, WHO aims to help strengthen HRH governance and improve recruitment, distribution and retention of health-care workers through an improved human resource information management system. In all these efforts, effective coordination among development partners will facilitate the path toward equitable access to a skilled, motivated and supported health workforce.

STRATEGIC DELIVERABLE 1.3 Central role of governance sector in leading and sustaining health gains enhanced

Improved governance and administration and an equal, fair society protected by rule of law is a government priority (18) and a strategic priority of the UNSDCF 2022–2026 (3). Governance is among the eight priority programmes of the HSDP 2021–2025 and the HSRS 2021–2030 (2). Indeed, the governance sector plays a critical role in integrating efforts to strengthen the efficiency, transparency, accountability and effectiveness of health institutions in both the public and private sectors, including through better quality and use of data to advance the health agenda.

During the COVID-19 pandemic, the governance sector announced and enforced directives formulated by the MOH, allocated resources and tasked the local administration to lead the successful COVID-19 response. Similar approaches were used previously for advancing civil vital registration, such as birth and death registries, and building an integrated health information system using the District Health Information System 2 (DHIS2) as the single digital health data platform (35). A WHO-supported initiative of the MOH and the Ministry of Home Affairs – CONNECT² – enhances trust, ownership and leadership of local communities in health, particularly among rural and marginalized groups (36). The governance sector plays a central role in this approach. CONNECT is being rolled out to villages by local authorities to improve trust and health equity, address underlying social health determinants and strengthen health governance.

WHO will continue to support the development and implementation of key health policies and strategies, laws and regulations as well as data governance. In addition, WHO will focus on expanding the reach and use of health information systems to promote data-driven planning and capacity of local administration for public services such as civil vital registration and PHC, involving the public and private sector, including civil society. Promoting collaboration with other line ministries, including the National Assembly, for example, on tobacco and nutrition policies, and health financing, will be another key element of WHO's support for better governance.

² Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust

4.2 Strategic priority 2:

Providing protection for communities from health emergencies and diseases

STRATEGIC DELIVERABLE 2.1 Progress made towards national and subnational systems and capacities to prevent, prepare for and respond to public health threats in all provinces

Preventing, preparing for and responding to emerging infectious diseases and public health emergencies is a priority for the Lao People's Democratic Republic. The country has demonstrated strong progress in improving core capacities for surveillance and response under the International Health Regulations (IHR) (2005) and while the COVID-19 pandemic was an unprecedented challenge, it also acted as a stimulator for enhancing health security in the country. In 2022, the average of all IHR capacities was 53% compared to 35% in 2018 (37).

For more than a decade, this improvement has been guided by multi-year national health security workplans, using the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies as a framework for action. Notable achievements include the formation of a network comprising 102 field epidemiologists; strengthened event-based surveillance to rapidly detect and respond to outbreaks and public health emergencies; the implementation of digitalized indicator-based surveillance across all districts; and the establishment of a robust monitoring and evaluation mechanism to identify areas requiring improvement. During the COVID-19 pandemic, capacity for polymerase chain reaction (PCR) testing was expanded throughout the country, and efforts were made to strengthen laboratory referral networks, thereby increasing laboratory testing and genomic sequencing capacity. However, certain gaps remain, particularly in terms of



improving multisectoral collaboration during public health emergencies, ensuring an adequate supply of qualified human resources, using data for decision-making and translating lessons learned into actionable improvements.

To address these gaps, a stepwise and systems-strengthening approach will be pursued over the next few years, implemented through a national health security workplan for 2022–2025 (38). Using this approach will contribute to building public health preparedness and response systems, strengthening integrated surveillance supported by laboratory data, and improving surveillance of antimicrobial resistance and drug use. As part of the decentralization efforts of the country, a particular emphasis will be placed on strengthening local capacity for emergency preparedness and response. In addition, WHO will support the MOH alongside partners to strengthen the implementation of the IHR (2005), guided by an updated Asia Pacific health security action framework.

STRATEGIC DELIVERABLE 2.2 Communicable and neglected tropical disease prevention and elimination sustained

Diseases such as TB, HIV and malaria and neglected tropical diseases have a profound impact on marginalized communities in the Lao People's Democratic Republic.

TB remains a widespread issue, with an estimated 11 000 new cases recorded in 2020 (25). While HIV prevalence is low in the general population (0.3% in 2019), an increase has been observed among men who have sex with men and transgender women (5% in 2020). Difficulties also remain with other sexually transmitted infections such as syphilis, especially among hard-to-reach populations.

The Lao People's Democratic Republic ranks third among the 10 countries worldwide with the highest age-standardized liver cancer mortality rate (39). Hepatitis B prevalence was estimated at 3–7% in the general population in 2016 (40), while hepatitis C prevalence was at 1% in 2015 (41), with significant peaks in specific regions such as 38% in Samuoi district in Saravan province in 2022 (42).

Remarkable strides have been made in the prevention and elimination of malaria. Cases have declined from 46 141 in 2012 to 2305 in 2022 (43), driven by malaria risk stratification, studies on therapeutic efficacy and research on the malaria vector. Noteworthy are the innovative malaria Accelerator Strategies designed to reach forest-goers, dedicated efforts from all government levels and strong community engagement. The country is gearing towards the elimination of malaria with the full support of WHO.

Some neglected tropical diseases, including lymphatic filariasis, have been eradicated, and schistosomiasis elimination is within reach. Nevertheless, the Lao People's Democratic Republic faces recurrent surges of dengue outbreaks, a trend seen across Asia. The necessary shift from merely focusing on vector control to clinical management of dengue will require enhanced efforts to improve PHC, service delivery and patient referral.

Over the next few years, WHO will work closely with the Government, partners and communities to implement a comprehensive set of strategies to achieve the ambitious goal of preventing and eliminating communicable and neglected tropical diseases, while ensuring sustainable impacts. These strategies are designed to promote the integration of health programmes and services (such as HIV, hepatitis B and syphilis) into maternal and child health services, improve the quality of care in hospitals, strengthen referral linkages between health centres and foster innovation in service delivery. WHO aims to ensure that the most marginalized and vulnerable communities will benefit from these undertakings. To achieve this goal, targeted interventions will be promoted, such as service delivery in prisons and closed settings, mobile clinics and community outreach programmes and civil society work with populations at high risk of HIV.

Over the past 10 years, the Lao People's Democratic Republic has made significant progress expanding routine immunization nationwide. The national immunization programme is considered a priority programme, and since 2001, immunization coverage has steadily increased. Childhood vaccination coverage against five major diseases – diphtheria, tetanus, pertussis (whooping cough), hepatitis B and haemophilus influenzae type b (DTP-hepB-Hib) – has increased significantly, from 57% in 2002 to 92% in 2022. Additionally, the country has successfully introduced COVID-19 vaccinations, achieving a 78% coverage rate across the whole population in 2023. Further targeted efforts in the coming years are needed to ensure that the hard-won gains made before the COVID-19 pandemic are not jeopardized. WHO will continue to use innovative approaches, such as integrating COVID-19 and childhood vaccination into RMNCAH services and promoting immunization demand through community engagement (CONNECT).

STRATEGIC DELIVERABLE 2.3 Noncommunicable disease morbidity and mortality decreased

With rapidly changing lifestyles, the burden of NCDs has increased in the Lao People's Democratic Republic. About 60% of all deaths were attributed to NCDs in 2016 (44), and this percentage is projected to increase in conjunction with an ageing population. Stroke and ischaemic heart disease are the two leading causes of death in the Lao People's Democratic Republic (45). The main risk factors for NCDs are tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol.

To curb tobacco use, which cost the Lao economy an estimated 3.6 trillion Lao Kip in 2017 (2.3% of its gross domestic product) (46), the amended National Tobacco Control Law passed in 2021. This law tightens unit packaging and bans e-cigarettes from the market. Additional efforts to facilitate the increase of tobacco tax are underway.

Salt, sugar and trans fats are common risk factors leading to high blood pressure and obesity in the Lao People's Democratic Republic. Adding to this concern is the absence of domestic regulations on industrially produced trans-fats and partially hydrogenated oils in key food import partners, such as China, Indonesia, the United Arab Emirates and

Viet Nam (47). Over the coming years, WHO will continue to support the development of policies and regulations to reduce consumption of tobacco, e-cigarettes, salt, sugar and trans fats.

The increasing burden of chronic diseases also calls for a comprehensive reform of the national health system. This involves creating a seamless continuum of care from health promotion to prevention, treatment, rehabilitation and palliative care. WHO will work with the Government to systematically strengthen the national health system with a focus on integrated, people-centred NCD care across all stages.

To address the growing need for NCD prevention and management, the MOH has developed, with support from WHO, the multisectoral Policy on Prevention and Control of NCDs and the Lao Package of Essential Noncommunicable Disease Interventions for Primary Health Care (Lao PEN). Using Lao PEN will ensure optimal care for NCDs by empowering health workers through training and support. WHO will provide ongoing technical assistance for the nationwide rollout of Lao PEN, enhancing subnational capacities for NCD prevention, early detection and timely management, specifically at the PHC level. WHO will also aid in building human resources for NCDs by enhancing training in universities and public health schools and promote multisectoral collaboration on health promotion and the prevention of NCDs.

4.3 Strategic priority 3:

Protecting health from climate change and environmental threats

STRATEGIC DELIVERABLE 3.1 Environmental risks to health assessed and mitigated

The health system and people of the Lao People's Democratic Republic face significant vulnerabilities due to the health impacts of industrialization, environmental degradation, pollution and urbanization.

Of particular concern is air pollution, which has been evaluated as moderately unsafe according to WHO guidelines (48). In 2022, the country was ranked as the 29th most polluted nation globally (49). Notably, air pollution tends to increase in the months leading up to the monsoon season. Agricultural activities, which play a crucial role in the country's economy, are the main sources of air pollution in the Lao People's Democratic Republic. The widespread practice of open burning, particularly in slash and burn agriculture, poses a significant threat to public health. Alarmingly, about 63% of the roughly 2800 child deaths attributed to acute lower respiratory infections were linked to air pollution in 2012 (50).

In response to this pressing issue, WHO will support the Government in the coming years to strengthen intersectoral coordination and cooperation on health and the environment. Moreover, it will promote the use of high-quality monitoring data to facilitate policy action and provide health warnings to health workers and the public through mass media, and will educate the public on the consequences of practices that are harmful to health and the climate, such as open burning.

Another important priority is occupational safety and health (OSH). The first regulation on OSH, which has been in force since 2019, constitutes the main pillar to detect occupational diseases and to be able to levy appropriate measures. However, despite its



existence, effective implementation faces challenges due to the lack of proper guidance for medical doctors to accurately identify and diagnose occupational diseases. This knowledge is essential to ensure that those affected can receive adequate compensation for their work-related health problems.

To address this challenge, WHO will focus on promoting intersectoral cooperation and coordination in the field of OSH, to strengthen the capacity of medical doctors to detect and diagnose occupational diseases and to promote overall occupational health. In addition, the development of a robust risk-based surveillance system for occupational diseases will be supported to identify trends and potential risks as well as enable the recording of timely intervention and compensation measures.

In tandem with efforts to enhance OSH, WHO will continue to address chemical safety management. The objective is to mitigate risks associated with hazardous chemicals and chemical products and their potential impact on exposed populations, preventing chemical-related diseases. Over the next few years, WHO will actively support initiatives aimed at raising public awareness about lead-free paint, asbestos-free construction materials and mercury-free medical devices to ensure safer environments for the population.

STRATEGIC DELIVERABLE 3.2 Climate-related health risks addressed through a climate-adapted and low carbon health system

The impact of climate change on the health and well-being of people in the Lao People's Democratic Republic is becoming increasingly apparent, both directly through extreme climate events and indirectly through the strain on health systems. Health facilities are particularly vulnerable, often lacking resilience to climate-related risks such as floods and droughts. In addition, these facilities contribute to the problem through the emission of greenhouse gases and the improper treatment of waste, exacerbating environmental problems.

Given the country's vulnerability to climate change, the population is exposed to increased health risks, including waterborne and vector-borne diseases, food insecurity and malnutrition. Most health facilities in the country, particularly at the subnational level, are ill-prepared to address these challenges.

The 2010 Strategy on Climate Change of Lao PDR (51) aimed at mainstreaming climate change mitigation and adaptation in the NSEDP 2021–2025 and building resilience to climate change in sectors critical to economic development and poverty reduction. Adaptation activities for the health sector focused on access to safe water and improved sanitation, surveillance to detect and respond to disease outbreaks, climate risk assessment, public awareness, strengthening governance, and capacity-building. This strategy resulted in the Climate Change Action Plan of Lao PDR for 2013–2020, which designated the Ministry of Natural Resources and Environment as the national coordinating authority for climate change mitigation and adaptation, and the NHSAS 2019–2025. To improve the capacity of health facilities and ensure they are resilient to

worsening climate conditions and extreme weather events, the Safe Clean Green and Climate Resilient Healthcare Facilities Initiative has been implemented in 62 hospitals across six provinces in the last three years (52).

To further strengthen capacity, particularly at the subnational level, WHO will support the implementation and update of the NHSAS and the development and implementation of a health national adaptation plan (H-NAP) for building climate-resilient health systems. This support involves the establishment of a climate-informed early warning system for climate-sensitive diseases to enable timely responses. In addition, WHO will support integrated intervention packages for health-care facilities to ensure the provision of safe water, sanitation and waste management, and to promote environmentally sustainable, green and climate-resilient hospitals.

STRATEGIC DELIVERABLE 3.3 WASH and health-care waste management improved

In the face of a changing climate and increasing extreme weather, countries need sufficient and resilient water, sanitation and hygiene (WASH) systems, including health-care waste management, as well as good water quality to safeguard health, particularly in health-care facilities. While approximately 70% of health-care facilities have access to basic water services, there are noticeable gaps in the delivery of essential services related to sanitation, hygiene and health-care waste management, especially in health centres. Basic hygiene and waste management services are available in only 16% and 19% of health-care facilities, respectively, with health centres experiencing more pronounced disparities. Only 2% of all health-care facilities, regardless of size, have access to basic sanitation services (28).

Efforts have been made to strengthen the WASH and waste management capacity of health-care facilities in recent years by putting WASH regulations and standards, including health-care waste management, into practice. The National Rural Water Supply Sanitation and Hygiene Strategy 2018–2030 provides the strategic direction to achieve basic and safely managed water supply and sanitation for health facilities. To ensure the availability of safe and clean drinking water for citizens, significant progress has been achieved in the implementation of water safety plans at the provincial and district levels. In the coming years, efforts will be needed to strengthen capacities at the subnational level to improve water quality.

WHO will continue to support these efforts, with a stronger focus on sustainable improvements in WASH and waste management, and strengthened collaboration with the MOH, the UN and other development partners. As part of its support, WHO will work with partners to support the Government in developing a national strategic action plan, including a roadmap to achieve the SDG targets for the provision of WASH and health-care waste management services in all health-care facilities by 2025. In addition, WHO will work with the Government to ensure the availability of safe and clean drinking water for the population, especially in communities.

4.4 Critical and cross-cutting enablers in support of the strategic priorities

Communicating for health

WHO developed the Communication for Health (C4H) approach to leverage the full power of strategic communication to improve public health outcomes. C4H is evidence-informed and evaluation-driven. It brings together a comprehensive range of disciplines, tools and techniques – from behavioural and social science to storytelling, data-driven monitoring, evaluation and learning – to ensure communication interventions are designed and implemented in a way that is most likely to deliver a health impact. C4H works across existing, well-established areas of communication, including corporate or external communications, risk communications and community engagement, and social and behaviour change communication.

In the Lao People's Democratic Republic, as in other countries, people are living longer lives with more complex health needs. Simultaneously, the options people face, in terms of lifestyle, health-care decision-making and health-impacting behaviour, are rapidly broadening, as are their sources of information and media consumption habits.

WHO will work with the MOH, line ministries, national organizations, media, communities and other stakeholders to use C4H (within and in addition to technical programmes) to improve health outcomes at individual, community and societal levels. This includes empowering people to increase health literacy to make healthy choices for themselves and their families, supporting health-seeking behaviour and service delivery, and advocating for policy choices.



Reaching the unreached

Unreached populations in the Lao People's Democratic Republic are influenced by socioeconomic factors, stigma, discrimination and access barriers to health care. Key factors contributing to being unreached include poverty, inequality, ethnicity, geography, road access, education, migration and child marriage.

Poverty and inequality are prevalent in the country, with marked differences between districts in terms of inequality rates. The country is culturally diverse, with 49 recognized ethnic groups, each with its own geographical distribution. Road infrastructure in rural areas is limited, affecting access to health care. Education levels play a significant role in poverty rates, with those without formal education being more likely to live in poverty. Child marriage is prevalent, with the Lao People's Democratic Republic having the highest child marriage rate in South-East Asia (33).

To help address the health needs of unreached populations in the Lao People's Democratic Republic, WHO will need to work with governments, civil society, communities and partners to better understand the complex factors influencing access to health care. Strategies should focus on reducing poverty and inequality, improving education, expanding road infrastructure, promoting awareness about child marriage laws and strengthening health-care services and immunization programmes to improve the health outcomes of these populations.

Leveraging digital solutions for health

The years of the COVID-19 pandemic have demonstrated first-hand the power of digital technologies and solutions in health. Their successful adoption meant better disease surveillance; improved information sharing with policy-makers, health-care workers and other key stakeholders, including the public; and better care for those in need through improved electronic medical records.

Digital technologies will continue to play a key role in health systems strengthening, including PHC, responding swiftly to emergencies and increasing health literacy as well as health-seeking behaviours in the Lao People's Democratic Republic. To leverage the full potential of digitalization for the health sector and build a sustainable digital health ecosystem, the MOH launched its first-ever Digital Health Strategy in 2023 (35). With this strategy, the country seeks to further invest in providing guidance and building capacity of governmental stakeholders, the health workforce and communities to ensure people have the necessary skills to utilize digital solutions to address health system challenges. Building a digital health ecosystem in the Lao People's Democratic Republic also requires investments in technology components, including standards, applications and infrastructure.

Over the coming years, WHO will support the MOH in implementing this strategy with the objectives to harmonize systems, avoid fragmentation, build digital literacy, improve data quality and use and increase knowledge, skills and participation in digital health.

Driving and measuring country impact

Over the past few decades, the Lao People's Democratic Republic has made significant investments in improving their strategic information systems, reorienting progressively from simply measuring input and processes to documenting results.

As digitalization is moving to the centre stage of data-driven national health strategies, the need for demonstrating impact, accounting for investments and linking data to policy-making calls for rethinking our measurement frameworks and how we use data with purpose.

Using multiple sources of data, including from surveillance and programmes, and triangulating such data will be critical to project future targets and work backwards with determining milestones needed to drive impact. DHIS2 will be the basic data platform. Multiple specialized data platforms will be added for reflecting services delivery, projecting disease outbreaks and determining climate data relevant to policy-making, implementation and resource allocation at all levels.





5. Implementing the strategic agenda – working as One WHO in collaboration with partners within and beyond the health sector

5.1 Providing efficient and effective support as One WHO

Celebrating its 75th anniversary in 2023, WHO reflected on historic achievements and important health milestones in the Lao People’s Democratic Republic. As the first UN agency to establish an office in the country in 1962, WHO has been a trusted partner for more than 60 years. WHO’s work in the country has been supported by an extensive range of governments, health and development agencies, foundations and private sector partners. The support of the WHO country office builds on the strength of WHO’s global and regional platforms as a convener and steward of global standards, frameworks and conventions, as well as WHO’s high level of technical and policy expertise at all levels of the Organization. To implement the CCS 2024–2028, WHO will continue to leverage the strengths of working as One WHO, with a particular focus on ensuring efficient and effective support, including through new ways of working spelled out in *For the Future* and summarized in Box 1 below.

Box 1: Ways of working and approaches of For the Future

1. Finding new approaches to meet future challenges (innovation)
2. Working backwards from the longer-term goal (backcasting)
3. Taking a systems approach, with universal health coverage as the foundation
4. Building solutions from the ground up (ground up)
5. Driving and measuring country impact
6. Promoting health, beyond the health sector
7. Strategic communications

Source: *For the future: towards the healthiest and safest region* (6)

The CCS 2024–2028 aims to increase support for the decentralization and translation of policies at the national level into actual implementation at the subnational level. During the COVID-19 pandemic, the WHO country office maximized its technical assistance at

the subnational level and enhanced the role of coordination and C4H. The work of WHO has temporarily shifted towards supporting operations on the ground and enhancing work with local communities. To further improve coordination with communities and strengthen the capacities of local health staff, technical support at the subnational level will continue to be of great importance in the coming years. The WHO personnel have grown over the past years and will be adjusted to respond adequately to the rapidly emerging and changing needs in the country.

5.2 Collaborating with partners within and beyond the health sector to maximize impact

Achieving the CCS strategic deliverables and priorities requires close collaboration with partners, including partners beyond the health sector. The COVID-19 pandemic highlighted the increasing importance of working with sectors outside health. Current challenges, such as inflation, declining health budgets and a shift from maternal and child health and infectious diseases to NCDs and climate change, further underscore the need for closer collaboration with other sectors. Working with multisectoral partners over the coming years will be essential to achieving UHC, especially given the planned graduation from LDC status and the related transition from external donor funding to domestic funding.

Building on its efforts to strengthen partnerships, WHO will continue to promote greater coordination and collaboration among different actors in the country. By using its role as a facilitator and its convening power, WHO will actively promote coordination between governmental bodies from different line ministries and the National Assembly as well as nongovernmental entities, including at the subnational level. In addition, WHO aims to support the MOH in building capacity to facilitate coordination among partners and streamline communication between departments and sectors.

As part of the UNCT, WHO will work closely with UN agencies to implement the UNSDCF 2022–2026. WHO is involved in all four strategic priorities of the UNSDCF: 1) people's well-being; 2) inclusive prosperity; 3) governance and the rule of law; and 4) environment, climate change and resilience. WHO also serves on the programme oversight committee of the UN in the Lao People's Democratic Republic. WHO co-chairs the health sector working group, which provides progress reports to the Government roundtable co-chaired by the UN Resident Coordinator.

The UN mechanism is critical to work with implementing partners on programmes and initiatives that involve various sectors, such as the One Health approach. Together, the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), WHO and the World Organization for Animal Health (WOAH) carry out the One Health initiative because many line ministries are often involved. For example, antibiotic surveillance and stewardship in health facilities requires the involvement of human and animal health, agricultural and environmental sectors. FAO, UNEP and WOAH play crucial roles in supporting the respective line ministries in the implementation of the multisectoral One Health approach.



6. Monitoring progress to learn and improve

Monitoring the implementation of the CCS holds significant importance in ensuring the effective execution of strategic priorities within the desired timeframe. This monitoring process also allows for the reassessment, necessary updates and adjustments to various aspects of the CCS to remain on track to achieve the desired outcomes.

To facilitate the tracking of progress, a results framework has been created (Annex 3). This framework includes outcome-level indicators and targets for each strategic priority and serves as the primary tool for measuring the success of the joint effort.

At the midpoint of the CCS cycle, WHO will assess progress in its implementation and, as part of this process, will determine whether expected outcomes are on track. It will identify obstacles and risks to implementation and use these findings to potentially revise the strategic agenda. This mid-term review will engage the WHO country office personnel and will be overseen by the Head of the WHO country office in the Lao People's Democratic Republic.

As the CCS cycle concludes, a comprehensive evaluation will be conducted as part of the end-of-term review. This evaluation will focus on assessing the achievement of the indicators and targets set out in the results framework. In addition, notable achievements, gaps and aspects that have enabled or hindered the implementation of the strategic priorities will be examined. These findings and lessons from the CCS 2024–2028 implementation will be used to inform the subsequent CCS. The review will be led by the Head of the WHO country office and will involve WHO country office staff and health sector stakeholders.

References

1. Summary of the implementation of the 8th five-year health sector development plan (2016–2020) and the 9th five-year health sector development plan (2021–2025). Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2020.
2. Health sector reform strategy 2021–2030. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2022.
3. Lao PDR - United Nations sustainable development cooperation framework 2022–2026. Vientiane: United Nations Lao PDR; 2021 (<https://laopdr.un.org/en/174699-lao-pdr-united-nations-sustainable-development-cooperation-framework-2022-2026>, accessed 21 August 2023).
4. Thirteenth general programme of work 2019–2025. Geneva: World Health Organization; 2019 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 9 May 2023).
5. White paper of fourteenth general programme of work 2025–2028. Geneva: World Health Organization; [in press].
6. For the future: towards the healthiest and safest region. Manila: World Health Organization Regional Office for the Western Pacific; 2020 (<https://www.who.int/publications/i/item/WPR-2020-RDO-001>, accessed 9 May 2023).
7. UN common country analysis. Vientiane: United Nations Lao PDR; 2021 (<https://laopdr.un.org/sites/default/files/2022-02/CCA%2012072021.pdf>, accessed 9 May 2023).
8. Lao PDR statistical yearbook 2022. Vientiane: Lao Statistics Bureau, Ministry of Planning and Investment of the Lao People's Democratic Republic; 2023.
9. World population prospects 2019. Volume II demographic profiles. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2019.
10. Rural population (% of total population) – Lao PDR [website]. Washington (DC): World Bank; n.d. (<https://data.worldbank.org/indicator/SP.RUR.TOTL.>, accessed 9 August 2023).

11. Results of population and housing census 2015. Vientiane: Lao Statistics Bureau, Ministry of Planning and Investment of the Lao People's Democratic Republic; 2016.
12. Indigenous peoples planning framework: Ethnic Group Development Plan. Lao PDR: Health Sector Governance Program. Manila: Asian Development Bank; 2015 (<https://www.adb.org/sites/default/files/linked-documents/42203-025-ippfab.pdf>, accessed 5 August 2023).
13. National human development report Lao PDR: Youth as drivers for sustainable development. Vientiane: United Nations Development Programme; 2022 (https://www.undp.org/sites/g/files/zskgke326/files/2022-11/NHDR2022_LaoPDR_Report%20Brief_ENG_0.pdf, accessed 9 May 2023).
14. World population prospects 2022 [website]. New York (NY): United Nations, Department of Economic and Social Affairs, Population Division; 2022 (<https://population.un.org/wpp/Graphs/DemographicProfiles/Pyramid/418>, accessed 8 August 2023).
15. Overview. In: The World Bank in Lao PDR [website]. Washington (DC): World Bank; 2023 (<https://www.worldbank.org/en/country/lao/overview>, accessed 9 May 2023).
16. 2021 progress report: Lao PDR–United Nations partnership framework 2017–2022. Vientiane: United Nations Lao PDR; 2022 (<https://laopdr.un.org/en/176688-lao-pdr-united-nations-partnership-framework-sustainable-development-2021-progress-report>, accessed 9 May 2023).
17. Global hunger index Lao PDR [website]. Dublin/Bonn; Concern Worldwide and Welthungerhilfe; 2022 (<https://www.globalhungerindex.org/laos.html>, accessed 9 May 2023).
18. 9th five-year national socio-economic development plan 2021–2025. Vientiane: Government of the Lao People's Democratic Republic; 2021.
19. Vision 2030 and 10-year socio-economic development strategy (2016–2025). Vientiane: Ministry of Planning and Investment of the Lao People's Democratic Republic; 2016 (https://data.laos.opendevlopmentmekong.net/library_record/vision-2030-and-tenyear-socioeconomic-development-strategy-20162025, accessed 8 August 2023).
20. Health facility master list. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2023.

21. Lao national health accounts reports. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2023.
22. Laos health strategy 2019-2023. Washington (DC): United States Agency for International Development; 2019 (https://www.usaid.gov/sites/default/files/2022-05/USAID_Laos_Health_Strategy_2019-2023.pdf, accessed 9 May 2023).
23. National social protection strategy of Lao PDR, vision 2030, goal 2025. Vientiane: Ministry of Labour and Social Welfare of the Lao People's Democratic Republic; 2020 (https://data.thailand.opendevelopmentmekong.net/en/laws_record/national-social-protection-strategy-of-lao-pdr-2025, accessed 9 May 2023).
24. Improving health systems to ensure health for all [policy brief]. Vientiane: World Health Organization; 2022.
25. Tackling malaria, HIV, tuberculosis and neglected tropical diseases [policy brief]. Vientiane: World Health Organization; 2022.
26. CHAS annual report. Vientiane: CHAS; 2021.
27. Ensuring immunization through the life course [policy brief]. Vientiane: World Health Organization; 2022.
28. Country case study: Lao national WASH survey 2021. Manila: World Health Organization Regional Office for the Western Pacific; 2023.
29. National health sector adaption strategy to climate change 2019-2025. Vientiane: Ministry of Natural Resources and Environment of the Lao People's Democratic Republic; 2017.
30. Health sector reform strategy and framework till 2025. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2016.
31. Tracking universal health coverage: 2021 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2021.
32. Trends in maternal mortality 2000 to 2020. Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240068759>, accessed 9 May 2023).

33. The situation of children and women: Lao People's Democratic Republic. Vientiane: United Nations Children's Fund; 2019 (<https://www.unicef.org/laos/reports/situation-children-and-women-laoprd>, accessed 14 August 2023).
34. Annual report on health personnel distribution. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2022.
35. Digital health strategy 2023-2027. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2023.
36. Governors briefed on national expansion of community engagement initiative: CONNECT. Vientiane: World Health Organization; 2023 (<https://www.who.int/laos/news/detail/10-03-2023-governors-briefed-on-national-expansion-of-community-engagement-initiative--connect>, accessed 15 August 2023).
37. IHR score per capacity: Lao PDR. In: e-SPAR [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/e-spar>, accessed 14 August 2023).
38. National health security workplan for 2022-2025. Vientiane: Ministry of Health of the Lao People's Democratic Republic; 2022.
39. Estimated number of new cases in 2020, liver, both sexes, all ages. In: Cancer today [website]. Lyon: International Agency for Research on Cancer; 2020 (https://gco.iarc.fr/today/online-analysis-table?v=2020&mode=population&mode_population=countries&population=900&populations=900&key=asr&sex=0&cancer=11&type=0&statistic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&group_cancer=0&include_nmsc=0&include_nmsc_other=1#collapse-by_country accessed 7 August 2023).
40. Polaris observatory collaborators: Global prevalence, treatment, and prevention of hepatitis B virus infection in 2016: A modelling study. *Lancet Gastroenterol Hepatol.* 2018;3(6):383-403. doi: 10.1016/S2468-1253(18)30056-6.
41. Hepatitis in the Western Pacific Region. Geneva: World Health Organization; n.d. (https://cdn.who.int/media/docs/default-source/documents/health-topics/hepatitis/click-here---hepatitis-in-the-western-pacific-region.pdf?sfvrsn=2899b67b_0, accessed 15 August 2023).
42. Black A, Virachith S, Khounvisith V, Hefele L, Paboriboune P, Hübschen K. High exposure to hepatitis C virus in Saravan, southern Laos: Identification of several risk practices. *Lancet Reg Health West Pac.* 2022;29(1):100642. doi: 10.1016/j.lanwpc.2022.100632.

43. Eliminating malaria in Lao PDR: 460 000 to 2300 cases in 25 years. Vientiane: World Health Organization; 2023 (<https://www.who.int/laos/news/spotlights/460000-to-2300-eliminating-malaria-in-lao-pdr#:~:text=Driven%20by%20new%20'accelerator'%20strategies,education%20brought%20significant%20economic%20consequences>, accessed 14 August 2023).
44. Noncommunicable diseases Lao People's Democratic Republic 2018 country profile. Geneva: World Health Organization; 2018.
45. Lao People's Democratic Republic [website]. Seattle (WA): The Institute for Health Metrics and Evaluation; n.d. (<https://www.healthdata.org/research-analysis/health-by-location/profiles/laos>, accessed 15 August 2023).
46. Investment case for tobacco control in Lao PDR: The case for scaling up WHO FCTC implementation. New York (NY): Ministry of Health of the Lao People's Democratic Republic, RTI International, United Nations Development Programme, Secretariat of the WHO FCTC, World Health Organization; 2022 (<https://www.undp.org/laopdr/publications/investment-case-tobacco-control-lao-pdr-case-scaling-who-fctc-implementation>, accessed 14 August 2023).
47. Lao PDR food products imports by country in US\$ Thousand 2020. In: World Integrated Trade Solution [website]. Washington (DC): World Bank; 2021 (https://wits.worldbank.org/CountryProfile/en/Country/LAO/Year/LTST/TradeFlow/Import/Partner/by-country/Product/16-24_FoodProd, accessed 15 August 2023).
48. WHO global air quality guidelines. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240034228>, accessed 28 August 2023).
49. Air quality in Laos [website]. Goldach: IQAir; 2023 (<https://www.iqair.com/laos>, accessed on 5 August 2023).
50. Climate and health country profile – 2015, Lao People's Democratic Republic. Geneva: World Health Organization; 2016.
51. Strategy on climate change of Lao PDR. Vientiane: Ministry of Natural Resources and Environment of the Lao People's Democratic Republic; 2012 (<https://www.undp.org/laopdr/publications/national-strategy-climate-change-lao-pdr>, accessed 11 August 2023).
52. Protecting health amid a changing climate. Vientiane: World Health Organization; 2023 (<https://www.who.int/laos/our-work/protecting-health-amid-a-changing-climate>, accessed 5 August 2023).

Annex 1: Overview of outputs per strategic priority

Strategic deliverables	Outputs (based on the WHO Programme Budget 2024–2025)
Strategic priority 1: Promoting sustainable and resilient health systems toward universal health coverage	
1.1: Equitable access to quality primary health care strengthened	<p>1.1.1. Country enabled to provide high-quality, people-centred health services, based on primary health care strategies and essential health services</p> <p>1.1.3. Country enabled to strengthen its health system to address reproductive, maternal newborn child and adolescent health</p> <p>1.2.1. Country enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</p> <p>1.2.2. Country enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making</p> <p>1.3.3. Country's regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p>
1.2: Adequate investment in human resources for health ensured	1.1.5. Country enabled to strengthen its health-care workforce
1.3: Central role of governance sector in leading and sustaining health gains enhanced	<p>1.1.4. Country's health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</p> <p>3.2.2. Country enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures</p> <p>4.1.1. Country enabled to strengthen data, analytics and health information systems (including digitalization) to inform policy and delivery impacts</p>

Strategic deliverables	Outputs (based on the WHO Programme Budget 2024–2025)
Strategic priority 2: Providing protection for communities from health emergencies and diseases	
2.1: Progress made towards national and subnational systems and capacities to prevent, prepare for and respond to public health threats in all provinces	<p>1.3.5. Country enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices</p> <p>2.1.2. Capacities for emergency preparedness strengthened focusing on health systems, surveillance system and laboratory capacity</p> <p>2.2.3. Risk of the emergence and re-emergence of high-threat pathogens mitigated and pandemic preparedness improved</p> <p>2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p>
2.2: Communicable and neglected tropical disease prevention and elimination sustained	<p>1.1.2. Country enabled to strengthen its health system to deliver on condition- and disease-specific service coverage results</p> <p>1.1.3. Country enabled to strengthen its health system to address population-specific health needs and barriers to equity across the life course, focusing on vaccine-preventable diseases and immunizations</p>
2.3: Noncommunicable disease morbidity and mortality decreased	3.2.1. Country enabled to address risk factors through multisectoral action for tobacco control, noncommunicable diseases and healthy ageing

Strategic deliverables	Outputs (based on the WHO Programme Budget 2024–2025)
Strategic priority 3: Protecting health from climate change and environmental threats	
3.1: Environmental risks to health assessed and mitigated	<p>3.3.1. Country enabled to address environmental determinants, including climate change, focusing on air pollution</p> <p>3.3.2. Country enabled to create an environment for healthy settings, focusing on workplaces (occupational health and chemical safety management system)</p>
3.2: Climate-related health risks addressed through a climate-adapted and low carbon health system	3.3.1. Country enabled to address environmental determinants, including climate change, focusing on making health facilities climate-resilient
3.3: WASH and health-care waste management improved	<p>3.3.1. Country enabled to address environmental determinants, including climate change, focusing on clean water, proper sanitation, hygienic conditions and environmentally friendly practices in health facilities</p> <p>3.3.2. Country enabled to create an environment for healthy settings, focusing on water quality in communities</p>

Annex 2: Linkages of national, country-level, regional and global priorities

National priorities	Country-level priorities		Regional priorities	Global priorities	
	CCS 2024–2028	UNSDCF 2022–2026 ¹	For the Future ²	GPW13 ³ / GPW14 ⁴	SDGs ⁵
Achieve universal health coverage ⁶	Promoting sustainable and resilient health systems toward universal health coverage	People's well-being	Reaching the unreached	Universal health coverage	Ensure healthy lives and promote well-being for all at all ages (SDG 3)
		Inclusive prosperity			
		Governance and the rule of law			
Strengthen health security and disease control and achieve disease elimination	Providing protection for communities from health emergencies and diseases	People's well-being	Health security, including antimicrobial resistance	Health emergencies	Ensure healthy lives and promote well-being for all at all ages (SDG 3)
			Reaching the unreached	Universal health coverage	
			NCDs and ageing	Health and well-being	
Build climate resilience into sectors critical to economic development and poverty reduction ⁷	Protecting health from climate change and environmental threats	Environment, climate change and resilience	Climate change, the environment and health	Health and well-being	Take urgent action to combat climate change and its impacts (SDG 13)
Protect the health of people from unstable and changing climate conditions ⁸		People's well-being			Ensure availability and sustainable management of water and sanitation for all (SDG 6)

GPW13, Thirteenth General Programme of Work; GPW14, Fourteenth General Programme of Work; CCS, Country Cooperation Strategy; NCD, noncommunicable disease; SDG, Sustainable Development Goal; UNSDCF, United Nations Sustainable Development Cooperation Framework.

¹ Lao PDR United Nations sustainable development cooperation framework 2022–2026. Vientiane: United Nations Lao PDR; 2021 (<https://laopdr.un.org/en/174699-lao-pdr-united-nations-sustainable-development-cooperation-framework-2022-2026>, accessed 21 August 2023).

² For the future: towards the healthiest and safest region. Manila: WHO Regional Office for the Western Pacific; 2020 (<https://www.who.int/publications/i/item/WPR-2020-RDO-001>, accessed 9 May 2023).

³ Thirteenth general programme of work 2019–2025. Geneva: World Health Organization; 2019 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019--2023>, accessed 9 May 2023).

⁴ White paper of fourteenth general programme of work 2025–2028. Geneva: World Health Organization; [in press].

⁵ Transforming our world: the 2030 Agenda for Sustainable Development. United Nations; 2015 (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>, accessed 8 October 2023).

⁶ Health sector reform strategy 2021–2030. Vientiane: Ministry of Health; 2022.

⁷ Strategy on climate change of Lao PDR. Vientiane: Ministry of Natural Resources and Environment of the Lao People's Democratic Republic; 2012 (<https://www.undp.org/laopdr/publications/national-strategy-climate-change-lao-pdr>, accessed 11 August 2023).

⁸ National health sector adaptation strategy to climate change 2019–2025. Vientiane: Ministry of Natural Resources and Environment of the Lao People's Democratic Republic; 2017.

Annex 3: Results framework

Strategic deliverable	National indicator	SDG indicator	GPW indicator	UNSDCF indicator	Baseline value	Baseline year	Data source	Target (2028)
Strategic priority 1: Promoting sustainable and resilient health systems toward universal health coverage								
SD1.1 Equitable access to quality primary health care strengthened	National Health Insurance population coverage (%)	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, immunizations and infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)	1.1 Access barriers to primary care due to distance 1.2 Hospital admission that can be avoided with appropriate primary care 4 b.1 Patterns of antibiotic consumption at national level	-	94.5%	2022	National Health Insurance Bureau annual report. Lao Ministry of Health; 2022.	>96%
	Proportion of total government spending on health as a share of general government expenditure (%)	1.a.2 Proportion of total government spending on essential services (education, health and social protection)	3.1 Domestic general government health expenditure as percentage of general government expenditure	Proportion of total government spending on essential services (education, health and social protection)	10.8%	2021	National Health Accounts report. Lao Ministry of Health; 2023.	TBC
	Proportion of domestic government spending on health as a share of general government expenditure (%)				4.1%	2021	National Health Accounts report. Lao Ministry of Health; 2023.	TBC
	Percentage of health centres with three staff that meet the set standards (physician, nurse, midwife) (%)				20%	2021	Annual report on health personnel distribution. Lao Ministry of Health; 2022.	50%
	Percentage of district hospital Type A with five key specialists, at least one staff/cadre (internal medicine, surgery, pediatric, obstetrics-gynecological, anaesthesia) (%)				3%	2021	Annual report on health personnel distribution. Lao Ministry of Health; 2022.	10%

Strategic deliverable	National indicator	SDG indicator	GPW indicator	UNSDCF indicator	Baseline value	Baseline year	Data source	Target (2028)
SD1.2 Adequate investment in human resources for health ensured	Infant mortality rate (per 1000 live births)	-	-	-	35	2020	Levels and trends in child mortality. United Nations Inter-agency Group for Child Mortality Estimation; 2022.	<20
	Under 5 mortality rate (1000 live births)	3.2.1 Under 5 mortality rate	13.1 Under 5 mortality rate	-	44	2020	Levels and trends in child mortality. United Nations Inter-agency Group for Child Mortality Estimation; 2022.	<30
	Maternal mortality ratio (per 100 000 live births)	3.1.1 Maternal mortality ratio	12.1 Maternal mortality ratio	Maternal mortality ratio	126	2020	Trends in maternal mortality. WHO, UNICEF, UNFPA, World Bank Group and UNDESA/ Population Division; 2023.	<110
	Birth attended by skilled health professionals (%)	3.1.2 Proportion of births attended by skilled health personnel.	12.2 Proportion of births attended by skilled health personnel.	Coverage of skilled birth attendance	64.4%	2017	Lao Social Indicator Survey, Lao Statistics Bureau, Ministry of Planning and Investment; 2023.	>85%
	Number of health workers (specialist, Bachelor of Medicine, high-level primary health care, medical assistants), nurses and midwives per 1000 population	-3.c.1 Health worker density and distribution	-8.1 Health worker density and distribution	Medical doctors per 1000 population	1.48	2021	Annual report on health personnel distribution. Lao Ministry of Health; 2022.	1.56
	Percentage of physicians, dentists, nurses, midwives, pharmacists who are registered and licensed (%)	-	-	-	28%	2021	Report on health personnel licensing. Lao Ministry of Health; 2022.	50%
	Percentage of provincial hospitals actively using EMR (%)	-	-	-	17%	2023	Lao People's Democratic Republic Digital Health Strategy. Lao Ministry of Health; 2023.	50%
	Percentage of population with Unique Health ID (%)	-	-	-	0%	2023	HMS. Lao Ministry of Health; 2023.	70% of patients
	Percentage of health facilities submitting at least 75% of aggregated forms on time on HMS (%)	-	-	-	70%	2022	HMS. Lao Ministry of Health; 2023.	100%
	Coverage of birth registration	-	-	-	38.7	2018	Lao population projections 2015-2045. Lao Statistics Bureau, Ministry of Planning and Investment; 2018. eCRVS. Lao Ministry of Home Affairs; 2019.	TBC by MOHA

Strategic deliverable	National indicator	SDG indicator	GPW indicator	UNSDCF indicator	Baseline value	Baseline year	Data source	Target (2028)
Strategic priority 2: Providing protection for communities from health emergencies and diseases								
SD2.1 Progress made towards national and subnational systems and capacities to prevent, prepare for and respond to public health threats in all provinces	Percentage of IHR capacity (%)	3.d.1 IHR capacity and health emergency preparedness	9.1 Increase in countries' IHR capacities as measured by the composite index of the States Parties Annual Reporting (SPAR)	-	53%	2022	Electronic IHR States Parties Self-Assessment Annual Reporting Tool. WHO; 2022.	>53%
	Number of laboratories with AST capacity at national and subnational levels	-	42.1 Number of laboratories with AST capacity at national and subnational levels	-	17	2022	Annual National External Quality Assurance (EQA) for Bacteriology report. Lao Ministry of Health; 2022.	25
	Malaria incidence per 1000 population	3.3.3 Malaria incidence per 1000 population	37.1 Malaria incidence per 1000 population	-	0.32		DHIS2. Lao Ministry of Health; 2023.	0.08
	Number of malaria deaths		37.2 Number of malaria deaths		1	2022	Malaria National Strategic Plan Lao PDR 2021 – 2025. Lao Ministry of Health; 2020.	0
SD2.2 Communicable and neglected tropical disease prevention and elimination sustained	Number of TB deaths compared to 2015	3.3.2 TB incidence per 100 000 population	36.1 TB incidence per 100 000 population per year	TB treatment success rate	52	2015	DHIS2. Lao Ministry of Health; 2023.	>75% (13/100 000)
	TB incidence rate compared to 2015		36.2 Number of deaths caused by TB (including TB deaths among people with HIV) per year		182	2015		>50% (91/100 000)
	Percentage of TB-affected families facing catastrophic costs due to TB (%)		41.1 Treatment coverage for RR-TB in a given year		62%	2019	National TB Strategic Plan, 2021 – 2025. Lao Ministry of Health; 2020.	0%

Strategic deliverable	National indicator	SDG indicator	GPW indicator	UNSDCF indicator	Baseline value	Baseline year	Data source	Target (2028)	
SD2.2 Communicable and neglected tropical disease prevention and elimination sustained	Percentage of people living with HIV who know their status (%)	3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	39.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations 39.2 Number of HIV-related deaths	Percentage of key populations (MSM, FSW and PWID) at risk of HIV infection have access to comprehensive HIV prevention services	75%	2021	DHIS2. Lao Ministry of Health; 2023.	95%	
	Percentage of adults and children on antiretroviral therapy among all adults and children living with HIV at the end of the reporting period (%)				75%	2021	National Strategic Plan on HIV/AIDS and STI 2021-2030. Lao Ministry of Health; 2020.	95%	
	Percentage and number of adults and children living with HIV who have suppressed viral loads at the end of the reporting period (%)	-	-	-	-	97%	2021	DHIS2. Lao Ministry of Health; 2023. National Strategic Plan on HIV/AIDS and STI 2021-2030. Lao Ministry of Health; 2020.	>95%
	Hepatitis B incidence per 100 000 population	3.3.4 Hepatitis B incidence per 100 000 population	38.1 Hepatitis B incidence per 100 000 population 38.2 Number of HBV and HCV related deaths	-	961	2022	Global hepatitis report. WHO; 2022.	TBC	
	Number of people requiring interventions against neglected tropical diseases	3.3.5 Number of people requiring interventions against neglected tropical diseases	35.1 Number of people requiring interventions against neglected tropical diseases 35.2 Total number of Member States with an eliminated neglected tropical disease	-	1 450 390	2022	Preventive Chemotherapy Joint Reporting Form. Lao Ministry of Health; 2023.	2 271 850	

Strategic deliverable	National indicator	SDG indicator	GPW indicator	UNSDCF indicator	Baseline value	Baseline year	Data source	Target (2028)
SD2.3 Noncommunicable disease morbidity and mortality decrease	Percentage of provinces implementing the updated Lao PEN nationwide (%)	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	21.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease measured by probability of dying between the exact ages of 30 and 70 years	-	0%	2023	Review report on the Health Sector Development Plan, Lao Ministry of Health; (in press).	80%
	National NCD surveillance established (%)				0%			100%
SD3.1 Environmental risks to health assessed and mitigated	Tobacco use prevalence (%)	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	22.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	-	32%	2015	National Adult Tobacco Survey, Lao Tropical and Public Health Institute; 2015.	25.9% TBC
	Strategic priority 3: Protecting health from climate change and environmental threats							
SD3.1 Environmental risks to health assessed and mitigated	Mortality rate attributed to household and ambient air pollution (every 10 years through burden of disease estimation)	3.9.1 Mortality rate attributed to household and ambient air pollution (per 100 000 population)	43.1 Mortality rate attributed to household and ambient air pollution 2019 (per 100 000 population, age-standardized)	-	195.3	2019	Global Health Observatory (database), WHO; 2023.	No target determined
	PM2.5 air pollution, mean annual exposure (micrograms per cubic metre)	11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)	-	-	Annual mean level of PM2.5 is 21.15 µg/m³	2019	WHO Ambient Air Quality Database (database), WHO; 2023.	Reach WHO-recommended standards
	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	43.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	-	72	2018	Laos Open SDG Data Platform (database), Lao Statistics Bureau; 2021.	Reduction by half

Strategic deliverable	National indicator	SDG indicator	GPW indicator	UNSDCF indicator	Baseline value	Baseline year	Data source	Target (2028)
SD3.2 Climate-related health risks addressed through a climate-adapted and low carbon health system	Number of climate-resilient health facilities in 17 provinces		-	-	62 across 6 provinces	2022	Protecting health amid a changing climate. WHO Lao People's Democratic Republic; 2023.	100 across 17 provinces
	SD3.3 WASH and health-care waste management improved	<p>6.1.1 Proportion of population using safely managed drinking water services</p> <p>6.2.1 Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water</p>	<p>Basic services: By 2025, 89% water, 66% sanitation, 64% hygiene and 100% HCWM (globally and in each SDG region will have at least basic WASH services, 80% have basic WASH services by 2025 and 100% by 2030)</p>	-	<p>Water: 70%</p> <p>Sanitation: 2%</p> <p>Hygiene: 16%</p> <p>HCWM: 19%</p>	2021	<p>Country case study: Lao National WASH Survey 2021. WHO Regional Office for the Western Pacific; 2023.</p> <p>Water: >89%</p> <p>Sanitation: >66%</p> <p>Hygiene: >64%</p> <p>HCWM: 100%</p>	
	6.1 By 2030, to achieve universal and equitable access to safe and affordable drinking water for all	6.1.1 Proportion of population using safely managed drinking water services	45.1 Proportion of population using safely managed drinking water services		17.68%	2020	Data [database], WHO/UNICEF Joint Monitoring Programme (JMP); 2022.	>95%

AST, antimicrobial susceptibility testing; eCDS, electronic Civil Registration and Vital Statistics system; EMR, electronic medical records; FSW, female sex worker; HBV, hepatitis B virus; HCV, hepatitis C virus; HCWM, health-care waste management; HMS, health management information system; HTM, HIV/tuberculosis/malaria/neglected tropical diseases; IHR, International Health Regulations; Lao PEN, Lao Package of Essential Noncommunicable Disease Interventions for Primary Health Care; MOHA, Ministry of Home Affairs; MSM, men who have sex with men; NCD, noncommunicable disease; PM, particulate matter; PWD, people who inject drugs; RR-TB, rifampicin-resistant tuberculosis; SDG, Sustainable Development Goal; STI, sexually transmitted infection; TB, tuberculosis; TBC, to be confirmed; UNFPA, United Nations Population Fund; UNICEF, United Nations Children's Fund; UNSDCF, United Nations Sustainable Development Cooperation Framework; WASH, water, sanitation and hygiene; WHO, World Health Organization.

