



WORLD HEALTH ORGANIZATION

Western Pacific Region

HEALTHY CITIES - HEALTHY ISLANDS

Document Series, No. 9

VIENTIANE
(Lao People's Democratic Republic)

Case Study Report

on

HEALTHY CITY - VIENTIANE

October 1997

HEALTHY CITIES - HEALTHY ISLANDS PROGRAMME

The WHO programme "Healthy Cities - Healthy Islands" for the Western Pacific Region has been developed in response to the need of Member States to integrate efforts of various stakeholders in improving the health of people living in urban areas and islands. It is implemented following the concepts and approach outlined in "*New horizons in health*", a WHO initiative for the Western Pacific Region which was adopted by the WHO Western Pacific Regional Committee in 1994. The objectives are:

- (1) to minimize health hazards in urban areas/islands through the integration of health and environmental protection measures in the physical and economic planning process;
- (2) to enhance the quality of the physical and social environment supportive of health in urban and island settings;
- (3) to increase public awareness towards healthier behaviour, lifestyle and habits;
- (4) to improve the provision of health services through developing appropriate health care systems in urban areas and islands; and
- (5) to upgrade country capabilities and develop policies to improve health in urban areas and islands through better intersectoral coordination and public participation.

This document was originally prepared by the Healthy City Vientiane project team (Coordinator: Dr Bounlay Phommasack, Public Health Department, Vientiane Municipality) in connection with the development of a plan of action for Healthy City - Vientiane with the support of WHO.

The documents in the Healthy Cities - Healthy Islands Series are published informally by the WHO Western Pacific Regional Environmental Health Centre. The findings, interpretations and conclusions are entirely those of the authors.

Printed and distributed by:

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Rubbish in the morning market in Vientiane



Rubbish in Vientiane, near morning market



Students, Government staff, local people involved in the clean-up campaign at the morning market of Vientiane



Clean-up campaign at the morning market of Vientiane
3 May 1997



Representative of Vientiane Governor, Bounleut Souliyavong and Somvixayo, Vice Sisattanak District Governor participated in the campaign



Both of them discussing on the garbage problems in the morning market



1. CITY PROFILE

Vientiane, the capital of the Lao People's Democratic Republic, is situated in the central part of the country. It has an area of 3 920 km², with a total population of 528 109 inhabitants, and is divided into nine districts which can be classified into urban and rural areas as follows:

- (a) Urban area (5 districts), with dense population, where socioeconomic growth is rapid; and
- (b) Rural area (4 districts), with low population density and slow socioeconomic growth.

1.1 Population

Table 1 : Population in urban areas of Vientiane

No.	District	Villages	Households	Families	Male	Female	Total
1	Chanthabury	37	7,785	9,474	27,386	28,157	55,543
2	Sikhottabong	59	11,589	13,139	34,762	33,975	68,737
3	Xaysettha	51	10,930	11,758	33,306	33,678	66,984
4	Sisattanak	40	8,034	9,566	26,998	29,407	56,405
5	Hatsaifong	57	11,401	11,557	31,682	31,273	62,955
6	Total	244	49,739	55,494	154,134	156,490	310,624

The majority of the population of Vientiane are farmers, followed by government officers, market vendors, business men, daily wage workers, etc.

1.2 Climate

Vientiane has two seasons like other provinces of the country:

- (a) Hot season starting from November to April, and
- (b) Rainy season starting from May to October.

1.3 Infrastructure

Drinking water supply:

The Mekong River, which flows between Laos and Thailand, still remains an important source of water supply for the population of Vientiane as well as for the whole population of the country. The citizens of Vientiane consume the Mekong water through piped water as well as water from wells.

81.2% of households in the urban districts have access to potable water.

32.6% of households in the rural districts have access to potable water.

Transportation:

There are two main roads (Road No. 10, and Road No. 13) linking the urban districts to other districts of Vientiane, as well as to other provinces of the country through means of public transportation such as buses and taxis. There is no train yet.

Housing:

Private houses 82.5 %

Rental houses 6.7 %

State-owned houses 6.5 %

Living with relatives/friends 4.2 %

Type of dwelling structure:

Brick 30.4 %

Modern timber 27.9 %

Half wood brick 33.4 %

Traditional Lao timber 4.7 %

Bamboo 3.5 %

Solid waste management

Proportion of households enjoying public solid waste collection 4.8 %

Median number of times per month waste is collected 4

Solid waste generated 138 tons/day, collected 13.8 tons/day,
self disposed 91 tons/day

Recycled 21.8 tons/day (food)

1.4. Health services

Health services facilities:

At each district there is one district hospital, and 3 to 4 health centres. In the central urban districts, there are a municipal hospital, and two other general hospitals, providing medical care to all the people, regardless of their social status. Besides, public health services, private clinics and private pharmacies are other sources of care to the people. In the last few years, the number of these facilities has increased quickly.

2. PRIORITY HEALTH PROBLEMS

The existence of physical factors (both geographical and infrastructural), combined with traditions and customs among Vientiane citizens, leads to the persistence of communicable diseases and parasitic diseases such as malaria, dengue haemorrhagic fever, acute respiratory infection and diarrhoea.

Apart from dengue fever/dengue haemorrhagic fever (DF/DHF) which is a priority health problem in Vientiane, recently road accidents have become a rising health and safety problem in Vientiane. From the statistics of the Municipal Hospital, it is shown that most of the road accident victims in Vientiane are between 15 and 20 years old.

Table 2:
Ten leading causes of admission to the Municipal Hospital in 1995

No.	Disease	Number of cases
1.	Dengue fever	1684
2.	Malaria	1094
3.	Road accidents	628
4.	Pulmonary infections	510
5.	Diarrhoea	431
6.	Appendicitis	332
7.	Stomach infections	296
8.	Intoxication	134
9.	Parasitic diseases	123
10.	Hypertension	105

Table 3:
Dengue fever/dengue haemorrhagic fever in 3 successive years

Cases/year	Year 1994	Year 1995	Year 1996
DF	1442 cases	3065 cases	1282 cases
DHF	148 cases	327 cases	96 cases
Total cases	1590 cases	3392 cases	1389 cases
Death cases	5 cases	12 cases	9 cases
Case fatality rate	3.3%	3.6%	9.3%

3. VISION OF HEALTHY CITY VIENTIANE

Healthy City Vientiane is a well planned, clean and beautiful city, prepared for future development in all its districts and villages. It is a city which has a people-oriented and caring society supported by laws and regulations, and where all strata of its people live in harmony and ensured of equal treatment. The city offers affordable living with the provision of public utilities and best hygienic standards that continue to improve the quality of life of its citizens. The prevention of overcrowding and poverty eradication are at the heart of the city's policy. It is a city with a growing economy which develops in a sustainable way and yet pollution-free. It offers employment to all citizens.

It serves its citizens with excellent education facilities accessible to all and provides equal gender opportunities. It has appropriate and functioning drainage, sewerage and waste disposal systems.

The city's road and public transportation systems are efficiently serving its citizens and promotes their safety behaviour. The city is a place which restores and promotes Lao's rich art and cultural heritage. It has informed and participating communities willing to work with others towards the sustainable development of Vientiane.

4. PLAN OF ACTION (1998-2000)

Objectives:

- (1) Increase awareness and access to information on Healthy Cities/Healthy Islands Concept by every citizen of Vientiane.

- (2) Promote intersectoral actions, and public/community involvement to identify and minimize different health hazards in Vientiane.
- (3) Cooperate with other urban development projects as complementary efforts, and with other non-governmental organizations, embassies and other external agencies currently implementing urban management projects in Vientiane.
- (4) Reduce morbidity and mortality of road accidents.
- (5) Reduce morbidity and mortality of dengue fever/dengue haemorrhagic fever.

Planned Approaches for 1998-2000

- (1) Production of appropriate information, education and communication materials (posters, pamphlets, stickers, videos, guide book) for local people which should be easily understood by people and be able to encourage people to take care of themselves and also their environment.

These materials will be used in schools, factories, hospitals, markets, restaurants, street food vendors.

- (2) Production of public information boards, with the aims to motivate and remind the people that the cleanliness of the city is the task of every citizen. These boards are planned to be put in areas where people gather, such as market, schools, work place, bus station, airport, etc.
- (3) Provision of model garbage containers to be installed in public places such as parks, schools, market, shops, recreation places, etc.
- (4) Involvement of community in keeping the city clean through campaigns by mass media such as national and municipal radio stations, national television, particularly during various national festivals such as racing boat festival, That Luang Festival, etc.

Through mass media encourage drivers (motorcycle, taxi, bus) to respect signals and discipline during driving.

- (5) Organization of Healthy City Week in May every year.
- (6) Training of Healthy City Teams at district level.
- (7) Exchange visits between healthy communities within the country.
- (8) Management course on dengue fever/dengue haemorrhagic fever.

5. INDICATORS

- (1) Population growth rate
- (2) Average household size

- (3) Annual rate of growth of number of households
- (4) Crude Birth Rate
- (5) Crude Death Rate
- (6) Unemployment rate
- (7) Employment growth
- (8) Illiteracy rate
- (9) Number of schoolchildren per classroom in primary and secondary schools
- (10) Percentage of children finishing primary and secondary schools
- (11) Malnutrition children under five
- (12) Number of persons per hospital beds
- (13) Child labour
- (14) Death due to violence
- (15) Public latrine
- (16) Proportion of households with access to latrine facilities
- (17) Percentage of households with access to potable water
- (18) Average number of hours/year that households in the city are without piped water
- (19) Expenditure on road infrastructure
- (20) Automobile ownership
- (21) Per capita on road
- (22) Vehicles failing emission standards
- (23) Average monthly number of passengers at the airport and Lao-Friendship Bridge
- (24) Proportion of households enjoying solid waste collection
- (25) Green space
- (26) Entertainment

6. SUCCESS AND LESSONS LEARNED

Since the concept of Healthy Cities has been introduced to Vientiane, the Capital of Lao People's Democratic Republic, we noticed that there is a positive impact on the environment of the city, and a strong support from the administrations as well as from the community in making efforts to keep the city clean and beautiful.

Lessons learned from the implementation of Vientiane Healthy City showed that:

- (1) The availability of a technical project team composed of representatives from different departments is very important to manage and monitor the project.
- (2) The training of the Healthy City project team is necessary for planning and implementing the project.
- (3) The provision of basic information and concept of Healthy Cities to all citizens, as well as to directors of government departments, districts offices, schools and villages are essential tasks for getting the support to start the work.
- (4) Involving mass media to promote community involvement in building up Vientiane Healthy City is a key approach.
- (5) Organizing "Healthy City Week" is another key approach to encourage the community participation in implementing Healthy City Project.
- (6) Collaborating with NGOs, embassies, other international organizations is a key to achieving successful Healthy City project (fund raising, financial support, etc.)
- (7) Regular meetings among the Healthy City project team members are necessary to assess the progress of the work.
- (8) Producing information materials appropriate to local conditions, writing reports, and setting up meetings to inform the progress of work are other ways to get community participation.

LIST OF ACTIVITIES IMPLEMENTED IN THE FIRST YEAR

1. Initial discussion with WHO.
2. First Workshop on Healthy City, inviting representative of departments, districts, schools, factories, hospitals, markets.
3. Formation of Healthy City Coordinator & Team.
4. Monthly Team meeting.
5. Spreading Healthy City concept and Healthy City vision to Government Departments, Districts, schools, villages, factories, markets, hospitals.
6. Organizing Healthy City Week.
 - a. Drawing competition among primary school children expressing their visions on Healthy City Vientiane.
 - b. Organization of clean up campaign. Places: morning market, bank of the Mekong River, That Luang Square.
 - c. Organization of exchange visits for village leaders in 4 urban districts to visit Healthy Communities, initiative of local people in installing street lights, and healthy and clean community.
 - d. Friendship football between departments to promote health.
 - e. Mini marathon for health among primary school children.

LIST OF ACTIVITIES PLANNED IN THE SECOND YEAR

1. Training of community leaders.
2. Training of Directors of District Education Offices.
3. Training of directors of primary schools.
4. Training of primary teachers.
5. Training of drivers.
6. Training of mass media, strengthen community involvement in keeping the city clean through mass media.
7. Training of dengue fever/dengue haemorrhagic fever to district health staffs.
8. Monthly team meeting to measure the progress of work.
9. Production of video cassette for teaching at primary and secondary schools, at universities, factories, etc.
10. Organization of "Healthy City Week".
11. Exchange of experiences through visiting Healthy Communities between districts in Vientiane.