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SPECIAL ASSISTANCE TO THE
LAO PEOPLE'S DEMOCRATIC REPUBLIC

The Government of the Lao People's Democratic Republic has now formulated requests for Special Assistance under resolution WHA29.24 adopted by the Twenty-ninth World Health Assembly.

The background to the requests is given in Annex 1 and a general description of each one in Annexes 2-8. The detailed lists of equipment are available in the Regional Office and may be consulted on request.

1. The total amount of the request is approximately US\$ 2 046 000, broken down as follows:

Development of General Health Services (including primary health care)

I. Basic Health Services (see Annex 2)

1/3	a) Equipment for village health workers	US\$	140 470 ¹
	b) Equipment for health subcentres and rural dispensaries		122 400 ¹
	c) Materials and pharmaceuticals for health centres and subcentres		52 000
	d) Medical equipment for health centres		101 447

II. Hospital Services (see Annex 3)

a) Hospital furniture	231 541
b) Disinfectants, soap, linen	112 910

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Over a three-year period.

III. Health Laboratory Services (see Annex 4)

- | | | |
|---|------|--------|
| a) Equipment for 50 district laboratories | US\$ | 28 900 |
| b) Equipment for the Central Public Health Laboratory | | 5 364 |

IV. Health Education (see Annex 5) 12 821

Health Manpower Development

Training of Primary Health Care Workers (see Annex 6) 16 161

Control of Communicable Diseases

Immunization (see Annex 7) 21 768

Production, Manufacture and Control of Drugs

Drug Production (see Annex 8) 1 200 000

2. It is proposed to cover the following expenses from the 1976 Regular Budget:

Development of General Health Services

I. Basic Health Services (see Annex 2)

- a) One third of the request for equipment for village health workers (expenses for 1976)
- b) One third of the request for health subcentres and dispensaries (expenses for 1976).

IV. Health Education (see Annex 5)

The whole of the request for equipment in health education.

Health Manpower Development

Training of Primary Health Care Workers (see Annex 6)

The whole of the request for teaching aids and materials.

ANNEX 1

LAO PEOPLE'S DEMOCRATIC REPUBLIC

1. Introduction

Thirty years of uninterrupted war have left the Lao People's Democratic Republic underdeveloped and largely destroyed.

The young republic has to devote its energies to rectifying an impaired socio-economic situation, reorganizing and developing its health system.

Few developing countries have emerged so disrupted from a war with such promise of recovery as this country - provided however that it receives urgent, adequate and coordinated aid meeting the priority needs that it is defining or has already defined, as with regard to health.

2. General features

The Lao People's Democratic Republic has a population of about 3 350 000 scattered over 236 500 km², with a density of 14 per km². Two thirds of the population live in the plains and one third in regions of medium and high altitude. Scarcely 5% are foreigners, mainly Chinese and Vietnamese but also Thais and Indians, working as traders and artisans in the four main towns of the country.

Sixty per cent of the land area is covered by forests and less than 10% is presently cultivated.

On 2 December 1975 the monarchy was replaced by a socialist republic, the new administration replacing the Provisional Coalition Government formed in April 1973. Since then the major effort of the new administration has been deployed in the economic and cultural sectors : increase in productivity, control of prices, raising of the lower salaries, political education of the masses and the administrative staff of the former administration, in conjunction with the gradual establishment of new political and administrative structures and the creation of mass organizations.

3. Demographic features

Half of the population is under 15 and according to certain surveys it comprises the following age groups:

0 to 14	41.7%	Males	: 50.2%
15 to 44	43.9%	Females	: 49.8%
45 and over	14.4%		

The family is of the nuclear type with an average of four children. The new administration is opposed to family planning because it considers that the country lacks manpower and because it regards such a programme as premature for a peasant population which is very backward socio-culturally and hence not very receptive to such an innovation.

Certain surveys conducted in 1967 and 1972, especially in Vientiane Plain, showed an average expectation of life at birth of 47 years, a crude birth rate of around 47 per 1000, general mortality of between 23 and 12 per 1000 and infant mortality of 120 to 255 per 1000, depending on the region.

In short, the population is young and growing rapidly, despite high child mortality.

4. Economic situation

The country is exclusively agricultural and at present exports only wood. Since the establishment of the new Government this trade has been brought exclusively under State control, thus increasing the inflow of hard currency to the treasury tenfold (annual estimate : US\$ 20 million).

Eighty-five per cent of the population lives from agriculture; but out of a total of 23.6 million hectares only 2 million are cultivated, with 80% of this area being devoted to rice. In 1972 in the former Vientiane zone, production of about 400 000 tons was inadequate to meet domestic demand of 560 000 tons, although the surplus production from the south could not reach the deprived regions owing to lack of transport and communications. The major factor in the deficit of rice production was poor yield (about 1 ton per hectare) due to war destruction, technological inadequacy, lack of irrigation systems and, in the newly liberated zone, absence of a policy of encouragement for the agricultural populations.

Stock-raising too did not meet the needs of the country.

A study carried out in 1974 in the recently liberated zone placed the per capita gross national product at \$100-120. The economy of this zone depended to a great extent on external aid and the mass of imports was financed from multilateral and bilateral aid (especially from USA), reaching \$ 74 million per year.

Under the former administration half of the budget was absorbed by military expenditure and hence the resources available for socio-economic development were very limited - a situation which was further aggravated by increase in the public debt and inflation.

The public debt grew catastrophically from \$24.9 million in 1972 to \$1 445 million in 1974. Inflation is reflected in the increase of the cost of living index for Vientiane from 118.4 in 1971 to 426.4 in 1974.

Before reunification the overall economic situation steadily deteriorated, entailing increasingly heavy dependence on external aid.

For the last year the decrease in this assistance to 30-40% of its previous level has brought major economic difficulties related to the scarce supply of hard currency necessary for importation of essential products and foodstuffs.

Over the last few months the Government has concentrated on :

- (1) raising the lower salaries by narrowing their range;
- (2) payment of family allowances;
- (3) control of prices of basic consumer goods and foodstuffs, such as rice, sugar, oil, meat and fuel;
- (4) introduction of ration cards for essential goods;
- (5) encouragement of agricultural production.

Finally, in the economic recovery two major obstacles left by the war will have to be overcome :

- (1) Destruction of dikes, dams, roads, many hospitals, dispensaries and schools.
- (2) Massive displacement of the population : 700 000 people in 1974. This number represents a quarter of the total population, making the Lao People's Democratic Republic the most disrupted country in Indochina, its situation in this respect being more serious than any encountered elsewhere in modern history, apart from Palestine.

In short, in view of the increasing deficit in the balance of payments, the country cannot, from its own resources, solve the problems arising from a long war and a shattered economy (both because of urban unemployment with the departure of many employers and because of rural underemployment with the destruction of structural works and displacement of manpower), quite apart from external pressures, destruction of infrastructure and the world economic crisis.

5. Health situation

All the data and estimates on the country's health situation were taken from the 1973-1974 statistics of the Health Ministry of the Provisional Coalition Government. They thus relate only to the zone controlled by the latter (about 2 million population). The data relating to the zone previously controlled by the Patriotic Front (about 1.3 million population) were only partially known at the time.

On the other hand, the programmes outlined in the following annexes were drawn up taking into account the needs of the reunited country.

Main causes of mortality

The only reliable statistics on mortality in the Lao People's Democratic Republic are those recorded in hospitals; they are therefore of limited value for guidance only. In decreasing order the causes of mortality are :

- (1) Diarrhoeal diseases
- (2) Malaria
- (3) Respiratory non-tuberculous diseases
- (4) Nutritional diseases and deficiencies
- (5) Inflammations of the central nervous system
- (6) Tuberculosis (all forms).

Main causes of morbidity

Again morbidity was analysed solely on the basis of records supplied by the hospitals (hospitalizations and out-patient attendances) and health centres and sub-centres.

The pattern of morbidity according to age is shown in Table 1.

Table 1. FIVE MAIN CAUSES OF MORBIDITY BY AGE GROUPS

Age groups	Main causes of morbidity in decreasing order	Percentage of total cases recorded
Under one year	Diarrhoeal diseases Respiratory diseases Malaria Ophthalmic diseases Nutritional deficiencies	69.6%
1 to 4 years	Respiratory diseases Diarrhoeal diseases Malaria Nutritional deficiencies Skin diseases	66.4%
5 to 14 years	Respiratory diseases Malaria Diarrhoeal diseases Nutritional deficiencies Skin diseases	60.7%
15 to 44 years	Respiratory diseases Malaria Diarrhoeal diseases Skin diseases Dental disorders Complications during pregnancy and labour	51.1%
45 years and over	Malaria Respiratory diseases Diarrhoeal diseases Nutritional diseases Dental disorders	52.7%

In decreasing order, the main causes of morbidity are as follows :

- (1) Respiratory non-tuberculous diseases (influenza, bronchitis, pneumonia, asthma, emphysema)
- (2) Malaria
- (3) Diarrhoeal diseases
- (4) Infections of the skin and sub-cutaneous tissue
- (5) Nutritional diseases and deficiencies.

The age groups affected are, in decreasing order :

- (1) under one year
- (2) 15 to 44 years
- (3) 45 years and over
- (4) 1 to 4 years
- (5) 5 to 14 years.

It will be seen that if we are to attribute morbidity to a specific disease, malaria emerges as the primary cause. On the other hand, as certain conditions such as tuberculosis, venereal diseases, leprosy, some infectious diseases of childhood (pertussis, diphtheria, poliomyelitis, etc.) are not notifiable, the above classification should be treated with caution.

Some demographic indicators such as expectation of life at birth, age structure of the population, infant mortality, etc., show that the overall health status of the population is poor and that the groups at risk are children under one year and people of productive age.

In short, the main diseases found in the Lao People's Democratic Republic could easily be avoided at low cost using basic techniques (health education, environmental health, immunization, simple therapy).

6. Health resources

In the newly liberated zone, health resources in budget, manpower, health units, supplies and equipment which in the past were always inadequate and above all unevenly distributed have in recent months been even more seriously weakened by the exodus of staff and the reduction of external assistance.

During the last 20 months, the exodus of health staff from the newly liberated zone has completely disrupted the health infrastructure : there has been a reduction of physicians from 56 to 23, of medical assistants from 146 to 90, of pharmacists and pharmaceutical assistants from 19 to 11, of qualified nurses from 29 to 13 and of qualified midwives from 23 to 11.

As may be seen this exodus has appreciably modified :

- (1) the ratio of physicians to population, which has fallen from 1 : 45 000 to 1 : 110 000;
- (2) the ratio of physicians and medical assistants to population, which has fallen from 1 : 17 000 to 1 : 28 000.

For guidance there are in the zone formerly controlled by the Patriotic Front 46 physicians, more than 200 medical assistants and more than 2000 nurses and birth attendants in the villages or districts, giving a ratio of physicians to population of 1 : 28 000 and a ratio of physicians and medical assistants to population of 1 : 5200, ratios which are not slanted like the two previous ones because the health staff are evenly distributed among the population in this zone.

In the newly liberated zone in 1973, the health units were as follows :

Hospitals	16 (with 1746 beds)
"Infirmaries-ambulances"	8
Health centres	6
Rural dispensaries	307
Leprosaria	4
Private physicians' surgeries	130

- 29% of the beds were in Vientiane
- 33% of the beds were in units run by external agencies
- 44% of the rural dispensaries were run by external agencies.

Departure of most of the external agencies and shortage of funds for operation and maintenance of the health units have led to a partial or total breakdown in most of the units. Shortage of supplies and equipment has reached alarming proportions.

In short, the situation is serious, especially with regard to supplies, equipment and qualified staff.

Coverage of the population by health services

It is very difficult to quantify the coverage of the population by health services. Nevertheless certain indicators provide useful information (data for 1973-1974)

- Care was given to only 24% of the estimated number of pregnant women and to only 0.9% of the estimated number of women in labour.

- The number of children vaccinated against diphtheria, pertussis and tetanus constituted only 4% of the age group under one year.

- In Vientiane Province, BCG vaccination covered only 13% of the population under 14.

- Malaria control operations were limited to Vientiane Province, although 25% of the population is at risk. Other malaria activities consisted of single administration of antimalarials to patients in dispensaries and hospital out-patient departments.

- Sanitary conditions are unsatisfactory in all cases : there are only two towns with a water-supply system;

- Most of the villages lack drinking-water, as do most of the rural dispensaries and schools.

In short, coverage of the population is clearly inadequate (lack of sanitatic shortage and poor distribution of staff, inadequate budget).

Government policy on health : five-year plan, 1976-1980

The government policy on health is derived from the 18 point programme promulgated in 1974 by the Political Consultative Council (Provisional Parliament) and particularly point 9 stressing the need to develop a network of health services extending to the most outlying villages. It specifies the diseases requiring priority attention and gives emphasis to health protection of mothers and children. Examination of the other points in the Programme also shows important implications for health and the health services, with particular emphasis on rural populations, ethnic minorities and respect for customs and traditions.

A National Committee on Health Programming was set up by presidential decree in 1974. The following year health programming, carried out in two phases, led to formulation of the five-year health plan, 1976-1980. The first phase in this exercise comprised the analysis of priority health problems and the second the definition of national objectives, priorities and principles for health, the outlining of the national health services system and the elaboration of a national health development programme.

The national health objectives are as follows :

(1) To strengthen the administration of health services in order to solve the national health problems effectively and to meet the country's needs according to the broad policy guidelines promulgated by the Provisional Government of National Union.

- (2) To stimulate the interest of the masses and their participation in planning and management.
- (3) To protect the population from communicable diseases.
- (4) To improve basic health conditions and maintain them at a satisfactory level, in both rural and urban areas.
- (5) To promote and guide health education of the public.
- (6) In collaboration with the education services, to develop health manpower to meet the health service needs.
- (7) To encourage research on the value of traditional medicine and, whenever possible, to incorporate it in the health services.
- (8) To rehabilitate persons with physical and sensory disablement.
- (9) To promote and lay down national procedures and norms on the manufacture and distribution of drugs, biologicals and other therapeutic substances, and to regulate their use.
- (10) To strengthen the services for mental health and control of drug dependence.

The above-mentioned objectives have been classified into two groups of priorities :

1. First priority objectives

- (1) Organization and delivery of health care, including improvement of health service administration.
- (2) Manufacture and processing of drugs.
- (3) Control of communicable diseases.
- (4) Environmental health.
- (5) Training of health manpower.

2. Second priority objectives

- (1) Medical rehabilitation.
- (2) Mental health and control of drug dependence.
- (3) Health education.
- (4) Traditional medicine.
- (5) Collaboration with other ministries.

The health principles to guide the development of a health strategy are :

- active participation of the masses,
- respect for the country's traditions and customs,
- equitable distribution of health services,

- application of appropriate technology, acceptable to the people,
- primary health care accessible to all,
- organization of a referral system based on regionalization of the health services,
- establishment of norms for the health units and procedures suited to the socio-economic conditions in the country,
- priority to preventive medicine and health education,
- whenever possible, priority to ambulatory treatment,
- adaptation of health staff training programmes to the needs and actual conditions in the country, with emphasis on motivation of the staff,
- complementary rather than substitutional nature of external assistance and implementation of programmes during the post-war reconstruction period.

In the light of the objectives and principles set out above, a five-year health plan for 1976-1980 was drawn up; it comprises seven programmes, each divided into projects and sub-projects. The programmes are :

1. Development of national health services (Priority A)
2. Development of health manpower (Priority A)
3. Communicable disease control (Priority A)
4. Environmental health (Priority A)
5. Development of a national pharmaceutical industry (Priority A)
6. Medical rehabilitation (Priority B)
7. Mental health and control of drug dependence (Priority B)

The Government is carrying out the priority A programmes despite difficulties inherent in the change of administration. Its principal effort is directed to the organization of primary health care in rural areas. This organization is modelled on the system which has functioned satisfactorily for a number of years in the zone controlled by the Patriotic Front. Under this system, key staff are selected by the community to work in an area after a short training programme, while remaining under the technical supervision of higher-level qualified staff. Introduction of the system is preceded by a tremendous effort of mass education and reeducation of the health staff of the former administration and the process is accompanied by the construction, refitting or extension of health facilities in the areas formerly so neglected.

Government request for special external assistance

In drawing up the following lists, the Ministry of Health was at pains to submit modest requests for supplies and equipment which it regards as priorities which are in line with its present capacity for absorption and which it could not obtain from other sources.

ANNEX 2

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Development of General Health Services

I. Basic Health Services (including primary health care)

The Government plans to establish and develop community health services; dividing the country into health zones and setting up three levels of health care delivery in each zone: health centres, staffed by fully trained and auxiliary personnel; subcentres, staffed by auxiliary personnel; and village health services staffed by primary health care workers. The basic health services system will be responsible for delivering medical, dental and nursing care, comprising maternal and child health, health education, control of communicable diseases including immunization, elementary laboratory procedures and basic sanitation. The system will be supported by the community at subcentre and village level. The health centres will be operated by the Government. The Government will be responsible for training primary health care workers, and for providing the necessary supplies and equipment, as well as technical supervision and guidance.

It is planned to establish at least 35 new health zones by 1980. The ultimate number will be about 161 for the country as a whole.

Request for external assistance

The Government presented several lists of supplies and equipment required for the basic health services network at all three levels. The request complements requests already made to other sources for equipment for the health zones.

It may be classified as follows:

(1) <u>Basic equipment for 1000 village health workers</u>	US\$ 140 470
This is the requirement for approximately 25 new health zones out of 35 planned, over a three-year period.	
(2) <u>Equipment for subcentres and rural dispensaries</u>	122 400
This is the requirement to equip 200 subcentres and dispensaries to be established over a three-year period.	
(3) <u>Materials and pharmaceuticals for immediate use in existing health centres and subcentres</u>	52 000
(4) <u>Medical equipment for health centres: i.e. supplementary equipment for 15 health centres already organized or operating</u>	101 447
Total:	<u>US\$ 416 317</u>

ANNEX 3

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Development of General Health Services

II. Hospital Services

The total number of hospital beds for the whole country at provincial level is about 2000. The Government plans to upgrade the hospital services through improved staffing and management, and the renovation of existing building and equipment. Among the problems related to the improvement of hospital care, the solution of which has government priority, is the low standard of sanitation in hospitals due to war damage and shortage of funds.

The special assistance requested is for non-medical hospital equipment such as beds, linen, kitchen equipment and utensils, disinfectants and soap.

The request consists in two lists:

(1) Hospital furniture	US\$ 231 541
(2) Disinfectants, soap and linen	<u>US\$ 112 910</u>
Total:	<u>US\$ 344 451</u>

ANNEX 4

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Development of General Health Services

III. Health Laboratory Services

The basic health services development programme includes the establishment of health laboratory services at health zone level. Each laboratory will serve as both a basic public health and a basic clinical laboratory unit for the health zone. The Government plans to establish by 1980 fifty basic laboratory units in operating and planned health zones. Where the epidemiological situation justifies it, similar laboratories will also be organized outside the health zones. It is planned that one laboratory unit will cover about 20-30 thousand of population. The Government request comprises the complete equipment and material needed for a basic laboratory unit.

Supplementary supplies and equipment have also been requested for the Central Public Health Laboratory in Vientiane.

The request consists in two lists:

(1) Equipment for 50 district (health zone) laboratories	US\$ 28 900
(2) Supplementary equipment for the Central Public Health Laboratory	<u>US\$ 5 364</u>
Total:	<u>US\$ 34 264</u>

ANNEX 5

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Development of General Health Services

IV. Health Education

Health education activities have been incorporated as an integral part of the development of general health services programme. They are considered by the Government to be one of the most effective and important methods in organizing primary health care and in mobilizing communities for the execution of health programmes.

Health education is carried out by all health personnel working at different levels of the health care delivery system. In addition mobile units of health educators have been organized to work in the most remote areas.

The request presented by the Government consists in basic equipment for mobile units and for the production of health education materials.

Total: US\$ 12 821

ANNEX 6

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Health Manpower Development

Training of Primary Health Care Workers

The Government is at present carrying out a programme for the training of village health workers. Over a three-year period at least 1000 village health workers have to be trained. Courses for primary health workers are being organized in the different health zones.

The request presented by the Government consists in simple basic teaching aids for 30 primary health worker schools.

Total: US\$ 16 161

ANNEX 7

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Control of Communicable Diseases

Immunization

The targets by 1980 for the immunization programme set up by the Government are:

(1) Smallpox

- to vaccinate 60-70% of the population at age 0-2 years;
- to maintain a 60-70% level of immunization among the susceptible population;

(2) Diphtheria, tetanus and pertussis

- to achieve by 1980 a 25-30% coverage of the population at age 0-7 years;

(3) BCG

- 80% of all primary school children are expected to have BCG scars;
- 30-35% of the population will be immunized at age 0-7 years;

(4) Poliomyelitis

- in urban areas 20 000 children will be immunized annually.

Immunization will be carried out through the combined efforts of the basic health services and a special campaign organized by the offices of the provincial medical chiefs.

The Government is already receiving vaccines from different external sources.

The quantity of vaccines requested is additional to that obtained or being obtained from other sources for the one-year programme being carried out at present.

The request consists in one list of vaccines and equipment for mass vaccination campaigns.

Total: US\$ 21 768

ANNEX 8

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Production, Manufacture and Control of Drugs

Production, manufacture, distribution and control of pharmaceuticals has high priority in the health programme adopted by the Government. At present there is no effective national system of drug control or any long-term plan for the development of drug production. There are only two small factories that manufacture and package pharmaceutical products. A long-term programme for drug production and control is being prepared and it is expected that, by early 1977, a study on the feasibility of starting drug production will have been completed.

The request presented by the Government comprises a list of drugs in bulk which can be processed locally under existing conditions.

Total: US\$ 1 200 000