



MDG Progress Report 2015

Progress and transition of Health-related MDGs to SDGs in Lao PDR

Overview

At the beginning of the new millennium, world leaders gathered at the United Nations to develop quantified targets for addressing extreme poverty in its many dimensions; the Millennium Development Goals (MDGs). With the help of many different partners, every country is responsible for achieving eight specific goals. The year 2015 marks the final implementation year for the MDGs and acts as an introduction and launching year for the newly developed Sustainable Development Goals (SDGs). The following report will focus on the progress of all health related MDGs in Lao PDR.

The health sector in Lao PDR is responsible for the achievement of three specific MDG goals, namely to reduce child mortality (MDG 4), to improve maternal health (MDG 5), and to combat HIV/AIDS, malaria and other diseases (MDG 6). In addition, the health sector is also directly connected to one target from MDG 1 (to halve the proportion of people suffering from hunger) and one target from MDG 7 (to halve the proportion of people without sustainable access to safe drinking water and basic sanitation) as access to safe water and sanitation falls under the mandate of the Ministry of Health in Lao PDR due to the direct consequences that it has on the health related well-being of the population.

This report reflects joined efforts by the Government of Lao PDR in collaboration with a wide range of development partners. In addition to the Ministry of Health, bilateral development partners, intergovernmental organizations, and international as well as national non-governmental organizations (NGOs) play a crucial role in reaching out to the necessary target populations in order to achieve the MDGs. Civil society organizations are a major force in reaching the most vulnerable population, often living in remote rural areas. This community engagement is also important in reaching out to different ethnic groups and to develop cultural sensitive approaches on development including health and hygiene promotion.

Overall, Lao PDR has made some significant changes and has achieved six out of the nine health related targets. As seen in figure 1, Lao PDR successfully reduced child mortality of under-5-year-olds by two-thirds, reduced maternal mortality by three-quarters, halted and reversed the spread of malaria and TB, halved the proportion of the population without improved drinking water in urban areas and halved the proportion of the population without sanitation in urban areas. As for the target of reducing hunger by half, halting and reversing the spread of HIV/AIDS, and achieving universal access to HIV/AIDS treatment for those in need,

Figure 1: Overall health related MDG targets

LAO PDR MDG TARGET						
Target	1995	2000	2005	2010	2014	2015
Goal 1: Eradicate Extreme Poverty and Hunger						
Reduce hunger by half						
Goal 4: Reduce Child Mortality						
Reduce mortality of under-5-year-olds by two-thirds						
Goal 5: Improve Maternal Health						
Reduce maternal mortality by three-quarters						
Goal 6: Combat HIV/AIDS, malaria and other diseases						
Halt and reverse the spread of HIV/AIDS						
Achieve universal access to HIV/AIDS treatment for those in need						
Halt and reverse the spread of malaria						
Halt and reverse the spread of TB						
Goal 7: Ensure Environmental Sustainability						
Halve proportion without improved drinking water in urban areas						
Halve proportion without sanitation in urban areas						

Source: HMIS

Lao PDR is on track, yet comes short to achieving the targets.

Despite these notable improvements, major challenges remain including the access to health services in remote areas and for vulnerable groups, the quality of services and the protection against health shocks. According to World Bank's systematic country diagnosis for Lao PDR, health shocks constitute a main factor for falling back into poverty. At the same time, less than 15% of the poor have health insurance.¹ The most common problems facing the service delivery system are the excessive patient loads at the central and provincial levels, and the under-use of district and community level facilities. As a consequence, in order for Lao PDR to continue progressing towards a more improved health sector, it is essential to increase the emphasis on policies and measures that increase the access of the most vulnerable groups to services, livelihoods and resources.

It is important to mention that the following summary report will draw on statistics and data collected through different channels, such as HMIS, Lao Social Indicator Survey (LSIS), UN joint estimates, and other WHO and UN global reports. As such, some data might vary depending on the estimate that it originates from. Moreover, a new LSIS is in the process of being planned and conducted within the next year, which will provide additional and updated values for some of the currently estimated indicators.

SUSTAINABLE DEVELOPMENT GOALS (SDGs)

2015 marked the target year for achieving the MDG goals and the SDGs monitoring will be implemented from 2016 onwards. The 2030 Sustainable Development Agenda is of unprecedented scope and ambition and goes well beyond the MDGs. While poverty eradication, health, education, and food security and nutrition remain priorities, the Sustainable Development Goals (SDGs) comprise a broad range of economic, social and environmental objectives, and offer the prospect of more peaceful and inclusive societies.

The SDGs are composed of 17 goals and 169 targets all evolving around a sustainable development for the people and the planet, prosperity, peace and partnership. One of the 17 goals (SDG3) is specifically health related and sets out to ensure healthy lives and promote well-being for all at all ages. Its 13 targets build on progress made on the MDGs and reflect a new focus on non-communicable diseases and the achievement of universal health coverage. The majority of health related SDG targets and goals are reflected in national policies such as the 8th HSDP.

At the time of this report being prepared, Lao PDR is still in the process of defining the appropriate SDG indicators for the country. They will be based on the MDG indicators and attempt to continue to maintain the momentum that the previous development indicators have had. Nevertheless, it is certain that in order for Lao PDR to achieve health related SDG targets further additional investments in the health sector are required. Public spending on health in Laos remains very low and health service provision continues to rely on out of pocket spending and external financing. Without sufficient financial allocations it will not be

¹ World Health Statistics 2015, WHO 2015

possible to achieve resilient health systems and universal health coverage by the proposed national and international deadlines.

Strong health systems will be the basis for the achievement of all health related SDGs and will ensure that previous progress under the MDG agenda is not put at risk. The integrated approach to development of the SDGs requires a coordinated and holistic approach by governments to implement the agenda. NCDs, road safety, and environmental health are emerging challenges which will require strong commitment to mobilize the joint efforts required across government agencies and within other sectors to achieve the ambitious targets set within the SDGs. An active role by the Ministry of Health to ensure health is reflected in all policies as well as MoH taking a leading role on cross sector issues which fall under the mandate of the MoH such as water and sanitation, will be important to support Laos' efforts towards achieving the SDGs.

Sustainable Development Goals (SDGs)²



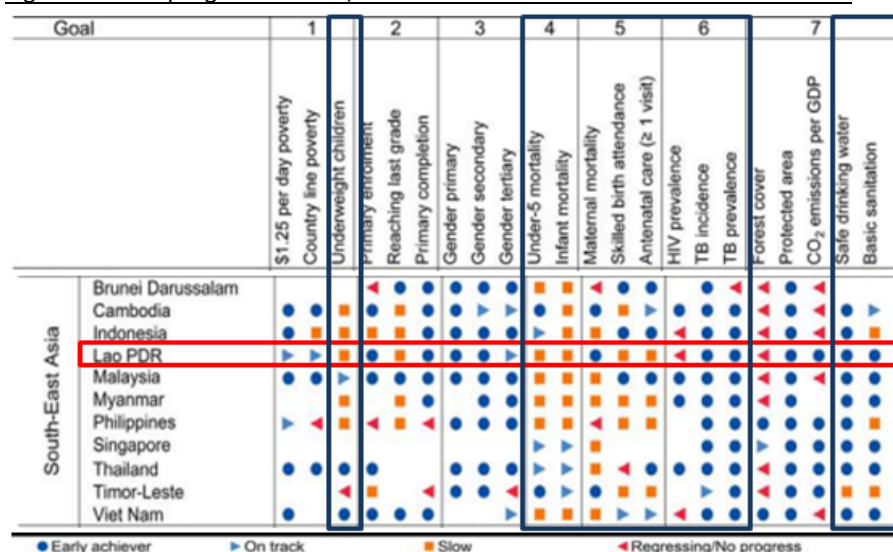
² United Nations, <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

COUNTRY COMPARISON

While comparing the health related MDG targets with other Southeast Asian countries in the region in figure 2, a UN joint paper found that despite an overall successful progress, Lao PDR is average or slightly below average in regards to achieving its goals. The following section will provide a brief country comparison with Lao PDR's bordering countries, namely Cambodia, Vietnam, Myanmar and Thailand. It will simply focus on the country's progress made as far as reaching the MDG goals, rather than comparing indicator values among countries.

As for the proportion of underweight children, Vietnam and Thailand are early achievers and ahead of Laos while Lao PDR and Cambodia show a slow progression. For under-5 mortality, only Cambodia is more advanced than Lao PDR as an early achiever as both Vietnam and Myanmar are also portraying a slow progression. For infant mortality, all four countries portray slow progress, which puts Lao PDR in an equal position as its neighboring countries. In terms of maternal mortality, Lao PDR together with Cambodia overpasses Myanmar and Vietnam which show slow progress and Thailand which is on track but has yet not achieved the target yet. In regards to SBA coverage, Vietnam is on track and has thus achieved better achievement rates than Lao PDR. Thailand has reported no progress in regards to this target. The ANC service coverage has recorded better progress in Cambodia, Thailand and Vietnam. Only Myanmar has also recorded slow progress in regards to ANC services. Even though the HIV prevalence rates might be higher in other countries, all neighboring countries, with the exception of Vietnam, have recorded a better progress towards the MDG goals. The country, as all other bordering countries, has been recorded as an early achiever in regards to TB prevalence and incidence. The same counts for the proportion of the population with access to safe drinking water and basic sanitation.

Figure 2: MDG progress in 2015; Lao PDR vs. other Southeast Asian countries ³

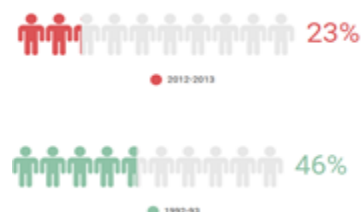


Source: Asia-Pacific Regional MDGs Report 2014/15, UN ESCAP, ADB, and UNDP 2015

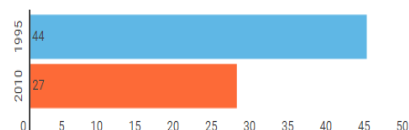
³ Making it happen: Technology, finance and statistics for sustainable development in Asia and the Pacific, UN ESCAP, ADB, and UNDP 2015

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

Poverty rates in Lao PDR



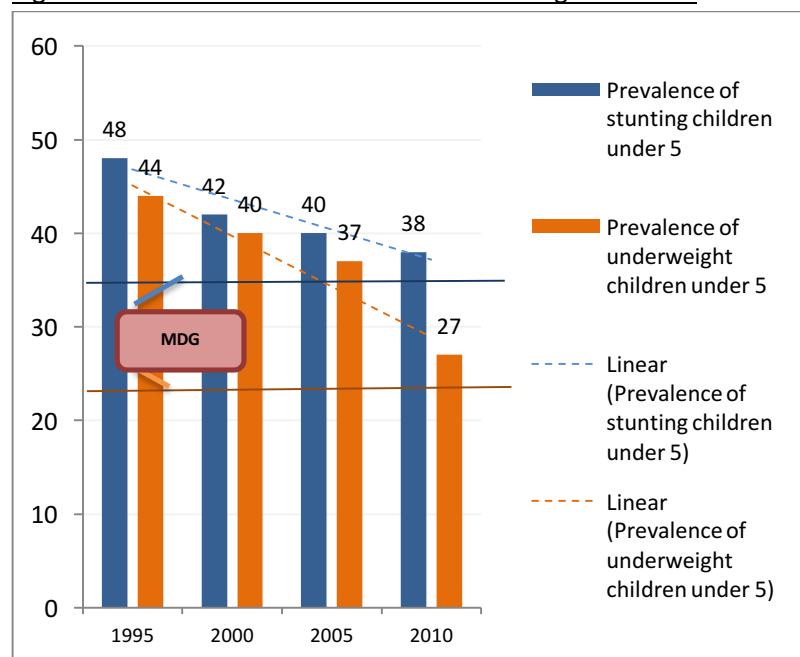
Prevalence of underweight children under 5



- By 2013, Lao PDR had already achieved the MDG 1 of halving its national poverty rate from 46 % in 1992/93 to 23 % by 2012/13ⁱ.
- Despite a successful decline in the overall poverty rate, inequalities have increased, which can, among others, be seen in the distribution and access to of health services and financing.
- Food insecurity remains a challenge in Lao PDR, with one-fifth of the population consuming less than the minimum dietary energy requirementsⁱⁱ.
- The overall prevalence of underweight and stunting in children under five has decreased, yet projections for 2015 have not been published and thus uncertainty prevails whether MDG targets have been reached.

Target C: Halve the proportion of people who suffer from hunger

Figure 3: Prevalence of stunted and underweight children



Source: HMIS, Lao PDR MoH 2015

As for target 1C, figure 3 shows that there has been a decrease in the prevalence of underweight children under-5 as well as stunting in children under-5 from 44% and 48% in 1995 respectively, to 27% and 38% in 2010. No data has been recorded or been estimated from 2010 to 2015 yet; thus uncertainty prevails whether the national MDG targets of 22% and 34% have been achieved. Both rates remain relatively high and further policies should continue to be implemented in order to achieve additional progress in the post 2015 agenda.

As measured by the Global Hunger Index, Lao PDR still suffers from considerably high levels of hunger as it has been estimated that one-fifth of the total population consumes less than the minimum dietary requirements⁴. Especially in regards to child nutrition, strong inequalities exist across regions and groups, which can often be associated with poverty levels and the levels of education among mothers. Other causes of child undernutrition and inadequate food and nutrient intake include poor feeding and care practices, infectious diseases, poor maternal health and nutrition, adolescent pregnancy, food insecurity and poor dietary practices, poor hygiene practices, unsafe water and sanitation, and weaknesses in service delivery⁵.

By launching the National Zero Hunger Challenge in May 2015, Lao PDR has reaffirmed its commitment to fight hunger and undernutrition. In order to achieve the Zero Hunger Challenge and increase the overall health of the population and address the challenges mentioned above, the National Nutrition Strategy and Plan of Action (NNSPA) was prolonged for the 2016-2020 period by the MoH. The strategy builds on the previous nutrition strategy and forms the basis for implementing food security and nutrition interventions and is to operate in association with the National Socio-Economic Development Strategy (NSEDs) to 2020. It seeks to end hunger, achieve food security and improved nutrition and promote sustainable agriculture⁶.

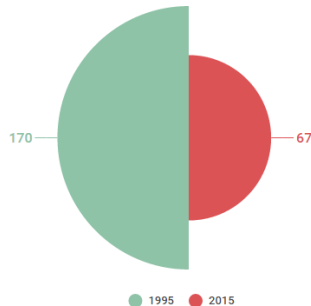
⁴ The state of food insecurity in the world 2015, FAO 2015

⁵ Lao PDR: The Millennium Development Goals and Lessons Learnt for the Post-2015 Period: A Summary Review, UN, 2015

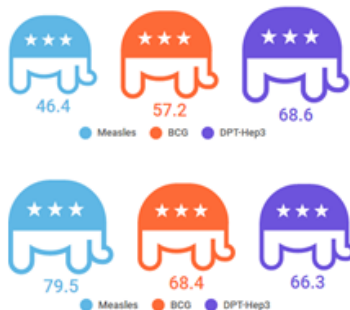
⁶ National Nutrition Strategy and Plan of Action 2016-2020, Ministry of Health 2015

MDG 4: REDUCE CHILD MORTALITY

Under-5 Mortality rate 1995 vs. 2015



Vaccine coverage 2010 vs 2015



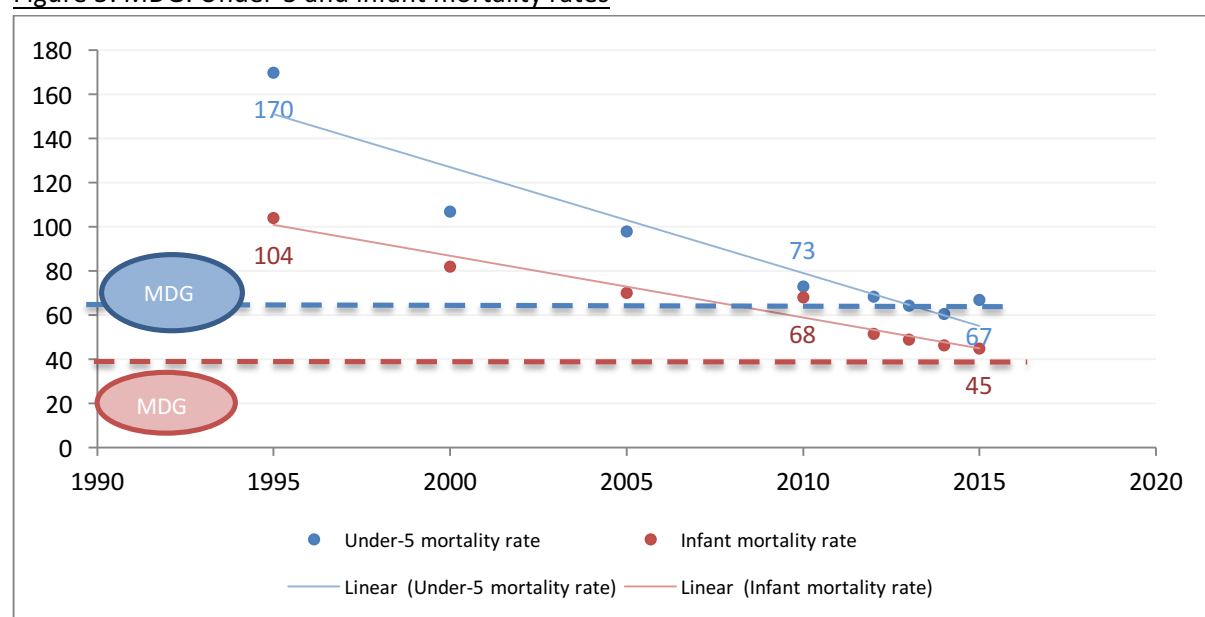
- Lao PDR has reached its national target of reducing under-5 mortality to 70/1,000 births. In 2015, the under-5 mortality rate was 67/1,000 according to the UN Joint Estimates.
- The infant mortality rate has decreased to 45/1,000, and thus also achieves the projected target of 45/1,000.
- With the exception of DPT-Hep3, Lao PDR has seen an increase in vaccine coverage over the past five years. Nevertheless, there have been multiple disease outbreaks over the past years, which in overall requires further efforts to ensure a more sustainable coverage.
- Most of the child deaths in Lao PDR are preventable or treatable with high impact cost-effective interventions, but coverage and quality of maternal and child health care services in Lao PDR are still low. ⁱⁱⁱ

Target 4 A: Reduce by two-thirds the under-5 mortality rate

Lao PDR has reached its national target of reducing under-5 mortality to 70/1,000 births. In 2015, under-5 mortality reached 67/1,000 (UN Joint Estimates). The infant mortality rate has reached 45/1,000, and thus also achieves the projected target of 45/1,000. Since the data is collected through different surveys and data systems, one must be careful while comparing the data on a year to year basis as it is impossible to determine a definite trend but only gets an overall idea.

Despite of reaching the national target, Lao PDR has failed to achieve the international targets of reducing child mortality rates to one-third of 1990 levels, which would be around 57/1,000 and 38/1,000. Policies have been introduced in 2015 to address this challenge and bring Lao PDR up to achieve international targets.

Figure 5: MDG: Under-5 and infant mortality rates

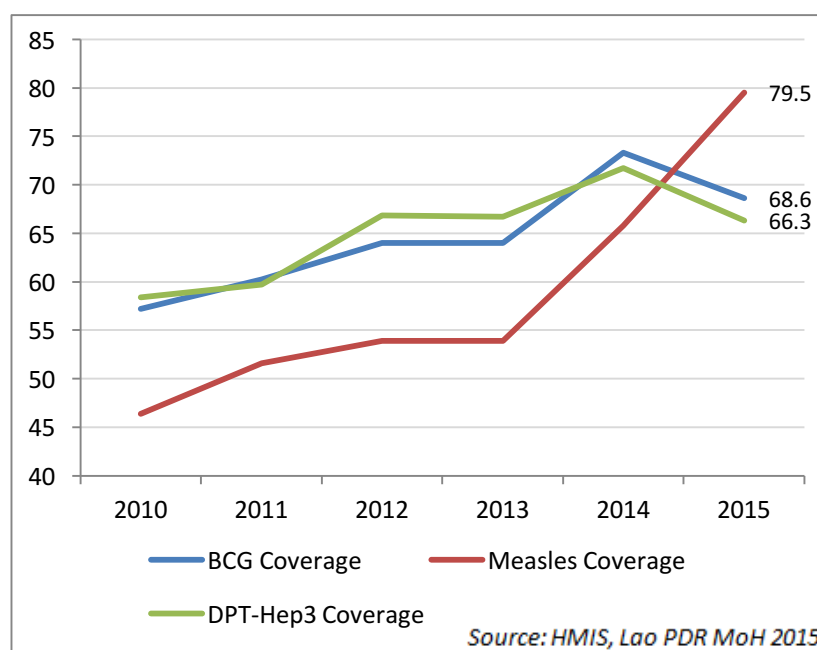


Source: LSIS 2011, HMIS 2015 & UN Joint Estimates 2015

Figure 6: Vaccine Coverage from 2010 to 2015

Reducing child mortality is correlated with the proportion of children being immunized against measles. Lao PDR has seen a significant increase in measles coverage over the past 25 years which has increased to 79.5% in 2015 (see figure 6). Despite this progress, it falls short of reaching the MDG target of 90%.

Moreover, despite the steady increase of vaccination rates recorded within the past years, data quality still remains an obstacles when breaking down to sub-national level.



As for DPT-Hep3, the vaccine coverage has fluctuated over the past five years and has not recorded a constant increase as the other two vaccines. DPT-Hep3 increased from 58.4% in 2010 to 66.8% in 2012. From FY 2012 to 2013, the coverage remained constant (with a very slight decrease of 0.1%). In 2013-2014, the vaccine coverage increased again to 71.7% before declining by almost five percent to 66.3% in

2014-2015. As for BCG, despite a decline of 4.7% within the past year, BCG coverage has steadily increased within the past five years from 57.2% in FY 2009/10 to 68.6% in FY 2014/15.

In order to address the challenges that Lao PDR faces in regards to maternal and child health, in 2015 the MoH has approved the National Strategy and Action Plan for Integrated Services on Reproductive, Maternal and Child Health 2016-2025. A national steering committee under the chairmanship of Vice Minister and 11 technical groups is responsible to coordinate and oversee the mechanism for the technical and implementation work. The strategy provides clear guidance and identifies major activities to be implemented over the next five years that are beneficial in improving maternal health. As with previous policies and legal frameworks the main challenge of the strategy will remain its implementation at national scale, especially in remote areas.

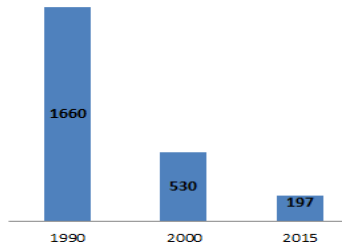
Moreover, The Government of Lao PDR has initiated Health Equity Fund (HEF) schemes and the rollout of Free Delivery of Maternal, Neonatal and Child Health Care (Free MNCH). Nevertheless, financial barriers still impede access to health services. Improving health sector financing will require increasing and securing sufficient domestic resources for health, removing financial barriers through national programmes for HEF schemes and Free MNCH, and moving towards Universal Health Coverage.⁷

Lastly, the comprehensive multi-year plan for immunization 2016 – 2020 was introduced in 2015 and aims to address all challenged in regards to vaccine coverage. Policies and activities in the plan attempt to, firstly, eliminate important communicable diseases such as polio, measles, rubella and, maternal and neonatal tetanus, and secondly to mobilize communities for vaccination.

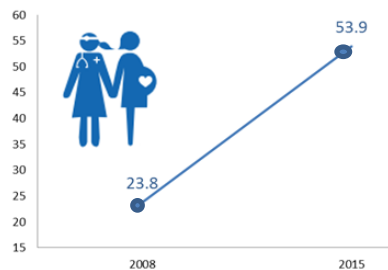
⁷ Ministry of Health Lao PDR, 2013

MDG 5: IMPROVE MATERNAL HEALTH

Maternal mortality ratio
(deaths per 100,000 live
births)



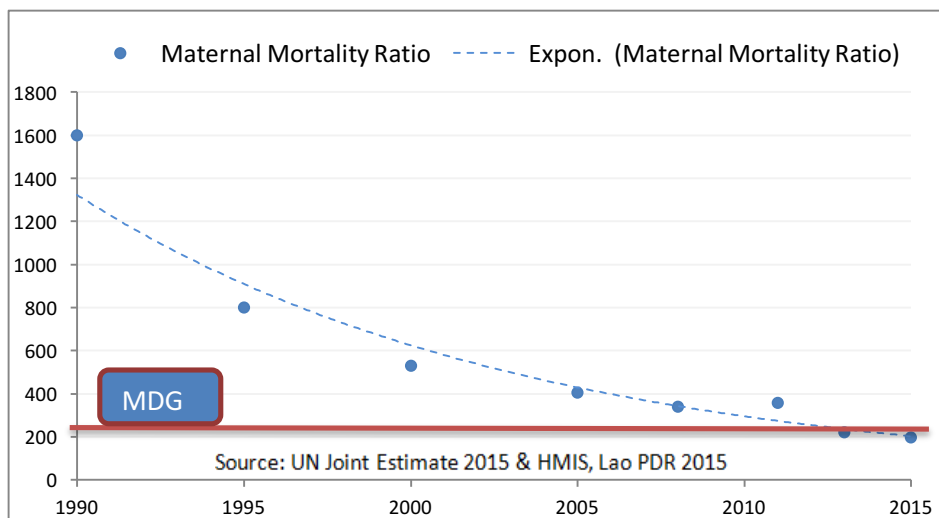
Births attended by skilled
health personnel



- Lao PDR has achieved the first target of MDG 5 of reducing its maternal mortality ratio (MMR) by 75%. In 2015, the MMR was estimated at 197/100,000.^{iv}
- The percentage of births attended by skilled health personnel has increased to 53.9% in 2015 and thus achieves the MDG target of 50%.
- Lao PDR reached a relatively high ANC1 coverage rate of 91% in 2015 and thus reached the projected goal of 60%. Nevertheless, ANC4 coverage remains low at only 52.4%.
- Overall, access to reproductive health has improved, yet target 5B has not been achieved yet.

Target 5A: Reduce by three-quarters the maternal mortality ratio (MMR)

Figure 7: Maternal mortality ratio from 1990 to 2015



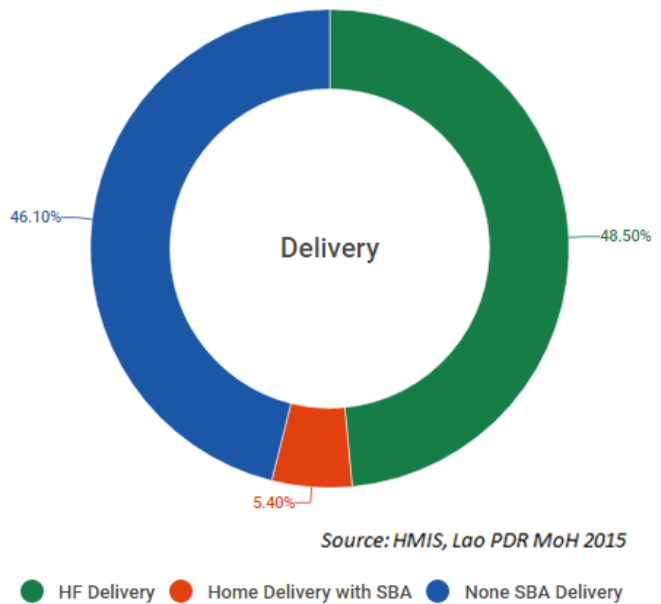
Lao PDR has achieved the first target of MDG 5 of reducing its maternal mortality ratio (MMR) by 75%. A UN joint paper by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division has estimated the MMR in 2015 to be 197/100,000⁸.

⁸ Trends in Maternal Mortality: 1990 to 2015, UN joint estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015

Even though the MDG target has successfully been achieved, it is important to mention that challenges to reduce the maternal mortality rate remain as the ratio is still relatively high. Policies in the National Strategy and Action Plan for Integrated Services on Reproductive, Maternal and Child Health 2016-2025 will work towards reducing these challenges.

Figure 8: SBA Coverage 2015

Challenges to achieve a lower MMR include low coverage and inadequate service quality for pregnant women. Only 53.9% of all estimated births in 2015 were assisted by a skilled birth attendant. Even though this exceeded the MDG target of 50% on a national level, the majority of provinces still struggle to achieve the target. We saw that only six provinces, namely Savanakheth, Vientiane Province, Luangprabang, Bokeo, Xiengkhuang and Luangnamtha achieved the expected 50%. The facility based delivery is still low, at 48.5%. Both the proportion of deliveries assisted by a trained health personnel and facility-based delivery rates are lowest in the rural areas without road access, among women with primary or no education, from the poorest quintile households and from non Lao-Tai groups.



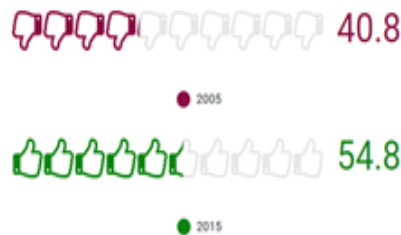
Lao PDR hopes to reduce and eliminate this challenge as one of the main priority areas of the National Health Sector Reform by 2020 is the development of human resources. By increasing the staff in the quantity as well as the quality especially on a district and health center level, the strategy aims to increase the number of trained birth attendants as well as the quality of services provided and thus attempts to increase the number of SBA deliveries. Moreover, the introduction of free MCH will help to eliminate some of the existing challenges and will provide more vulnerable women with access to necessary services.

Target 5B: Achieve universal access to reproductive health

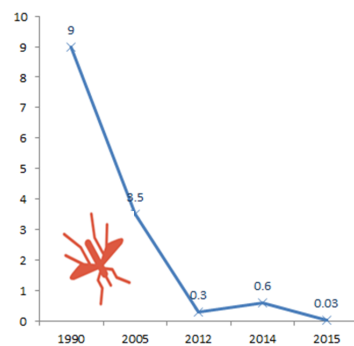
As for the second target of achieving universal access to reproductive health, Lao PDR has reached a relatively high ANC1 coverage rate of 91% in 2015 and thus reached the projected goal of 60%. However, ANC4 coverage remains lower at only 52.4%. In order to improve the service quality of health facilities in Lao PDR, it is essential to promote not only the provision of ANC1 but also of ANC4. More information in regards to ANC1 and ANC4 coverage can be found in section 2.1.1 of the NHR. No recent data was recorded in terms of the contraceptive prevalence rate, adolescent birth rate and unmet need for family planning, which requires further investigation. The Lao social indicator survey planned for 2016 will provide data on these indicators.

MDG 6: COMBAT HIV/AIDS AND OTHER DISEASES

ARV among adult and children from 2005 to 2015



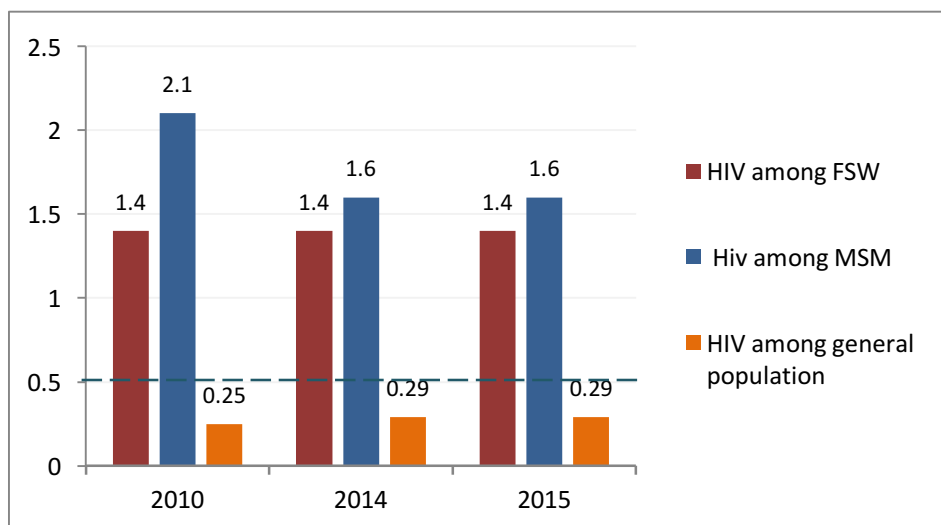
Malaria death rate (per 100,000) 1990 to 2015



- Lao PDR has managed to keep HIV prevalence at 0.29% and thus to be within the target limit for MDG 6, which is below 0.5% for the general population.
- Target 6B, the % of adults and children with advanced HIV infection receiving ARV treatment, remains far from being reached. Despite an overall increase in ARV coverage from 2005 to 2015, Lao PDR has seen a decrease in access to ARV drugs within the last year.
- Despite an increase in 2014, the overall malaria death rate has significantly decreased from 9 per 100,000 in 1990 to 0.03 in 2015. Especially the southern provinces are at high risk of malaria in Lao PDR.
- TB incidence per 100,000 as well as TB prevalence per 100,000, Lao PDR had reached the MDG target of 240 and 750 respectively by 2010 and 2005 respectively. The TB treatment success rate was high (87%) in 2015, leading to the achievement of the MDG target of 85%.

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Figure 9: HIV prevalence among general population and among target populations

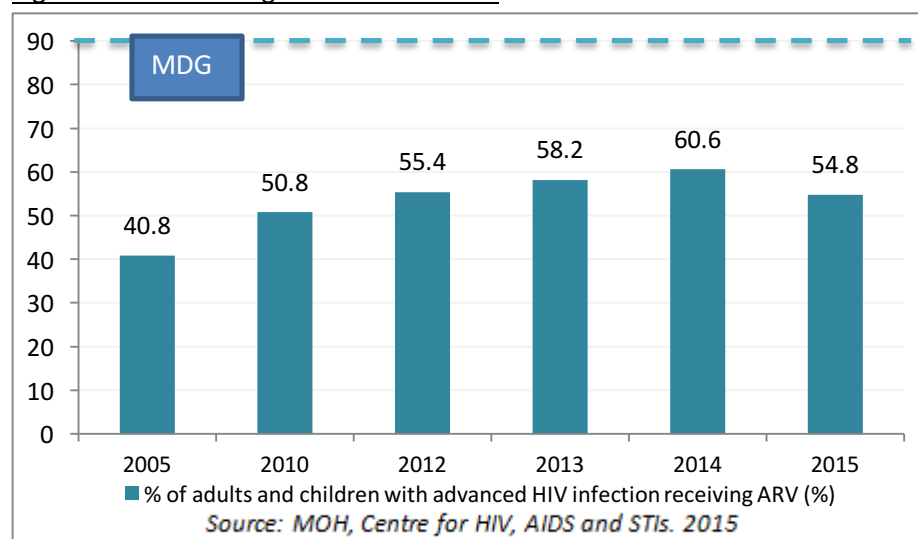


Lao PDR has managed to keep HIV prevalence at 0.29% and thus to be within the target limit for MDG 6, which is below 0.5% for the general population. However, a slight increase in the estimated HIV prevalence among the general population in the last five years was recorded from 0.25% in 2010 to 0.29% in 2015.

Moreover, Lao PDR's increased integration in the regional economy of Southeast Asia lead to a higher HIV infection rate of 1.6% in 2015 in the target populations (female sex workers and men who have sex with men). HIV testing as well as treatment services remains limited to the central level and major urban areas. Stigmatization and low awareness among non-specialized health personnel further complicate the enrolment of patients into treatment. Thus, closer surveillance and bigger efforts are required in order to effectively reduce HIV rates among all population groups.

Target 6B: Achieve universal access to treatment for HIV/AIDS for all who need it

Figure 10: ARV among adult and children



In the past ten years, the number of children and adults in advanced stage of HIV infection registered on ARV treatment has slightly been increased. The most significant increase was recorded from 2005 to 2010 when the rate increased by 10%. From 2010 to 2014, the rate increased by almost another 10%, yet it fell within the last year from 60.6% to 54.8%.

As a consequence, the MDG target of 90% is far from being reached and further progress is required in the

post 2015 agenda. The calculation of the current coverage rate is based on the 2012 global definition which identifies HIV patients in need of ARV treatment already at a slightly earlier stage of their infection (CD4 count at 350 compared to CD4 count at 250 previously). This means that the total number of persons considered to require treatment increased in 2012. However despite this increase the health authorities managed to further increase the coverage rate compared to previous years.

In order to combat HIV and address these challenges, Lao PDR has endorsed the 90 – 90 – 90 fast track initiative to achieve, by 2020, 90% of people living with HIV knowing their status, 90% of people living with HIV accessing antiretroviral treatment and 90% of patients receiving antiretroviral treatment having viral suppression⁹. Special emphasis needs to be given to reaching the key populations at risk, which will require an expansion of networks of peer educators. In order to do so, much higher allocations from the national budget are required for HIV response, since currently most of the HIV interventions are funded from external sources.¹⁰

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Malaria

Malaria is endemic throughout most of Lao PDR but most of the transmissions are associated with hilly forested areas in the southern part of the country which account for about 97% of reported cases. Figure 11 below shows a

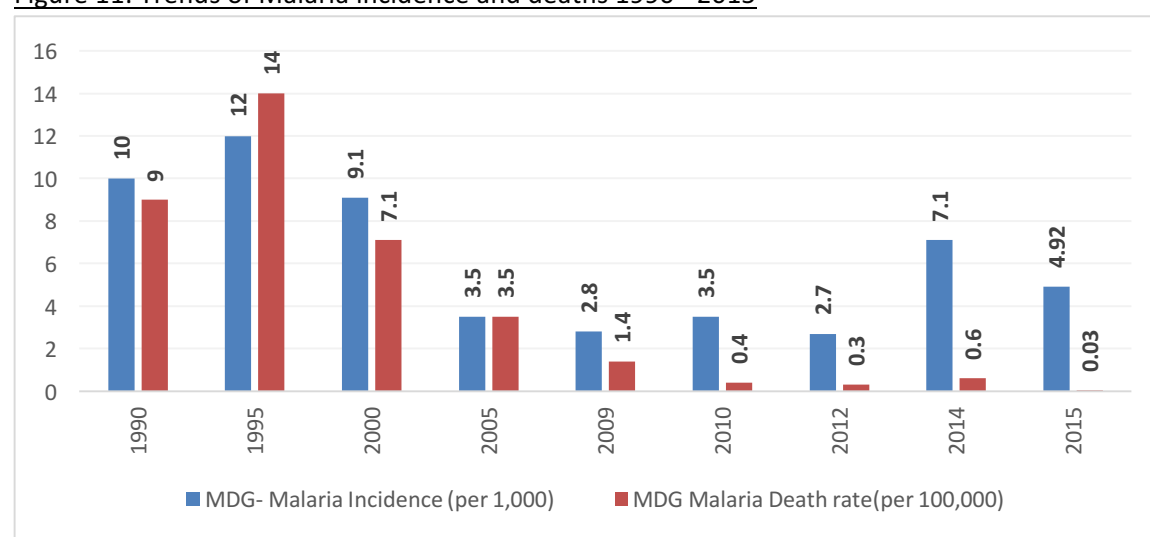
⁹ Lao PDR country progress report, Global AIDS Response Progress Country Report, CHAS 2015

¹⁰ Lao PDR: The Millennium Development Goals and Lessons Learnt for the Post-2015 Period: A Summary Review, UN, 2015

significant decline in both malaria incidence and deaths from 1995 to present, with an exception of a 3 folds increase in incidence of malaria in 2014 compared to the 2012 incidence rate, which was caused by malaria outbreaks in the south of the country, including drug-resistant malaria. Nevertheless, the rate fell again dramatically from 7.1 in 2014 to 4.92 in 2015. Despite the decline in the past years, Lao PDR refrains from reaching the MDG target of an incidence rate of 0.6.

As for the malaria death rate, data shows a similar trend as the malaria incidence, with an overall decline, yet a peak in 2014. In 2015, the death rate reached 0.03 and thus the MDG target of 0.2 has been achieved. It is also observed that in the last five years, more efforts have been made in collecting malaria related information on a regular basis.

Figure 11: Trends of Malaria incidence and deaths 1990 - 2015



Source: MOH, Centre for Malaria, Parasitology and Entomology. 2015

The increase in malaria cases is likely related to economic activities, particularly in forest areas and large-scale development projects, which have attracted workers and families from less endemic areas of Lao PDR or neighboring countries, where people are less familiar with the threat of malaria and may be more susceptible to severe malaria or death due to lack of immunity. Challenges in regard to eliminating malaria on a national, provincial as well as central level are addressed in the National Strategic Plan for Malaria Control and Elimination (2016-2020). The plan lays out the goals, objectives, strategies, parties responsible and coordination mechanisms, and costs to successfully reduce the burden of malaria in the Lao PDR over the next five years to prepare the country for national elimination by 2030.

Tuberculosis (TB)

TB prevalence, although declining, is much higher than previously estimated. Figure 12 shows that in regards of TB incidence per 100,000 as well as TB prevalence per 100,000, Lao PDR had reached the MDG target of 240 and 750 respectively by 2010 and 2005 respectively. Nevertheless, the TB burden remains high with an estimated incidence rate of 180 per 100 000 population and a rate of co-infection with HIV of 7.4 per 100 000. It is important to mention that the WHO TB estimates are currently only available until 2014 as the WHO projected estimates of 2015 will be released by mid-2016. TB burden estimates will most probably follow the same declining trend as in previous years with projected prevalence 441/100,000 and incidence 180/100,000.

Figure 12: TB situation in Lao PDR 2005-2015 per 100,000

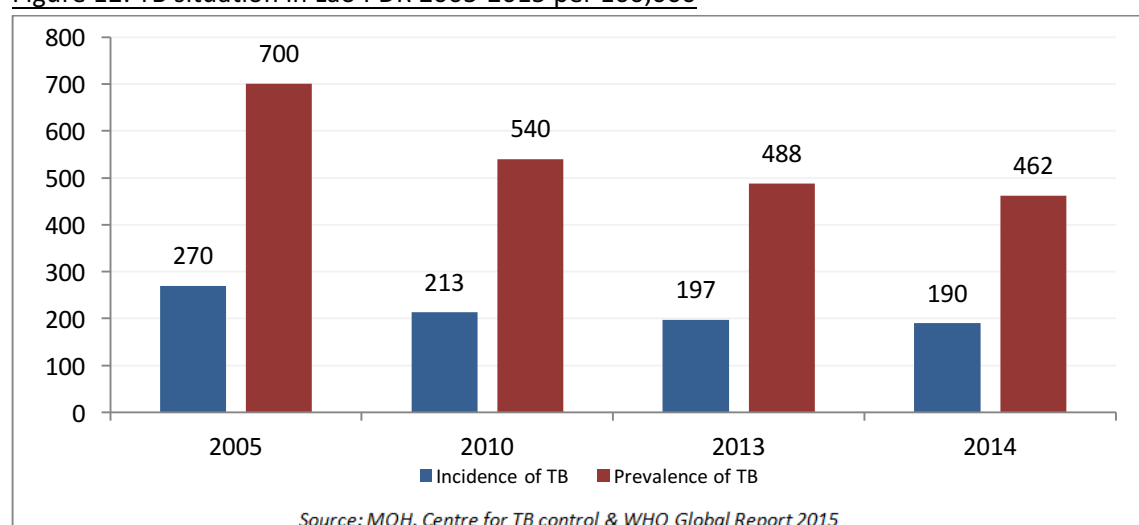
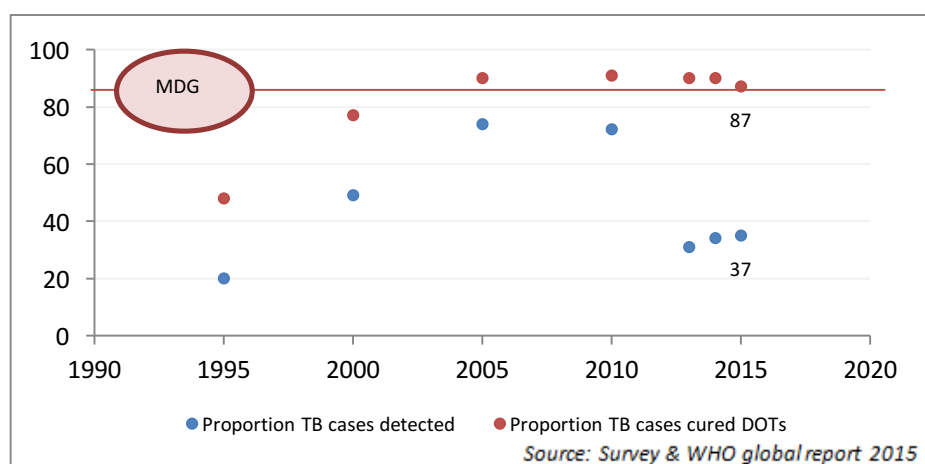


Figure 13: TB detected and TB cured 1995 – 2015



The TB treatment success rate was high (87%) in 2015, contributing to the achievement of the MDG target of 85%. The reports from the national TB

Center, surveys as well as the WHO global report show a decline in both incidence and prevalence of TB in the past ten year. The years 2012 to 2014 have recorded a decline in the number of TB cases detected through the DOTS programme.

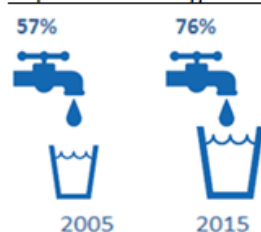
It is important to mention that since the data is collected through different surveys, reports and data systems. Data in proportion of TB case detected are given with different estimates of the denominator (incidence) at different periods. After the first prevalence survey in 2010, WHO has entirely re-modeled the TB burden estimates trend since 1990. Based on this new model, the proportion of case detected vs. the estimated incidence (case detection rate) has increased regularly from 13% in 2000 to 35% in 2014 and projected 37% in 2015.

Based on previous achievements in improving quality, availability and access to treatment, the national program now focuses on increasing the detection rate which still remains low at an estimated 34% in 2015.¹¹ The National Tuberculosis Strategic Plan 2015-2019 is in line with the vision of Lao PDR free of tuberculosis – zero deaths, disease and suffering due to tuberculosis and aims at reducing the burden of TB. With its focus on improving access to treatment and testing, strengthening TB-HIV collaborative activities, management of drug resistant tuberculosis and strengthening the management of TB services, it will contribute to reaching the targets of WHO Post-2015 Global Tuberculosis Strategy.

¹¹ Global Tuberculosis Report 2015, WHO, 2015

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Proportion of population using improved drinking water source



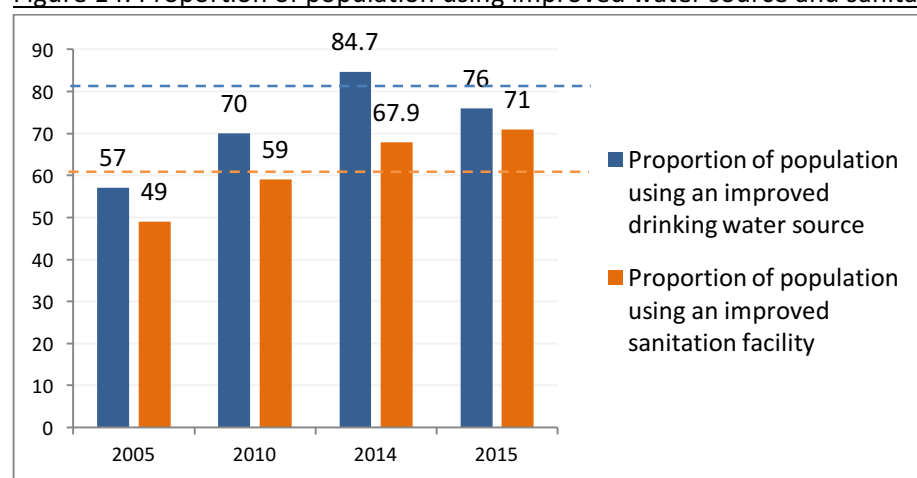
- The percentage of people using an improved water source has increased to 76% in 2015, yet falling short the MDG target of 80%.
- The proportion of the population using an improved sanitation facility has reached 71%, thus achieving the MDG target of 60%.

Target C: Halve the population without sustainable access to safe water and basic sanitation

Over the past ten years, Lao PDR has seen significant changes in both the proportion of population using an improved drinking water source as well as the proportion of population using an improved sanitation facility. In terms of the proportion of the population using an improved sanitation facility, it has been estimated that the rate has increased to 71% in 2015, thus reaching the MDG target of 60%.

For the proportion of the population using an improved drinking water source, the rate fell from 84.7% in 2014 to 76% in 2015. Thus, even though the number of persons having access to safe water and improved sanitation has three-folded since the 1990s, the MDG target of 80% of the population using an improved drinking water source has not been reached. The rural-urban gap has narrowed regarding the access to improved water sources but disparities remain significant across wealth quintiles. Inequities are even greater in sanitation than in water coverage.

Figure 14: Proportion of population using improved water source and sanitation facilities



Source: NCEHWS 2007 & HMIS 2015

In order to improve the challenges related to improved drinking water and sanitation, drinking water quality standards were adopted in 2014, aiming to make water safety plans mandatory and including detailed surveillance and reporting requirements. However capacity of the National Center for Environmental Health and Water remains insufficient to support the development and implementation of these plans at all levels, especially in reaching out to the villages. Auditing of the water safety plans in

urban and rural water supply systems and water quality surveillance, which should be led by the Department for Hygiene and Health Promotion under the MoH also needs further strengthening.

Moreover, the National Environmental Health Strategic Action Plan for 2016-2020 has been drafted under the leadership of the MoH in consultation with representatives from the environment, infrastructure development and water sectors. Continuation of this multi-sectoral coordination and engagement is of critical importance to ensure operational planning, effective implementation and joint monitoring.

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ⁱ Lao Statistics Bureau and the World Bank, 2014

ⁱⁱ The state of food insecurity in the world 2015, FAO 2015

ⁱⁱⁱ LSIS, 2011/2012

^{iv} Trends in Maternal Mortality: 1990 to 2015, UN joint estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015

