

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)  
MINISTRY OF HEALTH  
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

**THE STUDY ON  
THE IMPROVEMENT OF  
HEALTH AND MEDICAL SERVICES IN  
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC**

LAO HEALTH MASTER  
PLANNING STUDY

**FINAL REPORT**

VOLUME 3  
PRIORITY PROGRAMMES

**November 2002**

PACIFIC CONSULTANTS INTERNATIONAL

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## PREFACE

In response to the request from the Government of the Lao People's Democratic Republic, the Government of Japan decided to conduct the study on Improvement of Health and Medical Services in the Lao People's Democratic Republic and entrusted the study to Japan International Cooperation Agency (JICA).

JICA dispatched a study team headed by Mr. Hideyuki Sasaki of Pacific Consultants International to the Lao PDR, four times between April 2001 and September 2002. In addition, JICA set up an Advisory Committee headed by Dr. Takatoshi Kobayakawa of Tokyo Women's Medical University between April 2001 and September 2002, which examined the Study from specialist and technical points of view.

The team held a series of discussions with the officials concerned of the Government of the Lao PDR and conducted field surveys at the study area. Upon returning to Japan, the team conducted further studies and prepared this final report.

I hope that this report will contribute to the promotion of this project and to the enhancement of friendly relationship between our two countries.

Finally, I wish to express my sincere appreciation to the officials concerned of the Government of the Lao PDR for their close cooperation extended to the team.

October 2002



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Takao Kawakami

President

Japan International Cooperation Agency

October 2002

Mr. Takao KAWAKAMI  
President  
Japan International Cooperation Agency  
Tokyo, Japan

## Letter of Transmittal

Dear Sir,

We are pleased to formally submit herewith the Final Report of "The Study on Improvement of Health and Medical Services in the Lao People's Democratic Republic."

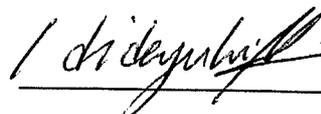
This report compiles the results of the Study which was conducted from March 2001 through October 2002 by the Study Team organized by Pacific Consultants International under the contract with JICA.

The report compiles the Lao Health Master Plan covering both reform and development of the health sector in the Lao PDR. The plan consists of 1) vision, goals and objectives; 2) overall basic strategies; 3) frameworks for health sector reform and development; and 4) priority programmes.

We would like to express our sincere gratitude and appreciation to the officials of your agency, the JICA advisory Committee, and Ministry of Foreign Affairs. We also would like to send our great appreciation to all those who extended their kind assistance and cooperation to the Study Team, in particular to the Lao Ministry of Health and provincial/district health offices.

We hope that the report will be able to contribute significantly to health sector reform and development in the Lao PDR.

Very truly yours,



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Hideyuki SASAKI  
Team Leader,  
The Study on Improvement of  
Health and Medical Services in the  
Lao People's Democratic Republic



**Study Area**

**FINAL REPORT**  
**Volume 3: Priority Programmes**

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## FORMATION OF THE FINAL REPORT

The Final Report is comprised of the following volumes:

- Volume 1: Summary**
- Volume 2: Main Text**
- Volume 3: Priority Programmes**
- Volume 4: Sector Review**

Volume 1, Summary, contains the methodology of the Lao Health Master Planning and the outline of the Master Plan.

Volume 2, Main Text, contains the contents of the Lao Health Master Plan including vision, goals and objectives, overall basic strategies, frameworks (sub-sector strategies), and priority programmes.

Volume 3, Priority Programmes, compiles the lists of prioritised programmes (very high priority, high priority and priority programmes), and the profiles of the very high priority programmes.

Volume 4, Sector Review, contains the review of present conditions of sub-sectors.

## **Abbreviation and Acronym**

ADB: Asian Development Bank  
ANC: Antenatal Care  
AIDS: Acquired Immunodeficiency Syndrome  
APB: Agriculture Promotion Bank  
ARI: Acute Respiratory Infections  
ASEAN: Association of South East Asian Nations  
ATS: Amphetamine Type Substances  
AusAID: Australian Agency for International Development  
BS: Birth Spacing  
BTC: Belgian Technical Cooperation  
CBR: Crude Birth Rate  
CBR: Community-Based Rehabilitation  
CCL: Comite pour Cooperation avec le Laos  
CDD: Control of Diarrhoeal Diseases  
CDR: Crude Death Rate  
CIEH: Centre of Information and Education for Health  
CMR: Child Mortality Rate  
CPC: Committee for Planning and Cooperation  
DALY: Disability Adjusted Life Year  
DH: District Hospital  
DHO: District Health Office  
DOTS: Directly Observed Treatment Short-Course  
EPI: Expanded Programme on Immunization  
EU: European Union  
FAO: Food and Agricultural Organization of the United Nations  
FP: Family Planning  
GDP: Gross Domestic Product  
GFR: Gross Fertility Rate  
GTZ: German Technical Cooperation Agency  
HC: Health Centre  
HIV: Human Immunodeficiency Virus  
HDR: Human Development Report  
HRD: Human Resource Development

IMR: Infant Mortality Rate  
IEC: Information, Education, Communication  
IUD: Intrauterine device  
JICA: Japan International Cooperation Agency  
JOCV: Japan Overseas Cooperation Volunteers  
KAP: Knowledge, Attitudes and Practices  
LECS: Lao Expenditure and Consumption Survey  
LNFC: Lao National Front for Construction  
LPRYU: Lao People's Revolutionary Youth Union  
LRC: Lao Red Cross  
LSIS: Lao Social Indicator Survey  
LWU: Lao Women's Union  
MCH: Maternal and Child Health  
MCHC: Maternal and Child Health Centre  
MCTPC: Ministry of Communication, Transport, Post and Construction  
MFA: Ministry of Foreign Affairs  
MMR: Maternal Mortality Rate  
MOE: Ministry of Education  
MOH: Ministry of Health  
MSF: Medicins Sans Frontieres  
NCCA: National Committee for the Control of AIDS  
NCCAB: National Committee for the Control of AIDS Bureau  
NEM: New Economic Mechanism  
NGO: Non-Governmental Organization  
NID: National Immunization Day  
NMR: Neonatal Mortality Rate  
NRC: National Rehabilitation Centre  
NSC: National Statistical Centre  
ORS: Oral Rehydration Solution  
ORT: Oral Rehydration Therapy  
PDR: People's Democratic Republic  
PH: Provincial Hospital  
PHC: Primary Health Care  
PHO: Provincial Health Office  
PIP: Public Investment Programme  
RDF: Revolving Drug Fund

RH: Reproductive Health  
SCFA: Save the Children Fund Australia  
Sida: Swedish International Development Agency  
STDs: Sexually Transmitted Diseases  
SPC: State Planning Committee  
SRC: Swiss Red Cross  
TBA: Traditional Birth Attendant  
TFR: Total Fertility Rate  
TOT: Training of Trainers  
U5MR: Under-Five Mortality Rate  
UN: United Nations  
UNAIDS: United Nations AIDS  
UNDCP: United Nations International Drug Control Programme  
UNDP: United Nations Development Programme  
UNFPA: United Nations Population Fund  
UNICEF: United Nations Children's Fund  
USAID: United States Agency for International Development  
UXO: Unexploded Ordnance  
VAD: Vitamin A Deficiency  
VHV: Village Health Volunteer  
WB: World Bank  
WFP: World Food Programme  
WPRO: Western Pacific Region Office of WHO  
WHO: World Health Organization  
WTO: World Trade Organization  
WVL: World Vision Laos

# CHAPTER 1

## PRIORITY PROGRAMMES

### 1.1 PRIORITY PROGRAMMES (LONG LIST)

60 programmes are identified based on key directions and possible measures set as frameworks for the health sector. Some programmes comprise several components or projects. A list of all programmes and programme components/projects are shown in Table 1.5. This list is called the Long List.

All listed programmes and programme components/projects in the Long List are recommended for implementation in order to realise the grand design of the Lao health system.

### 1.2 HIGHLY PRIORITISED PROGRAMMES

#### 1.2.1 Criteria for Selecting Very High and High Priority Programmes

Among identified programmes and programme components/projects, prioritisation has been done using the following criteria:

##### (1) Criteria related to effectiveness in achieving goals

**Efficiency:** Efficiency in utilisation of resources (financial and human resources) to achieve goals/ objectives (Programmes that can improve efficiency in achieving equitable health services or quality health services get higher priority.)

**Equity:** Equity in accessibility to quality health services (paying attention to geographical and economic conditions, socio-cultural barriers, and gender aspects) (Programmes that can improve geographical accessibility, reduce socio-cultural barriers, and/or improve gender inequalities get higher priority.)

**Quality:** Quality of health services including the skills of health workers in providing those services (Programmes that can improve the quality of health services or of health workers get higher priority.)

## **(2) Criteria related to practicality of implementing programmes**

**Precedence:** Essential programmes which should be undertaken prior to other programmes, i.e. other programmes depend on them. (Programmes with higher needs of precedence get higher priority.)

**Technical Feasibility:** Technical difficulty in implementing programmes or getting positive results (Programmes of low technical difficulty get higher priority.)

**Low Resource Requirement:** Resource requirements for implementing programmes (Programmes of lower resource requirements get higher priority.)

**Maturity:** Maturity of programme ideas (for example, whether a programme was experimented as a pilot project or not) (Programmes of higher maturity get higher priority.)

### **1.2.2 Definition of Very High Priority Programmes, High Priority Programmes and Priority Programmes**

#### **(1) Very high priority programmes**

The very high priority programmes are essential programmes to be initiated as initial steps within 5 years, in accordance with the overall basic strategies, to change/improve the existing situation of Lao health sector.

The very high priority programmes are selected from strategic perspectives, as well as from sector-wide perspectives. The selected very high priority programmes are called the Short List, shown in Table 1.1.

#### **(2) High priority programmes**

The high priority programmes are programmes to be undertaken after the very high programmes are started, to raise effectiveness in achieving goals/ objectives, in parallel with the very high priority programmes.

High priority programmes are selected from sector-wide perspectives. The selected high priority programmes are shown together with very high priority programmes as the Medium List. See Table 1.2.

#### **(3) Priority programmes**

Priority programmes are selected from sub-sector perspectives. It should be reconsidered whether they should be implemented, after all the very high and high priority programmes have been started.

Figure 1.1 Very High Priority Programmes and Initial Strategic Steps

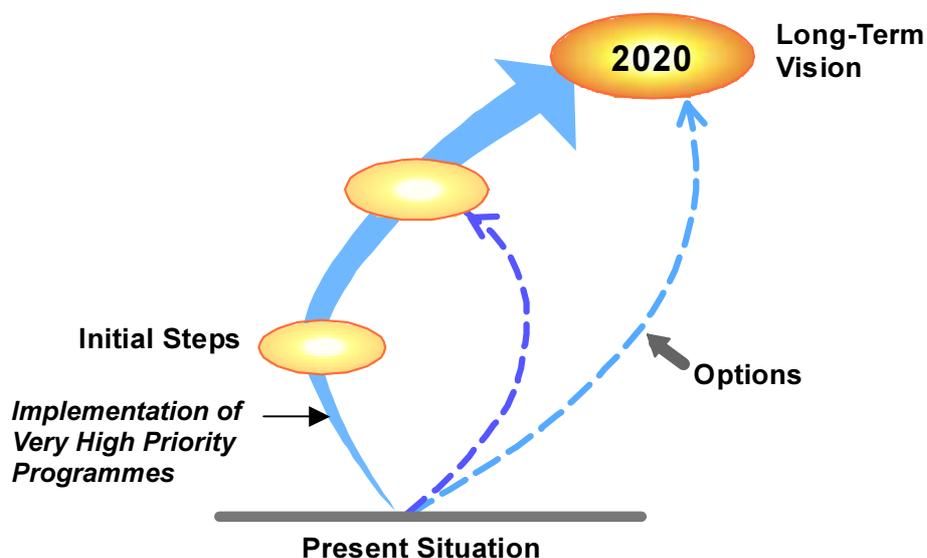
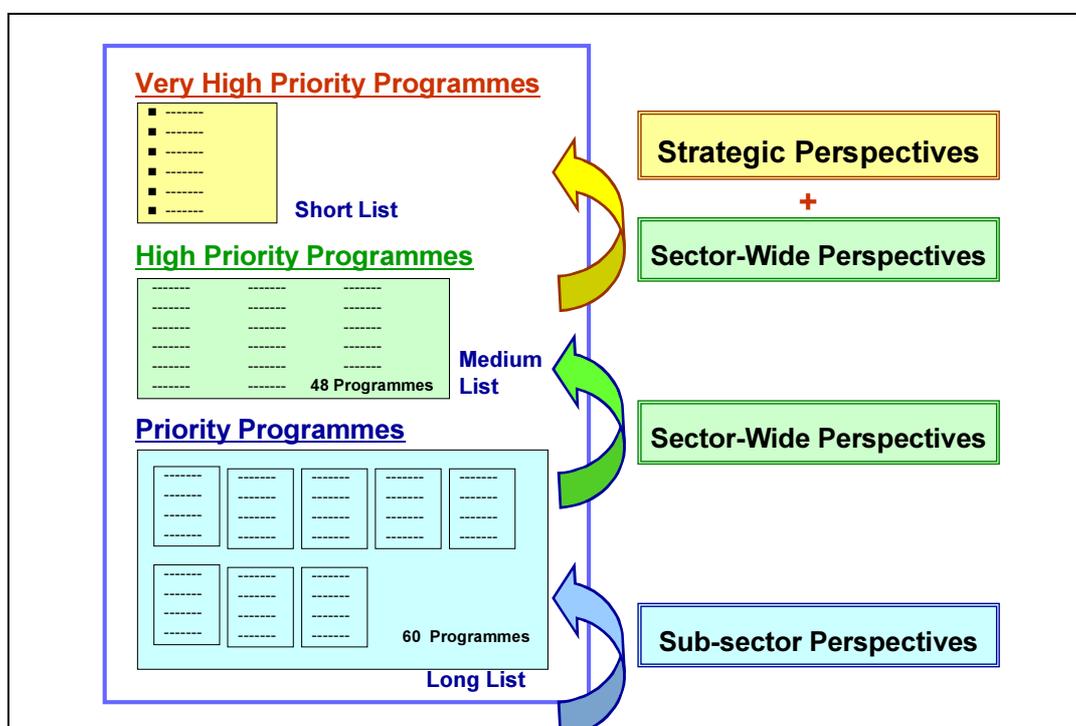
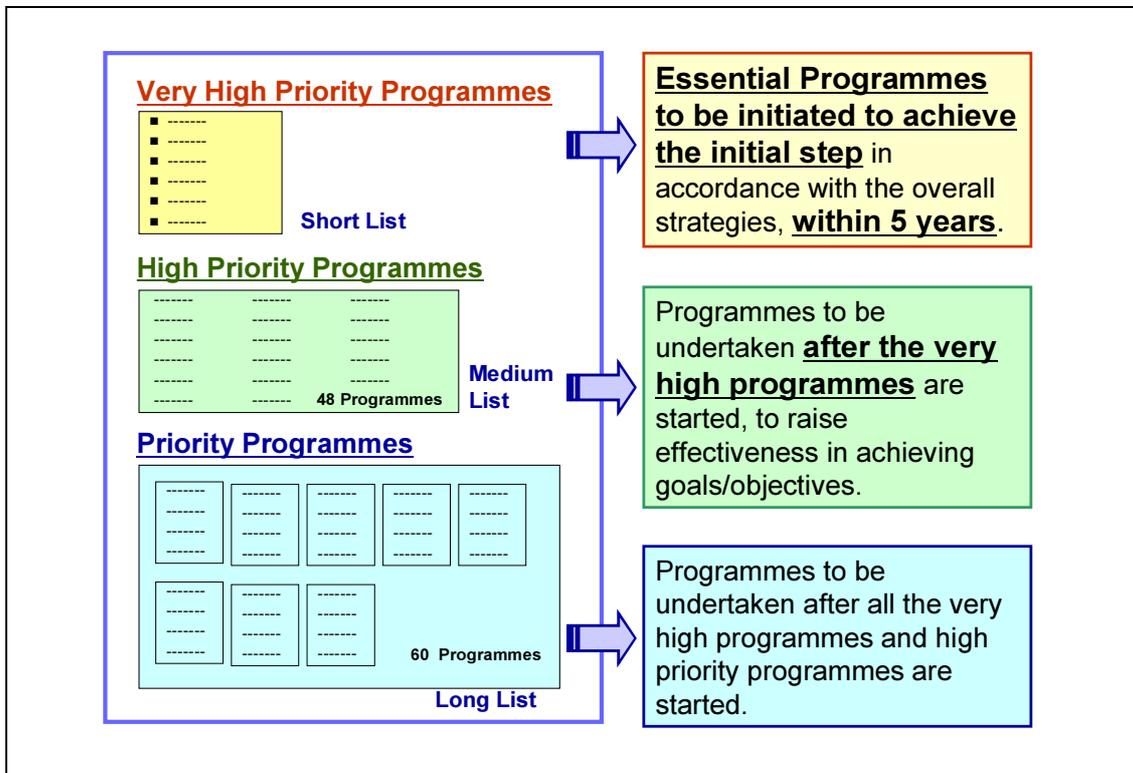


Figure 1.2 Selection of Highly Prioritised Programmes



**Figure 1.3 Very High Priority, High Priority and Priority Programmes**



### 1.2.3 Selected Priority Programmes

#### (1) Very High Priority Programmes

The list of very high priority programmes (Short List) is shown in Table 1.1. Relation between Overall Basic Strategies (1) and Very High Priority Programmes is shown in Table 1.3.

**Table 1.1 List of Very High Priority Programmes (Short List)**

**PLANNING AND MANAGEMENT**

- (1) PM-1 Sector-Wide Coordination Programme
- (2) PM-2 Capacity Building Programme for Health Management and Health Information System

**HUMAN RESOURCES DEVELOPMENT**

- (3) HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel
- (4) HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organization Structure of the Government Health Sector
- (5) HR-4 Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers
- (6) HR-5 Programme for Reformulating Nurse Education Policies
- (7) HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training
- (8) HR-10 Programme for Reformulating Medical Doctor Education Policies
- (9) HR-13 Textbook Development Programme for Nurse Education in Lao Language

**HEALTH FINANCE**

- (10) HF-1 Financial Management Improvement Programme for the Health Sector
- (11) HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

**HEALTH EDUCATION**

- (12) ED-1 Radio Broadcasting Programme for Health Education
- (13) ED-3 Programme for Promoting IEC Activities at District Hospitals

**INFECTIOUS DISEASE CONTROL**

- (14) ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres
- (15) ID-4 Programme for Integrating EPI and Other Health Services
- (16) ID-6 Programme of Strengthening Control of HIV/AIDS and STDs
- (17) ID-7 Programme for Strengthening Malaria Control and other PHC Activities

**PRIMARY HEALTH CARE**

- (18) PH-1 Programme for Supporting the Operationalisation of the “Policy of Primary Health Care”
- (19) PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach
- (20) PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

**MATERNAL AND CHILD HEALTH**

- (21) MC-1 MCH Networking and Coordination Programme
- (22) MC-2 Programme for Strengthening and Promotion of MCH
- (23) MC-3 Programme for Strengthening Family Planning

**NUTRITION**

- (24) NT-1 Programme of Developing a Core Organization for Providing Support and Oversight to Nutrition Activities
- (25) NT-3 Nutrition Information/Education Programme

**HOSPITAL SERVICES**

- (26) HS-1 District Hospital Improvement Programme
- (27) HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units
- (28) HS-3 Hospital Management Improvement Programme

**MEDICAL LABORATORY TECHNOLOGY**

- (29) ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine

**ESSENTIAL DRUGS**

- (30) DR-2 Rational Use of Drugs Programme
- (31) DR-4 Village-Level Revolving Drug Fund (RDF) Programme

Summaries of Very High Priority Programmes are shown below:

#### **PM-1 Sector-Wide Coordination Programme**

PM-1 intends to start coordination among MOH and health donors/NGOs by conducting informal sharing of information, as well as by continuing national-level health forums. PM-1 also covers coordination efforts at the provincial level. The Department of Planning and Budgeting in the MOH should take the lead in this sector-wide coordination, with the support of a small group of donor/NGO people.

#### **PM-2 Capacity Building Programme for Health Management and Health Information System**

PM-2 is aimed at addressing the need for a more effective and efficient system of managing scarce resources for health. It proposes to equip selected key personnel at the central MOH and management teams of PHOs and DHOs with basic and useful management skills. It intends to develop a pool of MOH management experts who will be master trainers and facilitate systems improvement during initial and nationwide programme implementation. In the end, PM-2 will prepare the health system to do more with less.

#### **HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel**

HR-2 aims at allocating more health personnel to the district level (district health offices, district hospitals and health centres) and developing a scheme to encourage high motivation towards their work, for an effective and efficient district health system. Programme components include: 1) formulation of health personnel distribution and allocation plan; 2) preparation of motivation scheme; 3) pilot project implementation and evaluation; and 4) full-scale implementation of motivation scheme and re-allocation of the health personnel.

#### **HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector**

The main objectives of HR-3 are to ensure that health workers have a clear understanding of their own duties and a high sense of responsibility towards their work, and to increase organisational efficiency in the government health sector. The major components of the programme are 1) development of job descriptions, 2) reform of the organisation structure of the government health sector, and 3) establishment and implementation of the system to monitor the performance of health personnel.

#### **HR-4 Programme for Strengthening Regional Education and Training Institutions for Health Workers**

HR-4 tries to strengthen the three functions of public health schools in the regions: namely 1) pre-service training for nurses, 2) in-service training for health workers at the provincial, district and health centre levels, and 3) pre-service training of PHC workers for health centres.

HR-4 shall include technical assistance, physical development and equipment improvement, targeting all public health schools and nursing schools in Champasak province, Savannakhet province, Khammuane province, Vientiane province, Luangphabang province, and Oudomxay province.

#### **HR-5 Programme for Reformulating Nurse Education Policies**

HR-5 intends to facilitate the Lao health sector to emphasise the importance of the roles of nurses at the health centre and community levels as well as their independent and professional roles in hospitals. This change of emphasis shall be reflected in policy formulation and an action plan to improve nurse education and its actual implementation in public health schools and nursing schools in the regions and Vientiane Municipality.

#### **HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training**

The improvement of the quality of teachers is essential to improve the quality of pre-service training and in-service training of health workers. HR-9 includes 1) policy and action plan formulation to provide more education and training opportunities inside/outside the country for both the existing teaching staff and prospective teachers and trainers, and 2) actual implementation of the policy and action plan.

#### **HR-10 Programme for Reformulating Medical Doctor Education Policies**

HR-10 aims to review medical doctor education policies and to reform the education system for medical doctors in order to improve their quality. The action plan, which will be developed in HR-10, shall include 1) introducing new systems such as internships in hospitals, a licensing system, and continuing education, 2) promoting international and domestic learning and exchange programmes, and 3) encouraging the active participation of medical doctors in teaching and training health workers.

#### **HR-13 Textbook Development Programme for Nurse education in Lao Language**

HR-13 shall develop and publish textbooks in Lao mainly for pre-service nurses and PHC workers, and in-service health workers serving at provincial, district, and village levels. The programme will contribute to improving the efficiency of pre-service education and will enable pre- and in-service health workers, who have few opportunities and little time to study foreign languages, to learn by themselves in order to brush up their knowledge and skills.

#### **HF-1 Financial Management Improvement Programme for the Health Sector**

In order to improve the health financial situation in increased budget allocation to the health sector, adequate utilization of health government budgets and efficient utilization of allocated budgets, HF-1 emphasises a system reform and capacity building of budgeting and recording expenditure at the national, provincial and district levels. Based on this financial

management improvement, HF-1 proposes the introduction of a simplified national health account system to the Lao PDR.

### **HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems**

HF-2 aims at standardising the RDF, user fee and exemption systems at health facilities, so that government budget allocated for exemption for the poor and collected user fees can be used properly and transparently at the health facilities. HF-2 also aims at standardising and strengthening the management system of RDFs by centralising drug supply and purchase through PHOs, in order to control the quality of drugs and to provide drugs at the same prices throughout each province.

### **ED-1 Programme for National Radio Broadcasting**

ED-1 intends to develop radio programming as a vehicle for health messages, to be used in reinforcing behaviour change campaigns. This programme will also focus on the development of key health messages for creating health awareness for both Lao Loum and ethnic minority people. The programme implementation will be based on collaboration between Ministry of Health, Ministry of Information and Ministry of Education. Encouraging communities to listen to radio programmes through Community Learning Centre activities will also be considered.

### **ED-3 Programme for Promoting IEC Activities at District Hospitals**

Aimed at improving the quality of health services in district hospitals, ED-3 will emphasise the promotion of IEC activities, including possibly advertising the potential of district hospitals in order to increase utilization. In addition, this programme will aim to reduce preventable infectious diseases in communities by organising outreach activities.

### **ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres**

ID-2 aims to provide in-service training on making working diagnosis and care/treatment for infectious diseases for health workers at the district and health centre levels. Working Diagnosis, using an approach by syndromes, appears to be the most appropriate strategy given available medical facilities at the district and health centre levels. Working Diagnosis does not imply sophisticated biological or paramedical test but requires a more advanced knowledge of clinical examination, semiology and epidemiology of the infectious diseases.

### **ID-4 Programme for Integrating EPI and Other Health Services**

ID-4 aims at examining the technical and financial feasibility of this idea of integrating EPI and other health services by conducting case studies in selected provinces of different organisational capacities, and by implementing pilot projects in some provinces with advanced organisational capacities. Other health services might include health education (hygiene and nutrition) and monitoring village-level revolving drug funds.

#### **ID-6 Programme of Strengthening Control of HIV/AIDS and STDs**

Although HIV-AIDS prevalence appears to be limited in space (mainly urban areas) and circulating at a very low level within the entire country, Sexually Transmitted Diseases (STDs) have a high incidence and are of major public health concern. Because of the exceptionally low incidence of HIV/AIDS across the country, besides the benefit for HIV/AIDS of the STD programme, specific action also needs to be taken against a possible expansion of HIV among risk populations and areas. First of all, it is necessary to conduct a second-generation surveillance of HIV/AIDS and STDs for formulating necessary action plans. It is also a necessity to develop a comprehensive, sustainable communication strategy in order to reach groups at risk including service workers, young people, partners, drug addicts, migrants and tourists.

#### **ID-7 Programme for Strengthening Malaria Control and other PHC Activities**

Malaria critically affects the development process, having high rates of mortality and morbidity. There is severe anti-malarial drug resistance in Laos and malaria control needs to be addressed jointly with other countries at the regional level. In the last several years, a variety of donors/NGOs have assisted in malaria control programmes. ID-7 aims to continue to guide malaria control and prevention measures (community based and vector control) and to improve the treatment of malaria. ID-7 also pays attention to how to integrate malaria control with other PHC activities at the district and health centre levels.

#### **PH-1 Programme Supporting the Operationalisation of the “Policy on Primary Health Care”**

PH-1 takes the Primary Health Care Policy another step further towards full operationalisation in Lao PDR. Considering that the developmental approach of PHC is a paradigm shift from the welfare approach, it recommends a re-orientation of attitudes of decision-makers at the central MOH, PHO, and DHO as well as those of the provincial and district governors, after which the process of formulating the “MOH Strategic Plan to Operationalise PHC” commence.

#### **PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach**

PH-2 aims at supporting and facilitating the strengthening of District Health Systems based on the PHC approach by providing flexible national guidelines and regulations. The guidelines/regulations cover the following components of the District Health Systems: 1) District health offices and district hospitals, 2) District health committees, 3) Health centres and health centre networks, 4) VHV/TBAs and VHV/TBA networks, 5) Village Health Committees, 6) Village Health Providers.

### **PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems**

The district is where the top and bottom meet, where policy becomes reality. Whereas PH-1 transforms the “Policy on Primary Health Care” into the “MOH Strategic Plan to Operationalise PHC”, and PH-2 lays down flexible national guidelines and regulations, PH-3 describes activities to actually strengthen the four components of a district health system: the district hospital based services, outreach services from the district level, health centre based services, and community-based activities of village health volunteers. It underscores the importance of rationalising and clarifying the organisation, improving management systems, and building capacities of staff to be generalists and take a holistic approach. It emphasises the empowerment of communities to take responsibility for their own health. PH-3 proposes the participation of NGOs or consultancy groups as catalyst of change in implementing PHC.

### **MC-1 MCH Networking and Coordination Programme**

MC-1 seeks to facilitate coordination and, whenever possible, integration of the various maternal and child health care programmes internally within the Centre of Maternal and Child Health and the Ministry of Health and between MOH and donors. Venues for coordination will be created through the establishment of a functional network and the setting up of a coordination centre.

### **MC-2 Programme for Strengthening and Promotion of MCH**

MC-2 aims to expand the zone-zero strategy from immunisation to a package of integrated MCH services at zone-zero facilities. This will be implemented in selected pilot areas where MCH services will also be actively promoted through an intensified antenatal care campaign with health workers going out of the facilities to communities to reach pregnant women. MC-2 also intends to improve and expand outreach services. A package of MCH services that can be delivered through the outreach programme will be developed including protocols and kits. Training of health workers before the implementation of the above stated activities is an essential component of the programme.

### **MC-3 Programme for Strengthening Family Planning**

MC-3 intends to improve logistics management of Family Planning (FP) commodities and strengthen the capacity of the FP Programme to establish an adequate and steady supply of contraceptives. It also aims to improve the quality of services by improving the training of health workers on FP; reviewing and amending policy and procedures to facilitate the delivery of FP services; and finding ways to expand FP services by piloting the inclusion of contraceptives in the revolving drug fund and the inclusion of the injectable hormonal contraceptive method in MCH outreach.

### **NT-1 Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities**

The objectives of NT-1 are to establish a focal point for nutrition activities within the Ministry of Health and to create venues for the coordination of various nutrition activities.

### **NT-3 Nutrition Information/Education Programme**

NT-3 intends to develop training curricula and train health workers and village volunteers. The training curriculum for health workers will focus on basic nutrition information and messages that will be useful in the delivery of MCH services. The village health volunteer training will cover information and messages on proper maternal and child nutrition and feeding.

### **HS-1 District Hospital Improvement**

HS-1 focuses on the development of District Hospitals as the core of the District Health System. District Hospitals will be classified, and criteria for classification will be set. An Initial Standard for each type of District Hospital will be formulated, based on the identification of standards for health facilities at all levels. The Initial Package for upgrading District Hospitals to meet the Initial Standard will be prepared, and implementation will take place first in selected priority District Hospitals.

### **HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units**

HS-2 emphasises the importance of proper property management and maintenance in order to make effective use of existing infrastructure and equipment. Main components of HS-2 are to strengthen the national maintenance and property management systems, and to establish a Provincial Maintenance Unit in each province to take care of all health facilities within the province. Training for the technical staff in Provincial Maintenance Units will be provided by the central level.

### **HS-3 Hospital Management Improvement Programme**

In cooperation with its partners, the MOH has built, upgraded and equipped an extensive hospital network nationwide. It has organised off-site capacity-building programmes to enhance technical and, a few times, managerial skills of its personnel. HS-3 recommends on-site training for all members of the hospital management teams. To improve the efficient use of resources, HS-3 emphasises a combination of other factors: setting of standards; clarifying job descriptions; recognising best practices through the establishment of Minister's Awards; and the development of management systems.

### **ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine**

ML-1 emphasises the importance of health technology-based medicine for improving the quality of health services. The concept of health technology-based medicine will be disseminated and the knowledge and skills of medical doctors and health technologists will be improved. Strategy and guidelines for Health Technology-Based Medicine will be formulated. Training of medical doctors and health technologists will be provided.

### **DR-2 Rational Use of Drugs Programme**

Although the supply and availability of drugs has been greatly improved in the last several years, the irrational use of drugs has become prevalent by health workers at all levels of health facilities, as well as in communities. DR-2 aims to create conditions in which the rational use of drugs is promoted by preparing essential drug lists and treatment guidelines that are suitable for health workers of different levels, training health workers in terms of the rational use of drugs (potential danger of antibiotic drugs and injections) and training health workers on how to detect false or poor quality drugs.

### **DR-4 Village-Level Revolving Drug Fund (RDF) Programme**

MOH has started a project to unify the RDF system and to expand village-level RDFs nationally, targeting all villages in remote areas (5,400 villages) by 2005. DR-4 intends to assess the progress of the implementation of the projects and redesign the system in order to improve the already begun village-level RDFs, to continuously support DHOs in management and monitoring, and to expand gradually to remoter areas.

## **(2) High Priority Programmes**

The selected high priority programmes are shown together with very high priority programmes as the Medium List in Table 1.2. Relation between Overall Basic Strategies (2) and Very High and High Priority Programmes is shown in Table 1.4.

**Table 1.2 List of Very High and High Priority Programmes (Medium List)**

### **PLANNING AND MANAGEMENT**

- (1) PM-1 Sector-Wide Coordination Programme
- (2) PM-2 Capacity Building Programme for Health Management and Health Information System

### **HUMAN RESOURCES DEVELOPMENT**

- (3) HR-1 Health Personnel Rotation System Programme
- (4) HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel
- (5) HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organization Structure of the Government Health Sector
- (6) HR-4 Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers
- (7) HR-5 Programme for Reformulating Nurse Education Policies
- (8) HR-6 Programme for Enhancing Communication Skills of Health Workers
- (9) HR-8 Continuing Education Programme for Health Workers
- (10) HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training
- (11) HR-10 Programme for Reformulating Medical Doctor Education Policies
- (12) HR-13 Textbook Development Programme for Nurse Education in Lao Language

### **HEALTH FINANCE**

- (13) HF-1 Financial Management Improvement Programme for the Health Sector
- (14) HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

### **HEALTH EDUCATION**

- (15) ED-1 Radio Broadcasting Programme for Health Education
- (16) ED-2 School Health Programme
- (17) ED-3 Programme for Promoting IEC Activities at District Hospitals

### **INFECTIOUS DISEASE CONTROL**

- (18) ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres
- (19) ID-3 Programme for Developing Early Warning System for Outbreak of Infectious Diseases based on Working Diagnosis
- (20) ID-4 Programme for Integrating EPI and Other Health Services
- (21) ID-5 Programme for Improving Childhood Infectious Disease Control (integrated into IMCI)
- (22) ID-6 Programme of Strengthening Control of HIV/AIDS and STDs
- (23) ID-7 Programme for Strengthening Malaria Control and other PHC Activities
- (24) ID-8 Tuberculosis Control Improvement Programme

### **PRIMARY HEALTH CARE**

- (25) PH-1 Programme for Supporting the Operationalisation of the “Policy of Primary Health Care”

- (26) PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach
- (27) PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

#### **MATERNAL AND CHILD HEALTH**

- (28) MC-1 MCH Networking and Coordination Programme
- (29) MC-2 Programme for Strengthening and Promotion of MCH
- (30) MC-3 Programme for Strengthening Family Planning
- (31) MC-4 Mother-Baby Friendly Hospital Programme
- (32) MC-6 MCH Training Programme for Village Health Volunteers (VHV) and Traditional Birth Attendants (TBA)

#### **NUTRITION**

- (33) NT-1 Programme of Developing a Core Organization for Providing Support and Oversight to Nutrition Activities
- (34) NT-2 Programme for Improving Nutritional Status of Prenatal/Lactating Mothers and Under-5 Children
- (35) NT-3 Nutrition Information/Education Programme

#### **HOSPITAL SERVICES**

- (36) HS-1 District Hospital Improvement Programme
- (37) HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units
- (38) HS-3 Hospital Management Improvement Programme
- (39) HS-5 Programme for Upgrading Provincial, Regional and Central Hospitals to Meet Minimum Standards

#### **MEDICAL LABORATORY TECHNOLOGY**

- (40) ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine
- (41) ML-4 Programme for Capacity Building of Medical Laboratory Technologists

#### **ESSENTIAL DRUGS**

- (42) DR-1 Programme for Strengthening Quality Check Systems of Drugs
- (43) DR-2 Rational Use of Drugs Programme
- (44) DR-3 Programme of Training Private Pharmacies' Staff
- (45) DR-4 Village-Level Revolving Drug Fund (RDF) Programme
- (46) DR-5 Programme for Promoting Traditional Medicine at District Hospitals, Health Centres and Village Levels

#### **GENDER**

- (47) GR-1 Programme for Mainstreaming Gender Issues in the Health Sector

#### **HEALTH RESEARCH**

- (48) RR-1 Programme to Develop Capacities for Health Research

#### **SUBSTANCE ABUSE**

- (49) SA-1 Programme to Develop Treatment Guidelines and Related Capacities for ATS with Perspective on Mental Health

**Table 1.3 Relation between Overall Basic Strategies (1) and Very High Priority Programmes**

	<b>Overall Basic Strategies (1)</b>	<b>Very High Priority Programmes</b>
1	To Promote Sector-Wide Coordination at National, Provincial and District Levels	PM-1, MC-1, NT-1, ML-1
2	To Reform the Health Financial System and to Strengthen the Financial Management Capacity of MOH, PHO and DHO	HF-1, HF-2
3	To Improve the Quality of Health Worker Training and To Allocate and Motivate Well-Trained Health Workers in Districts and Health Centres	HR-2, HR-3, HR-4, HR-5, HR-9, HR-10, HR-13, ID-2, NT-3
4	To Build the System and Capacity of Health Management in Decentralised Contexts	PM-2
5	To Implement Infectious Disease Control Efficiently and Effectively	ID-2, ID-4, ID-6, ID-7
6	To Implement the PHC Approach to Strengthen District Health Systems	
	(6-a) To Promote the PHC Approach	PH-1, PH-2, PH-3
	(6-b) To Strengthen the Function of District Hospitals and District Health Office	PM-2, HS-1, ID-2
	(6-c) To Sustain Village-RDFs	DR-4
	(6-d) To Integrate and to Decentralise PHC Components (EPI, Other Infectious Disease Control, and Family Planning)	ID-4, ID-7, MC-3
	(6-e) To Strengthen PHC Components (MCH and Nutrition)	MC-2, NT-3
	(6-f) To Promote Health Education	ED-1, ED-3
7	To Operate Central and Provincial Hospitals Efficiently	HS-2, HS-3, ML-1
8	To Increase the Availability and Affordability of Essential Drugs and to Promote Rational Drug Use	DR-2, DR-4

**Table 1.4 Relation between Overall Basic Strategies (2) and Very High and High Priority Programmes**

	<b>Overall Basic Strategies (2)</b>	<b>Very High Priority Programmes</b>	<b>High Priority Programmes</b>
1	To Continue Sector-Wide Coordination at National, Provincial and District Levels and to Promote Inter-Sectoral Coordination for Health Sector Development and Reform	PM-1, MC-1	-
2	To Continue and Strengthen the Reform of the Health Financial System and the Capacity Building of Financial Management of MOH, PHO and DHO	HF-1	-
3	To Improve the Quality of Health Worker Training covering not only Nurses, but also Medical Doctors and Other Paramedical, and to Continue the Allocation and Motivation of Well-Trained Health Workers in Districts and Health Centres	HR-2, HR-3, HR-4, HR-13, ID-2, NT-3	HR-1, HR-6, HR-8
4	To Continue the Capacity Building of Health Management in Decentralised Contexts	PM-2	-
5	To Strengthen Infectious Disease Control under District Health Systems	ID-2, ID-4, ID-6, ID-7	ID-3, ID-5, ID-8
6	To Implement the PHC Approach to Reconstruct Integrated District Health Systems (by re-integrating various PHC components under the District Health Systems, including the promotion of school health activities)		
	(6-a) To Promote the PHC Approach	PH-2, PH-3	ED-2
	(6-b) To Strengthen the Function of District Hospitals and District Health Office	PM-2, HS-1, ID-2	MC-4
	(6-c) To Sustain Village-RDFs	DR-4	-
	(6-d) To Integrate and to Decentralize PHC Components (EPI, Other Infectious Disease Control, and Family Planning)	ID-4, ID-7, MC-3	-
	(6-e) To Strengthen PHC Components (MCH and Nutrition)	MC-2, NT-3	MC-6, NT-2
	(6-f) To Promote Health Education	ED-1, ED-3	-

7	To Continue the Promotion of Efficient Operation of Central and Provincial Hospitals and to Upgrade the Service Level of Central and Provincial Hospitals (by conducting trainings of specialist medical doctors and improving laboratory technology)	HS-2, HS-3, ML-1	HS-5, ML-4
8	To Continue to Increase the Availability and Affordability of Essential Drugs and to Promote Rational Drug Use, and furthermore to Strengthen the System of Drug Quality Control	DR-2, DR-4	DR-1, DR-3, DR-5
9	To Promote Effective Participation of Informal Village Health Providers and Villagers' Participation in Health Sector Development and Reform	PH-2, PH-3	-
10	To Promote Gender Perspectives in Health Programmes	-	GR-1
11	To Promote Research to Get Policy Implications	-	RR-1
12	To Strengthen Curative Aspects (including Mental Health) of Drug Abuse	-	SA-1
13	To Strengthen Rehabilitation Services in Hospitals	-	HS-5

### (3) Precedent Programmes and Expansion Programmes

#### Precedent Programmes

It is difficult to start all 31 very high priority programmes at the same time. Seven programmes are therefore to be implemented first, as shown below. These are the programmes to prepare the basic conditions for starting the reform of the health sector in Lao PDR.

#### **PM-1 Sector-Wide Coordination Programme**

This programme aims to start continuous coordination among MOH and health donors/NGOs. The programme will prepare the basic conditions for promoting the reform of the Lao health sector by all actors in the same direction.

#### **HR-5 Programme for Reformulating Nurse Education Policies**

This programme aims to emphasise the importance of the roles of nurses and to reform nurse education. The programme will prepare the basic conditions for improving the training of nurses and will contribute especially to health services at the health centre and community levels.

#### **HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems**

This programme aims at standardising the RDF, user fee and exemption systems from the point of view of public services. The programme will prepare conditions for providing safe and properly priced drugs nationwide from hospital level to community level.

#### **ID-4 Programme for Integrating EPI and Other Health Services**

This programme will examine the technical and financial feasibility of the idea of integrating EPI and other health services. The programme will prepare the basic conditions to integrate various vertical programmes and to provide comprehensive health services based on the PHC approach at district level in the future.

#### **PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach**

This programme aims at providing flexible national guidelines and regulations regarding district health systems. The programme will prepare the basic conditions for developing district health systems based on the PHC approach in the future.

#### **MC-1 MCH Networking and Coordination Programme**

This programme seeks to facilitate the coordination and integration of the various maternal and child health care programmes. The programme will prepare the basic conditions for strengthening activities on MCH, which is currently one of the weaker areas in the Lao health sector.

#### **NT-1 Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities**

The objectives of this programme are to establish a focal point for nutrition activities within MOH. The programme will prepare the basic conditions for promoting activities on nutrition, which is another weaker area in the Lao health sector.

#### **Expansion Programmes**

Among the very high priority programmes, the seven programmes identified below are to be implemented nationwide, aimed at making substantial progress towards achieving the initial step guided by the overall basic strategies (1). The Lao government must make continuous efforts to implement those programmes by allocating sufficient budgets for sufficient periods in order for the programmes to have a substantial impact.

#### **PM-2 Capacity Building Programme for Health Management and Health Information System**

This programme is aimed at building the capacities of MOH, PHOs and DHOs for health management and to improve the health information system. The programme will promote the fourth of the overall basic strategies (1).

#### **HR-4 Programme for Strengthening Regional Education and Training Institutions for Health Workers**

This programme tries to strengthen the functions of public health schools in the regions. The programme will promote the third of the overall basic strategies (1).

#### **HF-1 Financial Management Improvement Programme for the Health Sector**

This programme emphasises a reform of the health finance system at the national, provincial and district levels in order to utilise government budgets effectively and efficiently. The programme will promote the second of the overall basic strategies (1).

#### **PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems**

This programme aims at strengthening the four components of a district health system: the district hospital-based services, outreach services, health centre-based services, and community-based activities. The programme will promote the sixth of the overall basic strategies (1).

#### **MC-2 Programme for Strengthening and Promotion of MCH**

This programme aims to expand the zone-zero strategy from immunisation to a package of integrated MCH services. The programme will promote the sixth of the overall basic strategies (1).

#### **HS-1 District Hospital Improvement**

This programme focuses on the development of District Hospitals as the core of the District Health System. The programme will promote the sixth of the overall basic strategies (1).

#### **HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units**

This programme aims to strengthen the national maintenance and property management systems, and to establish Provincial Maintenance Units for the more effective use of infrastructure and equipment. The programme will promote the seventh of the overall basic strategies (1).

#### (4) Priority Programmes

A list of all identified programmes and programme components/projects (Long List) are shown in Table 1.5.

**Table 1.5 List of Priority Programmes (Long List)**

No.	Title of Programme/ Title of Programme Component	Type of Programme Component	Concern with Peripheral Areas	Priority Very High : ☆☆ High : ☆
<b>PLANNING AND MANAGEMENT</b>				
<b>PM-1</b>	<b>Sector-Wide Coordination Programme</b>	-	-	☆☆
PM-1(1)	Sector-Wide Coordination at the National Level	Coordination		
PM-1(2)	Sector-Wide Coordination at the Provincial Level	Coordination		
<b>PM-2</b>	<b>Capacity Building Programme for Health Management and Health Information System</b>	-	-	☆☆
PM-2(1)	Capacity Building on Health Management at the Central MOH	Training		
PM-2(2)	Study and Initial Project: On-site Capacity Building on Health Management for Selected PHOs and DHOs	Study Pilot-test		
PM-2(3)	Capacity Building on Health Management for all PHOs and DHOs	Training		
<b>HUMAN RESOURCES DEVELOPMENT</b>				
<b>HR-1</b>	<b>Health Personnel Rotation System Programme</b>	-		☆
HR-1(1)	Study Project on Health Personnel Rotation Schemes	Study Institutional Reform		
HR-1(2)	Establishment of Provincial Health Personnel Rotation System	Institutional Reform	✓	
HR-1(3)	Establishment of Central-Provincial Health Personnel Rotation System	Institutional Reform		
HR-1(4)	Establishment of Different Career Paths for Health/Medical Practitioners and Health Managers/Administrators	Institutional Reform		
<b>HR-2</b>	<b>Programme for Improving Management, Allocation and Motivation of Health Personnel</b>	-		☆☆
HR-2(1)	Formulation at the Health Personnel Distribution and Allocation Plan	Institutional Reform	✓	

HR-2(2)	Implementation of the Decree on "Promoting Health Personnel in Remote Rural Areas" and Personnel Re-allocation	Institutional Reform	✓	
HR-2(3)	Development of Other Schemes to Improve the Motivation of Health Personnel	Study System Design Pilot Project Institutional Reform	✓	
<b>HR-3</b>	<b>Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector</b>	-		☆☆
HR-3(1)	Development of Job Descriptions and Health Worker's Titles	Institutional Reform		
HR-3(2)	Reformulation of Organisation Structure in the Government Health Sector	Institutional Reform		
HR-3(3)	Establishment of the System to Monitor the Performance of Health Personnel	System Design Training Institutional Reform		
<b>HR-4</b>	<b>Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers</b>	-		☆☆
HR-4(1)	Upgrading of Existing Public Health Schools and Auxiliary Nursing Schools	Training, Construction, Equipment	✓	
HR-4(2)	Development and Production of Textbooks for Nurse Education in Lao Language (HR-13)	(Refer to HR-13)	✓	
HR-4(3)	Establishment of PHC Worker Training Course at Public Health Schools and Auxiliary Nursing Schools	Textbook Development(HR-13), Training Construction, Equipment	✓	
HR-4(4)	Establishment of Resource Centres at Public Health Schools and Auxiliary Nursing Schools	Training Construction, Equipment		
HR-4(5)	Establishment of In-Service Training Courses at Public Health Schools or Auxiliary Nursing Schools	Curriculum and Material Development Training Construction, Equipment		
<b>HR-5</b>	<b>Programme for Reformulating Nurse Education Policies</b>	-		☆☆
HR-5(1)	Assessment of the Present Situation and Redefine the Role of Nurses	Study		
HR-5(2)	Defining the Job Description of Nurse(HR-3)	(Refer to HR-3)		
HR-5(3)	Reformulation of the Nurse Education System	System Design Institutional Reform	✓	

HR-5(4)	Formulation of a Policy and Action Plan toward 2020	Planning	✓	
<b>HR-6</b>	<b>Programme for Enhancing Communication Skills of Health Workers</b>	-		☆
HR-6(1)	Emphasis of Communication Skill Training in In-Service Training	Curriculum and Material Development Training		
HR-6(2)	Emphasis of Communication Skill Training in Pre-Service Education	Curriculum and Material Development Training		
<b>HR-7</b>	<b>Programme of Upgrading Medical Assistances to Medical Doctors Through Continuing Education</b>	Institutional Reform Curriculum Development Training		
<b>HR-8</b>	<b>Continuing Education Programme for Health Workers</b>	-		☆
HR-8(1)	Establishment of Standardized Menu of Continuing Education	System Design Institutional Reform Curriculum Development		
HR-8(2)	Development at a Multilevel Evaluation System	System Design Institutional Reform		
HR-8(3)	Establishment of Pre-evaluation System of Education and Training Courses	System Design Institutional Reform		
<b>HR-9</b>	<b>Programme for Improving Quality of Teachers for Health Worker Education/Training</b>	-		☆☆
HR-9(1)	Formulation of a Policy and Action Plan toward 2020	Study System Design Planning		
HR-9(2)	Starting Implementation of the Policy and Action Plan	Education Training		
<b>HR-10</b>	<b>Programme for Reformulating Medical Doctor Education Policies</b>			☆☆
HR-10(1)	Assessment of the Present Situation of Medical Doctors	Study		
HR-10(2)	Defining the Job Description of Medical Doctor(HR-3)	(Refer to HR-3)		
HR-10(3)	Reformulation of the System of Medical Doctor Education	System Design Institutional Reform		
HR-10(4)	Formulation of a Policy and Action Plan toward 2020	Planning		
<b>HR-11</b>	<b>Programme for Horizontal Networks of Health Workers and Promoting International and Domestic Exchange</b>	Organization Development		

HR-12	<b>Programme for Developing Textbooks for Medical Doctor and Paramedical Professional Education in Lao Language</b>	Study Textbook Development Printing and Publishing	✓	
HR-13	<b>Textbook Development Programme for Nurse Education in Lao Language</b>	Study Textbook Development Printing and Publishing	✓	☆☆
<b>HEALTH FINANCE</b>				
HF-1	<b>Financial Management Improvement Programme for the Health Sector</b>	-		☆☆
HF-1(1)	Study of Cost-Effectiveness of Health Interventions	Study		
HF-1(2)	MOH Financial Management System Improvement and Capacity Building Project	System Design Training		
HF-1(3)	Provincial Financial Management System Improvement and Capacity Building Project	System Design Training	✓	
HF-1(4)	District Health Financial Management System Improvement and Capacity Building Project	System Design Training	✓	
HF-1(5)	Project of Developing A Simplified National Health Account System	System Design Training		
HF-2	<b>Programme for Reforming the Revolving Drug Fund and User Fee Systems</b>	-		☆☆
HF-2(1)	Establishment of a Task Force for Reforming the Revolving Drug Fund and User Fee/Exemption Systems	Institutional Reform		
HF-2(2)	Study Project for Re-designing RDF Systems and User Fee/Exemption Policies/Systems	Study Institutional Reform		
HF-2(3)	Implementation of the Revised Policies and Standardized Systems of RDF and User Fee/Exemption	Curriculum Development, Training	✓	
HF-3	<b>Health Insurance Schemes Coordination Programme</b>	Institutional Reform		
<b>HEALTH EDUCATION</b>				
ED-1	<b>Radio Broadcasting Programme for Health Education</b>	Institutional Reform Study, Training, Service Expansion	✓	☆☆
ED-2	<b>School Health Programme</b>	-		☆
ED-2(1)	Expansion of Deworming Activities	System Development Service Expansion	✓	

ED-2(2)	Strengthening of Health Education at Primary Schools	System Development Service Expansion	✓	
ED-3	<b>Programme for Promoting IEC Activities at District Hospitals</b>	Study Material Development Service Expansion	✓	☆☆
<b>INFECTIOUS DISEASE CONTROL</b>				
ID-1	<b>Programme for Training on General Health Practice and Community Based Infectious Disease Control</b>	-		
ID-1(1)	Training on specific majors ID for working diagnosis (cf ID-2), clinical and biological diagnostic epidemiology, treatment and prevention.	Training Service Development		
ID-1(2)	Organizing seminars/sessions on a specific ID actually active.	Training		
ID-2	<b>Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres</b>	-		☆☆
ID-2(1)	Curriculum Development for Training for Skill Improvement	Curriculum Development		
ID-2(2)	Training of Trainers for Skill Improvement both in Making working Diagnosis and Care/Treatment targeted at District Hospitals and Health Centres	Training		
ID-2(3)	Training for Skill Improvement both in Making Working Diagnosis and Care/Treatment	Training	✓	
ID-3	<b>Programme for Developing Early Warning System for Outbreak of Infectious Disease based on Working Diagnosis</b>	Service Development	✓	☆
ID-4	<b>Programme for Integrating EPI and Other Health Services</b>	-		☆☆
ID-4(1)	Study for Assessment and Improvement of the Present Immunization Programme (EPI)	Study		
ID-4(2)	Pilot Projects for Integration of EPI with other Health Services	Pilot Projects Institutional Reform	✓	
ID-5	<b>Programme for Improving Childhood Infectious Disease Control (integrated into IMCI)</b>	Service Expansion		☆
ID-6	<b>Programme of Strengthening Control of HIV/AIDS and STDs</b>			☆☆
ID-6(1)	HIV/AIDS and STD surveillance	Study		
ID-6(2)	Training of Health Workers on STDs	Training		

ID-6(3)	Ensuring the Availability of STD Drugs	Service Expansion		
ID-6(4)	Piloting Special Services for Service Women	Pilot Project		
ID-6(5)	Strengthening Information/Education on STDs and HIV-AIDs	Service Development		
ID-6(6)	Voluntary HIV Testing	Service Development		
<b>ID-7</b>	<b>Programme for Strengthening Malaria Control and other PHC Activities</b>			☆☆
ID-7(1)	Extending Positive Diagnostic Delivery	Service Development		
ID-7(2)	Expanding the Vector Control Strategy	Service Development	✓	
ID-7(3)	Sustaining Community Based Control	Service Development	✓	
<b>ID-8</b>	<b>Tuberculosis Control Improvement Programme</b>	Service Development	✓	☆
<b>PRIMARY HEALTH CARE</b>				
<b>PH-1</b>	<b>Programme for Supporting the Operationalisation of the "Policy of Primary Health Care"</b>	-		☆☆
PH-1(1)	Reorientation of Attitudes toward the More Developmental Approach of PHC	Study Material Production System Development	✓	
PH-1(2)	Formulation of the MOH Strategic Plan to Operationalise PHC	System Development	✓	
<b>PH-2</b>	<b>Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach</b>	-		☆☆
PH-2(1)	Assessment of On-Going and Past PHC Projects in the last ten years	Study		
PH-2(2)	Development of Flexible National Guidelines and Regulations for Strengthening District Health Systems based on a PHC Approach	Study System Development Curriculum Development	✓	
<b>PH-3</b>	<b>Programme of Implementing the PHC Approach to Strengthen District Health Systems</b>	-		☆☆
PH-3(1)	Initial Project to Strengthen District Health Systems	System Development Service Expansion	✓	
PH-3(2)	Institutionalisation of District Health Systems Nationwide	System Development Service Expansion	✓	
<b>MATERNAL AND CHILD HEALTH</b>				
<b>MC-1</b>	<b>MCH Networking and Coordination Programme</b>	-		☆☆
MC-1(1)	Networking and Coordination between Donors and MOH/MCH	Coordination		

MC-1(2)	Establishment of a Coordination Centre for MCH	Coordination System Development		
<b>MC-2</b>	<b>Programme for Strengthening and Promotion of MCH</b>	-		☆☆
MC-2(1)	Expanding the Zone-0 Strategy from Immunization to MCH	System Development Training		
MC-2(2)	Intensified Antenatal Care Campaign	Service Expansion	✓	
MC-2(3)	Improvement of MCH Outreach Service	System Development Training Service Expansion	✓	
MC-2(4)	Training for MCH	Training	✓	
MC-2(5)	MCH Information/education campaign	Campaign	✓	
MC-2(6)	Programme Management	Management	✓	
<b>MC-3</b>	<b>Programme for Strengthening Family Planning</b>	-		☆☆
MC-3(1)	Ensuring a steady supply of contraceptive commodities	Training Service Expansion		
MC-3(2)	Improvement in the training for family planning service	Training Service Expansion	✓	
MC-3(3)	Liberalizing procedures to facilitate service delivery	Service Expansion		
MC-3(4)	Piloting the inclusion of family planning commodities in the Village Drug Revolving Fund	Study Service Expansion	✓	
MC-3(5)	Piloting the inclusion of the Injectable Hormonal Contraceptive Method in MCH Outreach	Study Service Expansion	✓	
<b>MC-4</b>	<b>Mother-Baby Friendly Hospital Programme</b>	-		☆
MC-4(1)	Diffusing the concept of Mother-Baby Friendly Hospitals	System Development	✓	
MC-4(2)	Training for Mother-Baby Friendly Hospitals	Training	✓	
MC-4(3)	Remodelling of Delivery Rooms in Hospitals	Construction Equipment	✓	
<b>MC-5</b>	<b>Maternity Waiting Home Programme</b>	-		
MC-5(1)	Piloting Maternity Waiting Home, Improving Maternal Care Service and Promoting Community Support	Study Service Expansion	✓	
MC-5(2)	Promoting Maternity Waiting Home at Remote District	Service Expansion	✓	
<b>MC-6</b>	<b>MCH Training Programme for Village Health Volunteers (VHV) and Traditional Birth Attendants (TBA)</b>	-		☆

MC-6(1)	Redefining the roles of VHVs and TBAs	Study System Development		
MC-6(2)	Developing guidelines for the Recruitment of VHVs and TBAs	Study System Development	✓	
MC-6(3)	Training of VHVs and TBAs	Curriculum Development Training	✓	
<b>NUTRITION</b>				
<b>NT-1</b>	<b>Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities</b>	-		☆☆
NT-1(1)	Development of a Core Organization for Nutrition within MOH	Organizational Development		
<b>NT-2</b>	<b>Programme for Improving Nutritional Status of Prenatal/Lactating Mothers and Under-5 Children</b>	-		☆
NT-2(1)	Micro-nutrient supplementation drive	Service Expansion	✓	
NT-2(2)	Movement for breastfeeding and child weaning	Service Expansion	✓	
<b>NT-3</b>	<b>Nutrition Information/Education Programme</b>	-		☆☆
NT-3(1)	Nutrition Training for Health Workers	Curriculum Development Training	✓	
NT-3(2)	Training on Nutrition for Village Volunteers	Curriculum Development Training	✓	
NT-3(3)	Implementation of Nutrition Information/Education Activities	Service Development	✓	
<b>NT-4</b>	<b>Programme for Promoting Marketing of Supplemental Food</b>	System Development Training		
<b>HOSPITAL SERVICES</b>				
<b>HS-1</b>	<b>District Hospital Improvement Programme</b>	-		☆☆
HS-1(1)	Establishment of Initial Standards for District Hospitals and Formulation of Initial Package Project	System Development		
HS-1(2)	Initial Package Project for District Hospital Improvement	Design, Construction, Equipment, Training	✓	
HS-1(3)	Contracting Out Project of Understaffed Poor-Performing District Health System	System Development Institutional Reform	✓	
<b>HS-2</b>	<b>National Programme of Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units</b>	-		☆☆

HS-2(1)	Formulation of Action Plan to strengthen the property management and maintenance systems and to establish Provincial Maintenance Units	System Development Institutional Reform		
HS-2(2)	Formulation of Guidelines/Standards for the Provincial Maintenance Unit and Job Descriptions for the Maintenance Engineers/Technicians	System Development		
HS-2(3)	Curriculum Development and Implementation of Training for the Provincial Maintenance Engineers / Technicians	Curriculum Development Training		
HS-2(4)	Establishment of Provincial Maintenance Unit	System Development		
<b>HS-3</b>	<b>Hospital Management Improvement Programme</b>	-		☆☆
HS-3(1)	Establishment of Minister Awards for Best Practices of Hospitals	System Development		
HS-3(2)	Formulation of Standard Services for All Health Facilities and Job Description for All Staff	System Development		
HS-3(3)	Study Project on Hospital Management Improvement Efforts	Study System Development		
HS-3(4)	Project of Enhancing Management Capacity of Hospitals through Team Approach	Institutional Reform System Development Training		
<b>HS-4</b>	<b>National Programme of Patient Friendly Hospitals</b>	-		
HS-4(1)	Project of Hospital Improvement for Making Hospitals Comfortable and Friendly	System Development Training		
HS-4(2)	Introduction of Patient-Friendly Information on Drug Packages	System Development Training		
<b>HS-5</b>	<b>Programme for Upgrading Provincial, Regional and Central Hospitals to Meet Minimum Standards</b>	Study, Design, Construction, Equipment, Training		☆
<b>MEDICAL LABORATORY TECHNOLOGY</b>				
<b>ML-1</b>	<b>Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine</b>	-		☆☆
ML-1(1)	Establishment of a Focal Group for Health Technology in MOH	Organization Development		
ML-1(2)	Formulation of Strategies for Health Technology-Based Medicine	Study System Development		

ML-1(3)	Training for Health Technology-Based Medicine utilizing Health Technologies	Curriculum Development Training		
<b>ML-2</b>	<b>Programme for Preparing Conditions Conducive to Good Laboratory Practice</b>	Study System Development Institutional Reform		
<b>ML-3</b>	<b>Programme of Establishing Internal and External Evaluation Systems of Medical Laboratory at Hospitals</b>	Study System Development		
<b>ML-4</b>	<b>Programme for Capacity Building of Medical Laboratory Technologists</b>	Study, Curriculum Development Training		☆
ML-4(1)	Assessment of quality of medical laboratory tests in hospitals	Study		
ML-4(2)	Curriculum Development of training on Medical Laboratory Technology	System Development		
ML-4(3)	Training for Medical Laboratory Technicians.	Training		
<b>DRUGS</b>				
<b>DR-1</b>	<b>Programme for Strengthening Quality Check Systems of Drugs</b>	-		☆
DR-1(1)	Establishment of Protocol of Drug Quality Check	System Development Institutional Reform		
DR-1(2)	Establishment of Regulations/Laws on Drug Quality including Penalties to Violators	Institutional Reform		
DR-1(3)	Establishment of Procedure of Reporting Violation and Violators of Drug Regulations/Laws	System Development Institutional Reform		
<b>DR-2</b>	<b>Rational Use of Drugs Programme</b>	-		☆☆
DR-2(1)	Establishment of Essential Drug Lists and Treatment Guidelines varying according to Qualifications of Health Workers and Village Health Volunteers	System Development		
DR-2(2)	Diffusion of Knowledge and Information on Rational Drug Use to Medical Doctors, Other Health Workers, Pharmacies' Staff and Health Volunteers	Curriculum Development Training		
DR-2(3)	Diffusion of Knowledge and Information on Rational Drug Use to Drug Consumers	Service Expansion		
DR-2(4)	Strengthening of Supervision of the Prescription of Drugs by Health Centre Staff	System Development Training		
DR-2(5)	Strengthening of Law Enforcement on Those Prescribing and Selling Drugs	System Development Service Expansion		

<b>DR-3</b>	<b>Programme of Training Private Pharmacies' Staff</b>	-		☆
DR-3(1)	Establishment and Operation of Model Pharmacies by MOH and PHO	System Development Training		
DR-3(2)	Development of Training Courses of Advising to Patients or Shoppers at Pharmacies	Curriculum Development Training		
DR-3(3)	Training of Private Pharmacies' Staff and Students of Pharmacy	Curriculum Development Training		
<b>DR-4</b>	<b>Village-Level Revolving Drug Fund (RDF) Programme</b>	-		☆☆
DR-4(1)	Establishment of a Task Force for Village –Level RDFs	Organizational Development		
DR-4(2)	Review of Existing Village-Level RDFs and Redesign of the Village-Level RDF System	System Development	✓	
DR-4(3)	Capacity Building for Improving the Village-Level RDF Systems	Curriculum Development Training	✓	
DR-4(4)	Improvement of Existing Village-RDFs and Expansion to Remoter Areas	Pilot Project System Development	✓	
<b>DR-5</b>	<b>Programme for Promoting Traditional Medicine at district hospitals, Health Centres and Village Levels</b>	System Development	✓	☆
<b>GENDER</b>				
<b>GR-1</b>	<b>Programme for Mainstreaming Gender Issues in the Health Sector</b>	-		☆
GR-1(1)	Sensitisation of MOH Decision-Makers and High Level Officers on the Necessity for Integrating Gender Issues in Health Policies and Programmes	System Development Institutional Reform Training		
GR-1(2)	Introduction of Gender-Differentiated Monitoring of Impacts of Selected MOH Policies	Pilot Project System Development		
GR-1(3)	Introduction of Gender Differentiated Statistics in Health Information Systems at all levels	System Development		
GR-1(4)	Sensitisation of Health Researchers so that they include gender differences as part of health Research Designs	System Development Training		
<b>HEALTH RESEARCH</b>				
<b>RR-1</b>	<b>Programme to Develop Capacities for Health Research</b>	-		☆
RR-1(1)	Project to Develop Management Capacities for Health Research	Training System Development		

RR-1(2)	Project to Develop Researchers' Capacities, including Researchers' Network for Health Research	Training		
<b>SUBSTANCE ABUSE</b>				
<b>SA-1</b>	<b>Programme to Develop Treatment Guidelines and Related Capacities for ATS with Perspective on Mental Health</b>	-		☆
SA-1(1)	Project to Develop Treatment Protocols and Guidelines for ATS	Study System Development		
SA-1(2)	Project to Develop ATS Treatment Capacities Among Existing Health Facilities and Professionals in the Lao PDR.	Training Service Development		
SA-1(3)	Project to Disseminate Risk Behaviour Prevention Curricula Integrated with Health Education	Curriculum Development Service Expansion Training		
SA-1(4)	Long Term Project to Develop Mental Health Professionals in the Lao PDR.	Study Curriculum Development System Development		
<b>SA-2</b>	<b>Programme to Develop Capacities for Drug Abuse Treatment in Northern Provinces</b>	Training		