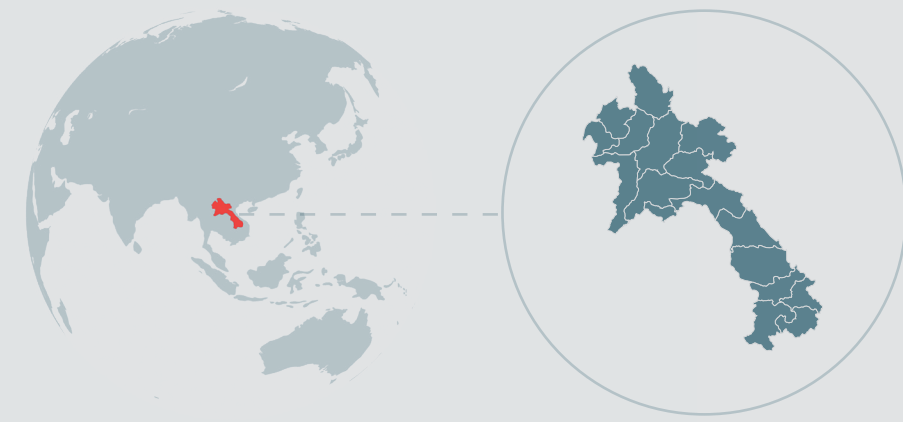


EVOLUTION OF UHC IN

LAOS

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Official language
Recognised language
Religion

Vientiane 17°58'N 102°36'E
Lao
French
• Buddhism 64.7%
• Tai folk religion 31.4%
• Christianity 1.7%
• Islam 0.8%
• Other 1.3%
• from France (22 October 1953)

Independence

GENERAL INFORMATION

Lao PDR has made impressive progress towards universal health coverage. From 10.5% in 2008, social health protection coverage increased to 94% of the population in 2018. However, the health sector still suffers from chronic

underfunding despite the Government's commitment to increase its allocation to health. This is particularly detrimental to health service readiness at all facility levels, and to effective access to health care.



NATIONAL UHC
DYNAMICS CARD
www.p4h.world

towards
SDG 3.8.2

1995 - 2001

1995

The State Authority for Social Security (SASS) scheme

2001

The Social Security Organisation (SSO) scheme

They were aimed at covering public and private employees and their dependents, respectively. They were managed by the National Social Security Fund (NSSF), under the Ministry of Labour and Social Welfare (MoLSW).

2002 - 2012

2002-2004

Programs have been targeting the self-employed and informal economy workers through the Community-Based Health Insurance (CBHI, since 2002) and the poor and vulnerable through the Health Equity Fund (HEF, since 2004).

Impact

Limited coverage due to voluntary enrolment under CBHI and targeting inaccuracies with HEF.

2010

COMMUNITY-BASED HEALTH INSURANCE (CBHI) AND HEALTH EQUITY FUND (HEF)

The Free Maternal Neonatal and Child Health (FMNCH) services policy is implemented.

Impact

Successful in improving health service utilisation; however, (informal) out-of-pocket (OOP) payments remained significant at facility level, which limited financial protection for the intended beneficiaries.

2012

The Decree 470/PM created a National Health Insurance (NHI) Fund

It aimed to gather all schemes under one umbrella managed by the NHI Management Committee (MC) and its Secretariat the NHI Bureau (NHIB).

OOP 2014

Out-of-pocket (OOP) of current total Health Expenditure was 51%.

2016 - 2019

2016

Implementation of the NHI

Merging of the former CBHI, HEF and FMNCH under the MoH.

2016-2017

The NHI scheme was rapidly rolled out to all provinces in Lao PDR. Only Vientiane Capital is not included and provides protection to the workers in informal employment through CBHI.

2017

Shift to mainly tax-based financing model for the population in informal employment and the poor.

Under this model, contributions are no longer collected but replaced by public subsidies transferred to the NHI Fund. Workers in informal employment only have to pay small direct co-payment at the point of services. Poor and Vulnerable, Children under 5 and Pregnant women are exempted from co-payments. Workers in formal employment and their employers still pay their contributions to NSSF SASS or SSO."

2018

The NHI insured benefit package covers most health services in the public sector, with few exclusions, corresponding to services such as VIP rooms, drugs not belonging to the essential medicine list, work and traffic accidents, services already paid for by vertical projects such as malaria, tuberculosis, AIDS; vertical projects (malaria, tuberculosis, AIDS), non essential services (plastic surgery, dental care etc.).



2019

The Government of Lao PDR has recently made progress with the implementation of the long-planned merger of formal sector schemes (SASS, SSO) and police schemes together with the NHI scheme, under the lead of the NHIB. The merged scheme is operational in a pilot mode in two provinces, with the aim of a nationwide rollout starting in July 2019.

Established as a department of the Ministry of Health (MOH), the NHIB is currently the main purchaser of health services for the Lao population.

Furthermore, Lao PDR is, to this day, highly dependent on external funding for health.

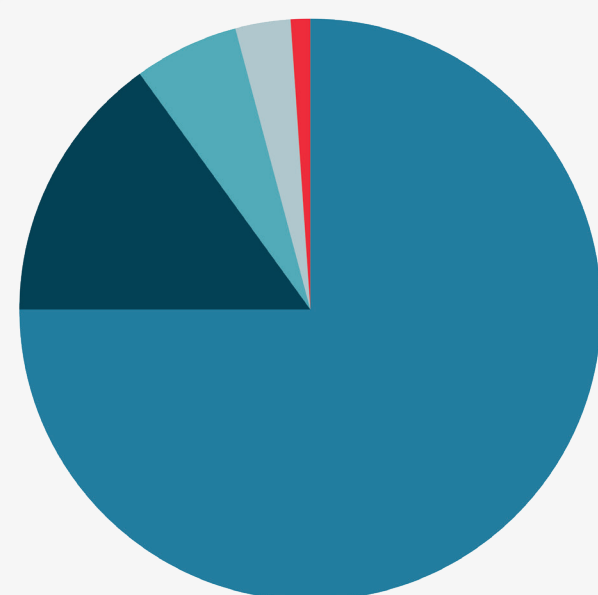
OOP 2018

Out-of-pocket (OOP) of current total Health Expenditure was 48%.

Out-of-pocket payments and effective access to quality health services is still a challenge for a significant portion of the population.

SOCIAL HEALTH PROTECTION COVERAGE 2018

- 75% NHI
- 15% Government
- 6% Uninsured
- 3% Private employees
- 1% CBHI



MORTALITY

The maternal mortality ratio plunged from 250 deaths per 100,000 live births in 2012, to an estimated 197 deaths per 100,000 live births in 2015. Under-five mortality, also decreased from 79 to 46 per 1,000 live births between 2011-12 and 2017.

MATERNAL MORTALITY

197

PER 100,000 LIVE BIRTHS IN 2015

UNDER-FIVE MORTALITY

46

PER 1,000 LIVE BIRTHS IN 2017

OUTLOOK

REMAINING CHALLENGES:

- Debates over the status of the NHIB and the necessity to separate it from the MOH, in order to achieve full autonomy.
- Overcoming low service readiness for basic obstetric care.
- Strengthening strategic purchasing, with the revision of payment mechanisms and the introduction of incentives for greater quality in health care.
- Increase risk pooling, in order to ensure that the risk related to financing health interventions is borne by all the members and not by each contributor individually.

TOTAL GOVERNMENT EXPENDITURE ON HEALTH
(INCLUDING EXTERNAL FUNDING)

4.4%

2010-2011

5.9%

2015-2016

SOCIAL HEALTH INSURANCE OF
CURRENT HEALTH EXPENDITURE

2%

2016