

Maternal, Newborn & Child Health Services in Lao PDR and the Role of the Swiss / Lao Red Cross in Improving Access to MNCH Services

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Bounlam SOUVANNASAB & Jean-Marc THOMÉ

Croix-Rouge suisse
Schweizerisches Rotes Kreuz
Croce Rossa Svizzera



Agenda

1. Introduction on Lao PDR
2. Maternal, Newborn & Child Health in Lao PDR
3. National MNCH Strategy
4. Free MNCH and the role of Swiss/Lao Red Cross
 - a) Scope
 - b) Services
 - c) Institutional Arrangements
 - d) Results
 - e) Added values
5. Lessons



1. Introduction



Lao PDR

Country profile:

Population: 6.5 million	GDP: \$1,100/Cap
Low density 28 inh./km ²	Growth: 7-8%
Rural population 65%	Mineral and hydro-power resources
Ethnic minorities >30%	Growing inequalities
Communist state / Transitional economy	Poor: 20% officially; >40% less 2\$/day

Health system:

Still mainly public, growing private	Many Development Partners
Limited HR workforce capacity	Start of coordination / harmonization
Low quality, performance & utilization	Low-paid civil servants
Under-funded (THE \$27, 20% from domestic, 50% from OOP, 30% donors)	High Out-Of-Pocket , low but increasing Social Health Protection schemes

1. Introduction






Swiss Red Cross in Lao PDR

1. **Basic Health Support Lao Red Cross Development**
2. **Social Health Protection:** policy advise, funding and implementation of Health Equity Funds for the poor, Free Maternity & Child U5 services, Voluntary Insurance TA
3. **Health Financing** technical advisory to Ministry Of Health
4. **MCH** Technical support
5. **District Health Management** support

➔ **Technical Assistance, Implementation, Donor**



2. MNCH Situation in Lao PDR

Outputs	2005	2010/11	Target 2015
Ante-Natal Care 1	29%	71%	60%
Delivery by Skilled Birth Attend.	21%	41%	50%
Delivery at facility in Rural	13%	26%	30%
Family Planning	38%	48%	50%
Immunization DPT Hep. B	51%	74%	92%
Measles	43%	64%	90%
Outcomes	2005	2010/11	Target 2015
 MDG 1: U5 Stunted U5 Underweight	40%	38%	34%
	37%	27%	22%
 MDG 4: Infant MR (Per 1,000) U5 MR (Per 1,000)	70	48-68	45
	98	64-73	70
 MDG 5: MMR (Per 100,000)	405	357	260



3. National MNCH Strategy in Lao PDR

Objectives	Strategic actions	2009
Improve Leadership & Governance and Management Capacity	1. Leadership & Governance for MNCH	←
	2. Financing mechanisms to increase access	←
	3. Health Information	
Strengthen Efficiency & Quality of Service Delivery	1. Delivery of MNCH services	←
	2. Sufficient Skilled Birth Workforce	
	3. Management of Medical Products & Techno.	
Mobilize individuals, families & communities	1. Involvement of individuals, families & communities	←



4. Free MNCH & Role of Swiss/Lao RC

A. Scope

- Free Health Services for poor (HEF)
- Free Maternity for all
- Free Maternity for all with Vouchers
- Maternity Waiting Homes & promotion kits
- Preventive Services Purchasing Scheme
- *Free health services for Children Under 5*



4. Free MNCH & Role of Swiss/Lao RC

B. Services / Tasks

- **Provision of free health services in public facilities**
- **Provision of food & transport to beneficiary**
- Accounting / Finance / Payment
- Administration & support to oversight committees
- Monitoring, audit & random check
- Promotion
- Design, Strategies, Targeting
- Policy advise to Ministry of Health
- Reporting









4. Free MNCH & Role of Swiss/Lao RC

C. Institutional Arrangements

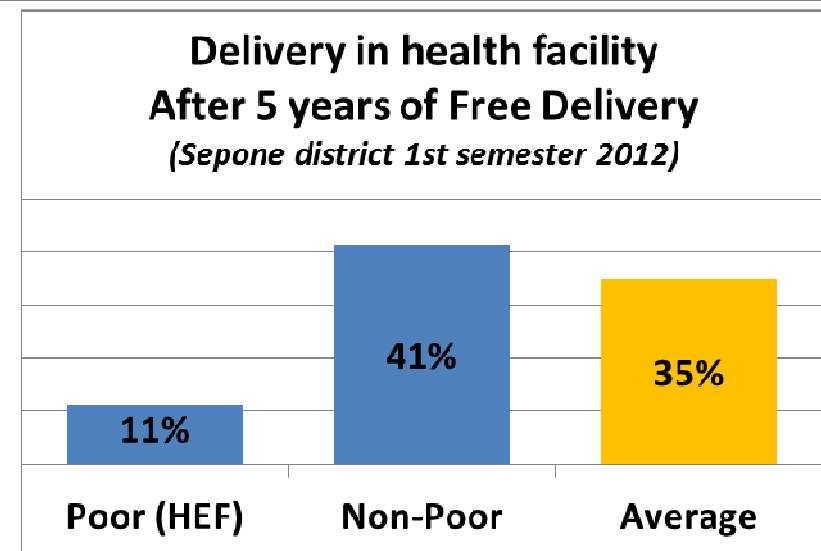
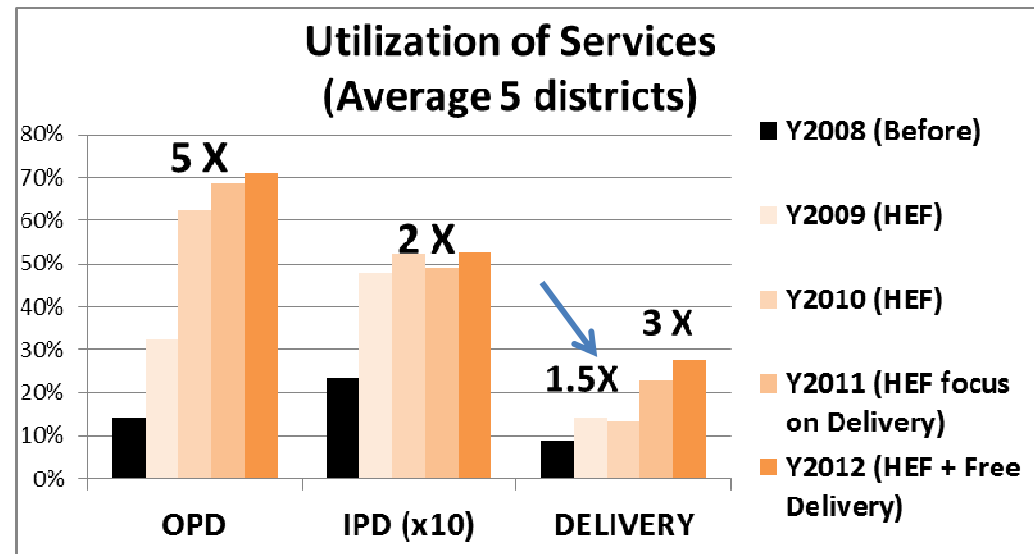
- Contracted by the Ministry Of health
- 3rd party management agency
- Manage several funding sources
- Progressive hand-over to a nascent National Health Insurance Agency
- Management → Monitoring → Technical assistant



4. Free MNCH & Role of Swiss/Lao RC

D. Results

- Increased coverage of delivery in facility from 11% to >30%, but ...
- Less automatic increase than for curative services
- For delivery, money is not the main barrier. Supply factors are more important (presence of midwife, trust, ethnics,..)
- Importance of promotion and proximity role
- Unequal results rich/poor



4. Free MNCH & Role of Swiss/Lao RC

E. Added Value of Swiss/Lao RC Management Agency

- **Accountability** to report to MOH/donors
- **Purchaser/provider split** in a context of ↗ **corruption**
- **Independent Monitoring/Feedback**
- Cope with limited operation capacity within MOH
- **Joint management** of several demand-side schemes
- **Flexibility** (funding, responsiveness)
- **Policy advise**, advocacy work & technical assistance



5. Lessons

- **No quick fix**
- Require **solid health systems foundations**
- Require a **balanced set of well-sequenced and continuous actions** tackling different dimensions (leadership, supply/service delivery, finances, IEC)
- **Monitoring** is needed



WHO

