LAO PEOPLE'S DEMOCRATIC REPUBLIC

COUNTRY REPORT

ON

HEALTH SERVICES

Presented at
The 2nd ASEAN & Japan High Level Officials Meeting on Caring Societies
Development of human resources and implication of aging societies
30 August to 2 September 2004, Hayama & Yokohama,Japan

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I. Introduction:

The Lao PDR is a landlocked country in the middle of the Southeast Asia with the total area 236.800 Kilometers. Its neighbours are the People's Republic of China, R S Vietnam, Kingdom of Cambodia, Kingdom of Thailand and the Union of Myanmar. The population according to the National Health serveys (NHS in 2000) approximatively is 5.091.100 people with 2.575.000 females and 2.516.000 males and 48 ethnic groups, 15% of the population is living in urban and 85% in rural areas. There are 16 provinces, 1 preferture and 1 special zone, 142 districts,11.640 villages and 748.529 households. The country had been gradually adopting a market

economy since the advent of " The New Economic Mechanism" in 1986. Lao PDR was joined the ASEAN in 1997.
The Lao's government has a goal to alleviate the poverty of people by the years 2010 and free the country from the status of least developed country by the years 2020. So the capacity building of Human Resources is also contribute to alleviate the poverty of people and the development of country.

II. Basic National health indicators and statistics

The status of the Lao people is found that the life expectancy at birth had increased to 59 years (61 years for females and 57 years for males). The total fertility rate(TFR) is 4.9, the infant mortality rate (IMR) 82, the under five mortality rate (U5MR) 102/1.000 live birth, the maternal mortality rate (MMR) 530/100.000.

The major public health problems are malaria, dengue, tuberculosis, leprosy, acute respiratory infection, gastroŒenteritis, hepatitis, maternal and child emergencies, injury from unexploded bombs, traffic accident and substance abuse especially in some provinces in the north. Sexually transmitted diseaces (STD) including HIV/AIDS and diseaces related to smoking and excessive alcohol consumption is gradually increasing. Additionally the main diseace for the elderly also is high hypertension and diabetis.

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III. Demographic indicators

Œ Projection of Population structure by age and by sexe (in thousands)
(year 1995)

Age	Total	Male	Female
0 Œ- 4	846.8	434.0	412.8
5 Œ 9	635.2	327.0	308.2
10 Œ 14	554.8	284.6	270.2
15 Œ 19	497.5	235.2	262.3
20 Œ 24	376.0	170.6	205.4
25 Œ 29	308.9	147.4	161.5
30 Œ 34	302.8	146.3	156.7
35 Œ 39	213.7	108.0	105.5
40 Œ 44	196.5	94.8	101.7
45 Œ 49	132.4	63.6	68.8
50 Œ 54	146.4	70.6	75.8
55 Œ 59	114.3	56.6	57.8
60 Œ 64	100.4	50,5	49.9
65 Œ 69	73.3	38.4	34.9
70 Œ 74	50.1	23.2	26.9
75 Œ 79	27.1	13.4	14.0
80+	**29.1**	**13.1**	**16.0**
Total	**4.605.300**	**2.276.900**	**2.328.400**

The population of Lao PD R doubled from 2.2 million in 1960 to 4.605.300 as of the 1995 census. Its growth rate reduced from a high of 3.1% for 1994Œ 2000 to 2.5%. The total fertility rate decreased as well to 4.9 per woman as of 2000.

The Ministry of Health set specific targets for the annual population growth rate as 2.36% and 2% for years 2005 and 2020 respectively, the estimated population are 5.941.000 for the years 2005, 7.300.000 for the years 2010 and 8.200.000 for the years 2020. The projection of this table is showed that the elderly or the person who was more then 60 years old is approximatively 6%.

IV. Facts of social welfare and health services for elderly.

In Lao PDR are two concerning organizations providing care for the elderly such as **Ministry of labour and social we**lfare and **Ministry of Health**.

Ministry of Labour and social welfare is responsible for social assistance to poor elderly persons,orphans,children on special condition and disaster people. Its provide under the Social Protection Programmes and Social Security Systems. Both systems are compulsory , providing range of comprehensive protection against risk contingencies such as: health care, sickness, maternity, death, employment injury, invalidity, oldŒage pension and survivors pension. Health care is delivering under the Health insurance.

Ministry of Health has taken the responsibility of raising the health to the entire population (including the elderly) through providing promotive, preventive, curative and rehabilitative measures. Under the Ministry of Health, two institutions such as National rehabilitation center and Ophtalmology center have also provided rehabilitation service for the disabled people. They established a school for disabled children, a vocational training for adulth disabled, a school for the blind and a school for the deaf. At the school for disabled children, these children are giving special education and daily living activities. At the vocational training school for adult disabled, inmates are provided vocational training such as hairdressing, tailoring, silkŒscreening printing,photography and TV repairing. At the school for the blind and the deaf, inmates are giving special education and vocational training such as the adult disabled.

V. InterŒsector collaboration

In the implementation of social welfare and health services mentioned above, many organization of government and NGO's voluntary to collaborate, contribute and support fund for the elderly and the disabled people such as:

- Œ Ministry of Education
- Œ Lao women union
- Œ Youth association
- Œ Association of disabled people
- Œ Handicap international etc....

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