

PROVISION OF MEDICAL CARE AT THE TIME OF DISASTER IN LAO PDR

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COUNTRY BACKGROUND



- Land-linked country
- Three geographical regions: Northern Central and Southern
- Population of 6,894,000
- Area of 236,800 square Km;
- GDP growth 7.5%
- Upgrade from a low-income country to a lower-middle-income country in 2011;
- Health Expenditure: 2.8% GDP
- Private Expenditure on Health: 52% of Total Health Expenditure

NATURAL DISASTERS 1980 - 2010

No of events:	30
No of people killed:	945
Average killed per year:	30
No of people affected:	4,998,868
Average affected per year:	161,254
Economic Damage (US\$ X 1,000):	429,779
Economic Damage per year (US\$ X 1,000):	13,864

TOP 10 NATURAL DISASTERS REPORTED (AFFECTED PEOPLE)

Disaster	Date	Affected (no. of people)
Storm	1995	1,000,000
Drought	1988	730,000
Flood	2001	453,000
Flood	2000	450,000
Flood	1996	420,000
Flood	1995	391,400
Flood	1991	332,000
Storm	1992	268,877
Flood	2008	204,190
Flood	1995	200,000

TOP 10 NATURAL DISASTERS REPORTED (PEOPLE KILLED)

Disaster	Date	Killed (no. of people)
Epidemic	1994	500
Epidemic	1992	143
Epidemic	1987	63
Epidemic	2000	44
Epidemic	1995	34
Flood	1996	30
Storm	1995	26
Storm	1992	22
Storm	2009	16
Flood	2000	15

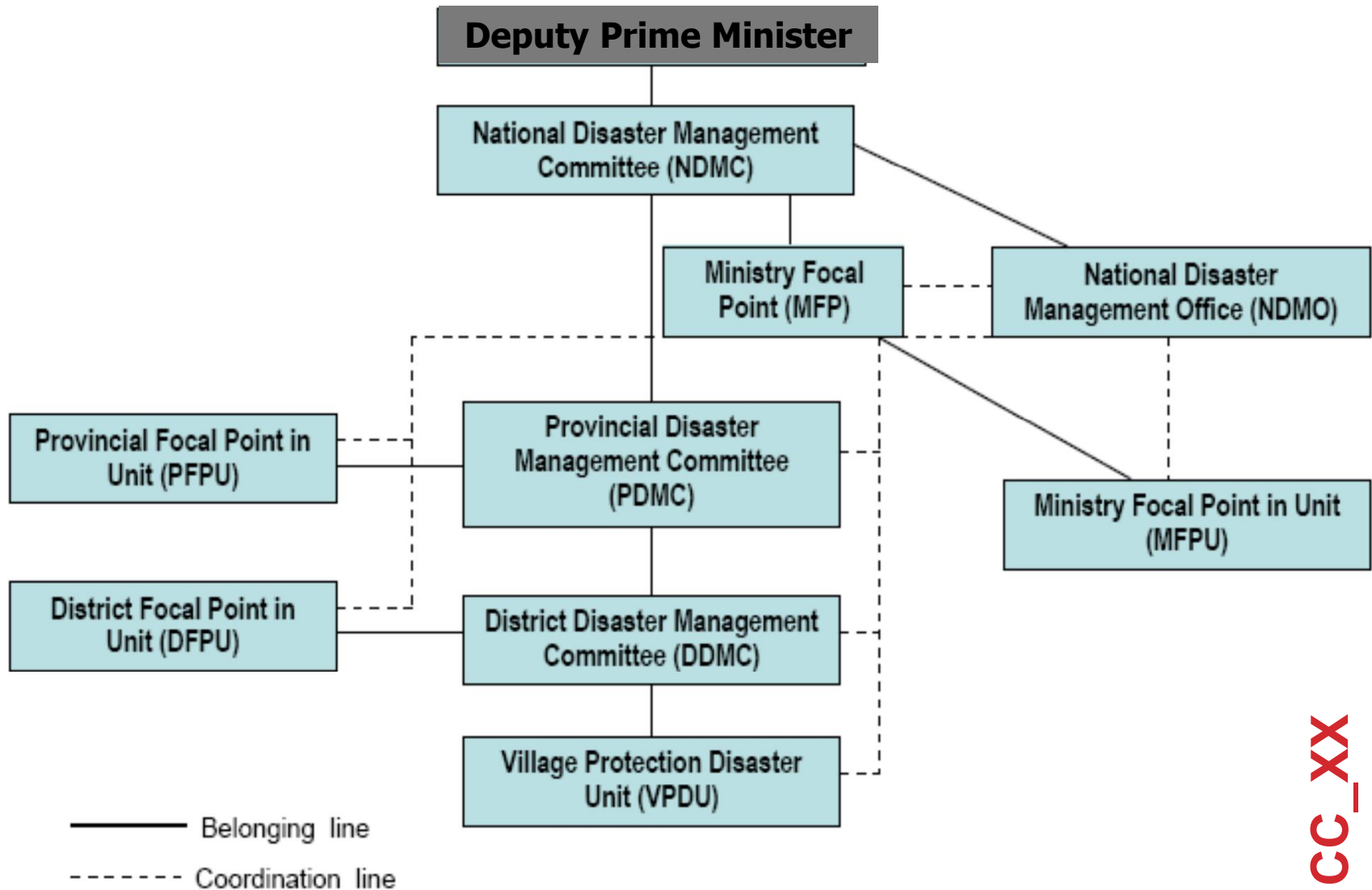
Flood Affected by TS HAIMA & TS NOCK –TEN 2011

- Almost 12 provinces affected
- 429.954 people (Women 218.154 persons) , 82. 493 households ,1.790 villages, 96 districts and 42 persons were killed.
- The flood also severely damaged housing of people , basic infrastructures of Agriculture , public work and transport , health centers, schools electricity, water supply , natural water pipe , latrines , tourism sites, industry and trading , etc
- The most severely affected provinces are : Xiengkhuang , Khammuane, Champasack Sayabuly , Vientiane and Bolikhamxay.
- The total damages cost estimate around 1,764,547,062,641 Kips

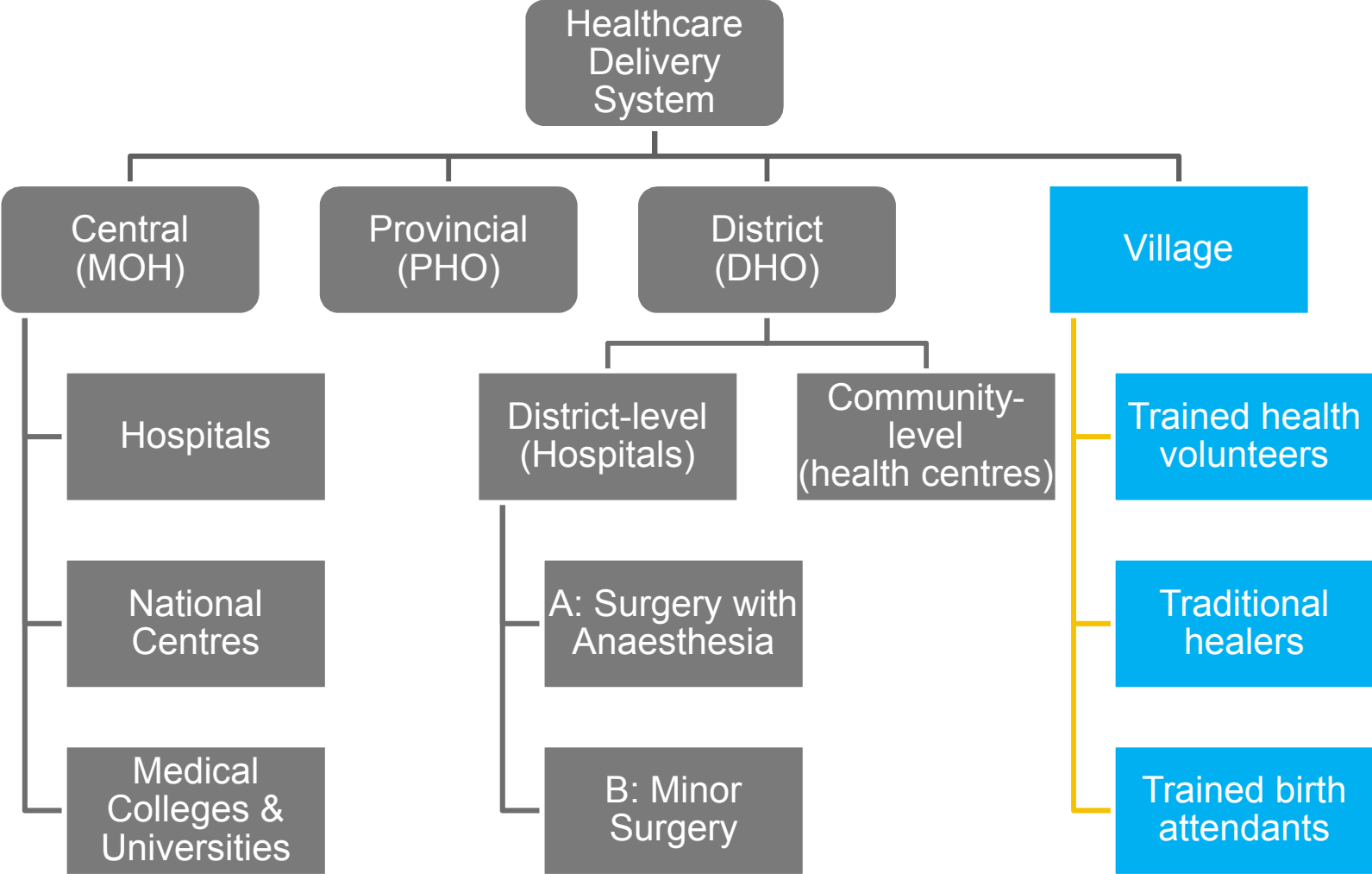


Organizational Structure Of National Committee

The NDMC Diagram



HEALTH ORGANIZATION & GOVERNANCE



CURRENT STATUS

- **Disaster management committee under MOH is revised and endorsed in August 2013;**
- **NATIONAL HEALTH EMERGENCY RESPONSE PLAN (NHERP) finalized;**
- **Health Emergency Operation Centre (EOC) established in 2014;**
- **Hospital Preparedness for Emergency trainings for provincial and district level conducted on annual basis;**
- **Disaster risk assessment for health facilities conducted.**

HEALTH CARE SYSTEM PREPAREDNESS

- Train staff working in healthcare settings;
- Designation of a central referral hospital with isolation facilities;
- Designation of an experienced IPC team;
- Assessment of capacity needed for IPC;
- Identify supplier and procure sufficient supplies of medical commodities for isolation unit;
- Awareness raising of hospital and health care staff.

HEALTH CARE RESPONSE

Actions taken

- Cabinet coordinated related department
- Activate EOC for major event
- Deploy central team to support provincial and district team as necessary
- Enhance surveillance, response if there is any event
- Dispatch Mobile team (medical team and health education)
- Provision of medicines and medical supplies
- Supply safe water, water container, soap.



GOOD PRACTICES AND CHALLENGES

Good practices

- EOC management directly under the Ministry leadership;
- Instead of having the big warehouse for medical commodities, future contracts given to suppliers.

Challenges

1. Limited number of staff (all levels), especially those with technical competence;
2. Limited operational costs/resources;
3. Limited funds for human resource capacity preparation, and necessary supplies and equipment;
4. Some legislations need to be developed to support the implementation;
5. Monitoring & Evaluation system for PHE is not in place.