Roles of Social Health Protection in achieving UHC in Lao PDR

Inclusive Social Protection Systems in Asia and the Pacific:
An expert group meeting

April 2019

UHC – National Goals

- **Achieve Universal Health Coverage for all by 2025** ensuring that all people can access the health services they need to become and stay healthy without suffering financial hardship.
- **80% of population covered by social health protection schemes by 2020**
- **Reduction of Out-of-Pocket expenditure to 30% by 2025**

Health indicators

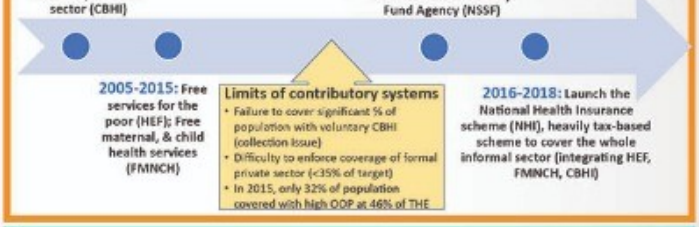
- Good progress on many health targets; identified 10 National Assembly indicators
- **MNCH indicators** remain challenging
  - **U5 mortality rate:** 86/1000 in 2015 remains the highest in Southeast Asia
  - **Infant mortality rate:** 48.1/1,000 in 2016 (target 45)
- **Equity gap** (socioeconomic status, rural-urban)
  - Children in the poorest quintile are 3.6 times more likely to die before reaching 5 compared to those in wealthiest quintile
  - Children born in Phongsaly province are 5 times more likely to die before reaching 5 than those born in Vientiane City
- **Shift in disease burden:** NCDs estimated to account for 60% of all deaths
- **Low Health Service Utilization:** 0.6 visits per person per year
- **Out-of-pocket payments:** 45.1% of Total Health Expenditure in 2015-16

Achieving UHC in Lao PDR

Higher service utilization rates facilitated by NHI but **poor quality of services** will not lead to **better population health**
→Quality improvement needed

(2019/02) Lao Minister of Health presentation, Achieving UHC in SE Asia-Pacific, Tokyo, Japan

Evolution of Social Health Protection Schemes

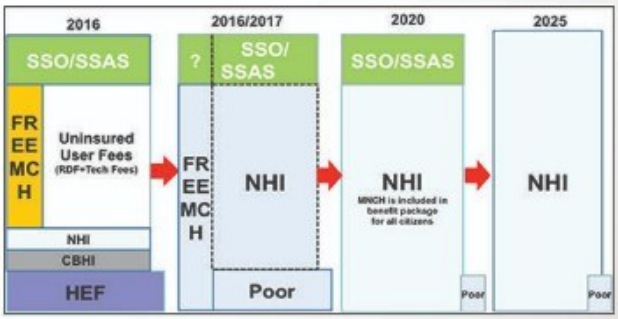


Current Social Health Protection system

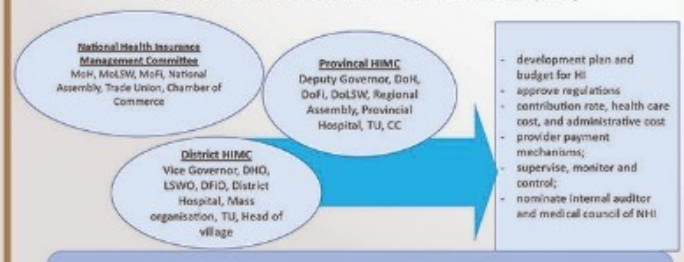
- **Launch of the National Health Insurance (NHI) scheme end of 2016** with expansion to all provinces except Vientiane Capital in 2017 integrating the free health services for the poor (HEF), policy for free services for mothers and children under 5 (FMNCH) and voluntary health insurance (CBHI)
- For the formal sector: contributory system based on remuneration. No co-payment at point of use (managed by NSSF/MoLSW)
- For the informal sector: Mainly tax-based system whereby the NHI pays services to health facilities with low lumpsum co-payment by the patient when using health service, except the poor, Children under 5 and mothers who are exempted: (Managed by NHIB/MoH)

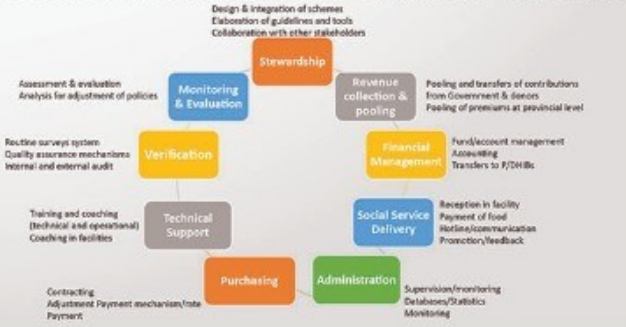
Patient co-payment	Health Center	District Hospital	Provincial Hospital	Referral
Outpatient	5,000k	10,000k	15,000k	-
Admission	5,000k	30,000k	30,000k	-

Social Health Protection Strategy



Decree 470 on National Health Insurance (NHI)



Health Insurance Bureau = administrative authority for NHI at central provincial and district level

National Health Insurance Bureau (NHIB) - Functions