Policy on Primary Health Care (PHC)

Ministry of Health

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FOREWORD

The Health Sector in Lao PDR has been guided by Socio-economic development of the country. The Party and the government have endeavored to promote health for all people of Lao PDR. Building upon the spirit and content of the policy on the Health Sector of the Party, especially within the aim to expand health services throughout the country and to gradually improve the quality, Primary Health Care is intrinsic to the work of the Health Sector and intends to address health promotion and care to all ethnic populations in order to contribute to the country's development at the level of others countries in the region.

The Ministry of Health formulated the Primary Health Care policy to guide and orient its implementation at the grass root level. The development of this policy has been based upon geographic situation and people, transport and communications, the size of the population being served including experiences and heritage to improve and expansion of health services network to reach the most remote populations, harmony with the actual conditions of Laos and appropriate for actual needs of all the people. This policy is an important and essential guide as well as a management base at the macro level of Health Sector. It defines clear direction, principles, strategies, components, the organization, actual activities, role and responsibilities, and relationship among each levels of the health services, village, sub-district health center, district, province and central levels.

To implement and apply the PHC policy to effectiveness participation of the community and responsiveness of the authority are the major decisive factors. Close association and coordination with other sectors is essential to make PHC activities develop in parallel with the country socio-economical development. Participation of the authorities has an important role in the implementation and supports of PHC. For instant, the authorities should participate in planing, management, and assessment of all operations and investments to ensure the quality and sustainability of PHC activities. All organizations involved in PHC activities should take this policy as a guide to contribute to the Health Sector to achieve a better outcome.

The health sector, in general, has continually made progress, but with regard to Primary Health Care, many problems still need to be addressed, especially the problem of the mother and child health and health personnel to provide a quality service for reaching the target of *"Health for All"*. Therefore, the Primary Health Care policy will be an important guide for implementing activities in this field and plans and direction for now to the 21st century. Technical staff and decision-makers of the Ministry of Health studied and unanimously edited the content of the policy in accordance with multi-sectorial views. Therefore, I wish that the policy is useful for the implementation of PHC. On behalf of the Ministry of Health, I would like to express my thanks and happiness to all of your contributions. Please keep in mind that this policy is a first version by no means complete and not fitting to all circumstances. If any better view emerge following field application, we will be more than happy to take it as lesson and we will up-grade or modify in accordingly to arrange the activities in a better form.

Vientiane, 04 February 2000.

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GLOSSARY OF TERMS

Primary Health Care (Primary Health Care) *is a strategy to provide basic health care with a scientific basis to the entire population and all ethnic groups, which is appropriate for actual needs and acceptable to all the people. Primary Health Care expands the health network to remote areas based upon the principles of self-reliance and self-sufficiency. It should enable everyone, including family and community, to access health services and to participate in their delivery, in order to insures their sustainability.*

Village Health Volunteer (VHV) *is a volunteer worker living in each village who has had some formal, basic health cares training. The VHV is responsible for disease prevention, health promotion, and treatment of common diseases for the population living within their village catchment areas.*

Traditional Birth Attendant (TBA) *is a person who provides assistance with deliveries in villages, has received some formal, basic health care training and who treats diseases in the local population basic health care in villages at the grassroots level. TBA has also a responsible to provide advice and recommendations on health care and contribute to the process of three hygiene in his locality.*

Traditional Herbalist *is a person who has received some formal, basic health care training and who treats diseases in the local population using herbal and traditional remedies that have been passed down from their ancestors. The practice of herbalists is still widespread in remote areas, especially those inhabited by ethnic minorities, where modern health services have not yet reached or which lack health care provided by qualified health workers. According to the health policy, traditional medicine can sometimes be used to complement the practice of modern health care.*

Private Medical Practitioners *are persons trained in modern practice of medicine and may still be active in government service or they may be*

retired. Private medical practitioners treat patients in rural community in exchange for compensation for their services. They must have a license, issued by the local health sector authorities. The status of the private medical practitioner is different from the illegal private practitioners.

Illegal Private Medical Practitioners *are persons who treat diseases in the local population basic health care at the grassroots level, but they do not have a license and a technical skill quality insurance issued by the local health sector authorities. Illegal private medical practitioners have a different status comparing to the one of private medical practitioners such as possession of any license to practice issued by the local health sector authorities and therefore, any practice is illegal.*

Basic Drug Kit at the Village Level *is a package of essential drugs available at the village level, according to the list and regulations issued by the Ministry of Health, used by VHVs to provide basic health services to the population in remote areas inhabited by ethnic minorities, and in geographic locations where there are no health centers.*

Village Health Provider (VHP) *is a person who has received some formal, basic health care training and who treats diseases in the local population basic health care in villages at the grassroots level. VHP may be an age-old or retired public servant or village health volunteer, who guides community to practice three hygiene in locality or village.*

Health Center (HC) *is a facility with trained medical staff where health care service is provided for a village or for a group of villages. The health center provides primary health care services including prevention, health promotion, diagnosis, and treatment of basic diseases. Furthermore, health centers provide systematic monitoring and supervision of VHVs and TBAs at the village level.*

Village Committee for Health *composed of local authority, Lao front for national construction and other mass organization in the village, are responsible in management and guidance health activities in the village and catchment area to insure an equity, a good quality of health services that reaches the most remote populations and ethnic groups. This committee also takes responsibility for monitoring all village health providers in their catchment area.*

District Health Service and District Hospital *is the fundamental element of the health sector network at the district level, which is responsible for planning and implementation of Primary Health Care according to directions from Provincial Health Authorities and the Ministry of Health. The District Hospital is a facility that provides health care services, disease prevention, health promotion, diagnosis and treatment of the most common diseases in the population. The District Hospital is the first level of the referral system and a local training site on health care and Primary Health Care activities in the district area, in accordance with the terms of reference and technical standards for all categories of health personnel.*

District Committee for Health *composed of local authority, Lao front for national construction and other mass organization in the district, are responsible in management and guidance health activities in the district and catchment area to insure an equity, a good quality of health services that reaches the most remote populations and ethnic groups. This committee also takes responsibility for monitoring all health providers in the district catchment area.*

Provincial Health Service (PHS) *is the fundamental element of the health sector network in a province. It functions according to its terms of reference under the supervision of the Ministry of Health, which includes planning, implementation, and supervision of peripheral levels responsible for Primary Health Care in order to monitor all levels of the health sector in the province. The Provincial Health Service has a Provincial Primary Health Care Unit, under the direction of the PHS, which is responsible for coordination, planning, management, monitoring and evaluation of Primary Health Care activities in order to assure sustainability and high quality Primary Health Care services at each level in the province.*

Provincial Hospital (PH) *is a facility that provides treatment and rehabilitation services for patients with all varieties of illness in accordance with the five functions of hospitals and technical standards as determined by the Ministry of Health. The Provincial Hospital is the second level of the referral system. The Provincial Hospital is also responsible for training all*

categories of professional health staff; supervising and assisting with technical aspects of health service delivery; and to provide opportunities for practical training according to the real needs and requirements of health facilities at lower levels of the provincial health service network.

Regional Hospital (RH) *is a health facility that provides curative health care service at the provincial level in the representative province of the region, but it also has a responsibility to provide health care for the entire population in the region. The Regional Hospital is also the second level in the referral system that should provide services according to the five technical responsibilities of hospitals as determined by the Ministry of Health. The Regional Hospital is the center for health development and Primary Health Care activities for all provinces in that region. The Regional Hospital is also responsible for monitoring and conducting training for health personnel at all levels in order to assure better access and higher quality services.*

Provincial Committee for Health *composed of representatives of local authority, Lao front for national construction and other mass organization in the province, is responsible for management and guidance of health activities in the province and catchment area to ensure an equity based, good quality of health services that reaches the most remote populations and ethnic groups. This committee also takes responsibility for monitoring all health providers in the province.*

Central Committee for Health *composed of Ministry of Health (MOH) is the central management authority for health under the direction of the Minister of Health. MOH is responsible for developing policies, guidelines, regulations, and standards. The MOH has a Primary Health Care Coordination Division that coordinates among all technical departments and divisions in accordance to the 9 component of Primary Health Care. The Primary Health Care Coordination Division has a responsibility to coordinate, support, supervise, monitor and assess quantity and quality of the Primary Health Care activities at every level.*

Primary Health Care Coordination Division (PHCCD) *is the office in the MOH responsible for coordinating all technical departments and divisions involved with 9 components of Primary Health Care. The Primary Health Care Coordination Division is situated in the Cabinet of the Ministry of Health and under the direction of the MOH Steering Committee for the Supervision of International Cooperation. This office is responsible for planning, implementing Primary Health Care activities throughout the country to direct, monitor, and assess quantity and quality of the Primary Health Care activities at every level. Moreover, this office is responsible to contact, coordinate, support and seek international assistance to support Primary Health Care activities in Lao PDR.*

Central Hospital (CH) *is a health facility at the central level that provides tertiary curative care. The Central Hospital is the most sophisticated hospital in the country, contains modern equipment and supplies, and is the third level in the referral system. The Central Hospital provides the five component services mandated for hospitals by the MOH, and is designated as a training center for allied health students and professional medical personnel at all levels. It is also the place for scientific research and a resource for technical assistance for every hospital in the country.*

Five component services mandated by the MOH in the role and function of a Hospital are:

1. *Provide consultation, treatment and health promotion according to accepted technical standards for the entire population and all ethnic groups.*
2. *Provide preventive health services, health education, and health promotion.*
3. *Conduct practical and technical training for allied health students and all categories of professional health staff*
4. *Conduct scientific research and testing to strengthen the health service.*
5. *Supervise and provide technical assistance to health facilities at all lower levels under its responsibility.*

Revolving Drug Fund (RDF) *is a specific fund to insure availability of drugs for patients who receive services from government health care providers at the village level, health center, district hospital, provincial hospital, regional hospital and central hospitals. The initial source of funds can be from government, foreign assistance, and various donations from other sources.*

Policy on the Health Service Provision *is a government policy promulgated in Decree 52/PM on cost recovery at government health facilities. Exemptions from fees are provided for consultation and treatment received by government employees who are either still employed, retired from the government and party, and their unemployed family members including their children under 18 years of age. Pupils, students, monks, and the poor and low-income earners are also exempted from paying fees at government facilities. Those who are obliged to pay fees for consultations and treatment at government facilities are businessman, tradesman, dealer, non-government wage-based employees, the self–employed, and others. The paying fees contribute to support those who are incapable to pay by themselves and to insure the sustainability of the health service.*

Referral system *is a system to refer patients to higher level facilities so that they can receive appropriate treatment in a medical facility that has more sophisticated technical capacity to diagnose and treat patients in a manner that is appropriate for the severity of the disease and the needs of the patient.*

Mobile team *is an outreach health service organized at each level of the health system from the health center to the highest level that allows health services to reach a larger group of beneficiaries including the most remote populations and ethnic groups.*

Sustainability *is the existence of sufficient financial, material and human resources to guarantee the continuity of service delivery including the physical facility where the service is provided; equipment; reliable service providers possessing adequate knowledg;, well-managed services; and ownership by and participation of the community as well as local authorities.*

1.0 GENERAL SITUATION

Lao PDR is a tropical and land locked country in the Indochina region of Southeast Asia that shares borders with Vietnam, Cambodia, Thailand, Myanmar and China. The topography is dominated by jungles and mountains with a total land area of 236 800 Km^2. Administratively, the Country comprises 17 provinces and 1 special zone. Transport and communication infrastructure is still incomplete, leaving some areas of the country inaccessible. The population of 4.8 Million inhabitants (1995 census), more than 80% of which are small farmers, is composed of diverse and widely dispersed ethnic groups. The socioeconomic and health status of the population has been adversely affected by the prolonged war and the difficult development challenges that the country faced subsequently.

Since 1975, the government has endeavored to resolve these problems by planning and formulating policy, establishing measures to redress war wounds, and gradually improving the living standard of the population. Along with reorientation and reconstruction of the country, the health sector has been urged to vigorously support disease prevention, avert epidemics, and improve the public health network from central to grass roots level. From 1980 to 1997, there have been four national health meetings, which have evaluated previous performance and planned future operations. The government has emphasized that Primary Health Care is an essential part in the implementation of the Health Policy. The First National Conference on PHC in 1983 reviewed implementation and application of the eight components of PHC in accordance with the resolution of the Alma Alta Conference in 1983. The IInd National Conference on PHC in 1882 assessed and learned lessons from working conditions in the Health sector following the new policy of the Party and the government. The IIIrd National Conference on PHC was held to review the draft of the Primary Health Care National Policy, which is the first ever National Policy on PHC.

In accordance with the new policy of the Party and the government since 1987, overseas cooperation and investment have been gradually increasing. International assistance covers 75% of public funding for the health sector. Health sector promotes Primary Health Care activities in periphery level such as water supply, immunization, polio eradication, reproductive health, breast-feeding, iodine supplement, vitamin A, AIDS and STD projects. The country's economic prospects have brightened subsequent to achieving ASEAN membership. Meanwhile, Lao PDR has been adversely affected by the regional economical turmoil, which impeded the development of the country. However, the Lao government has assiduously endeavored to develop health guidelines to insure access to

health care, especially for woman, children, and ethnic populations in remote rural areas.

When the country started its transition to a market economy, under the guidance of the government, the health care network at the grass roots level was transformed and adversely affected. The government tried to rehabilitate the Primary Health Care network by directing assistance from International Organizations to basic health services. The health sector in Lao PDR evolved in two phases. Since the formation of the country in 1975 until 1986, it was the era of government subsidy, with the government shouldering all expenditures from investment to construction, treatment fees to drugs supplied. The private sector did not have any role during this period. Moreover, international assistance was very limited. Communes invested mainly in building the health center and training village health workers, who then worked for the village agricultural cooperative. From 1986 up to the present coinciding with the implementation of the new policy of economic reform that turned toward a market economy production was stimulated, business was revitalized and became more effective. Pharmacies and private clinics increased in number throughout the country. The policy on cost recovery was launched to stimulate improvements in the health status of the population. However, when observed objectively, it was found that the health status was still low and health services were still not accessible throughout the country, especially when compared with the health status of neighboring countries. This is due to the fact that Lao PDR is threatened by communicable and infectious diseases, and malnutrition. The crude birth rate is high but child survival is still low. The population census in 1995 found that life expectancy at birth was only 52 years for women and 50 years for men. The infant mortality rate was 104/1000 live births; the maternal mortality rate was estimated at 656/10,000 women. About 48% of children had stunted growth and the total fertility rate was 5.6.

The health sector, in general, has made progress in the last 25 years, but especially with regard to Primary Health Care, many problems still need to be addressed, as follows:

- Coverage of the network of basic health services is not yet complete. Many areas in the country have no coverage, and services do not reach ethic populations in remote areas where the services are most needed.

- Much of the medical equipment is obsolete or dysfunctional; drug supplies are not adequate; technical capacity is still low; quality of care is still not adequate; the attitude of health personnel is not up to professional standards; organizational functions, management responsibilities, and job descriptions of staff are not yet clear. Moreover, the health pyramid (with central tertiary facilities at the apex and peripheral structures at the base) is not functioning according to international standards.

- Health planning and management is weak at every level. The Health Information System (HIS) is not sufficient to support good planning, monitoring, and supervision.

- Level of knowledge and understanding needed to support, coordinate, supervise and monitor the health care system is still not adequate.

- Systematic evaluation to assess project impact is still inadequate.

- The government's contribution to Primary Health Care is still not systematic.

The Government Policy for the Health Sector in Lao PDR has consistently maintained that health services of gradually increasing quality should reach the entire population, including remote ethnic groups. Primary Health Care is a vehicle for reaching the target of *"Health for All"*. Therefore, formulation of a Primary Health Care policy is an important step toward implementing work in this area. The objective of the Primary Health Care policy is to identify the direction for the development of Primary Health Care in the future, as well as for directing the health activities through the 21st century by having a global policy, basic principles, and strategy for implementing activities covered by this Primary Health Care policy.

2.0 GOVERNMENT POLICY FOR THE HEALTH SECTOR IN LAO PDR

From the very beginning, the Resolution of the Lao People's Revolutionary Party Congress has continuously aimed at ensuring that health service provision be expanded to the entire population at the grass roots level in the whole country, that the quality be gradually improved, and that vulnerable groups, including mothers and children, receive more attention. Technological innovations have improved quality of care, and the introduction of a cost recovery system has improved equity. The VIth Congress of the Lao People's Revolutionary Party in 1996 presented guidelines for health policy in Lao PDR as follows:

"The problem of the people's health and physical fitness is an important issue in the social policy and plan for our Party and Government. Therefore, we should direct our work in the health sector toward the people at the grass roots level; we should regard prevention of disease and promotion of good health as our most important priorities; we should combine western and traditional medicine; we should make higher quality health services gradually more accessible to all of our ethnic peoples; and we should prepare and implement a comprehensive system for cost recovery at government health facilities. In the future, the health network should be expanded to new districts, to mountainous and community development zones. Projects for the prevention and control of regional and seasonal diseases should be maintained. Close attention should be given to mother and child health, clean water, environmental sanitation, and healthy living practices among our people. We should improve the technical and professional capacity of central tertiary hospitals and hospitals in some important provinces. We should emphasize efforts to improve the technical skill of professional medical staff through training and education to instill a willingness to constantly improve their humanitarianism and ethics. We should conduct research and promulgate laws and essential regulations that allow the health sector to ensure the people's health status and improve the quality of health services.

The Alma Alta Conference in 1978 stressed "Health for All in the year 2000". To build upon the spirit and content of that meeting, the Ministry of Health has prepared over the past year long and short term plans to develop the health sector. These include mobilizing local and international resources to upgrade service facilities and medical equipment, and train all level of health personnel. All of these aim to expand health services throughout the country and to gradually improve their quality. Accordingly, the Ministry of Health endorses Primary Health Care as the first priority for the health sector, in order to expand basic health services to the grass roots level that are socially acceptable, have a sound scientific basis, are accessible to the community, and respond to genuine needs.

3.0 APPROACHES TO PRIMARY HEALTH CARE

Based on the Government Policy for the Health Sector in Lao PDR and health sector plans and strategies, which aim to provide better health status and access to good quality health services accepted by the society, the approach to Primary Health Care is described below:

1. Expand and improve access to the health care service network, with better quality services, to people at the grass roots level especially to priority development zones in remote areas inhabited by ethnic groups. The health services should be at an appropriate technological level, not too sophisticated, too complicated, or too expensive. They should be easy to implement, and accepted by the whole society. Some examples are the use of ORS in the case of diarrhea, and the early detection of ARI in children with rapid respiration.

2. Generate equitable access to health care services for all people in society. Because health is such an important factor in the development of the country, disparities in health status between household members, areas, regions and communities should be eliminated. The government has promulgated a cost recovery policy, which exempts people from poor families and regions from payment of fees at government health facilities. The expansion of the health care network should be a complete and comprehensive system both in quality and in quantity including a referral system that reaches all the people in the country.

3. Implementing Primary Health Care emphasizes the concept of giving "first priority to prevention of disease and importance of curative care".

These two aspects are inextricably linked and cannot be separated from each other. Prevention is an important part of health care and health promotion. Everyone in the community should contribute toward the work of hygiene and prevention, collectively cooperate in the prevention and control of epidemics, follow accepted standards of personal health and hygiene, keep physically fit and exercise to improve their health. The expansion of Primary Health Care should provide conditions such as facilities, drugs, human resources and training required to sustain Primary Health Care.

4. Every sector of society should cooperate and contribute to Primary Health Care as a social movement. This means that the whole society understands and participates in Primary Health Care and is integrated in Primary Health Care, with the health sector as the operational agency, and integrated with other sectors under the direction of the Party Committee and local authorities at every level. Primary Health Care is based on an alliance between the government and the people to contribute toward health care and health promotion by efficiently using all local and international resources and labor. It should also support multi-sector participation such as three hygiene movement to effectively promote health.

5. Implementation of Primary Health Care will reinforce the concept of self-sufficiency and self-reliance, which means that everyone should voluntarily join in the movement for health care and health promotion by taking responsibility for solving their own or their community's health problem.

4.0 PRINCIPLES OF PRIMARY HEALTH CARE

Based on the Government Policy for the Health Sector in Lao PDR, Primary Health Care is intrinsic to the work of health sector development in order to improve the health care network for all the people and for ethnic groups so that it is accessible throughout rural areas and has demonstrably improved quality.

Based on official support for the Primary Health Care policy from the Government of Lao PDR, and in accordance with the Declaration on Primary Health Care, which 185 countries signed with the World Health Organization and UNICEF in 1978 at Alma Ata, Primary Health Care aims to achieve equitable access to health care for all the people. Therefore, the health sector has elaborated principles of Primary Health Care, whose content is clearly stated as follows:

1. Expand coverage of the health service network to peripheral areas so that the comprehensive service is accessible to the people at every level, from the household and school, to the health center, district, and province. Health zoning is done based on the condition of geographic, communication and density of population.

2. Emphasize health care for women of reproductive age and children under 5 years old to decrease morbidity and mortality while simultaneously increasing the capacity to resolve problems caused by the most common and widespread diseases.

3. Mobilize full community participation, cooperation, and involvement so that they have responsibility for their own health care and contribute toward the management, planning, design and provision of health care services in order to create an enduring movement toward hygiene and prevention which render everyone capable to resolve their own health problems.

4 Disseminate health information and data to people in rural areas so that they are better able to understand and use that data to improve the quality of health services according to their needs.

5. Use appropriate and useful local resources that have a sound scientific basis conforming with the actual situation and real needs. Such resources will better serve the people, will be more readily accepted by the people, and are likely to be used by the people.

6. Collaborate with other sectors from government and the private sector involved in Primary Health Care. Attract more assistance to support and improve a more effective Primary Health Care program.

7. Ensure sustainability of the health care service at every level by creating conditions that allow the community to both contribute to and take ownership for the services. Let the family, school, and pagoda be the focal point for implementing Primary Health Care at the village.

5.0 BASIC COMPONENTS OF PRIMARY HEALTH CARE

There are nine basic components in Primary Health Care that are interrelated and integrated. These nine components are intended to address the most common and widespread diseases causing morbidity and the mortality in Lao PDR. The nine basic components of Primary Health Care are:

1. Improvements in quality and expansion of the network of health facilities
2. Education about health information and health data so that everyone understands the health situation
3. Clean water and environmental sanitation
4. Immunization for all target populations
5. Mother and Child Health (Integrated Management of Childhood Illness, Breastfeeding, Reproductive Health, Birth spacing, ...)
6. Nutrition
7. Prevention and control of common and widespread diseases
8. Treatment of non-acute symptoms of the most common and widespread diseases
9. Essential drugs and revolving drug funds

Primary Health Care at any level should consist of at least three of the nine basic components. However, Component One “Improvements in quality and expansion of the network of health facilities” should be prioritized and emphasized. These components can be integrated and mixed at every level of the health care system to respond to real needs and address existing problems.

6.0 STRATEGY ON PRIMARY HEALTH CARE

To implement the Government Policy for the Health Sector in Lao PDR and to improve the effectiveness of Primary Health Care, the general strategy for Primary Health Care is as follows:

1. When providing health care, first priority should be given to prevention of diseases, closely associated with the treatment of diseases, and the two can never be separated. Improve the health care system so that it is complete and functions as a comprehensive system according to the real needs, according to the capacity at all levels, and accompanied by health information and data that is understood and acknowledged by the people.

2. Improve effectiveness of the referral system at every level, from the health center to the district hospital to the provincial hospital and emphasis on the expansion of regularly training for VHVs and other VHPs.

3. Improve the professional technical skills for health personnel at all levels. Use appropriate scientific techniques, training, seminars, and study tours to exchange lessons learned in order to upgrade staff capacity at all levels, for instance, to upgrade the skills of staff district hospitals to handle medical emergencies. When developing and training staff, local administrative units should select the persons to be trained from their area. They should not abrogate this responsibility nor delegate it to others. The Ministry of Health, the provinces, and the districts should train and support these people by creating conditions in which these staff can function effectively and which enable them to become financially self-sufficient.

4. Develop and manage drug kits in the villages, drug revolving funds, and cost recovery in health facilities at all levels so that they are correctly and effectively managed and accepted by the community. In

villages with no health center, there should be a village drug kit, a VHV, or a TBA, or some other type of health worker, e.g. a religious or traditional healer or a herbalist, who has received some formal training and is recognized by the government as an asset contributing to the Primary Health Care program in that area. This strategy will make health services more accessible to all people.

5. Increase investment in the health sector, especially for services that are modern, appropriate, and respond to the needs of the community at all levels by eliciting participation and responsibility of local officials. Use international assistance to more effectively improve health care in rural areas especially in remote provinces and districts.

6. Increase participation of all levels in management and implementation of policy and the establishment of standards. Simultaneously, decentralize authority and delegate responsibility, budget, and personnel to the levels at which services are actually implemented, in order to guarantee and support sustainability at all levels.

6. Implement a health insurance system to improve quality, guarantee equity, and assure better social justice for government employees, the population at large, and ethnic groups. Manage utilization of the insurance fund according to established regulations to guarantee sustainability of the services.

7.0 ORGANIZATION AND MANAGEMENT

Factors such as geographical location, size of the population, and socio-economic status determine the size, responsibilities, and framework of the health services in a certain site. Every region and province is different. Technical skills of health personnel vary according to the standards and regulations established by the Curative Department MOH. The health service should be harmonious with the conditions and characteristics of each rural area. Therefore, expansion of the health network can not be done based upon the existing administrative structure only. Lao PDR is a small country. The economic situation and size of the population could vary by several orders of magnitude among provinces and districts, between rural and urban areas, and in mountainous areas or the plains region.

The network of health services starts from the grass roots level, for example a drug kit in village where there is no health center, then a VHV at the village level, a health center at the sub-district level, a district hospital, a provincial hospital, a regional hospital, and central hospitals. Every level is responsible for providing health services, supporting, supervising, coordinating, and referring patients in a systematic fashion. Consequently, the Primary Health Care services in every province must vary depending upon the technical capacity of the health personnel, the size of the population being served, and the actual situation in the rural area being served. In general, however, the responsibilities at each level are as follows:

8.0 RESPONSIBILITIES AT EACH LEVEL

1. VILLAGE LEVEL:

Traditional Birth Attendant (TBA) has received formal training and supervision from the District Health Service, and is responsible for basic health care, especially assisting with deliveries and providing advice on safe delivery practices. The **TBA** must also work with the VHV to create a movement for hygiene and health promotion in the village.

Traditional healer is responsible to treat patient in rural areas using traditional medicine based on knowledge inherited from their ancestors and complement modern medicine to provide health care in accordance with the health policy. The traditional healer must contribute toward creating a movement for three hygiene and health promotion in the village in accordance with the Provincial Health's direction.

Private Health Professional provides health care and treatment of disease to people in rural areas under the direction and management

of local health authorities. Private Health Professional must also contribute toward creating a movement for hygiene and health promotion in the village.

Drug Kit is a package of basic and essential drugs that is needed at the village level. The content of the kit is based upon guidelines and regulations established by the MOH to respond to the need for health care services for ethnic people living in remote areas where no health center is available. In villages, with no health center but which have a VHV, the VHV is responsible for the drug kit.

Village Health Volunteer (VHV) has received formal training and supervision from the District Health Service, and provides preventive health care, health promotion, and treatment of common and widespread illnesses. The VHV must also facilitate patient referral to higher levels in the health care network, and function as a sentinel surveillance site to inform local authorities in case of epidemics. The VHV must constantly and routinely mobilize a movement for hygiene and health promotion within the geographic boundaries of their areas of responsibility.

2. SUB-DISTRICT LEVEL:

Health Center: The roles and responsibilities of the health center have been determined based upon the technical and professional skills of health personnel, geographic location, transport and communications, and the size of the population being served. Health centers have been divided into two distinct levels according to technical standards established by the MOH, with roles and responsibilities that have been adapted to the actual situation in each area. The functions of the health centers are prevention, health promotion, diagnosis and treatment of non-acute diseases. In addition, the health center must refer patients to health facilities better suited to treat certain illnesses. The health center must manage the revolving drug fund to ensure sustained service. The health center under the supervision of the Village Health Committee, must supervise and monitor the VHV, TBA, private health professional, traditional healers, and religious healers active in that area. The health center is a point of contact and coordination between the VHV and the District Health Service. The staff in the health center receives salary and benefit from the revolving drug fund accordingly to regulations that have been set, and receives support from local authorities.

3. DISTRICT LEVEL

District Health Service and District Hospital: have been divided into two distinct levels, according to technical standards established by the MOH, with roles and responsibilities that have been adapted to the actual situation in each area. The District Health Service and District Hospital provide health care including prevention, health promotion, diagnosis and treatment of common and widespread diseases. Moreover, the District Health Service and District Hospital have a mobile health service to insure a regular and quality service to the population. The District Health Service has a role in selecting, training, supervising, and monitoring VHVs and TBAs. Thereafter, the District Health Service must supervise and monitor the health centers, hospitals, clinics, and every health care service provider in its area. District Health Service is also responsible for research, planning, implementation, and reporting to higher levels in the health network including District Health Committee, Health provincial Service and MOH.

4. PROVINCIAL LEVEL

Provincial Health Service: is responsible for planning, implementing, supervising, and monitoring the Primary Health Care programs in the province. There is a Primary Health Care Coordinator in each province having direct responsibility for planning, managing, supervising, monitoring, and evaluating the outcome of Primary Health Care programs to ensure that service facilities in the province, such as health centers and hospitals, can function normally with better quality.

Provincial Hospital: the roles and responsibilities of the provincial hospital have been determined based upon the technical and professional skills of health personnel, geographic location, transport and communications, and the size of the population being served.

Provincial hospitals have been divided into two distinct levels according to technical standards established by the MOH, with roles and responsibilities that have been adapted to the actual situation in each area. The provincial hospital is responsible to treat patients referred from peripheral levels. It must provide technical support to all lower level health facilities in its area and provide them with professional training in their technical specialties.

Regional Hospital is the provincial hospital of the "representative" province in that region. The Regional Hospital must provide a level of care that is higher than other provinces and similar to the level provided at central hospitals. The Regional Hospital must provide a level of service that could not be provided by other Provincial Hospitals in the region so that it can receive patients referred from other provincial hospitals. The Regional Level is also a center for training and practice for allied health students and health personnel from other facilities in the province. The Regional Hospital also provides technical supervision and technical assistance to other provincial and district hospitals within the geographic boundaries of the region.

6. CENTRAL LEVEL

Ministry of Health is the central management authority for health under the direction of the Minister of Health. Its principal responsibility is to draft policies, guidelines, regulations, and standards for Primary Health Care. Primary Health Care Coordination Division of the MOH coordinates all technical departments and Divisions involved with Primary Health Care's components. The Primary Health Care Coordination Division is responsible for implementing the national Primary Health Care program, including planning, supervising implementation, monitoring, and evaluating the Primary Health Care program both quantitatively and qualitatively at each step. The Primary Health Care Coordination Division is also responsible for coordinating, supporting, supervising, and sourcing resources from the diverse range of international organizations that support Primary Health Care programs in Lao PDR.

Central Hospital provides services according to the five functions of hospitals in Lao PDR as determined by the technical standards established by the Curative Department of the MOH: prevention, treatment of disease, health education, practical training for clinicians and allied health students, and research to improve the quality of care provided at lower level health service establishments throughout the country.

Primary Health Care seeks authority from the community and local authorities to participate in planning, management, and evaluation of health activities in their area. At the village level, the VHV is responsible for providing service, using the revolving drug fund mechanism both in the village and at the sub-district health center to recover costs and ensure sustainability. A similar situation exists at the district level. The District Health Service supervises Primary Health Care activities in its geographic and administrative area. It is also an intermediary and conduit for communication and reporting between the health center for a village or group of villages and the Provincial Health Service and its Primary Health Care Coordinator. There is a PHC Coordination Unit at Provincial level and under the supervision Provincial Health Committee; it is responsible to supervise Primary Health Care activities in its geographic and administrative area. Provincial Health Service must regularly report all Primary Health Care activities in each level in the province to the MOH.

9.0 RELATIONSHIPS AND COORDINATION

1. RELATIONSHIP IN THE SECTOR

Central Level: Under the supervision of the Central Health Committee, MOH is responsible to develop the Health Sector of the LAO PDR in accordance to the Policy of the Party and the Government Plan. There is an MOH Steering Committee at National level that provides oversight for the Primary Health Care

Coordination Division in the Cabinet of the MOH. The Primary Health Care Coordination Division is responsible for coordinating with all departments, division, provincial PHC Units and PHC training centers throughout the country on annual planning activities, for supporting and monitoring Primary Health Care activities. The Primary Health Care Coordination Division is responsible for monitoring and for receiving semi-annual and annual reports from all regional and provincial levels in the country.

Provincial Level: there is a Provincial Health Committee and Provincial Health service through provincial Primary Health Care Coordination unit in each province is responsible for supporting and supervising annual planning activities in the nine components of Primary Health Care in all districts within the province. The Provincial Health Service through its Primary Health Care Coordination Unit monitors Primary Health Care activities at all levels – VHV, health center, district hospital, and provincial hospital. The provincial Primary Health Care Coordination Unit receives reports from the districts, and reports to the regional and central level monthly, quarterly, semi-annually, and annually.

District Level: There is a District Health Committee, District Health Service and District Hospital implement the Primary Health Care program and constantly monitor and regularly supervise the activities of the health center and VHV. They report to the Provincial Primary Health Care Coordination Division monthly, quarterly, semi-annually, and annually.

Village or Sub-District Level: Under the direction of Sub-District or Village Health Committee, health center and drug kit are routinely monitored. They are also responsible to report to the District Health Service monthly, quarterly, semi-annually, and annually.

2. RELATIONSHIP WITH OTHER SECTOR

Other than professional relationships in accordance with the direction of the Ministry of Health, Primary Health Care must have the participation and contribution of local authorities to assure that Primary Health Care is well coordinated with every phase of socioeconomic development.

To support Primary Health Care at the grass roots level, coordination and collaboration with other sectors is required, such as Lao Women's Union, Youth Organization, Labor, Education, Agriculture, Army Medical Corps, Rural development project and other donor organizations active in Primary Health Care. This is because development in every sector is intertwined and mutually supportive. In particular, the implementation of the cost recovery policy and drug revolving fund is essential so that the people understand and accept its importance for the improvement of quality of care, sustainability, equity, and social justice. This means that people who are able to pay will have the opportunity to help those who cannot pay by themselves. Moreover, subsidy by the government for the poor should remain constant.

Coordination with multilateral and bilateral donor agencies, and with non-government organizations (NGO) working in the health sector, is an essential component of the Primary Health Care strategy. The diverse inputs form these agencies must be closely monitored at the planning stage to assure conformity with the Primary Health Care policy in order to assure maximum effectiveness, coverage, and impact. These agencies have an important contribution to the Primary Health Care activities. Therefore, it is essential to be subjected to a close monitoring and guiding since the stage of project proposal, technical approval and registration to insure total compliance with the MOH technical and standard before the project can be implemented. This is to insure an appropriate for actual needs, acceptable to the actual conditions of the local and benefited by all people of Laos. At Central level, MOH has the Primary Health Care Coordination Division in the Cabinet of the MOH. The Primary Health Care Coordination Division as the operational agency and is responsible the coordination among departments, divisions, projects involved and supported PHC activities in Lao PDR.

Development of PHC Policy in LAO PDR.

- In accordance with the Decree of the Minister of Health on the nomination of the Committee for the Primary Health Care (PHC) in the MOH N° 469/MOH dated 23/4/97. This Committee reviewed and studied on the PHC Policy based on lessons and experiences in previoust PHC implementation.
- In accordance with the Decree of the Minister of Health on the nomination of the Committee for the Preparation of Content of the PHC Policy N° 575/MOH dated 1/5/99. This Committee comprised Deputy Director of Departments, Divisions and technical staffs from all departments. This Committee was responsible to research, study, gather of information and edit the content of the Policy for the IIIrd National Conference on the Primary Health Care.
- The PHC Policy had been developed in technical and major meeting under the leadership of the Minister and Steering committee of the MOH in the following occasions:

Technical meeting in the 27/5/99 ถึง 8/9/99, with the following participants:

1. Dr. Nao Butta	Deputy Director, Cabinet of the MOH
2. Mr. Douangchan Keo Asa	Deputy Director, Department Hygiene and Prevention
3. Dr. Vongsanith Mongkhonvilay	Deputy Director, Department Planning and Budgeting
4. Dr. Prasongsidh Boupha	Director, Division of PHC Coordination
5. Dr. Loun Manivong	Director, Division of Personnel
6. Dr. Sivong Seng Aloundeth	Director, Division of Drug Supply
7. Dr. Phannasin Silavan	Director, Division of Administration, Department of Curative
8. Dr. Soutsavien Vilay	Director, Division of Administration, Department of Hygiene
9. Dr. Sibounhom Ackhavong	Deputy Director, Division of Administration, Department of Hygiene

Meeting with the Minister and the Steering Committee in the 6/8/99, 21/10/99 and 1/11/99 had participants as follows:

1. Dr. Ponmek Dalaloy	Minister, MOH
2. Dr. Davone Vongsack	Deputy Minister, MOH
3. Dr. Bounkouang Phichit	Deputy Minister, MOH
4. Mr. Khamkeung Luangsomphou	Deputy Secretary of the Party, MOH
5. Mr. KhamHoung Heaungvonsy	Director, Department of Humane Resource and Personnel
6. Mrs. Chanthanom Manotham	Director, Cabinet of the MOH
7. Dr. Khamliene Phonsena	Director, Department Hygiene and Prevention
8. Dr. Somone Phounsavat	Director, Department of Curative
9. Dr. Vilayvang Phimmasone	Director, Department of Food and Drug
10. Dr. Khamsing Saysongkham	Director, Department of Inspection
11. Dr. Viensay Keobounthan	Director, Department Planning and Budgeting
12. Dr. Boungnong Boupha	Director, Institute of Health
13. Dr. Nao Butta	Deputy Director, Cabinet of the MOH
14. Dr. Prasongsidh Boupha	Director, Division of PHC Coordination
15. Dr. Founkham Rattanavong	Division of PHC Coordination

16.	Dr. Pavit Khemmanith	Division of PHC Coordination
17.	Dr. Khamseng Phommachan	Division of PHC Coordination
18.	Dr. Bounpheng Phoumalaysit	Secretariat, Minister of Health
19.	Dr. Chansaly Phommavong	Secretariat, Minister of Health

The participant of the National III[rd] Conference on Primary Health Care on 25-26/11/99, were the following:

Ministry of Health

1.	Dr. Ponmek Dalaloy	Minister, MOH
2.	Dr. Davone Vongsack	Deputy Minister, MOH
3.	Dr. Bounkouang Phichit	Deputy Minister, MOH
4.	Mrs. Chanthanom Manotham	Director, Cabinet of the MOH
5.	Mr. KhamHoung Heaungvonsy	Director, Department of Humane Resource and Personnel
6.	Dr. Khamsing Saysongkham	Director, Department of Inspection
7.	Dr. Viensay Keobounthan	Director, Department Planning and Budgeting
8.	Dr. Somone Phounsavat	Director, Department of Curative
9.	Dr. Khamliene Phonsena	Director, Department Hygiene and Prevention
10.	Dr. Vilayvang Phimmasone	Director, Department of Food and Drug
11.	Dr. Boungnong Boupha	Director, Institute of Health
12.	Dr. Nao Butta	Deputy Director, Cabinet of the MOH
13.	Mr. Douangchan Keo Asa	Deputy Director, Department Hygiene and Prevention
14.	Dr. Bounlay Phommasak	Deputy Director, Department Hygiene and Prevention
15.	Dr. ວິໆສະນິດ ມິໆຄົນວິໄລ	Deputy Director, Department Planning and Budgeting
16.	Dr. Phannasin Silavan	Director, Division of Administration, Department of Curative
17.	Dr. Prasongsidh Boupha	Director, Division of PHC Coordination
18.	Dr. Loun Manivong	Director, Division of Persone
19.	Dr. Sivong Seng Aloundeth	Director, Division of Drug Supply
20.	Dr. Sibounhom Ackhavong	Deputy Director, Division of Administration, Department of Hygiene
21.	Dr. Pavit Khemmanith	Division of PHC Coordination
22.	Dr. Bounsouan Phomsoupha	Director of Project Coordination Unit
23.	Dr. Danglam Mahagno	Deputy Director of Project Coordination Unit
24.	Dr. Founkham Rattanavong	Division of PHC Coordination
25.	Dr. Khampiou Sihakhang	Director, Division of Planning, MOH
26.	Dr. Khamphet Manivong	Project of Health Insurance
27.	Mr. Liean Vongsay	Director, Division of Finance, MOH
28.	Dr. Bounpheng Phoumalaysit	Secretariat, Minister of Health
29.	Dr. Konkeo Chounlamountry	Deputy Director, Department of Food and Drug and Essential Drug Project

Participants from University, Schools, Hospitals, Institutes, centres and Projects of MOH

30. Dr. Somsy Pasitthiphone — Project of Nutrition and Iodine Supplement
31. Dr. Khamvieng Vilayphan — Project of Rural Development.
32. Dr. Chanpheng Thammavong — Director, Hospital Mahosot
33. Dr. Eksavang Vonvichit — Director, Hospital Mittaphap
34. Dr. Khampe Phonsavat — Deputy Director, Hospital Setthathirat
35. Dr. Bouavanh Senhsathit — Director, Hospital of Mother and Child
36. Dr. Than Phetsouvan — Director, Hospital of Traditional Drug
37. Dr. Tanoi Salitthirat — Director, School of Health Technology
38. Dr. Bouasy Hongvanthong — Deputy Director, Malaria, parasite and entomology Centre
39. Dr. Khamphong Khamhoungໆ — Director, Mother and Child Health Centre
40. Dr. Soutsakhone Chanthaphone — Deputy Director, Water Supply
41. Dr. Phouthone Soutthalak — Deputy Director, Infant Infectious Disease Centre
42. Dr. Thipsavanh — IMCI
43. Dr. Sithat Insisiengmay — Director, Laboratory and Epidemiology Center
44. Dr. Somchai Phonsena — Director of IEC
45. Dr. Bounma Kesone — Director of Dermatology Centre
46. Dr. Vithoune Visonavong — Director of Ophtalmology Centre
47. Dr. Houmdaophet Soukaseum — Director of Tuberculosis
48. Dr. ຄຳເພົ້າ ພາລະໂກສິນ — ຄະນະສູນຄົ້ນຄວ້າຢາພື້ນເມືອງ
49. Dr. ຈັນສີ ພິມມະຈັນ — Directorປະສານງານຕ້ານເອດສ໌
50. Dr. ກອບແກ້ວ ສຸພັນທອງ — Directorໂຄງການຄວບຄຸມພະຍາດຖອກທ້ອງ
51. Dr. ໄກສອນ ບຸບຜາ — Directorໂຄງການລູກຫ່າງສຸຂະພາບຈະເລີນພັນ

ຜູ້ແທນຈາກກະຊວງ ແລະກົມກອງອື່ນໆ

52. Dr. ບຸນໄຊ ທໍວິສຸກ — ຫົວໜ້າໂຮງຮຽນຄະນະວິທະຍາສາດການແພດ
53. Dr. ກິແດງ ທຳມະລັງສີ ເລຂາທິການໃຫຍ່ ອົງການກາແດງລາວ
54. Dr. ບຸນເຕີນ ບັນດາວົງ ກົມເສນາທິການ ກອງທັບປະຊາຊົນລາວ
55. Mr. ຄຳເກົ່ງ ພິມມະຈັນ — ກົມເສນາທິການ ກະຊວງພາຍໃນ
56. Mr. ຄຳຜາຍ ສີສະຫວັດ — ຫ້ອງການກະຊວງສຶກສາ
57. Mr. ສົມສຸກ ສຸກສະຫວັດ — ສູນກາງຊາວໜຸ່ມ ປະຊາຊົນປະຕິວັດລາວ
58. Mr. ນ. ຈັນທຶມ ລັດສະໝີ — ສູນກາງສະຫະພັນແມ່ຍິງລາວ
59. Mr. ຄຳແຝງ ວັນນະບົວທອງ — ສູນກາງສະຫະພັນກຳມະບານລາວ
60. Mr. ສີສະໄຫວ ຂັນທະວົງ — ກະຊວງວັດທະນະທຳຖະແຫລ່ງຂ່າວ
61. Mr. ຄຳເຜີຍ — ສູນກາງແນວລາວສ້າງຊາດ

ຜູ້ແທນຈາກບັນດາແຂວງທົ່ວປະເທດ (ທ່ານຮອງເຈົ້າແຂວງ ແລะDirectorພະແນກສາທາລະນະສຸກແຂວງ)

62. Mr. ຄຳສານ ສຸວົງ — ຮອງເຈົ້າແຂວງຜົ້ງສາລີ
63. Mr. ທອງວັນໄຊ ໝັ້ນປະດິດ — ຮອງເຈົ້າແຂວງຫລວງນ້ຳທາ
64. Mr. ພະທຶນ ພິມປັນຍາ ຮອງເຈົ້າແຂວງບໍ່ແກ້ວ
65. Mr. ສົມສີ ໄຊບຸນເຮືອງ ຮອງເຈົ້າແຂວງອຸດົມໄຊ
66. Mr. ວົງຈັນ — ຮອງເຈົ້າແຂວງຫລວງພະບາງ
67. Mr. ຄຳກ້ອນ ຜາຍອຸດອນ — ຮອງເຈົ້າແຂວງຊຽງຂວາງ
68. Mr. ຄຳເບັ້ງ ສີນະວົງ — ຮອງເລຂາພັກແຂວງວຽງຈັນ
69. Mr. ສີພອນ ຊາລິບູນ — ຮອງເຈົ້າແຂວງຄຳມ່ວນ

70. Mr. ສີສະມຸດ ນາມແກ່ນທ້າວ ຮອງເຈົ້າແຂວງຈຳປາສັກ
71. Mr. ພອນເພັດ ພິລະວົງ ຮອງເຈົ້າແຂວງເຊກອງ
72. Mr. ພູວົງ ສາຍທຳມະວົງ ຮອງເຈົ້າແຂວງສາລະວັນ
73. Mr. ວັນທອງ ວົງພະຈັນ ຮອງເຈົ້າແຂວງອັດຕະປື
74. Mr. ຄຳສິງ ດາຊາວພວນ ຮອງເຂດພິເສດໄຊສົມບູນ
75. Dr. ແສງ ສີພັນ Directorພະແນກສາທາລະນະສຸກແຂວງຜົ້ງສາລີ
76. Dr. ຄຳພັນ ໄຊຍະວົງ Directorພະແນກສາທາລະນະສຸກແຂວງອຸດົມໄຊ
77. Dr. ສຸກ ວົງແກ້ວ Directorພະແນກສາທາລະນະສຸກແຂວງຫົວພັນ
78. Mr. ຄຳແພງ ເຢັ້ງວີ Directorພະແນກສາທາລະນະສຸກແຂວງຫຼວງພະບາງ
79. Dr. ແພງສີ ວົງສະຫວັນ Directorພະແນກສາທາລະນະສຸກແຂວງບໍ່ແກ້ວ
80. Dr. ພູທອນ ວັງກອນວິໄລ Directorພະແນກສາທາລະນະສຸກແຂວງຫລວງນ້ຳທາ
81. Dr. ວິນຍານ ເຈີຢ່າງໄຊຈູ Deputy Director ພະແນກສາທາລະນະສຸກແຂວງຊຽງຂວາງ
82. Dr. ກອງພັດ ສວນມາດ ພະແນກສາທາລະນະສຸກແຂວງໄຊຍະບູລີ
83. Mr. ເຊໂດນ ສຸກຜາລີ ຮ. Directorຫ້ອງການພະແນກສາທາແຂວງໄຊຍະບູລີ
84. Dr. ບົວເພັງ ໄຊຍະລີ Directorພະແນກສາທາລະນະສຸກແຂວງບໍລິຄຳໄຊ
85. Dr. ຈູມ ຈອມຈະເລີນ Directorພະແນກສາທາລະນະສຸກແຂວງຄຳມ່ວນ
86. Mr. ເຖີນ ຄຳແກ້ວ ຄະນະພະແນກສາທາລະນະສຸກແຂວງຈຳປາສັກ
87. Dr. ຄຳໄຫລ ສັນຕິພູມ ຄະນະພະແນກສາທາລະນະສຸກແຂວງເຊກອງ
88. Dr. ບຸນຊູ ເຂດມີສາ Directorພະແນກສາທາລະນະສຸກແຂວງສາລະວັນ
89. Dr. ກິນຕາ ໃບຍະວົງ ຫໜ.ພນ.ສາທາລະນະສຸກແຂວງສະຫວັນນະເຂດ
90. Dr. ບຸນເປັນ ສັງສົມສັກ Directorພະແນກສາທາລະນະສຸກແຂວງອັດຕະປື
91. Dr. ພູວົງ ວົງໄຊ ຫໜ.ພນ.ສາທາລະນະສຸກເຂດພິເສດໄຊສົມບູນ
92. Dr. ສຸກພະໄຫ ສໍປະເສີດ Deputy Director ພະແນກສາທາລະນະສຸກແຂວງວຽງຈັນ
93. Dr. ຄຳຕັນ ບົວໄພວັນ Deputy Director ພະແນກສາທາລະນະສຸກແຂວງກຳແພງ

<u>ບັນດາຜູ້ຕາງໜ້າອົງການຈັດຕັ້ງສາກົນ ຢູ່ໃນ ສປປ ລາວ</u> (ຈັດລຽງຕາມຕົວອັກສອນ)

1. ອົງການຊ່ວຍເຫລືອຂອງປະເທດອົດສະຕາລີ (AUSAID)
2. ທະນາຄານພັດທະນາອາຊີ (ADB)
3. ທີມຊ່ວຍດ້ານວິຊາການຂອງປະເທດແບນຊິກ (BTA)
4. ອົງການຮ່ວມມືກັບປະເທດລາວ (CCL)
5. ອົງການກາແດງແດນມາກ (DRC)
6. ອົງການຊ່ວຍເຫລືອເດັກ ແລະພັດທະນາ (EED)
7. ສະຫະພັນເອີລົບ (EU)
8. ອົງການຊ່ວຍເຫລືອຂອງປະເທດເຢຍລະມັນ (GTZ)
9. ອົງການຊ່ວຍເຫລືອຂອງປະເທດຍີ່ປຸ່ນ (JICA)
10. ອົງການແພດບໍ່ມີພົມແດນ (MSF)
11. ອົງການກາແດງສະວິດສ໌ (SRC)
12. ອົງການຊ່ວຍເຫລືອເດັກອົດສະຕາລີ (SCA)
13. ອົງການສະຫະປະຊາຊາດດ້ານການພັດທະນາ (UNDP)
14. ອົງການສະຫະປະຊາຊາດ ດ້ານການຊ່ວຍເຫລືອເດັກ (UNICEF)
15. ອົງການອະນາໄມໂລກ (WHO)
16. ທະນາຄານໂລກ (WB)