

FACT SHEETS

2005 PROGRESS REPORT - CHILD SURVIVAL IN LAO PDR



“We want to be alive!”

Millennium Development Goal 4, Target 5:

Reduce deaths of children under five by two-thirds by the year 2015

PROTECTING YOUNG LIVES - CAN LAO PDR MEET THE MILLENNIUM DEVELOPMENT GOAL?

UN Millennium Development Goal on reducing child mortality

To meet the Millennium Development Goal on reducing child mortality, Lao PDR must ensure that deaths of children under five diminish from 106 per 1,000 live births in 2000 to 55 child deaths per 1,000 live births by 2015. This is equivalent to an annual decline of 4.7%. Reaching this Goal will require political and financial commitment, including a substantial investment in basic health services throughout the country.

- Lao PDR has made substantial progress in reducing child deaths in recent years. Within one decade, the number of deaths of children under five dropped from 170 per 1,000 live births in 1990 to 106 per 1,000 in 2000.
- Despite this progress, the rate of child mortality is still high compared to neighbouring countries. Lao PDR ranks 24 out of 28 countries in the region for deaths of children under five. Only three countries - Cambodia, Timor Leste and Myanmar - have higher child mortality rates.
- One in ten Lao children still dies before the age of five. The majority of child deaths are caused by communicable and preventable diseases such as acute respiratory infections, diarrhoea, malaria, measles, dengue fever and meningitis.
- Disparities are apparent across the country, with children in rural areas far more likely to die than those living in cities, and the children of ethnic groups in remote areas suffering the highest fatality rates.
- The Government has established a number of supportive policies and programmes to reduce child mortality, including the establishment of the National Commission for Mothers and Children under the leadership of the Deputy Prime Minister and Minister for Foreign Affairs. At the national level, the Mother and Child Health Centre is responsible for implementing maternal and child health services through a number of specialized programmes.
- However Lao PDR currently faces major challenges to ensure that basic health services reach women and children. Unless these challenges can be successfully met, the country will fail to reach the Millennium Development Goal for reducing mortality of children under five in the coming decade.

WHY ARE CHILDREN DYING?

“Success [in achieving MDG4] will be severely hampered by the low coverage of the expanded programme on immunization, children’s poor nutritional status, and services that are poor in terms of both access and quality”.

Source: Millennium Development Goals Report, 2004 Progress Report Lao PDR, jointly prepared by the Government of the Lao PDR and the United Nations

Childhood killers which can be prevented through immunization

A variety of bacteria, viruses and parasites are responsible for the major childhood diseases:

- **Measles**, a viral respiratory infection kills more children than any other vaccine-preventable disease. Measles weakens the immune system and renders children susceptible to diarrhoea, pneumonia and malnutrition. Those who survive may suffer blindness, deafness or brain damage.
- **Tetanus bacteria** – which live in soil, in animal dung and in faeces - can infect newborns if the umbilical cord is cut with unsterile instruments or the incision is treated with contaminated dressings.
- **Acute respiratory infections** such as **diphtheria** or **pertussis** attack the lungs or bronchial tubes, causing chronic coughs, pneumonia and breathing difficulties. Pertussis, also known as whooping cough, kills about 300,000 children a year worldwide, while Haemophilus influenzae type b (Hib) pneumonia kills about 500,000.
- **Polio**, a viral infection of the nervous system, can cause crippling paralysis within hours. Significant progress has been made towards eradicating the disease, but it remains a serious threat to children in areas where the wild polio virus still circulates.



A boy infected with measles, a particularly dangerous disease. Lao PDR must achieve 90% measles immunization coverage of children aged one year old to reach the Millennium Development Goal. Measles immunization coverage of one year old children in Lao PDR was 40% in 2000.

Main challenges Lao PDR faces to reduce mortality

- **Access to Mother and Child Health (MCH) services:** Access is inadequate, and there are wide disparities between different economic, social and cultural groups.
- **Quality:** Child-directed programmes need to be higher quality, more comprehensive and better integrated.
- **Lack of resources:** In child health, both financial and human resources are inadequate.

Source: Millennium Development Goals Report, 2004 Progress Report Lao PDR, jointly prepared by the Government of the Lao PDR and the United Nations

IMMUNIZATION PLUS: THE MOST COST EFFECTIVE WAY TO REDUCE CHILD DEATHS

Every year, Lao children die because they do not have access to routine immunization or health services, their diets lack sufficient vitamin A and other essential micronutrients, and they live in environments that allow disease-causing organisms to thrive.

Greater protection for Children: the "Plus" in Immunization Plus

Immunization Plus is the delivery of vaccines and other services that have the greatest impact on reducing child and maternal mortality and illness. Currently in Lao PDR, Immunization Plus includes immunization and vitamin A supplementation and de-worming is being introduced. More mother and child services could be integrated in the future, including breast feeding promotion, iron supplementation and malaria prevention.



A child receives a life-saving Vitamin A capsule.

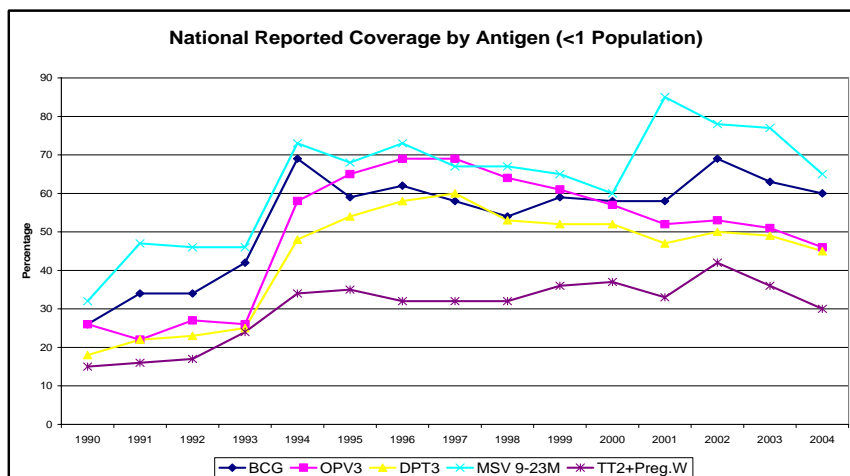
Lack of vitamin A can cause irreversible blindness, and increases the risk of dying from ailments such as malaria, diarrhoea and measles.

The Government is working in partnership with UNICEF, WHO, JICA and GAVI to strengthen an Expanded Programme of Immunization to bring vaccines and vitamin A supplements and de-worming to every village in the Lao PDR. The Reaching Every District (RED) approach has been adopted to:

- Immunize 80% of children under one year old against seven diseases in all
- 142 districts of Lao PDR (using the combined Hepatitis B-DPT vaccine)
- Reach 80% vitamin A coverage for children 6-59 months
- Maintain polio free status
- Eliminate maternal and neonatal tetanus
- Virtually eradicate measles

The long-term aim is to achieve universal child Immunization Plus and build up a sustainable, decentralised system that can reach the entire population.

DECLINING IMMUNIZATION COVERAGE IN LAO PDR: A SILENT EMERGENCY



Routine immunization coverage has stagnated in Lao PDR since the mid-1990s and has declined since 2000 due to

- Declining political pressure on local authorities to increase coverage
- Low levels of community outreach, and health workers’ lack of communication skills
- Poor health infrastructure including planning and data collection
- Challenges in reaching remote communities: three-quarters of the population live more than 3km from a health facility, 80% of routine immunization is provided through mobile outreach teams
- Limited management capacity, combined with insufficient monitoring and supervision



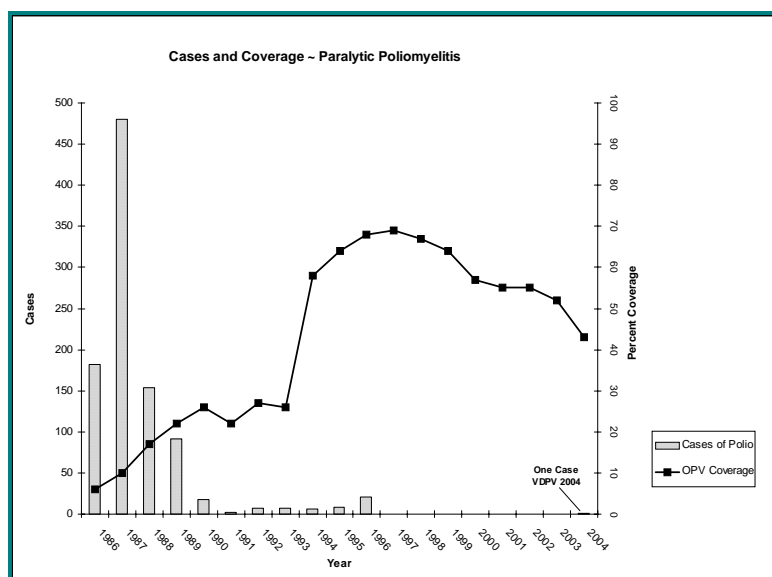
Low immunization coverage is not just a rural problem

Low coverage is not just a concern in remote villages. Even in Vientiane Municipality coverage is less than 50% and there are regular occurrences of vaccine preventable diseases such as measles, diphtheria and tetanus.

WHAT ARE THE RISKS TO LAO PDR IF IMMUNIZATION COVERAGE CONTINUES TO FALL?

Polio could return ...

The last polio case in Lao PDR occurred in 1996 and the country achieved Polio Free Certification in 2000. Since that time the country has maintained a surveillance system to assure there are no further cases of wild polio virus. However, this achievement is currently under threat with the emergence of a case of Vaccine Derived Polio Virus in November 2004 in Feuang District, Vientiane Province.



The drop in polio vaccine coverage can endanger not just Lao PDR but also the polio-free status of the entire East Asia and Pacific region

Source: WHO Lao PDR

Other risks Lao PDR faces....

- Further epidemics of measles and other diseases may occur since the number of immunized children is too low
- Child mortality can rise again
- Tetanus will continue to kill infants unless more women are immunized. Lao PDR is one of only 20 countries in the world where neo-natal tetanus continues to be a public health problem.
- Families would still bear additional financial burdens and the loss of their young children, whose deaths could have been prevented
- Lao PDR may lose donor funding for immunization services
- The country may be unable to achieve the targets of the National Growth and Poverty Eradication Strategy (NGPES)

REACHING THE CHILDREN AND WOMEN OF LAO PDR: LEARNING FROM PAST SUCCESSES

Although recent trends are worrying, Lao PDR has previously shown that it has an impressive ability to reach children with immunization coverage:

- Following passage of the Prime Minister's Immunization Decree 23 in 1993 and the resulting mobilization, immunization coverage levels increased dramatically.
- When the Government targeted the elimination of polio in the 1990s, sustained vaccination campaigns resulted in Lao PDR being certified polio free at the end of 2000.

Advocacy at the highest level has always played a crucial role in raising immunization coverage in Lao PDR ...

When President Nouhak understood the importance of childhood immunization in 1993, he went directly to the National Assembly which was in session and Immunization Decree 23 was passed. After this, the President himself took part in immunization sessions. He appeared on posters and travelled tirelessly in the provinces encouraging provincial and district staff to vaccinate children. EPI coverage rose significantly as a result of the national and local mobilization which he led.

The power of mobilization... President Nouhak Phoumsavanh providing polio drops



Key findings of a 2004 participatory research project in 6 villages of Luang Prabang Province on community demand for immunization services:

- Lowland groups have much higher immunization coverage (69%) than highland groups (41%)
- Children of well off villagers are better immunized (76%) than children of poor villagers (65%)
- Communities have significant resources but they lack access to knowledge and services. There is little dialogue between communities and the district, and villagers' lack of pre-notification regarding immunization outreach team visits is a problem.
- District health staff have significant but limited resources. However they lack the skills and incentives to use these effectively.
- Community-district forums, joint planning and better integration of health services could have a significant impact in improving dialogue and raising immunization coverage levels.

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INVESTMENT IN MATERNAL AND CHILD HEALTH IS VITAL TO ERADICATE POVERTY

Lao PDR can be justly proud of its success in significantly reducing child deaths between 1990 and 2002. But if we are to reach Millennium Development Goal 4: 'Reduce child mortality' the most challenging is still before us.

The attainment of the Millennium Development Goal is very much dependent on our success in prioritizing women and children. We must put their health and well being at the centre of development efforts in the coming decade: this is key to the success of Lao PDR's economic and social development and to its poverty eradication strategy.

Olivia Yambi, UNICEF Representative in Lao PDR

The East Asia and Pacific Region currently spends less money per capita on public health than any other region in the world, according to Dr Lincoln Chen, Director of Harvard University's Global Equity Initiative.

In Lao PDR as in other countries of the region, much higher levels of investment – and an integrated approach to maternal and child health services – is needed to reach the Millennium Development Goals.

Financial investment – money - is not sufficient in itself to guarantee that health targets are successfully met. For several years the international donor community has covered the costs of vaccines, supplies and allowances to enable every child in Lao PDR to receive a full course of immunizations. Yet, currently only one child in two is fully immunized, and the number may be as low as one in three.

Financial contributions of governments in the Asian region to cover EPI vaccine costs and coverage levels

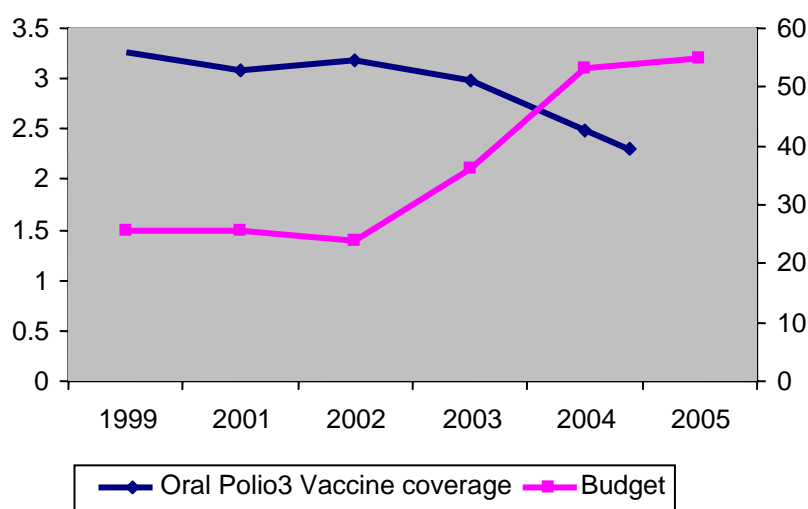
Country	% of routine EPI vaccines financed by govt 2002	% Immunized 2002					
		1-year-old children					Pregnant women
		TB	DPT3	Polio3	Measles	hepB3	tetanus
Lao PDR*	0%	69	50	53	43		42
Cambodia**	6%	63	54	54	52		36
Mongolia**	20%	98	98	98	98	98	
China**	100%	77	79	79	79		

Sources: * Ministry of Health, Lao PDR ** UNICEF, The State of the World's Children 2004

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Donor funding for the Expanded Programme on Immunization in Lao PDR increased from \$1.9 million in 1999 to \$3.2 million in 2005 – even as immunization coverage has been dropping.



Costs of delivering of Immunization Plus services in Lao PDR each year

\$10	Routine vaccines and injection materials for one child
\$4,500	Operational costs of four rounds of Immunization Plus service delivery for one district
\$180,000	Syringes and safety boxes for national immunization coverage
\$600,000	Operational costs of four rounds of Immunization Plus services delivery nationwide
\$1,500,000	Costs of vaccines to immunize 80% of children nationwide

Clear mobilization and commitment - financial, political and social - are needed at all levels of government to ensure every child and woman in Lao PDR is ensured a full course of Immunization Plus services.

If Immunization Plus services function they will provide a valuable entry point for integrating other health services which are crucial for the survival and healthy development of the nation's most vulnerable citizens.

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CONTACTS

Media inquiries

Ruth Landy
Advocacy & Communication Section
UNICEF Lao PDR
Email: rlandy@unicef.org
Telephone: 856 21 315 200, ext 129

Programme inquiries

Dr Dominique Robez-Masson
Survival, Growth & Development Section
UNICEF Lao PDR

Email: drobezmasson@unicef.org
Telephone: 856 21 315 200, ext 118

General inquiries

UNICEF Lao PDR office
PO Box 1080
Km3 Thadeua Road
Vientiane, Lao PDR

Email: vientiane@unicef.org
Telephone: 856 21 315 200 – 04
Facsimile: 856 21 314852