

State of UHC: Lao PDR

This snapshot summarises the key points raised in a focus group discussion held on 30 June, 2021, with 30 representatives of different vulnerable and marginalised communities in Lao PDR.

What needs to be done?

1. Increase investment in health.
2. Expand the national insurance scheme to also cover Vientiane province.
3. Expand the number and types of facilities where national insurance can be used, including services provided by civil society.
4. Ensure that key treatments, including ARV and PrEP are covered by national insurance.
5. Invest in strengthening the capacity and shifting the attitudes of health care professionals to offer quality care, free of stigma and discrimination.
6. Increase the availability of clear and user-friendly information and communication about insurance services, particularly in rural areas.
7. Involve CSOs in monitoring the use of the health budget.
8. Ensure that CHWs are integrated into the health system and paid as permanent staff.
9. Create/strengthen and enforce policies to respect patient dignity, privacy and confidentiality.

UHC context

1. Health insurance decree was developed in 2021. While it covers a large proportion of the population, it excludes the capital city of Vientiane.
2. Anyone can buy a health insurance package, however they can only be used in designated hospitals.
3. UHC coordination exists only at the ministry level, and no provision is made for the inclusion of civil society.

Challenges facing those who risk being left behind

1. Many health needs facing vulnerable and marginalised populations are not covered by health insurance, including antiretroviral treatment for people living with HIV, pre-exposure prophylaxis, and even some tuberculosis and opportunistic infection treatment.
2. Communities face discrimination based on gender, sex, age, ethnicity, socio-economic status, religion, disability, immigration, incarceration status, occupation or behaviours, which creates a barrier to accessing health care, and results in worse health outcomes, in addition to distress and a loss of dignity.
3. For many, follow up at referral facilities is not possible due to prohibitive transportation costs.
4. Many communities – particularly in rural areas – lack access to information and therefore have limited understanding of health insurance services in terms of what is available, and how to access it.



State of UHC: Lao PDR

Discussions included representatives from marginalised and vulnerable populations including people living with HIV, informal workers, youth and other activists, in addition to UNAIDS and the government.



What's working



1. Low barriers to entry, anyone can buy an insurance package.
2. Civil society involvement in the CCM is a good model of participation, allowing for input on HIV, TB and malaria.

The impact of COVID-19



1. COVID-19 limited people's ability to travel, so many could not access their usual services nor reach referral facilities.
2. A general fear of infection resulted in many people not seeking health care, resulting in worsening conditions.
3. As many lost their jobs at the same time as prices increased, people's quality of life suffered, and many were no longer able to afford health care.
4. Worsening financial situations resulted in deteriorating mental health conditions, particularly for the most vulnerable.

What needs to be improved



1. Expand the types of treatments covered by insurance, particularly for HIV, TB and opportunistic infections.
2. Reduce stock outs of basic drugs.
3. Provide more information and communication on national insurance services, including greater clarity on what is covered, and where it can be accessed.
4. Integrate and link services and information systems to ensure that databases and data are connected.
5. Improve the accessibility of referral facilities, either by having more of them available – particularly in rural areas – or by providing transportation assistance when needed.
6. Strengthen the skill level of health care professionals, particularly in more specialised areas.
7. Ensure that informal migrant workers are able to access health care, even if it is through a temporary insurance plan.



For further information, please contact Community Health & Inclusion Association (CHIAS): chiaslaos@gmail.com

