Maternal and Child Health and Nutrition status
in Lao PDR

Dr. Kopkeo Souphanthong
Deputy Director of Mother and Child Health Center

Outline

• Brief overview of maternal and child health and Nutrition
• Key interventions
• Challenges
• Priorities

Lao PDR

• Landlocked and mountainous country
  With cultural and linguistic diversity
  – 49 officially recognized ethnic groups
• Population 6,492,228
  Female 3,237,458, Male 3,254,770
• 50% under 25 yrs. of age
• 67% of population live in rural area
  59% with road access
  8% without road

Source: Census 2015

Main trends in health and nutrition status of children and women

• Maternal and child mortality decline due to:
  Health Sector Reforms endorsed by Government: there are more community midwives and staff deployed at community level, increased national funding, better availability and accessibility of health services.
  Improved utilization of RMNCH and Nutrition services (antenatal and delivery care, postnatal care and immunization). But still among the highest in the region.

It is estimated that 20% of maternal death are due to malnutrition
31% of women of reproductive age and 60% of pregnant women suffer from anaemia

• Slow improvements in malnutrition due to:
  Inadequate feeding practices,
  Poor hygiene and sanitation, poor maternal care and nutrition
  High disparities in accessing to health and nutrition services by geography, ethnicity, education, and wealth status
Care practices and demand for health

- Access to remote, mountainous areas during rainy season is limited and lack of roads
- Shortage of health staff who are able to speak ethnic languages in rural remote areas
- Inadequate traditional practices during pregnancy and childbirth, including food taboos, inadequate infant feeding, early marriage and adolescent pregnancies, women’s workload during pregnancy and lactation, inadequate care-seeking for danger signs in pregnancy.

Maternal Mortality Ratio (per 100,000 live birth)

From 905 (1990 UN estimate) to 206* (Census 2015) Reduced by 77%
Lao PDR became the 3rd fastest country in the world in reduction of MMR, and achieved MDG4

Causes of maternal deaths, 2013

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>7%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>6%</td>
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<tr>
<td>Embolism</td>
<td>12%</td>
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<tr>
<td>Other direct</td>
<td>14%</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>30%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>15%</td>
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<tr>
<td>Indirect</td>
<td>17%</td>
</tr>
</tbody>
</table>

Regional estimates for South-eastern Asia, 2013

Source: WHO 2014

Child Mortality

IMR
U5MR

Census 2000, 2005, Lao PDR
Causes of under-five deaths, 2015

![Pie chart showing the distribution of causes of under-five deaths, with the highest being Neonatal death at 45%, followed by Pneumonia at 14%, and Preterm at 12%.

- Neonatal death: 45%
- Pneumonia: 14%
- Preterm: 12%
- Asphyxia*: 13%
- Other: 4%
- Congenital: 4%
- Sepsis**: 8%
- HIV/AIDS: 0%
- Malaria: 0%
- Injuries: 7%
- Measles: 0%
- Diarrhoea: 11%

* Intrapartum-related events  ** Sepsis/ Tetanus/ Meningitis/ Encephalitis

Globally nearly half of child deaths are attributable to undernutrition.

Disparities in disease prevalence for children under five

![Bar chart showing disparities in disease prevalence for children under five.

- Children under 5 with pneumonia: Urban 2.1, Rural without roads 3.4
- Children under 5 with diarrhoea: Urban 5, Rural without roads 16
- Children under 5 wasted: Urban 9, Rural without roads 11
- Children under 5 stunted: Urban 23, Rural without roads 50


Disparities in health and nutrition services for women

![Bar chart showing disparities in health and nutrition services for women.

- ANC 4: Urban 71, Rural without roads 10
- Use of contraception: Urban 53, Rural without roads 36
- Iron pills during pregnancy 90+: Urban 46, Rural without roads 7
- Skilled-birth attendance: Urban 80, Rural without roads 12
- PNC/healthcheck within first 2 days: Urban 71, Rural without roads 15

Sources: Lao Social Indicator Survey, 2011-2012

Nutrition status in Lao PDR

- Stunting and wasting are high due to lack of appropriate food intake, poverty, quality of care, traditional practice.

![Bar chart showing nutrition status in Lao PDR.


Sources: Lao Social Indicator Survey, 2011-2012

Target 2020:
- Underweight (weight-for-age): <5%
- Stunting (height-for-age): 53.6
- Wasting (weight-for-height): 11.8

Sources: Lao Social Indicator Survey, 2011-2012
Breastfeeding and formula feeding

Early and exclusive breastfeeding have significantly improved.

Formula use more than tripled and continued breastfeeding is declining.

Child marriage

- 37% of women age 20-49 were married before age 18
- 9% of boys and 25% of girls aged 15 to 19 years are married
- Almost twice as many women married before 18 in rural (43%) than urban areas (23%)
- The percentage of women married before age 15 is highest among the poorest and ethnic groups

(Source: LSIS 2011-2012)

Unmet need differences

Percentage of women aged 15-49 years currently married or in union

ILSI SEA Region Seminar on Maternal, Infant and Young Child Nutrition, July 24, 2017, Bangkok, Thailand
Key interventions

- SO1: Introduction of new contraceptives (implant), training on IUD and implant
- SO2: Revised MCH handbook, developed guidelines for MCH handbook, PMTCT
- SO3: Developed EmOC training modules, started modelling in a few provinces
- SO4: EENC coaching to 16/17 provinces, monitor and review in 15/16 provinces
- SO5: Pocketbook modules and training were introduced in provincial level
- SO6: Integrated service outreach, micro-plan trainings, Vaccinations campaigns
- SO7: Training and implementation of IYCF, health education on nutrition
- SO8: Revised midwives curriculum, trained 28 midwife teachers
- SO9: Strengthen free RMNCH scheme, expand national health insurance
- SO10: Developed M&E framework
- SO11: Strengthening procurement system, training on rational use of medicine

22 Priority Interventions Mapped

The 22 Priority Interventions were mapped for the year 2015, with some split into sub-interventions to more clearly map the specific activities being undertaken.

INTERVENTION FOR HEALTH SECTOR

1 Micronutrient vitamin supplementation
2 Deworming
3 Promotion of consumption of iodised salt and food with added micronutrients evaluation and declaration of iodine deficiency eradication
4 Promotion of exclusive breastfeeding until the child's sixth month of age and the promotion of counselling for infant and child care
5 Food Supplements for pregnant & lactating Women
6 Food Supplements for children <2 years
7 Food safety and fortification
8 Management of Acute Malnutrition including Supplementary and Therapeutic feeding programs in fixed services and community - based facilities
9 Behaviour change, education by multi-sectoral
10 Strengthen for Access, Treatment and Storage System of Water and Sanitation at Community / Household Level (referred to the WASH 5 years plan)

Challenges in extending access to everyone

- Geographical challenge
- Cultural barriers including gender inequality, language, stigma, esp. young and unmarried people, etc
- Economic barriers
- National system – quality of services including friendly services for youth and unmarried people
Priorities for 2017

In order to support RMNCH and Nutrition strategy in reducing maternal and child mortality rate and malnutrition, we need to ensure:

. That we have appropriate human resource, medicine, equipment required for the package in every facility and community.
. To continue to promote early and exclusive breast feeding, appropriate complementary feeding, adequate water and sanitation, micronutrient supplementation for women and children, salt iodization and cooperate with other sectors such as education and agriculture to ensure food security