



Success Factors in Women's and Children's Health



**World Health
Organization**



**The Partnership
for Maternal, Newborn
& Child Health**

2014 MCH Annual meeting

Success Factors in Women's and Children's Health

- Global review
- 10 high performing countries – including Lao PDR
- Objective: identify policy and program inputs – both in the health sector and in sectors outside of health - that have led to declines in maternal and child mortality
- Study partners: PMNCH, WHO, WB, USAID, AHPSR, JHSPH, LSHTM, UStG, GloHI, CEPA, Mamaye-E4A

Success Factors in Women's and Children's Health

- Aims to synthesize country experience on what factors contributed to reductions in maternal and child mortality
- The focus on how countries achieved the improvements; with an emphasis on policy and program management best practices
- Lessons learned from success factors should contribute to the post 2015 agenda

Success Factors in Women's and Children's Health - process

1. Success factors analysis: review of existing local data, technical and program reports, policy documents; interviews with key informants (completed)
2. Development of draft summary of success factors (completed)
3. Review of draft by all stakeholders – to ensure that all data are accurate and that key factors have been identified – endorsement of draft (to be completed)

Despite Challenges Lao PDR is -

1 of 10 high performing countries globally and is on track to achieving

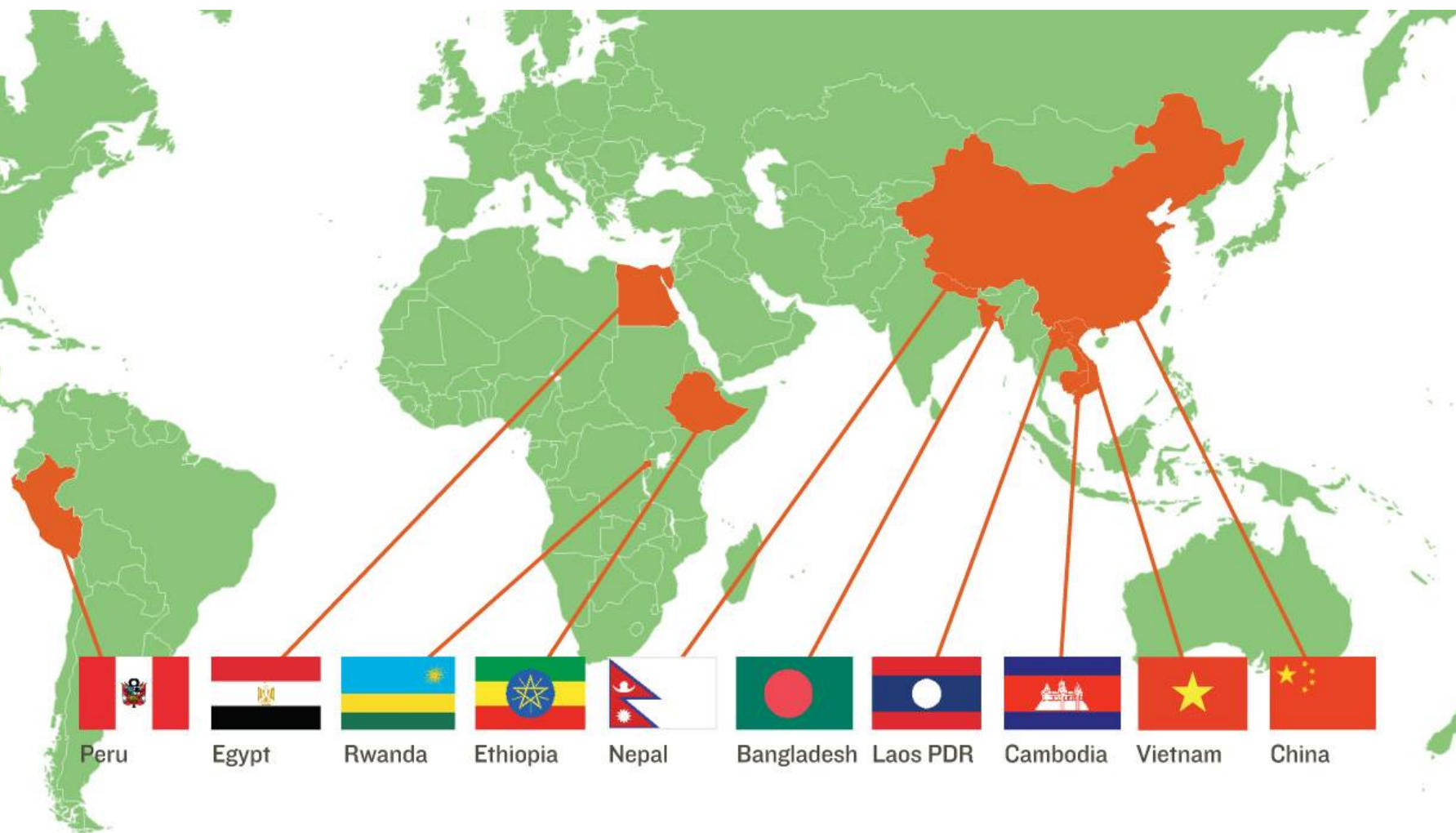
MDG 4

Reduce child mortality

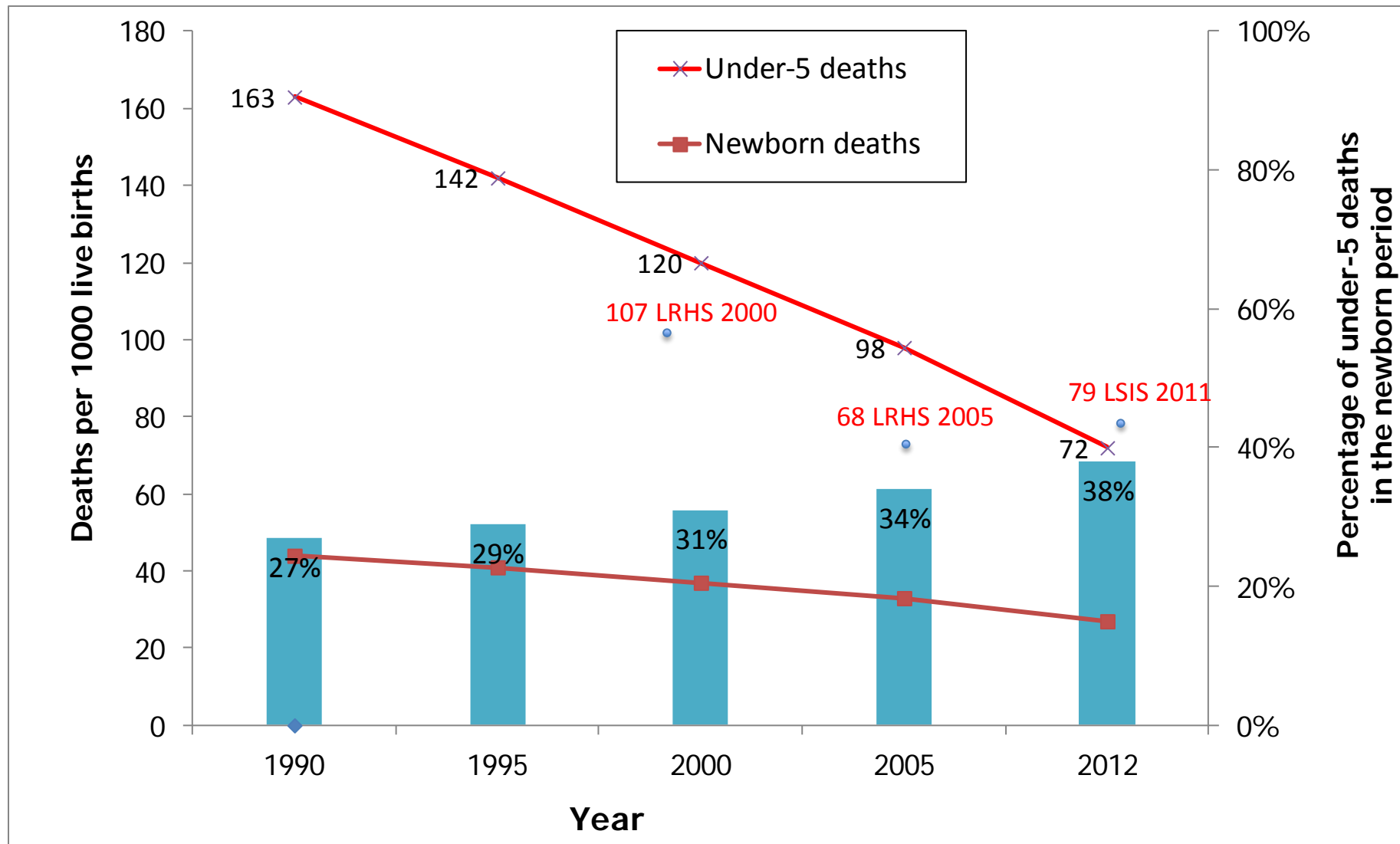
MDG 5

Reduce maternal mortality

10 countries that have accelerated progress

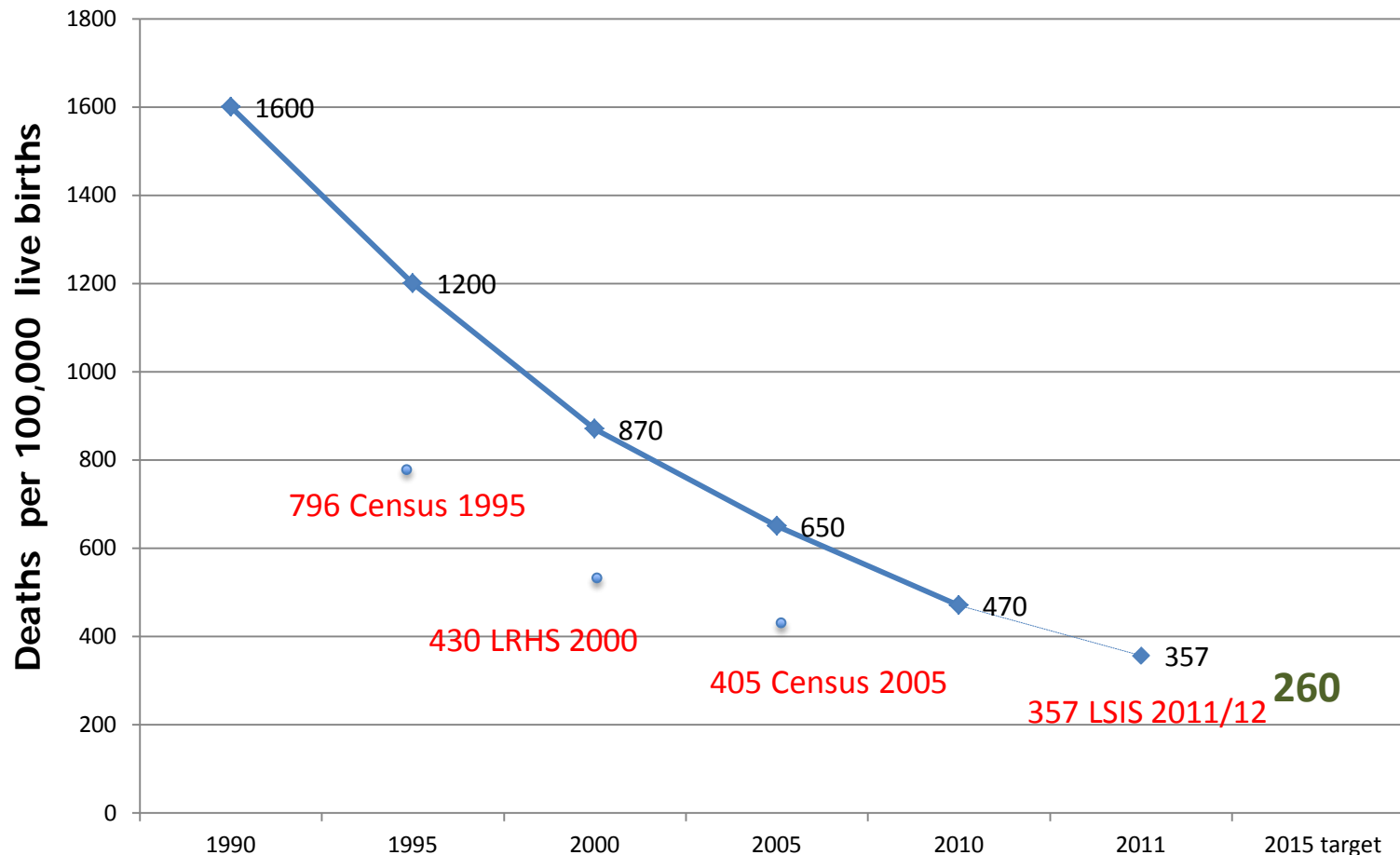


Trends in Under Five and Newborn Mortality, Lao PDR, 1990-2012



Source: IGME (1990 - 2012): LRHS 2000, 2005; LSIS 2011/12

Trends in Maternal Mortality, Lao PDR 1990 - 2012



Source: Data IGME estimates. Levels and Trends in Child Mortality 2013 report. UNICEF 2013

Mortality Targets – Children Under-5

MOH National target:

80/1000 live births revised to 70/1000 live births

MDG global target (2/3 reduction from 1990)

54/1000 live births (strategy and planning framework
2009-2015)

Average annual rate of reduction = 3.7%

On track for both national and global targets – using both
national surveys and modeled data

Mortality Targets – maternal mortality

MOH National target:

260/100,000 live births (2/3 reduction from estimated 1990 levels using 1995 census)

MDG global target

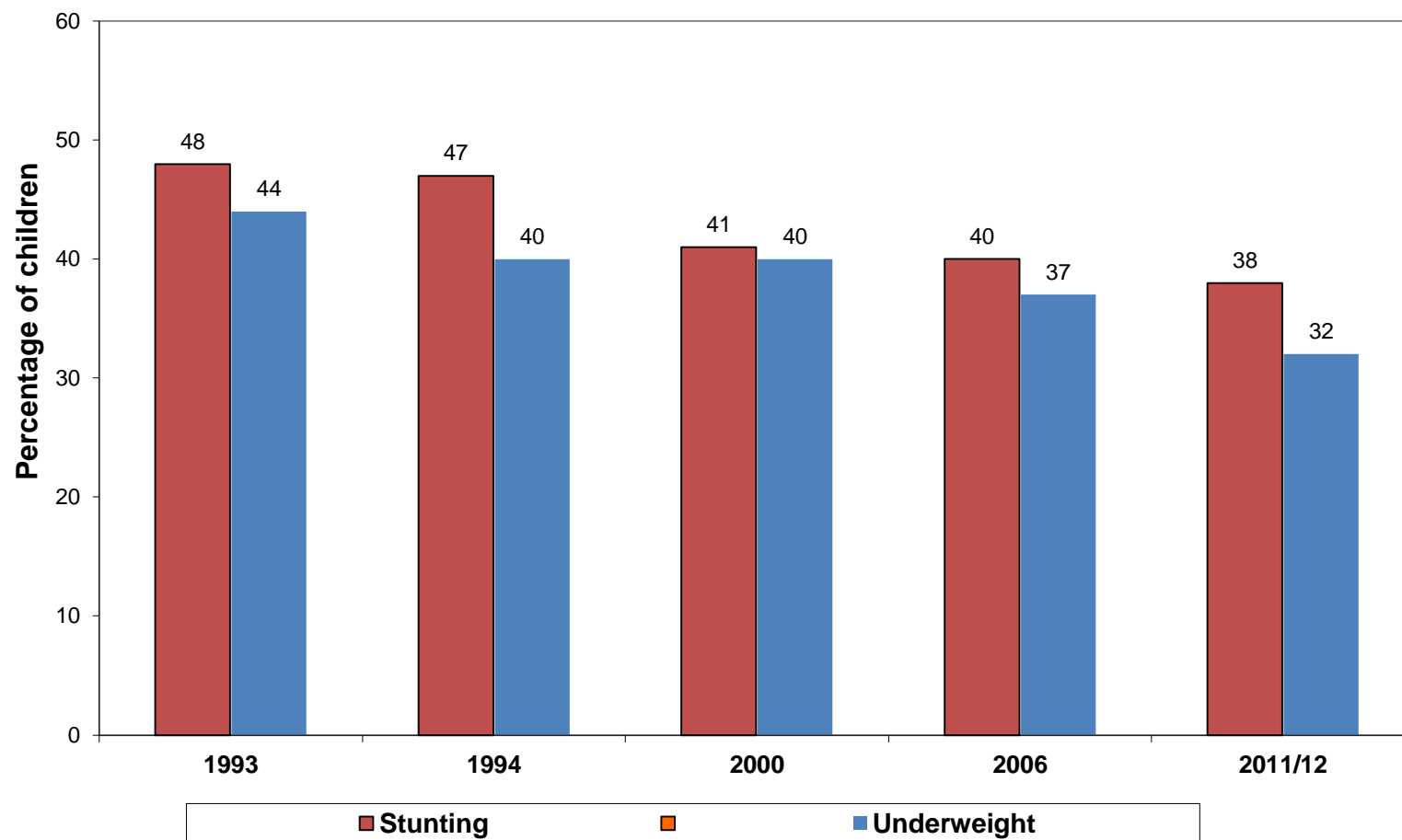
At least a 5.5% annual rate of reduction

Uses modeled data with a 1990 starting point of 1600

Average annual rate of reduction is 5.9%

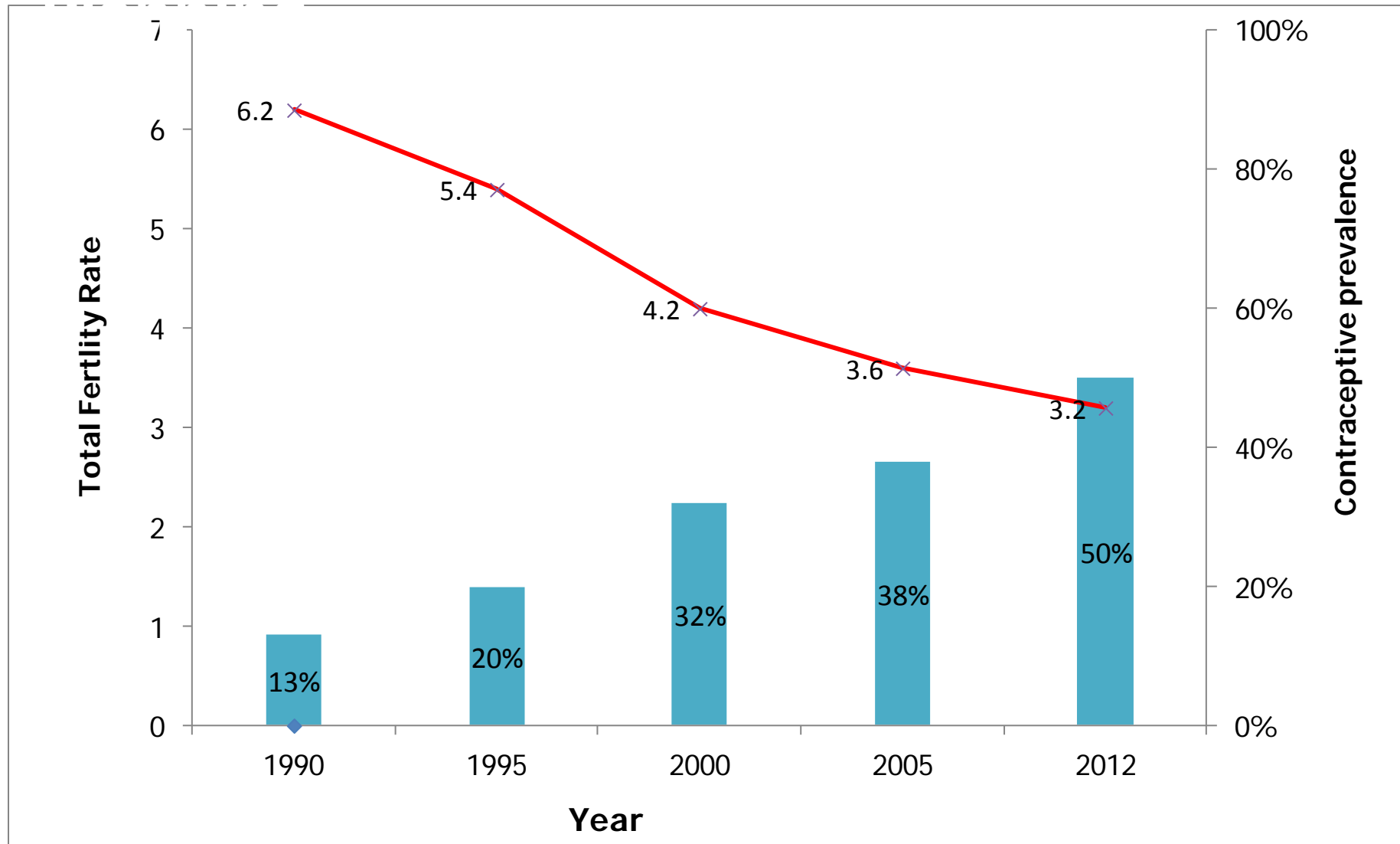
On track for annual rate of reduction using global modeled data

Rates of Stunting and Underweight by Year, Lao PDR, 1993-2012



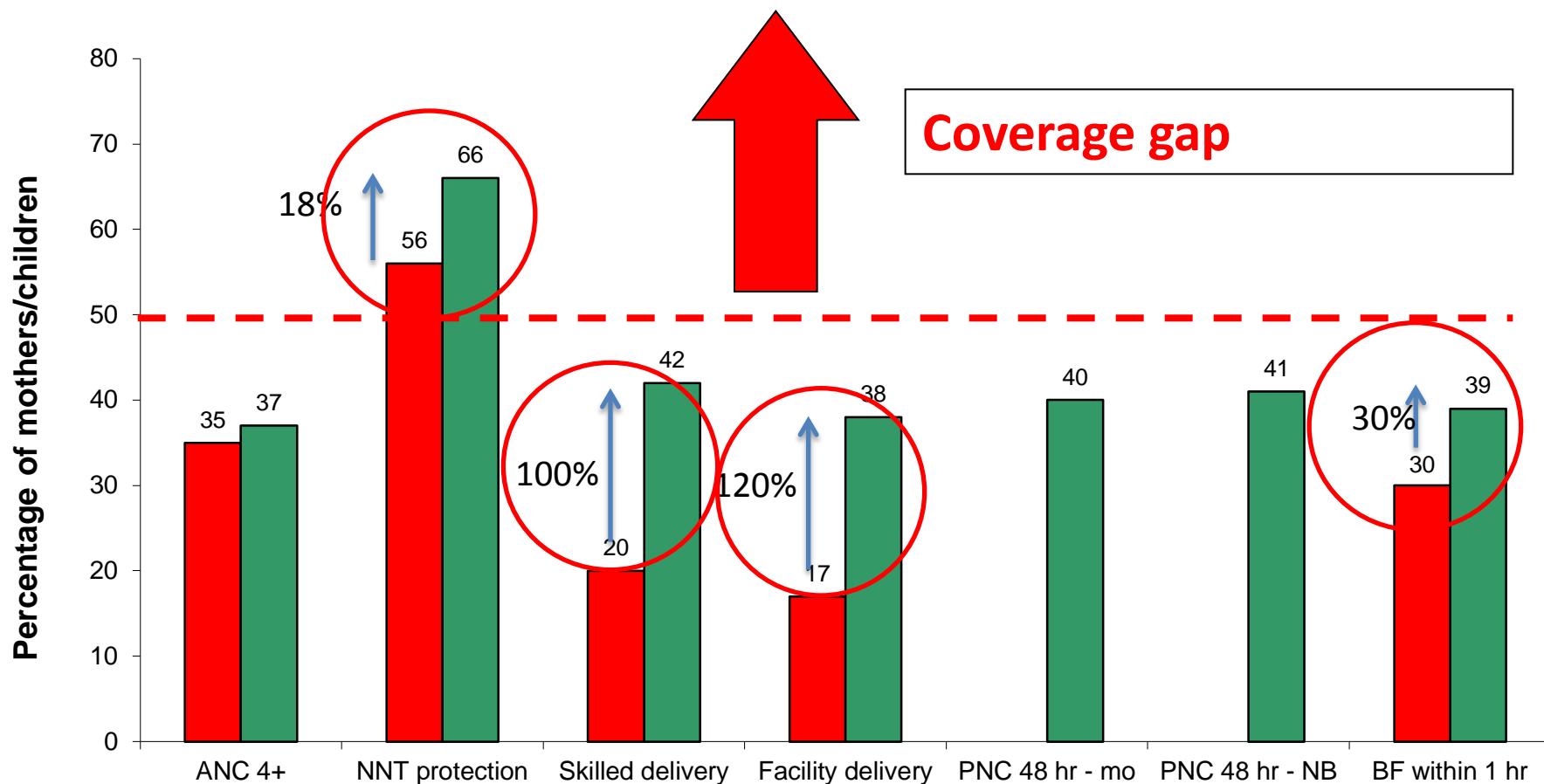
Source: LSIS 1993 and 2011/12, MICS 1994, 2000 and 2006

Trends in Total Fertility Rate and Contraceptive Prevalence, Lao PDR, 1990-2012

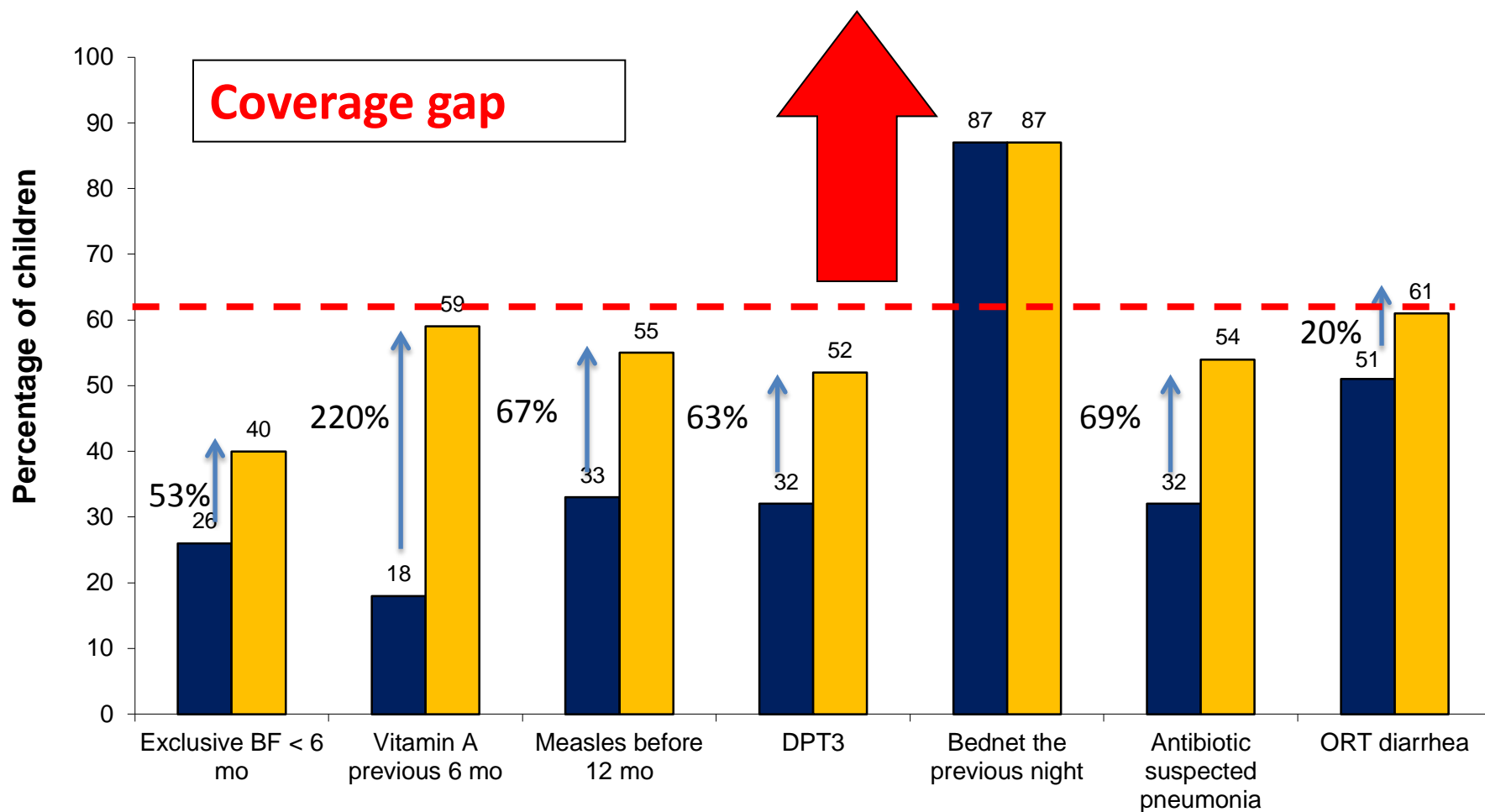


Source: TFR: World Development Indicators: CP: MOH/UN, 2013: MDG Progress Report for Lao

Coverage with Key Antenatal, Delivery and Post-Delivery Interventions, Lao PDR, 2006 and 2011/12



Coverage with Key Child Health Interventions, Lao PDR, 2006 and 2011/12



Contributors to Reductions in Under-Five Child Mortality

- Increases in intervention coverage for key child health interventions – shown in previous slides
- Proportion of population below the poverty line – 48% (1992) → 28% (2008)
- Access to clean water
40% (1994) → 70% (2011)
- Use of improved sanitation
20% (1994) → 62% (2011)
- Net enrolment in primary education – 59% (1992) → 95% (2012)

Contributors to Reductions in Maternal Mortality

- Total Fertility Rate - 6 (1990) → 3 (2012)
- Female literacy – 48% (1995) → 69% (2011)
- GDP per capita – \$933 (1990) → \$2522 (2011)
- SBA delivery – 20% (2006) → 42% (2012)
- Contraceptive prevalence rate - any method – 13% (1990) → 50% (2011)

Factors Associated with Improved Intervention Coverage (1)

1. Emphasis on an Essential Package of Reproductive, Maternal, Newborn and Child Health Interventions and on using data for tracking
 - The 7th National Health Sector Development Plan (2011-2015)
 - Integrated MNCH Strategy and Planning Framework (2009-2015)
 - National Reproductive Health Policy 2005
 - Round-table Implementation meeting – multi-sectoral
 - National Health Sector Working Group
 - MNCH Technical Working Group established in 2007
 - Inter-agency task force supporting development of the civil registration and vital statistics system

Factors Associated with Improved Intervention Coverage (2)

2. Micro-planning and targeting of high-risk groups
 - Done most systematically by malaria and EPI programs. Also for poverty reduction/infrastructure initiatives
3. Selective use of campaign strategies
 - Measles, polio, vitamin A, NNT, annual breastfeeding promotion week
4. Outreach
 - Facility-based outreach has been essential for reaching populations with limited access

Factors Associated with Improved Intervention Coverage (3)

5. Partnerships with development partners – and sharing of human, material and financial resources
 - National – direct MOH support (GAVI, GF), Sector-Wide Approach
 - Sub-national – support to districts and communities (WHO, UNICEF, Lux Dev, NGOs). Partnerships have been essential to developing CBDs, VHVs and VHWs in communities – and better reaching the population

Factors Associated with Improved Intervention Coverage (4)

6. Legal and financial entitlements, especially for underserved populations

CSS

- Civil servant Social Security

SSO

- Social Security Office for Private sector employees

CBHI

- Community-based Health insurance for Informal sector

HEF

- Health Equity Funds for Poor

- **4 Health insurance schemes**
18% coverage(2011)
- **Free health care policy(2010)**
 - MCH and children under 5
 - In 2012, Lao Government funded 16 districts, while partners supporting 37.
 - Implementation scaled up to 117(80%) districts

Factors Outside of Health That Have Improved Health Outcomes (1)

1. Poverty reduction and development policies and strategies

- National Health Sector Development Plan
- Focus on remote and underserved populations – and on improving roads and infrastructure
- National Committee for Rural Development and Poverty Eradication – monitors progress
- Targeting of high risk areas using criteria
- National poverty rate has declined by 40% over 15 years

Factors Outside of Health That Have Improved Health Outcomes (2)

2. Education

- Lao PDR on track to meet MDG targets on literacy rates and net enrolment ratio in primary education
- A number of laws and policies support education in line with the constitution – education law (2000), Education Sector Development Framework (2009-2015), 2003-2015 Education for all National Plan of Action
- Strategies to promote education to children of poor families – including school feeding programs and school block grants

Factors Outside of Health That Have Improved Health Outcomes (3)

3. Water supply, sanitation and infrastructure

- National Plan of Action for Rural Water Supply, sanitation and
- Access to clean water
40% (1994) → 70% (2011)
- Using improved sanitation
20% (1994) → 62% (2011)
- Road paving playing key role for improve access to health facilities and skilled health personnel
- Mobile phone ownership has shown dramatic increases

Priorities and challenges

1. Human resources for health

Shortage of health workforce

0.3 doctors per 1,000 population (WPRO 1.5/1,000)
1 nurse/midwife per 1,000 population (WPRO 1.9/1,000)

2. State health financing

High out-of-pocket costs

Increase health expenditure by
government

National health financing strategy 2011-2015
Heading for universal health care coverage

Priorities and challenges

3. Nutrition

Chronic malnutrition, or stunting affect over 40% of children under 5

Urgent and continued attention by both government and the development community is required

4. Emergency obstetric and neonatal care

Low level of good-quality service provision

Basic and comprehensive emergency obstetric care, and ensuring access could avert **1/6 neonatal death** and reduce more than **70% of maternal death**

Priorities and challenges

5. Coverage of live births attended by a skilled health worker

Skilled birth attendance rate lagging behind

Skilled birth attendants could reduce
maternal and neonatal deaths by **1/3**

Commitment to the **Global Strategy for Women's and Children's health** to increase coverage is a key priority

Priorities and challenges

6. Newborn Health

38% of all under-5 deaths now occur in the newborn period
Early Essential Newborn Care (EENC) is a simple cost-effective package of interventions for normal deliveries and high-risk deliveries. **EENC Action Plan Developed December 2013**

Next Steps

1. Review of Lao Success Factors document by all stakeholders – MOH, partners

2. Edits and changes based on the review

3. Endorsement of the revised document by the MCH technical working group

4. Final document is presented as part of the Global Success Factor Analysis – wide dissemination – used to inform post-2015 agenda



Thank you!

Annual MCH Review meeting, February 20th-31th, 2014

Mapping pathways to progress, Lao PDR