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IMPACT OF COVID-19 HEALTH BEYOND THE EPIDEMIOLOGY

SUSTAINABLE
DEVELOPMENT
GOALS



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BACKGROUND

The COVID-19 pandemic has created havoc across continents and demonstrated the global exposure to local health shocks.¹ Lao PDR has been protected from the epidemiological impact of the disease thus far, but there is consensus among experts that the crisis is far from over. As countries suffer multiple outbreaks, and some struggle to contain these outbreaks, easing mitigation measures that expose the country to international travellers, for example, will bring a further risk of contagion and widespread infections.²

Over the last decade, Lao PDR has seen extensive health sector reforms, driving great improvements, lowering out of pocket expenditures and improving the quality of care. The efforts have focused on reproductive, maternal, newborn and child health (RMNCH), the provision of Universal Health Coverage (UHC) through the National Health Insurance (NHI) programme, and the continued strengthening of the sector to detect emerging infectious diseases and public health threats.³ Notwithstanding these improvements, the utilization of health services remains low, and access to health care differs by location, sex and ethnicity. Furthermore, out of pocket expenditures are still high, and capacity of the health sector to respond to pandemics and deliver regular care is weak.⁴

¹ http://www3.weforum.org/docs/WEF_Challenges_and_Opportunities_Post_COVID_19.pdf

² <https://www.oecd.org/coronavirus/policy-responses/flattening-the-covid-19-peak-containment-and-mitigation-policies-e96a4226/>

³ (United Nations, 2015)

⁴ <http://pubdocs.worldbank.org/en/962271591369090988/Lao-Economic-Monitor-June-2020-final.pdf>

IMPACT

Certain population groups are at a higher risk for COVID-19 infection, as well as less likely to access or receive primary, preventive and curative health care due to COVID-19:

- Since out-of-pocket health expenditure comprises nearly half of all health care expenses, persons living below or near the poverty line are at high-risk of not accessing primary, preventive or curative health care services.
- The low numbers of health service providers in rural areas put rural citizens at considerable risk of not having access to necessary health care; urban health care facilities continue to be strained due to the influx of patients.
- The capacity of the health care system is a crucial challenge for the containment of the virus (once it spreads).⁵ In 2018, there was less than one health care professional (e.g., midwives, nurses, or physicians) per 1,000 people in Lao PDR, while the SDG target is 4.45.⁶ The average number of nurses per 1,000 people is 0.33 nationally, compared to 0.3 midwives and 0.23 medical doctors.⁷
- Due to the reallocation of resources towards COVID-19 prevention, containment, and treatment, primary and preventive health services including immunizations, sexual and reproductive health (SRH), and mental health care risk being deprioritized. Simultaneously, sexual and emotional abuse, gender-based violence and mental health risks are expected to escalate from the compounding effects of health and economic shocks as well as the impact of isolation from the lockdown.



Maternal and child health

- » Data from the Ministry of Health (MoH) show a stark reduction in the number of home deliveries by a skilled birth attendant between January and April this year (974), compared to 2018 (1,438) and 2019 (1,496).
- » Estimates from the microsimulation model show that in the downside scenario, the share of institutional births and deliveries in the presence of a skilled birth attendant can drop to between 60.1 per cent and 51 per cent depending on the intensity of the COVID-19 impact, from 64.4 per cent at baseline.⁸
- » Administrative data from the MoH support the prediction with a significant reduction in antenatal care (ANC) visits between January and April of 2020, compared to the same period in the previous two years. ANC visits in April 2020 totalled 10,631 – a reduction of nearly 2,000 visits compared to April 2019 (MoH, 2020).
- » Per the microsimulation,⁹ the pandemic is also expected to significantly affect the uptake of post-natal care (PNC), with coverage of poor households dropping from 28.9 per cent to 27.9 per cent in the best-case and down to 24.6 per cent in the downside scenario, below the corresponding coverage for middle class households of 43.65 per cent. Microsimulation results show a larger drop in the central region and for the middle class and richer households living in this region. Nationally, PNC coverage is likely to reduce by 6 per cent.

⁵ World Bank, 2020

⁶ World Health Organisation (WHO), 2016

⁷ Department of Planning and Cooperation, 2019

⁸ Microsimulation: socio-economic impact of COVID-19 on Lao PDR households.

⁹ Please refer to “Microsimulation: socio-economic impact of COVID-19 on Lao PDR households”



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- » According to recent estimates by UNFPA (through the extrapolation of administrative data), maternal deaths are expected to increase by 92 per cent in the best-case scenario (representing 262 more deaths) and by 140 per cent (representing 400 more deaths) in the worst-case scenario.
- » A regional study focusing on 14 countries¹⁰ shows that in countries with a high Maternal Mortality Rates (MMR), which often reflects a lower use of health services, such as giving birth in medical facilities or with the help of skilled birth attendants, a 20 per cent decline in access to these key services will translate to a 17 per cent increase in MMR, and a 50 per cent decline will result in a 43 per cent increase in MMR. Most of the increase, they predict, will result from the increase in fertility resulting from reduced access to contraceptive services.



Immunization

- » **Lao PDR appears to be among the few countries that have continued immunization services.** Proper hygiene and social distancing protocols have been implemented at immunization sites to prevent the spread of COVID-19.¹¹
- » Despite the continuation of supply, **the demand for immunization remains low in Lao PDR**, which puts the groups with lower uptake at higher risk of not getting the necessary immunizations.¹² There is a 12 per cent difference in full immunization coverage between urban areas (53.4 per cent) and rural areas with no road (40.7 per cent). Likewise, nearly 60 per cent of Lao-Tai children (0-3 years of age) had full immunization coverage, compared to 37.3 per cent of Mon-Khmer, 29.6 per cent of Hmong-lu Mien and 27.4 per cent of Sino-Tibetan children. Finally, children in the wealthiest quintile are twice as likely to have full immunization than those in the most deprived quintile.

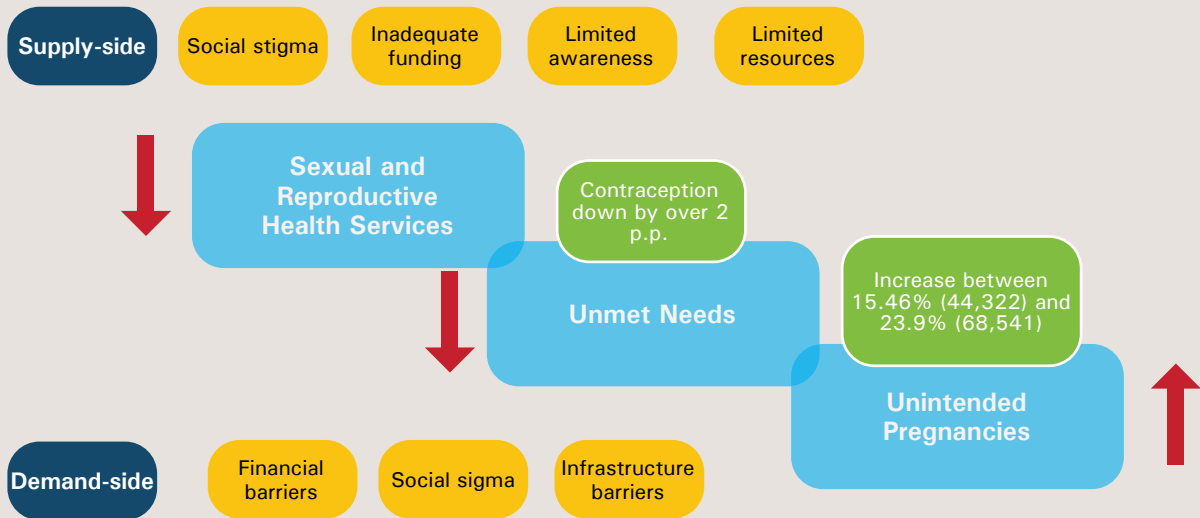
¹⁰ De Beni & Maurizio, 2020

¹¹ World Health Organisation, 2020

¹² World Health Organisation, 2020; World Health Organisation, 2020



Sexual and reproductive health



- » SRH services, particularly for adolescents, were already a low priority in Lao PDR, and are set to become sparser due to COVID-19.
- » MoH data show a 15 per cent decline in the uptake of new contraception users between January and April this year, compared to 2018 and 2019.13 Consultations with development partners working with adolescents reveal that gender and social norms put SRH services at high risk of being deprioritized, which could lead to an increase in unplanned pregnancies, child marriages, and unsafe abortions.
- » The microsimulation model predicts a reduction of contraception prevalence from 59.92 per cent at the baseline to 55.77 per cent in a high-impact scenario.



RECOMMENDATIONS



National government

- Gradual and sustained investment in enhancing the capacity of the health care system to deliver regular health care services, while ensuring management of epidemiological shocks and crises.
- Provision and rapid expansion of the NHI programme, to cover maternal and child health, including prenatal care, SRH services and the treatment of chronic conditions.
- Ensure sustained financing for the delivery of essential and primary health care services – maternal and child health, sexual and reproductive health, palliative care, and treatment of chronic conditions.
- Ensure increased financial and human resource support to identify and mitigate sexual and mental health issues, especially among adolescents, women, and children.
- Ensure equitable financing of health care at the provincial, district and health centre levels; sub-national facilities often receive lower funding and a higher burden of health service requests than central/national health care facilities.
- Ensure investments in communication on protection against COVID-19 and the risks to mental health, as well as information on accessing essential care services in languages and using methods that are accessible to people of all ethnicities, literacy levels, and developmental maturity levels. This should include messages on handwashing with soap over running water and other Covid-19 prevention protocols.



Provincial and district government

- Lead and continue health promotion drives in areas with low literacy and poor health care uptake to ensure continuation of immunization.
- Mobilize community level immunization camps and facilitate transport to health care facilities.
- Invest in developing community-based resilience and response strategies to balance the burden of care between limited health sector resources and local government and community groups.
- Establish community-based measures and strengthen linkages with national women's and youth unions to identify and address the risks of sexual and gender-based violence.
- Reinforce communication on protection against COVID-19 and the risks to mental health, as well as information on accessing essential care services in languages and using methods that are accessible to people of all ethnicities, literacy levels, and developmental maturity levels. This should include messages on handwashing with soap over running water and other Covid-19 prevention protocols.
- Set up the necessary quarantine and isolation facilities at the district and provincial levels.



Development partners

- Provide technical assistance for the development and dissemination of information on COVID-19 among rightsholders and community members regarding continuing essential care (e.g., immunizations, SRH, maternal and child health care and handwashing with soap over running water).
- Provide logistical support for the transportation and distribution of essential health commodities.
- Provide financial support for the expansion of social protection schemes in health and the implementation of primary health and community nutrition services.



DISCLAIMER

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