HEALTH

Accessibility of health facilities

Access to health facilities is a major contributor to improved health and, indirectly, to rural development at large. With access to health facilities, a patient is in a better position to seek medical advice and treatment early on, before his or her condition becomes more serious and requires more serious treatment. Proximity to health facilities is of particular importance to members of a community who cannot travel due to injury, old age, or for other reasons. Thus, the strategic expansion of a functional network of health posts, dispensaries, and clinics is of great significance to a country's development.

In the 2015 census village heads were asked whether the village had a health centre or a hospital. Additional information about the quality or the state of local health facilities was not collected. Accessibility of health facilities was calculated in terms of travel time from any given point in the country to the nearest health facility in 2015.

Spatial patterns in 2015

Overall, 19% of the total population has access to a health facility within their own village. Breaking apart this category, 22% of villages considered urban have a health centre or a hospital, while only 16% of all rural villages with roads and only 12% of villages without roads have access to health facilities. Figure 5 points out that in more than one fifth of villages, the nearest health facility is more than 2 hours travel time away. Only 35% of all villages in the country have access to a health facility within half an hour travel time away, though slightly more than 50% of the country's population reside in these villages (see Figure 6).

Map E1 shows the distribution of health facilities across the Lao PDR, along with the estimated travel time to the nearest such facility. The map also reflects the main transport infrastructure, with roads displayed as red lines.

Health facilities are easily accessible in Vientiane Capital City, around the Mekong River, in the southern lowlands, and along the main roads. Health facilities are more difficult to access in mountainous areas along the Vietnam border, especially in Phongsaly and Huaphanh Provinces in the north, Borikhamxay and Khammuane Provinces in the centre and Sekong and Attapeu Provinces in the south. The east of Luang Prabang as well as the south of Attapeu are other areas where health facilities are not easily accessible. In some areas, more than 10 hours are needed to reach a health post or pharmacy.

Some of the areas with low accessibility of health facilities, such as the south of Huaphanh, eastern Borikhamxay and Khammuane, as well as eastern Sekong, are also among the country's poorer areas (see Map I1.1), suggesting a correlation between access to health facilities and poverty.

Figure 5: Share of villages by average travel time to the nearest health facility

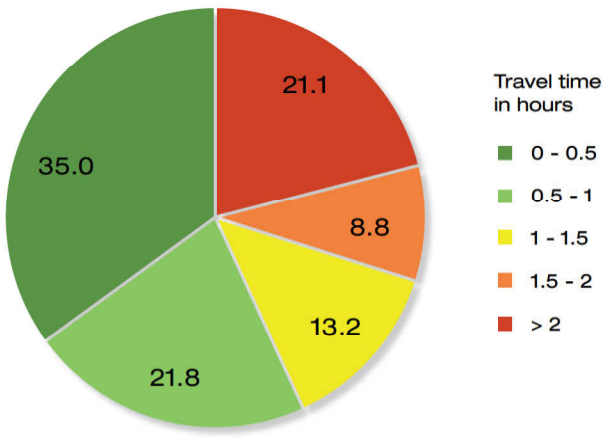
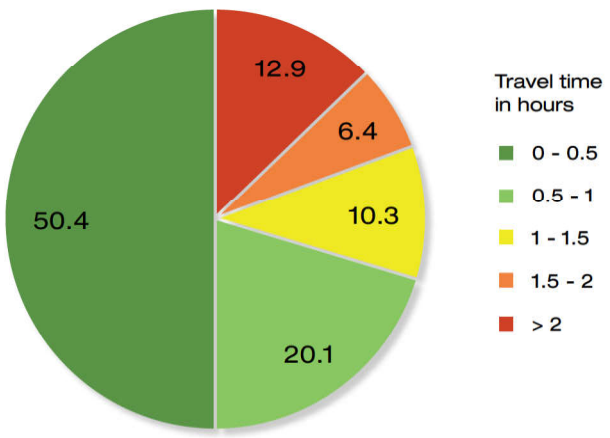
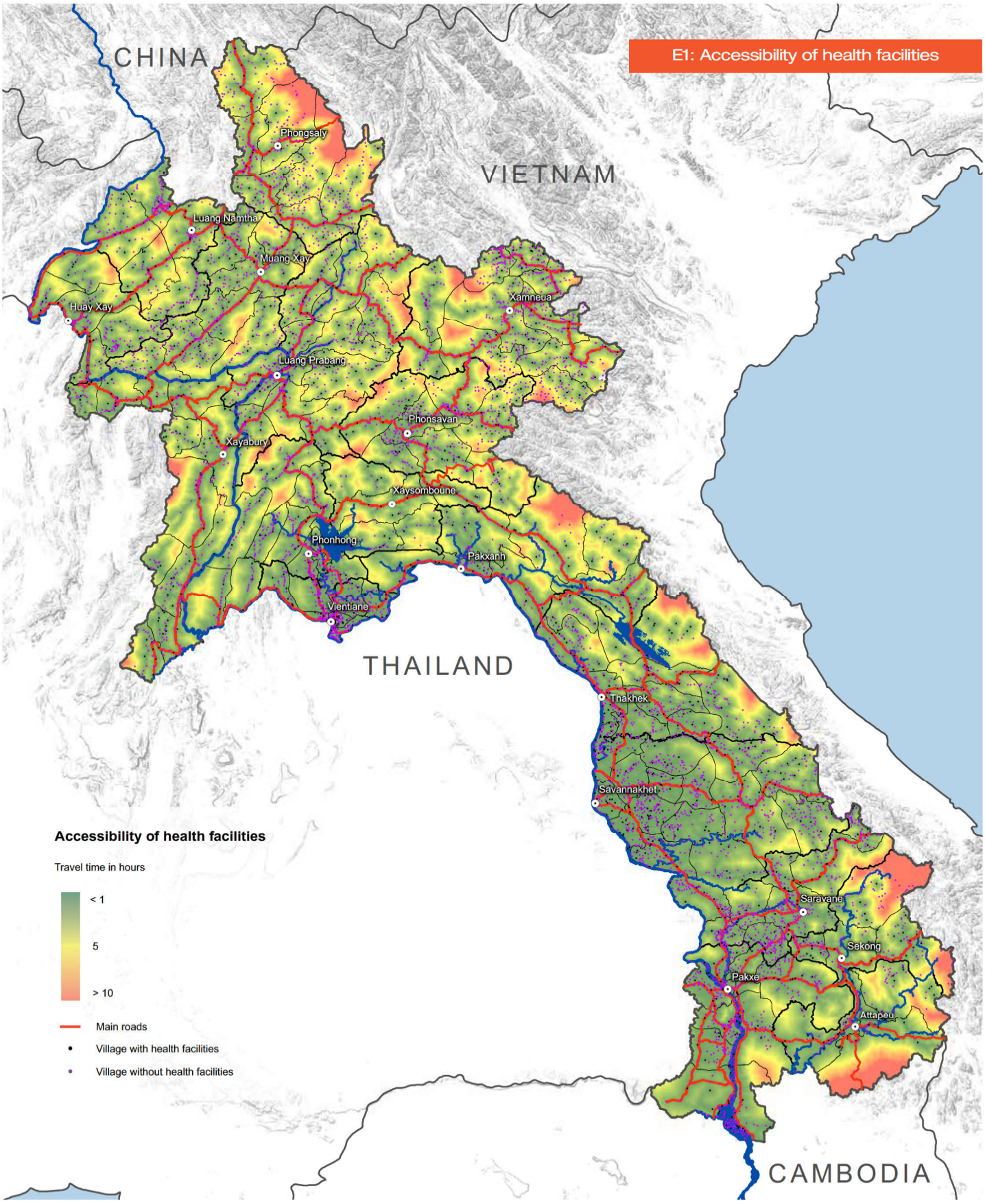
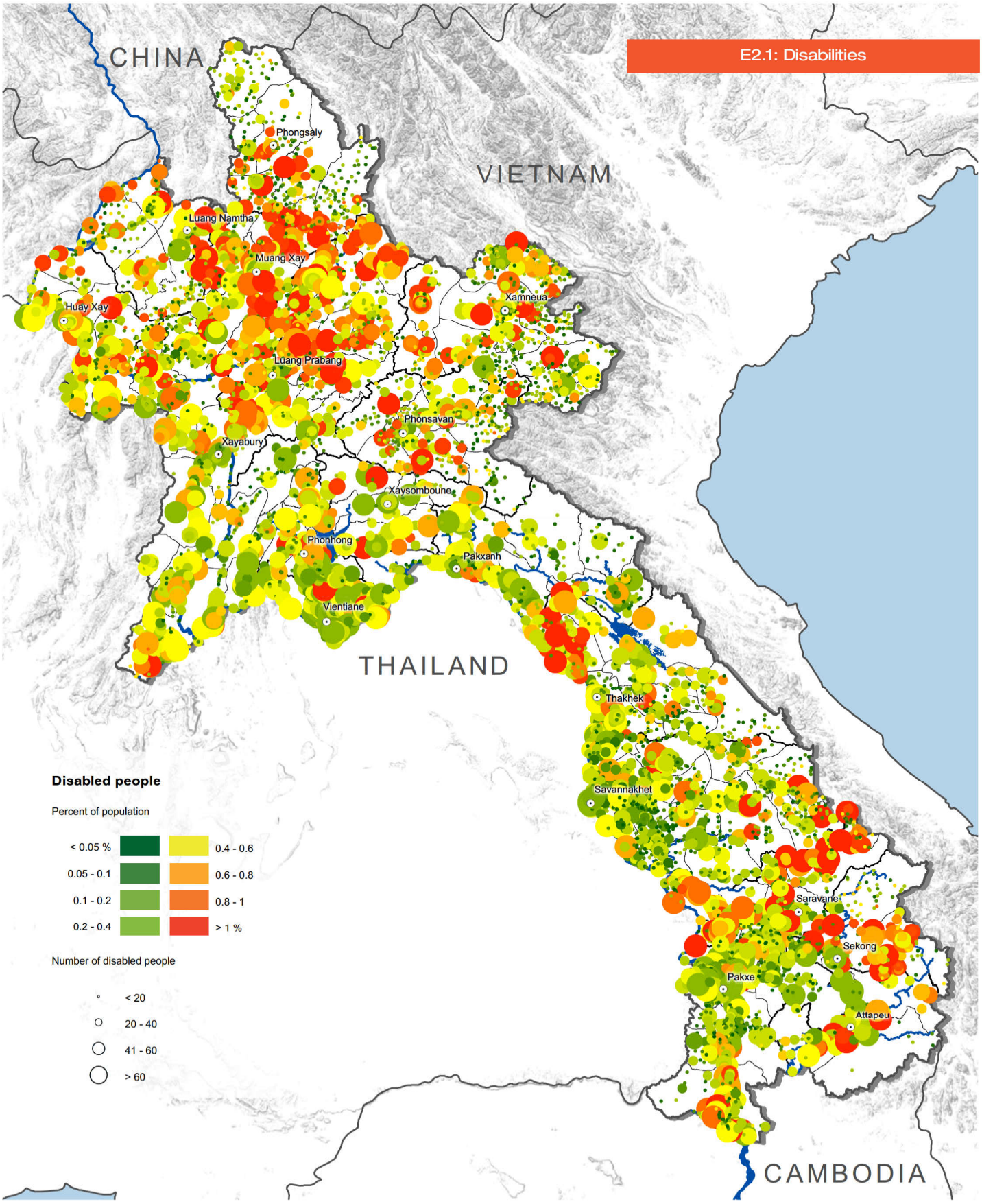


Figure 6: Share of population by average travel time to the nearest health facility




E1: Accessibility of health facilities
CHINA
VIETNAM
THAILAND
CAMBODIA
Phongsaly
Luang Namtha
Muang Xay
Huay Xay
Xamneua
Luang Prabang
Phonsavan
Xayabury
Xaysomboune
Phonhong
Vientiane
Pakxanh
Thakhek
Savannakhet
Saravane
Sekong
Pakxe
Attapeu
Accessibility of health facilities
Travel time in hours
< 1
5
> 10
Main roads
Village with health facilities
Village without health facilities

E2.1: Disabilities



Population with disabilities

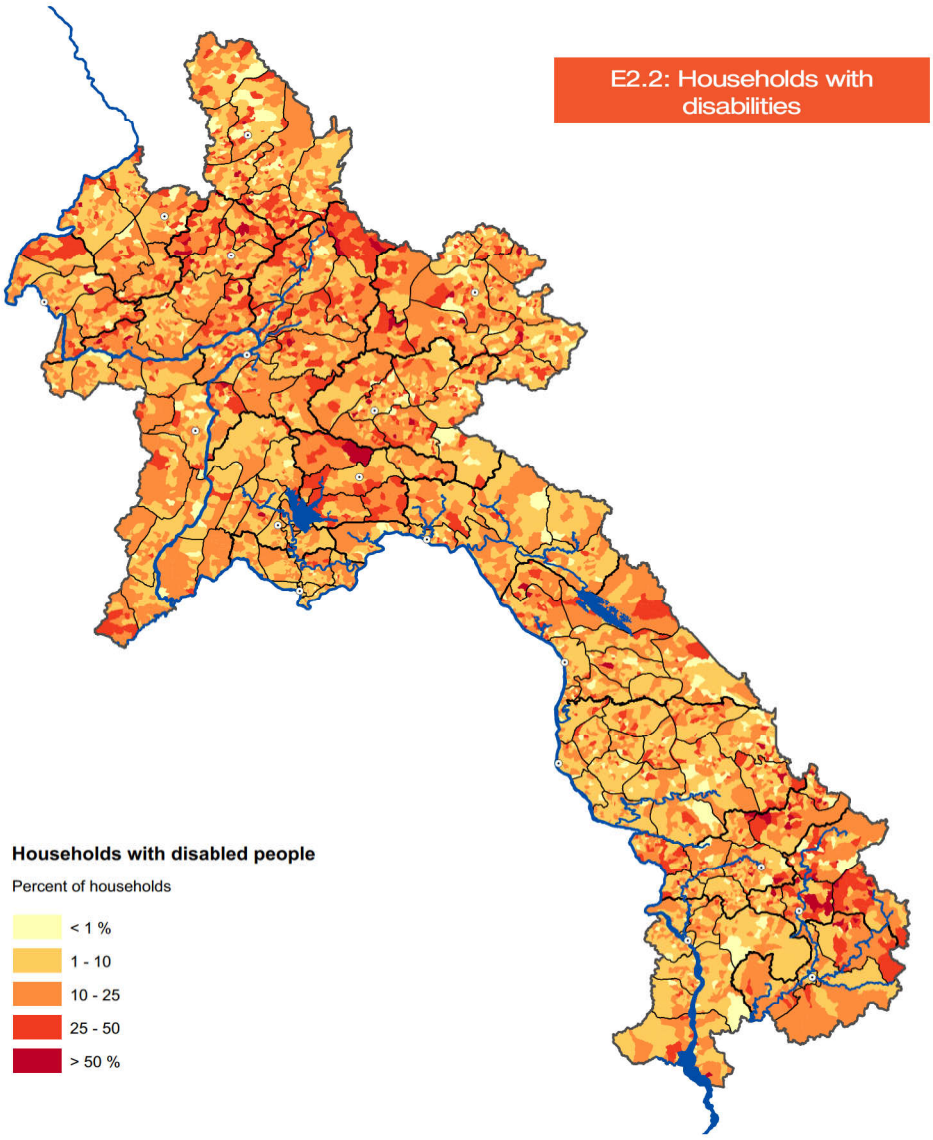
According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN, 2006). Similarly, through the Lao Disability Decree of 2014, the GoL defines people with disabilities as those "who have physical, mental or intellectual anomaly or defect including visual, hearing and speaking impairments for a long term, which hinder their daily activities and their full and effective participation in society on an equal basis with others" (Decree on Persons with Disabilities, 2014).

People with disabilities typically face greater challenges in life than people without disabilities. In countries like the Lao PDR, where poverty, low standards of transport and healthcare facilities together with a lack of inclusive education and vocational training are frequent challenges for anybody, disabled people typically face even greater challenges than in more economically developed parts of the world. On top of this, stereotypes and social stigma towards people with disabilities are rather common in the Lao PDR (Hinton and Rutherford, 2014).

Nevertheless, the GoL with support from bilateral and multilateral aid organizations, is progressing towards more inclusive policies in different sectors to guarantee basic human rights to disabled people across the country.

In the 2005 and 2015 censuses, different sets of questions about disabilities were posed to respondents. In 2005, they were simply asked whether there was a disabled person living in the household, followed by a set of questions on the kind of disability (categorized as "visually impaired", "deaf or dumb", "arm or leg handicapped", "multiple disabilities", and "other disabilities"). In the 2015 census, a set of questions explored the degree of difficulty with seeing, hearing, walking, memory or concentrating, self-care, and communicating, thus shifting the emphasis to function rather than on individual deficits. A person is considered disabled if faced with difficulty in at least one domain.

E2.2: Households with disabilities



Spatial patterns in 2015

A total of 160,881 people are disabled in the Lao PDR, constituting 2.8% of the total population. The prevalence of disabilities is 2.5% in urban areas, 2.9% in rural areas with roads and 3.3% in rural areas without road access, revealing a link between the prevalence of disabilities and general accessibility.

Map E2.1 presents the portion of disabled people in the total village population using colour gradients, along with the total number of disabled people per village, represented by the circle size. Villages in the south west and the north east, particularly in Luang Prabang, Xaysomboune, and Attapeu Provinces reveal a relatively high concentration of people with disabilities. As shown in Map E2.2, in some cases, more than 50% of households in a village reported at least one disabled person. At the province level, the prevalence of disability among the population over 5 years old is 4.2% of the total in Luang Prabang, 3.6% in Xaysomboune, and 3.6% in Attapeu. Some of these areas are also characterized by high poverty rates.

Causes of disabilities

The disabilities of the approximately 161,000 disabled people in the Lao PDR have a range of causes. During the 2015 census, respondents were asked about the cause of disabilities of members of their household. The categories of main causes are congenital, accident, illness, Unexploded Ordnances (UXO), war, and others. An important change from the census of 2005 is the inclusion of disabilities due to UXOs, which constitutes a significant cause of disability in the Lao PDR.

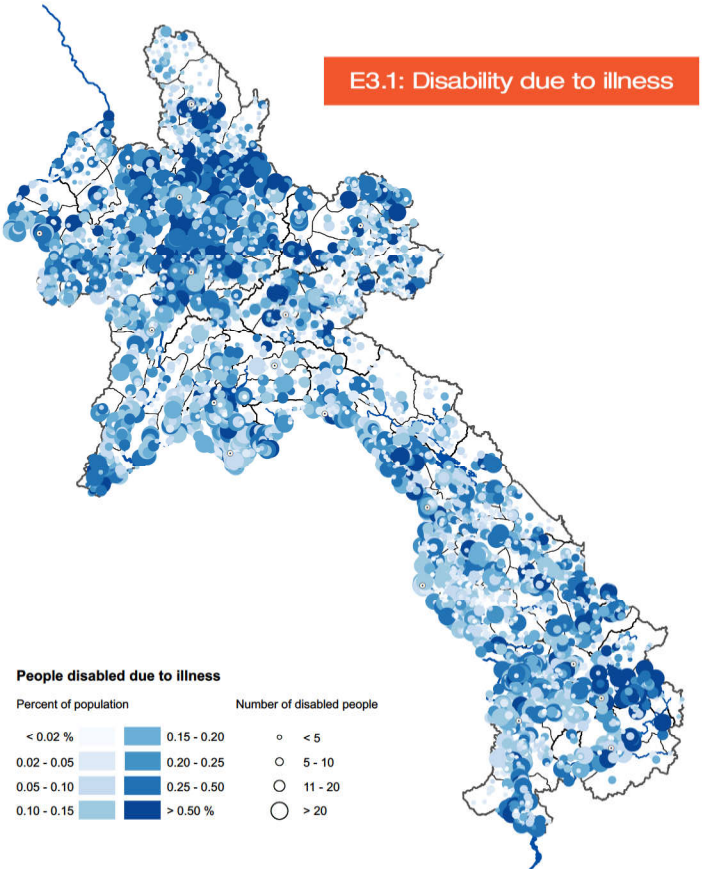
Spatial patterns in 2015

Maps E3.1 through E3.6 illustrate the distribution of disabled people in terms of the cause of their disability. Disabilities caused by accidents are more common in urban centres and more densely populated areas, and constitute the cause of disability for 5% of all disabled people in the country.

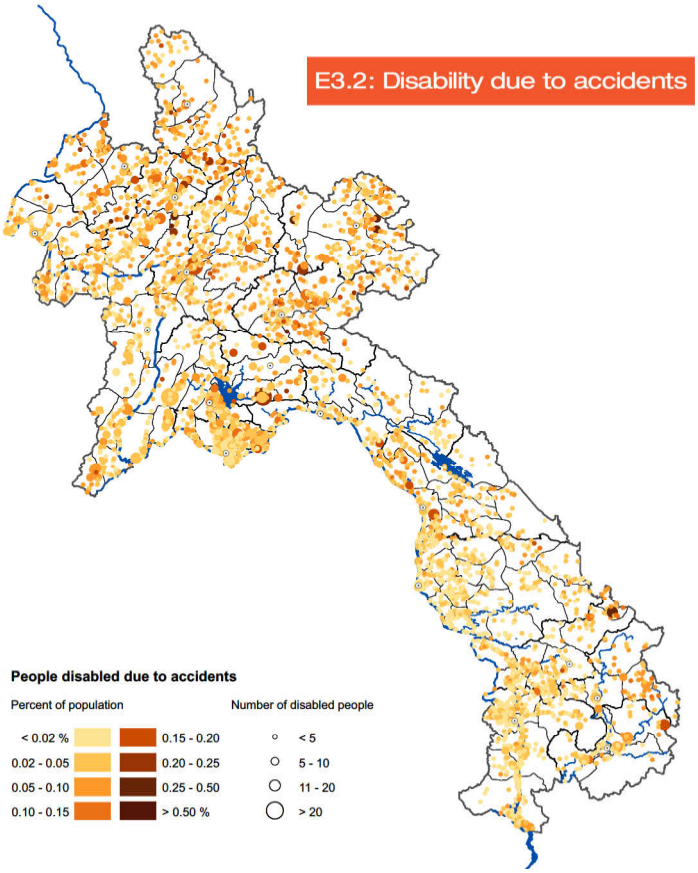
Disabilities due to congenital conditions or illness are common throughout the country, and together constitute the causes of disabilities for almost half (49.48 %) of all disabled people in the country. Illnesses caused disability for more than one third of the population in Attapeu (34.2%) and Xaysomboune (35.2%), and disabilities due to congenital conditions affect one fifth of the population in Huaphanh (24%) and Xayabury (20%) Provinces.

People with disabilities caused by UXO are present throughout the country, with a particularly high concentration in Xiengkhuang Province. Xiengkhuang was the most heavily bombed area during the American secret war, where UXO's induced disabilities constitute 2.1% of the total disabilities affecting people in the Province. Moreover, more than 7% of Xiengkhuang Province's population has disabilities due to past wars, the highest percentage among the provinces.

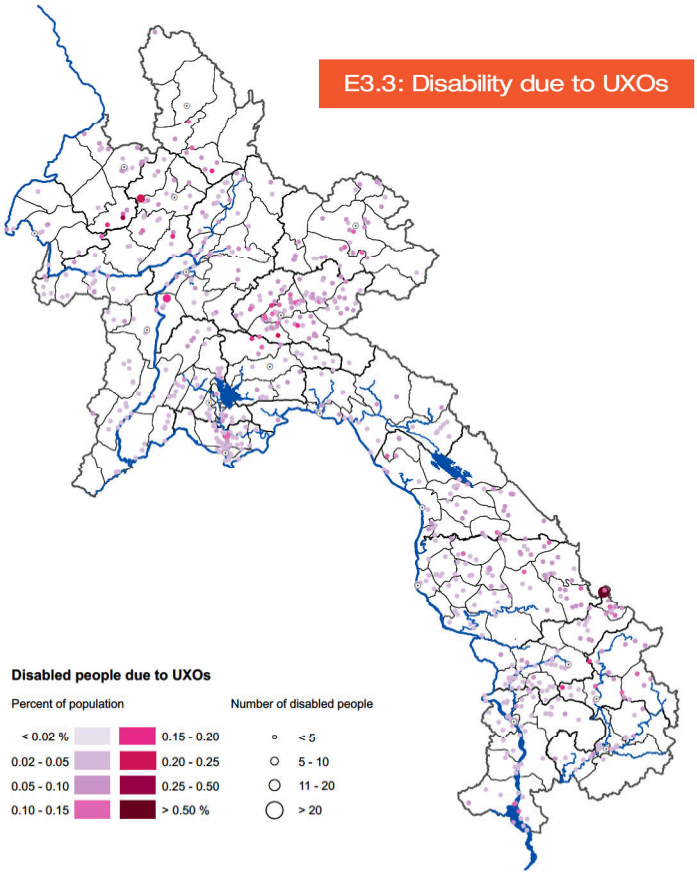
E3.1: Disability due to illness



E3.2: Disability due to accidents



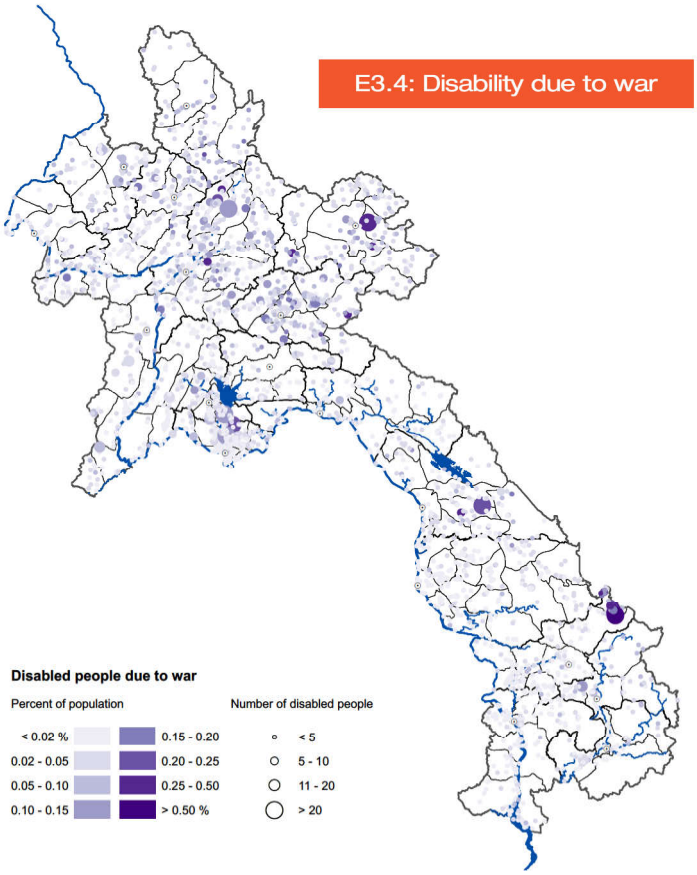
E3.3: Disability due to UXOs



Disabled people due to UXOs

Percent of population			Number of disabled people
< 0.02 %	0.15 - 0.20		< 5
0.02 - 0.05	0.20 - 0.25		5 - 10
0.05 - 0.10	0.25 - 0.50		11 - 20
0.10 - 0.15	> 0.50 %		> 20

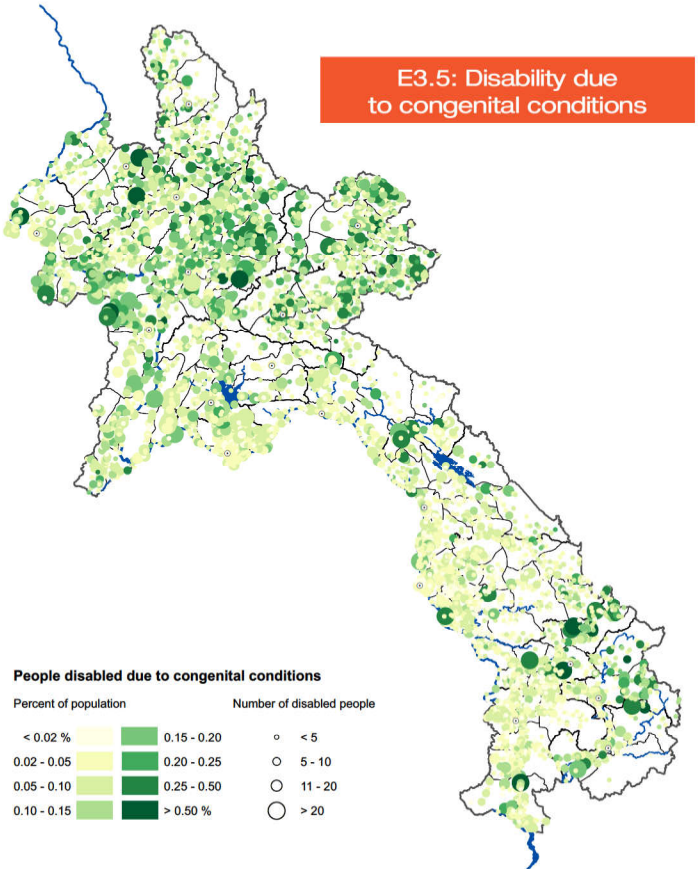
E3.4: Disability due to war



Disabled people due to war

Percent of population			Number of disabled people
< 0.02 %	0.15 - 0.20		< 5
0.02 - 0.05	0.20 - 0.25		5 - 10
0.05 - 0.10	0.25 - 0.50		11 - 20
0.10 - 0.15	> 0.50 %		> 20

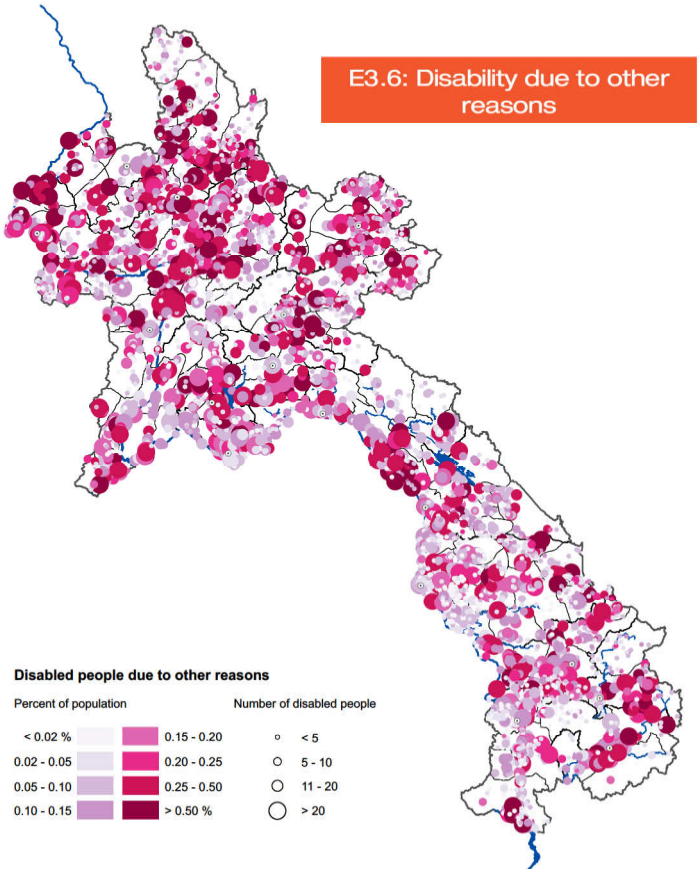
E3.5: Disability due to congenital conditions



People disabled due to congenital conditions

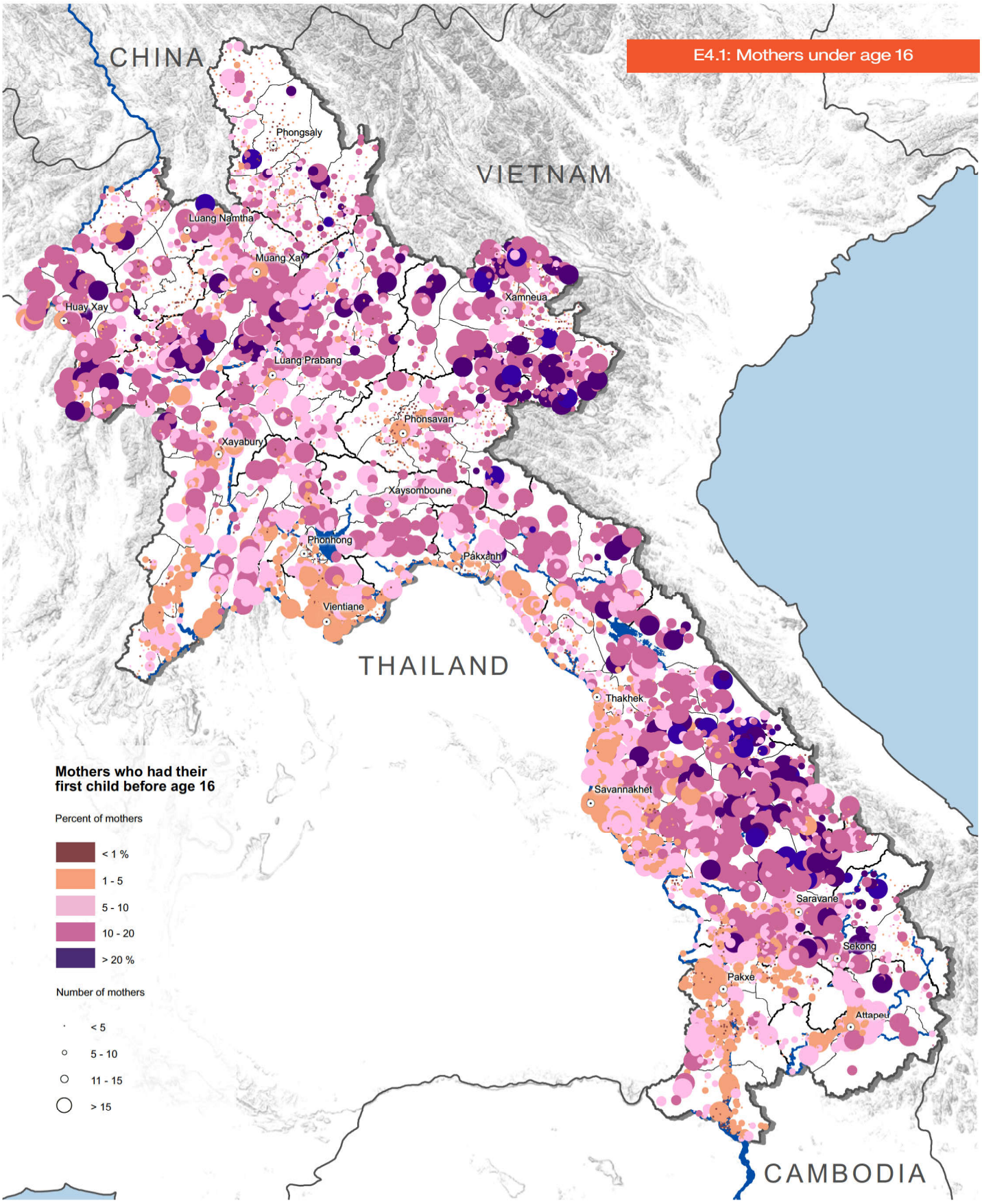
Percent of population			Number of disabled people
< 0.02 %	0.15 - 0.20		< 5
0.02 - 0.05	0.20 - 0.25		5 - 10
0.05 - 0.10	0.25 - 0.50		11 - 20
0.10 - 0.15	> 0.50 %		> 20

E3.6: Disability due to other reasons



Disabled people due to other reasons

Percent of population			Number of disabled people
< 0.02 %	0.15 - 0.20		< 5
0.02 - 0.05	0.20 - 0.25		5 - 10
0.05 - 0.10	0.25 - 0.50		11 - 20
0.10 - 0.15	> 0.50 %		> 20


E4.1: Mothers under age 16
CHINA
VIETNAM
THAILAND
CAMBODIA
Phongsaly
Luang Namtha
Muang Xay
Huay Xay
Xamneua
Luang Prabang
Phonsavan
Xayabury
Xaysomboune
Phonhong
Pakxanh
Vientiane
Thakhek
Savannakhet
Saravane
Sekong
Pakxe
Attapeu
Mothers who had their first child before age 16
Percent of mothers
< 1 %
1 - 5
5 - 10
10 - 20
> 20 %
Number of mothers
< 5
5 - 10
11 - 15
> 15

Age of first child delivery

Giving birth at an early age is associated with risks of injury and death for both mother and child. Moreover, early maternity means a decreased mobility and ability to pursue education and skills that could lead to better livelihood opportunities for women. Therefore, the age at which a woman delivers her first child not only has a strong influence on the overall fertility rate of a country, but is also an indicator of the health and wellbeing of the mother and the child.

The Lao PDR has the highest adolescent birth rate in the East Asia and Pacific region with 76 births per 1000 women ages 15-19 according to the PHC, followed by Cambodia (57), the Philippines (57), and Thailand (51) (WHO, 2018). On average, women deliver their first child at 21 years of age, which is the lowest in the Southeast Asian region, followed by Vietnam (22.6), Cambodia (22.8), and Thailand (23.3) (Central Intelligence Agency, 2018). Additionally, despite recently recorded significant improvements such as a decrease in the under-five mortality rate from 170 per 1,000 live births in 1992 to 79 per 1,000 in 2011, the country has also one of the highest child mortality rates in Southeast Asia (UNICEF, 2018).

In the 2015 census, the age at first child delivery was recorded for all women of age 15 to 49.

Spatial patterns in 2015

Map E4.2 illustrates the average age of women at first child delivery at the village level. The age of first child delivery is higher in the lowlands around the Mekong River valley and in urban areas; villages in the central districts of Vientiane Capital City show the highest average age of women at first child delivery. This pattern is not surprising, since the lowlands and urban areas tend to be more economically developed than other parts of the country, and women are more likely in such areas to stay in school longer or invest more time in vocational education or a career, thus delaying motherhood.

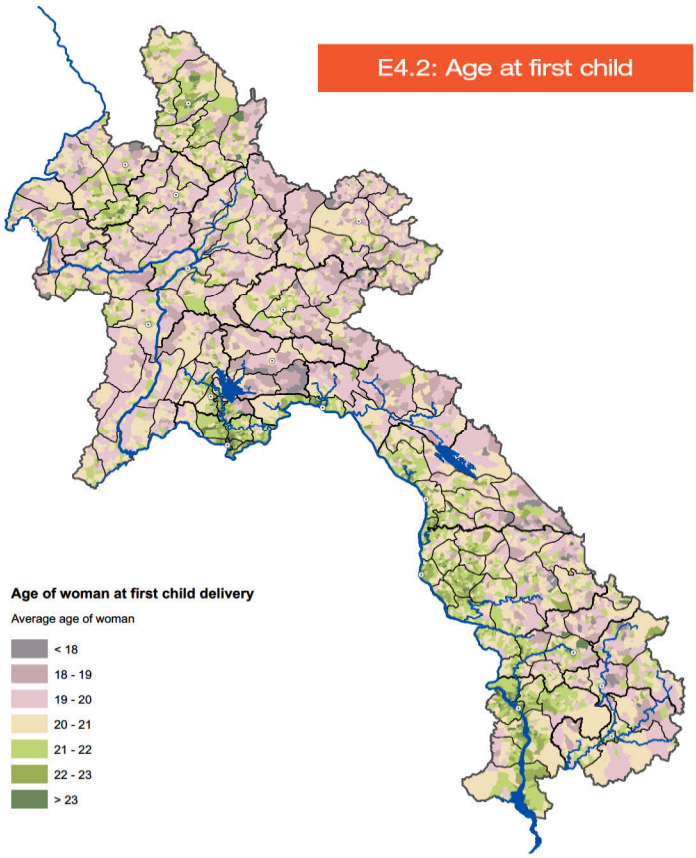
Further interesting patterns are found in Phongsaly and Luang Namtha Provinces. Even though these mountainous and less accessible regions are clearly less developed than the lowlands, some districts show a significantly higher average age of women at first child delivery.

Map E4.1 shows the spatial distribution of the number and percentage of mothers who have given birth before age 16. Villages in the mountainous areas of the north and close to the Vietnam border, as well as in many villages in Saravane and Savannakhet Provinces, have a higher percentage of mothers who had their first child before age 16. Not surprisingly, these areas tend to be the among the poorest in the country (see Map I1.1), suggesting a positive correlation between the percentage of women that give birth before 16 years of age and the general living standards in a village.

Dynamics between 2005 and 2015

Map E4.3 shows the changes between 2005 and 2015 in average age of women at first child delivery. Important increases are registered in Vientiane Capital City, which almost uniformly shows an increase in the average age of women at their first child delivery. Vientiane Capital City and Borikhamxay Province register significant increments in the age of women at first birth as well, albeit not as consistently as Vientiane Capital City. In contrast, the northern provinces of Luang Namtha, Xiengkhuang, Bokeo and Phongsaly exhibit important decreases in the average age of women at their first childbirth.

E4.2: Age at first child



E4.3: Dynamics in age at first child