



**POPULATION SITUATION ANALYSIS:
LAO PDR**

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FOREWORD

The Population Situation Analysis (PSA) presented in this document is representative of UNFPA's commitment to mainstream population dynamics, reproductive health and gender issues into the Country Programme and national development strategies and plans.

In Lao PDR, UNFPA has been active since 1976 and works with the Government and national counterparts to support programmes that improve the wellbeing of women, men and young people by promoting family planning, building capacity of skilled birth attendants, promoting adolescent sexual and reproductive health information and services, advancing gender equality, and generating evidence for policy and programme development and monitoring.

As the current Country Programme of UNFPA in Lao PDR (2012-2016) will be concluded in 2016, this Population Situation Analysis was commissioned by UNFPA to support the conceptualization of the next Country Programme (CP6) covering the period of 2017-2021. The PSA, hence provides an assessment of the population and development situation of the country in order to identify the strategic focus for UNFPA support to Lao PDR in line with the 8th National Socio-Economic Development Plan (NSED), 2015-2020.

The PSA also provides findings and recommendations that are useful for the development of the United Nations Partnership Framework (2016-2021) and the 8th NSED.

The PSA findings highlight the significant progress and achievements in reaching the targets of Millennium Development Goals and ICPD Programme of Action in Lao PDR. The PSA also indicates the opportunities that Lao PDR can reap through the change of population age structure (demographic dividend).

In addition, the PSA identifies the need to strengthen demographic analysis and research and improve the availability and quality of data, including population projections. It also identifies the need to reduce geographic and ethnic disparities and further reduce the maternal ratio and maximize benefits of the demographic dividend by investing in strengthening human resource capacity in the country including qualified midwives; in the provision of comprehensive sexual education for adolescent and young people; in the expansion of choices and quality of family planning information and services for young people; and in greater participation of women.

By providing a comprehensive analysis on the overall situation of population and reproductive health in Lao PDR, this assessment serves as a foundation for policy making, strategic planning and programming for all stakeholders, including Government and development partners.

On behalf of UNFPA, I would like to extend our sincere appreciation to all of our partners who provided invaluable inputs to the Population Situation Analysis, in particular the Ministry of Planning and Investment for coordinating dialogues and using the findings as a basis for population policy discussion. Much appreciation goes to Dr. Geoffrey Hayes, UNFPA consultant, for the hard work and professionalism in executing this analysis.



Dr. Hassan Mohtashami
UNFPA Representative, Lao PDR

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EXECUTIVE SUMMARY

Introduction

At some point in the five-year programme cycle, every UNFPA Country Office conducts a “Population Situation Analysis” (PSA), in order to assess population trends in the country as well as the status of reproductive health and gender equality. These analyses are prepared according to formal guidelines published by UNFPA, but adapted to the conditions of the country. The present report constitutes the PSA for Lao PDR, and has three primary objectives: (1) to provide UNFPA’s analytical, evidence-based contribution to the United Nations Common Country Assessment (CCA), which is the information base from which the United Nations Development Assistance Framework (UNDAF) is formulated; (2) to assess the population-development situation in order to support the formulation of UNFPA’s next Country Programme (CP6) covering the period 2017-2021; (3) to encourage and facilitate the incorporation of population dynamics (including Reproductive Health and Gender) into the Lao PDR’s 8th Five-year National Socio-economic Development Plan (NSEDP) which is currently in draft form.

The PSA is conducted within a rights-based framework, with a strong focus on identifying and ultimately correcting inequality and disadvantage in various dimensions. A rights-based approach, however, goes beyond inequality as such to focus upon inequity. For example, the fact that some women face low risks of maternal mortality while others face very high risks is not just a situation of inequality but is iniquitous (unjust). Overall, the principles governing UNFPA’s priority strategic interventions are contained in the ICPD (1994) Programme of Action (POA), and the 1999 follow-up of the POA. The on-going relevance of the ICPD POA has been confirmed in various contexts

during the development of the post-2015 Development Agenda.

Country overview

Lao PDR is classified by the United Nations as a “Least Developed Country” (LDC) one of only three in the ASEAN region. An LDC is a country “characterized by constraints such as low per capita income, low level of human development, and structural handicaps to growth that limit resilience to vulnerabilities” and are therefore “in need of the highest degree of attention from the international community”. The Lao PDR aims to graduate from LDC status by 2020, but given the present rate of socio-economic progress and the need to monitor the key indicators of LDC status over successive periods, it may be well after 2020 before such graduation occurs.

Lao PDR’s GNI per capita is reported as \$1,600 as of 2014 according to the World Bank’s “Atlas method”. This places Laos above Cambodia’s GNI of \$1,010 (the lowest in ASEAN) and below Vietnam’s \$1,890. Economic growth has averaged 7.4 percent annually over the decade 2001-11 and a rate of 7.8 percent was registered in the 2013-14 financial year, a drop from 8.0 percent in the previous year. Healthy economic growth has permitted Lao PDR to become re-classified as a “lower middle-income” country from a “low income” one a clear sign of economic progress.

This progress is reflected in the poverty head-count ratio based on the national poverty line declining in line with the Lao PDR’s MDG targets from 46.0 percent in 1992-93 to 27.6 percent in 2007-08. The most recent estimate (2012-13) indicates a poverty rate of 22 percent, signalling further improvement. However, poverty varies widely within the country.

With rural areas without road access having the highest poverty rate (42.6%) and urban areas the lowest (17.4%). While poverty in Laos is very much a rural phenomenon, there are significant variations within rural areas as well. The poverty rate in upland areas (43%) is more than twice that of lowland areas (20%). Ethnic groups also have much higher poverty rates than the Lao-Tai majority, related in large part to the territory they occupy. While poverty has declined, overall economic inequality has not significantly improved in recent years.

Lao PDR is one of the most ethnically diverse countries in the ASEAN area with 49 officially recognised groups and up to hundreds of sub-groupings. Although Lao-Tai is the language of the majority, many ethnic groups do not speak it, constraining communications with other groups, service providers and the Central government. This is evident in the difficulties that service providers such as teachers, doctors and midwives face when working among ethnic groups. Low levels of literacy are another constraint on communications. Social organization varies along ethnic lines with some groups having matrilineal residence and matrilineal inheritance, while others have patrilineal and patrilineal systems.

Composite indexes of gender inequality indicate that Laos ranks below average on a global scale and by comparison with other countries in the ASEAN region. In 2014, Laos was ranked in bottom 40 percent on the Gender Development Index (GDI) and ranked lowest among ASEAN member countries on the Gender Inequality Index (GII). Lao PDR is above Myanmar on the OECD's more complex Social Institutions and Gender Index (SIGI) but below other ASEAN countries. Laos PDR's relatively low ranking on these composite indexes is largely due to its high Maternal Mortality Ratio and Teenage Fertility Rate as well as its relatively young age at marriage, but gender inequality is evident across a range of conditions, including literacy, education, formal

employment, access to health care (especially reproductive health services), and social and political participation. But the extent of gender inequality varies among ethnic groups as well as by urban and rural residence. In general, the key indicators have been moving in the right direction but progress is relatively slow.

Until the mid-1980s Laos had a centrally-planned economy, but reforms introduced in the late 1980s resulted in the abandonment of collectivization, a loosening of government control over state-owned corporations, privatization of some productive assets and the introduction of some free market principles in the context of Party dominance of the political process. The political economy of Laos remains "in transition" but is unlikely to evolve into a liberal-democratic state along Western lines in the near future. "Civil Society" remains underdeveloped and recent decrees suggest that the space for greater civil society participation is possibly shrinking rather than expanding.

Progress in Meeting International Agreements and Goals

Lao PDR was one of 175 signatories to the ICPD Programme of Action (POA) agreed to in 1994 and in response formulated a National Population and Development Policy (NPDP) in 1999 and a Plan of Action in 2001 to give effect to the POA. The NPDP was subsequently revised and updated in 2006, with the original targets for 2020 but intermediate targets for the interim years of 2010 and 2015. The NPDP has not been reviewed since its inception in 2006, thus an assessment of its effectiveness is overdue.

Lao PDR acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981 and has submitted several periodic status reports the sixth and seventh in 2009. Laos has also ratified several other international conventions, including The International Covenant on Civil

and Political Rights (ICCPR) the Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention against Corruption (UNAC). The International Covenant on Social and Cultural Rights was ratified in 2007. The Convention on the Rights of the Child (CRC) was ratified by Lao PDR in 1991 and two optional protocols were ratified in 2006. As of 2010, Lao PDR has become a party to six of the nine core human rights conventions. Notwithstanding these formal commitments, the issue of human rights remains a sensitive one.

Progress in achieving the Millennium Development Goals (MDGs) has been uneven with some goals on track to being achieved and others lagging behind. The reduction of poverty is on track at the national level but the situation of the poorest groups is not improving and poverty among some of them has increased. Poor nutrition among children under 5 years remains a major problem constraining improvements in infant and child mortality. The Under-Five Mortality Rate is on track to achieve the MDG target for 2015 but the Infant Mortality Rate target will probably not be achieved. Universal Primary education is far from being achieved due to the problem of drop-outs before graduation to secondary level. This has contributed to stagnation in literacy rates. Recent estimates of MMR indicate that the rate of decline is consistent with the MDG target. However, Lao PDR has the highest risk of maternal death of any ASEAN country and somewhere between 400 and 500 women die each year from factors related to pregnancy and childbirth.

Population Dynamics and Sexual and Reproductive Health in the Context of Economic and Social Processes

Population dynamics

Laos PDR's demographic transition has been characterized by: (1) a steady decline in the crude death rate from the 1950s up until today

with the mortality transition still on-going; (2) the crude birth rate remained high for over four decades from 1950; (3) the rate of natural increase climbed to 2.9 percent per year in the mid-1990s driven by rising fertility and falling mortality but has since declined to about 2 percent per year in the 2010-14 period. Possibly the most distinctive feature of Lao's demographic transition is that fertility was increasing right up to the mid-1990s at the same time that it was decreasing fast in all other ASEAN countries.

The current population is estimated at 6.8 million, although annual population estimates are imprecise due to the absence of complete birth and death registration and the lack of statistics on international migration. The population is relatively young with about 58 percent under the age of 25 and an estimated median age of 22 years in 2015.

Life expectancy at birth is estimated at 65.8 years for both sexes well short of the ICPD POA target of 70 years by 2005 and 75 years by 2015 for countries with moderately high mortality. At the rate of improvement predicted in the official population projections, life expectancy in Lao PDR would not reach 70 years until 2036. Possibly accounting for this pessimistic outlook is the currently high infant and under-five mortality rates, which stood at 68 and 79 per 1,000, respectively in 2011.

The Total Fertility Rate (TFR) in 2011-12 was 3.2, which is 50 percent above the "replacement" level of 2.1. United Nations estimates indicate that Laos had the highest TFR of the ASEAN countries in the 2005-10 period just above that of the Philippines. However, there are wide differentials between groups. Women in the lowest wealth quintile have a TFR of 5.3, while those in the top wealth quintile have a TFR of 1.9, just below "replacement". Education has a similar effect with the most educated having a TFR of 2.0 while those with no education have a TFR of 5.3. Urban fertility is

close to “replacement”, while the TFR rises to as high as 5.5 among the predominantly rural Hmong-Mien ethnic group.

A significant proportion of women of reproductive age in Laos wants to limit their family size or space their births but are not using contraception to do so and therefore have an “unmet need” for family planning. At the national level about 20 percent of reproductive age women had an unmet need in 2011, increasing to 28 percent in rural and remote areas lacking road access and to 26 percent for women with no education. Among ethnic groups, unmet need ranges from a high of 31 percent among Hmong-Mien women to a low of 18 percent in Lao-Tai households. There is an apparent preference for 2 or 3 children in Laos. Of women with 2 children, 57 percent wanted no more and 80 percent of women with 3 wanted no more.

Population projections conducted by the Lao Statistics Bureau (LSB) suggest that the population of Lao PDR will increase to between 10.3 and 10.7 million by 2050. The projections presuppose a slow-down in the rate of decline in the TFR and quite pessimistic assumptions about mortality improvement. No assumptions at all have been made about international migration, although it is well known that significant movement across Laos PD’s borders occurs. There is considerable uncertainty about all of these trends. Once the results of the 2015 census are available it will be possible to up-date the projections using a more certain base population.

According to the LSB projections, the school-age population is unlikely to increase significantly in the future, while the working-age population will increase rapidly unless international migration accelerates. The elderly population will increase slowly for the next decade after which it will begin to grow more rapidly. In the medium-term these trends will provide a “demographic dividend” to the economy by virtue

of a falling dependency ratio, provided that the number of new jobs keeps pace with the growth of the working age population.

Information on internal migration in Laos is limited, although rural-urban movement would appear to predominate. Vientiane Capital is the primary destination for rural-urban migrants, especially from the north of the country and Vientiane province, contributing to an estimated urban growth rate of 5.3 percent over the 2005-10. It is likely that more than two-thirds of population growth in Vientiane Capital in recent years has been caused by net in-migration. This has contributed to the overall urban population reaching about 27 percent of the total in 2005, a proportion that is expected to have increased to 38.6 percent in 2015. Urbanization is thus well short of the global average of 50 percent.

Sexual and Reproductive Health

The core dimensions of sexual and reproductive health (SRH) are reflected in the indicators used to measure achievement toward the MDG 5 targets of a 75 percent reduction in the Maternal Mortality Ratio between 1990 and 2015 (Target 5a) and universal access to reproductive health (Target 5b) by 2015.

Lao PDR is one of only two ASEAN developing countries classified as being “on track” to reach the MDG target for MMR based the revised WHO estimates for 2013. Despite impressive progress, Lao PDR still has the highest MMR of any ASEAN country. Contributing to the still high MMR is the low proportion of births attended by trained medical personnel, which is 42 percent nationally, with wide variations among groups. In the richest quartile, 91 percent of births were attended by trained health personnel while only 11 percent of the births to women in the poorest quartile were. Urbanization has a similar effect with 80 percent of deliveries in urban areas attended by a trained health practitioner compared with

only 31 percent of deliveries in rural areas. The most disadvantaged are mothers living in rural areas without road access, only 12.5 percent of whose births were assisted by a trained health provider. The proportion of mothers giving birth in a health facility has been rising since 2005, but the national average of 38 percent is still low by international standards and this rate falls to 12 percent in rural areas lacking road access and only 11 percent among the poorest wealth quintile.

Another factor is the low Contraceptive Prevalence Rate (CPR). Knowledge of contraception is high: 94 percent of women and 95 percent of men are aware of at least one method and on average survey respondents know six methods. Nevertheless, the CPR for all methods was only 49.8 percent in 2011 and 42.1 percent for modern methods. The National Family Planning Action Plan is targeting a CPR of 55 percent (for all methods) by 2015, and if present trends continue this should be achievable. The greatest challenge is in the Southern region as the provinces with particularly low CPRs are mainly in the South, with the region as a whole having a CPR of 41.6—27 percent lower than the North's rate of 57.0 percent.

A high adolescent birth rate contributes to the relatively high overall level of fertility in Laos. Although the adolescent birth rate has dropped from 115 per 1,000 in 1992 to 94 in 2011, this is a slow rate of decline, which can possibly be explained by the persistently high adolescent birth rates observed in some parts of the country and among some socio-economic groups. The rural adolescent birth rate is double the urban rate, which shows that urbanization has a strongly negative effect on adolescent fertility.

Health Systems and Service Delivery

Health care spending in Lao PDR as a fraction of GDP (2.0%) is the second lowest in the ASEAN region after Myanmar (1.8%). Laos

has a severe deficit in the human resources available to provide health services as well as in the facilities required to provide services. The ratio of physicians to population is 0.2 per 1,000 (2 doctors for every 10,000 people) and the ratio of nurses and midwives to population is 0.9 per 1,000 (9 nurses and midwives per 10,000 people).

Adolescents and youth as a priority group

Along with women, adolescents and youth are the primary beneficiaries of UNFPA's global strategic plan for 2014-17 and are therefore given high priority in UNFPA's programmes. Although the concept of "youth" as traditionally understood in Lao PDR refers to the age group 15-34, this report focusses on the age group 10-24, and thus combines adolescents and younger youth together in one group in order to be consistent with recent national studies. Internationally, this age range typically defines "young people". As defined, the estimated population of young people in Lao PDR is 2.4 million, or 35 percent of the total. Since 2005 this age group has grown at an average rate of 2 percent per year. While the rate of growth in this age group will tend to slow down in the future, actual numbers will remain in the range of 2.3-2.5 million up to 2050; thus, young people will comprise a significant proportion of the population for the foreseeable future.

While there are a number of laws that have an express intention of protecting and guiding young people and youth, the majority of laws in Laos have no specific reference to youth as compared to the general population. Those laws that apply explicitly to youth are neither well known nor effectively enforced. Furthermore, there is presently no national youth policy or strategy that would provide an umbrella framework to address issues related to youth and young people and the number of programmes that focus on young people

are limited. Available evidence suggests that young people generally do not participate in decision-making on matters that affect them. At the rural village level, youth effectively have no “seat at the table”, and the legitimacy of such participation by the village leadership is not acknowledged. This would also appear to be the case at the national level.

Nevertheless, youth and young people in Laos face a number of health-related risks, including excessive alcohol consumption and drug abuse, that need to be addressed. Excessive alcohol consumption is acknowledged as a problem (leading to domestic violence, fighting and road accidents), but programmes aimed at encouraging responsible drinking among youth are lacking. More serious is the use of a local methamphetamine, known as yabba. Present government programmes aimed at controlling the use of yabba do not have a specific focus on youth, although youth are most at risk.

While premarital sex is culturally proscribed among most ethnic groups in Laos, it is apparent that young people are engaging in it at an increasingly early age. There is a high propensity among young men to engage in commercial sex, thus exposing themselves to the risk of contracting HIV and other STIs. Bisexuality is also relatively common. Less than one quarter of 15-19 year olds had “comprehensive” knowledge of the HIV virus. New cases of HIV infection among 15-24 year olds have been increasing. Low condom use and multiple sex partners, particularly among bisexual men are added risk factors.

The median age at marriage for women in Laos is stable at 19.2 years, but it drops to 17.5 years in the Hmong-Mien ethnic group. These are young ages by ASEAN standards. Early child-bearing (defined as having given birth before age 18) is most common among women with no education and women in the poorest wealth quintile. The teenage fertility rate of 94 per 1,000 is the highest in the ASEAN region, and it

rises to as high as 190 per 1,000 among those with no education. Access to contraception among unmarried people in Laos is limited and unwanted pregnancies result in recourse to either legal or illegal abortions, the latter frequently involving medical methods with their attendant risks.

Health services in Lao PDR are generally not “youth friendly” and adolescent reproductive health clinics are few and far between. Young people in most areas find it difficult to access RH services without fear of stigma and embarrassment, and privacy and confidentiality are not guaranteed. Private medical clinics that might resolve these issues are rare and in any case not available to the poor and those living in remote areas. Service providers in the public health system receive insufficient training in how to address the specific needs of young people.

Young school leavers in Laos are poorly prepared for employment. Among the 15-24 age group, 31 percent of females and 23 percent of males are illiterate. Among girls, 54 percent of those who have completed primary school are nevertheless illiterate highlighting the poor quality of primary education. It follows that secondary enrolment rates are also low. The gross secondary enrolment rate in Laos is only 46 percent and only 35 percent at the senior secondary level. Only 11 percent of women aged 15-49 in the Social Indicators Survey in 2011-12 had completed senior secondary school. Such low completion rates impact upon the numbers eligible for vocational, technical or higher education, regardless of other constraints. However, recent trends in secondary attendance (both gross and net) have been positive thus increasing numbers of young people are becoming eligible to continue to higher or vocational training.

The proportion of 15-19 year olds in Lao PDR who are economically active is quite high by regional standards (48.9%), with females

having a higher labour force participation rate than males. About 15 percent of children aged 5-17 are also economically active. The high labour force participation rate of young people is a reflection of the large proportion of the labour force living within a rural village economy where both the young and old are expected to contribute to family labour. For older youth migration for work, both nationally and internationally, is increasingly an option. However, circular or long-term migration for work exposes young people to a variety of health risks and other dangers, including human trafficking.

Main Population and SRH Challenges Confronting the Country

1. Reducing geographical and ethnic disparities

Laos is distinctive for its wide disparities across a range of population and SHR indicators. Geography, topography and ethnicity are important determinants of these disparities. Key population and RH indicators such as the Total Fertility Rate, the Adolescent Fertility Rate, the Contraceptive Prevalence rate, antenatal care, skilled birth attendants, amongst other indicators, range very widely across multiple dimensions, including the rural-urban divide. The unmet need for family planning ranges less widely than some of the other indicators but is still much higher in some provinces than others and in certain regions. Addressing “uneven development” represent a major challenge to the Government and its development partners. Overcoming the diseconomies of scale arising from a highly dispersed population living in inaccessible areas is difficult and costly. Removing language and cultural barriers is also a major challenge which is compounded by high rates of illiteracy.

2. Maternal mortality reduction

Although recent estimates by WHO indicate that the Maternal Mortality Ratio is “on track” to

reach the targeted MMR of 260 per 100,000 by 2015, or has already been exceeded, these estimates need to be treated with some caution. Even if accurate, the MMR is still the highest in the ASEAN region and the number of maternal deaths per year is unacceptably high. Reducing the MMR requires removing the remaining barriers to accessing family planning services and other RH services, including barriers arising from remoteness and from cultural presuppositions about young peoples’ rights to information and services. Given the high level of unmet need for family planning, and the reported rate of abortion, it follows that a considerable proportion of pregnancies and births were unwanted. Reducing unwanted pregnancies requires that all of those who wish to practice family planning are able to do so. Increasing the proportion of births attended by well-trained and qualified skilled birth attendants, and providing better access to Emergency Obstetric Care are also pre-conditions for reducing maternal mortality and morbidity further.

3. Improving the quality and increasing the quantity of human resources for Reproductive Health and advancing reproductive rights.

Lao PDR remains poorly endowed with the human resources and facilities required to ensure that all births are attended by skilled health personnel and that other reproductive health services, including family planning, are universally available. The challenges associated with improving this situation are many and various. Ensuring sufficient finance for the health sector as a whole is one difficulty, and ensuring that the reproductive health component of total health spending is increased at least in accordance with the increasing number of births is another. Better commodity security through improved forecasting of needs is also crucial. The number of births will increase over the next decade, even with a declining birth rate, because the number of women of childbearing age will increase. This means that increasing

the proportion of births attended by skilled health personnel (among other RH services) aims at a moving target, and adequate financing and planning must take that into account. The recruitment and training of midwives is being addressed in the Midwifery Component of the SBA Development Plan. Valuable lessons have been learned which should ensure that the training will be improved in the future and higher quality graduates will result. However, providing midwifery services is not only a matter of personnel and their allocation to the right location but requires adequate infrastructure in the form of functioning and equipped health centres and clinics.

4. Creating greater social space for young people in society and ensuring that they have access to the education, knowledge and services that they need

The population of young people will continue growing, albeit at a declining rate, and remain within the range of 2.3 to 2.5 million for the next three decades, unless reduced by international migration. Young people will continue to face a range of risks in the coming decades. Remaining free of HIV infection or STIs will be an on-going challenge given that a high proportion of young Lao men report having had sex with commercial sex workers and that bisexuality is quite common and condom use low. For young women, unwanted pregnancy is a major risk factor that can damage their educational prospects while also presenting health risks. The adolescent fertility rate is high, particularly in rural areas. Young age at marriage, often related to unwanted pregnancy, can contribute to lower educational and employment prospects in the long run. Alcohol and drug abuse are compounding factors.

Young people also face a range of difficulties related to obtaining employment. On the one hand, a surprising proportion of youth remain illiterate, which severely damages their chances of finding work beyond the sub-

sistence sector. On the other hand, economic growth in Lao PDR, although quite rapid in recent years, has been based on investment in capital-intensive industries that create few jobs beyond the construction phase. Creating a “job-rich” form of economic growth that will retain young people in Laos is a major challenge for development planners.

The participation of youth is largely constrained within traditional limits, with little engagement with Civil Society Organizations beyond the Lao Youth Union. In the area of ASRH, an effective strategy is to establish recreational centres for youth that also provide reproductive health advice and services on site. Such centres are particularly appropriate when a high proportion of youth are not in school. It is important that such centres are predominantly run by the youth themselves and stress peer-to-peer communications. This type of institution may not address the needs of rural youth in remote areas and other arrangements are necessary to meet their needs. Expanding the operations of Civil Society Organizations may come up against the limitations of the socio-political system.

5. Advancing gender equality and equity across all social spheres

Because some dimensions of gender inequality are grounded in deep-seated socio-cultural norms, change may be measured in decades rather than years. Certainly progress has been made in reducing gender disparities in Lao PDR, particularly in school enrolment, but many institutional barriers prevent girls and young women from advancing to higher levels in the education system. This limits their capacity to participate in decision-making processes in both the private sphere of the family and in the wider world of village, districts and provinces. More effective institutions are needed to bring about rapid change.

6. Population data and analysis for development planning

The integration of population data and issues into development planning requires not only appropriate, timely and reliable data but also a skilled cadre of population specialists to interpret the data and explain any implications they might have for public policy. At this point in time, however, the supply of population data and the availability of skilled analysts are both quite limited in Laos. On the data side the registration or reporting of births and deaths is incomplete and no data are available on the movement of population in and out of the country, making it difficult to estimate the mid-year population. On the analytical side, the capacity to conduct more in-depth analysis of population data and to interpret their policy implications is quite limited. For example, the preparation of “census monographs” on population topics such as fertility, mortality, urbanization, internal migration, labour force, disability, gender, education, would require significant external support.

Furthermore, the capacity of the National University of Laos to teach and do demographic research is presently quite limited, thus few graduates with demographic training are available to take up posts in the Lao Statistics Bureau or in line ministries. The Ministry of Planning and Investment, the Ministry with the primary responsibility to integrate population into national development plans and sector strategies, also lacks expertise in population analysis and policy formulation. Development of national capacity in population analysis, research and teaching is an urgent priority in Laos if population data and issues are to be effectively incorporated into development planning. The primary challenge arises from the lengthy time-scale required to develop a cadre of skilled demographers and population scientists.

Programmatic recommendations

Policy, Planning and Policy Dialogue

- Encourage and support the Lao Statistics Bureau to conduct a mid-term review of the Statistical Development Strategy 2010-20. This might best be done in partnership with other agencies with UNFPA focusing on population dynamics, RH and related statistics.
- Provide technical support to the Ministry of Planning and Investment to review and revise the National Population and Development Policy of 2006. The Government should be encouraged to either make the population policy an active, relevant document or to incorporate population into sector plans as an alternative approach to integrated population development planning.
- Advocate for and support the Government to prepare a National Youth Policy to address the full range of youth issues in an integrated, cross-sectoral way, with a strong emphasis on ASRH and a special focus on adolescent girls. Retaining girls in school and meeting the ASRH needs of rural youth should be given high priority.
- Monitor the implementation of the Health Sector Reform Framework from the perspective of Reproductive Health and Rights to ensure that the transition to a decentralized health delivery system does not undermine recent achievements.
- Engage with the efforts of the Ministry of Health and the World Bank to introduce village-level data collection in support of a Health Management Information System and Civil Registration, with a specific focus on RH indicators.
- Seek opportunities for more policy dialogue on emerging issues, such as the demographic bonus, the impact of the ASEAN EC on international migration, internal and international migration and urbanization.
- Continue to review the implementation of the 8th 5-year Socioeconomic Development

Plan from a population perspective with the aim of incorporating more population data and perspectives into the 9th Plan.

- Support the Government to prepare an urbanization strategy which could be a stand-alone document or incorporated into the next Five-year plan.
- Review sector plans (with a special focus on health and education) to ensure that population factors are taken into account as these are revised and updated over the period of the next CP.
- Assist the Ministry of Health to further develop and implement the National Family Planning Action Plan and to rationalize it within the frame of the Health Sector Reform Strategy.

Statistics, Data and Research

- Provide technical support to the LSB to improve census data dissemination and analysis through the use of software such as REDATAM. Seek South-South collaboration to support the use of such systems.
- Support the use of population census and survey data to identify (and map) disadvantaged groups, combining census data and geo-coding.
- Provide technical support for the further analysis of 2015 census data, including the production of census monographs on key topics, such as internal migration and urbanization.
- Develop sub-national indicators of gender inequality, such as GII to help map geographical and ethnic patterns of gender disparities.
- Support research into the factors underlying the decline in maternal mortality during the MDG period (1990-2015) to inform and guide interventions from 2017 onwards.
- Provide technical assistance and training to facilitate the preparation of revised national and provincial population projections using the 2015 census base population.

- Support the building of population research capacity at the Lao National University.
- Provide support for the next LSIS (or DHS) but advocate for more open access to the data for national and international researchers to encourage more in-depth and comparative analysis of the data.
- Assist the LSB and other agencies to develop a data series on international migration to assist demographic estimation and the monitoring of the impact of the AEC.
- Support the further comparative analysis of VAW survey data with a view to identifying variations between groups and across the ASEAN region.
- Work with the LSB and other development partners to strengthen administrative statistics (such as the HMIS) in order to reduce dependence on household surveys in the long-term.

Human Resources development

- Continue to support Midwifery training, incorporating the lessons learned over the past five years and implementing the recommendations of the Evaluation of the Midwifery Component of the SBA Development Plan. Continuation is necessary to improve the quality of the training and the employability of the candidates.
- Provide training on the integration of population factors into development plans, both central and sector plans, in the Ministry of Planning and Investment and other ministries.
- Training in carrying out population projections and utilizing the results for Ministry of Planning but also including personnel from Ministries of Labour, Education, and Health. This training would take the form of a workshop and learning by doing.
- Support to further develop the teaching of population studies at both undergraduate and post-graduate level. Review current plans for a Masters Degree programme in population studies and demography. Assist

the Division of Social Sciences to prepare a proposal that could be used for raising funds, including the possibility of providing scholarships for Masters Degree candidates.

- Incorporate issues such as ASRH, youth and adolescents and gender into degree programmes at both undergraduate and graduate levels as well as in public service training.

Sexual and Reproductive Health Services and Education

- Continue to support Community-Based Distribution of contraception in those districts and provinces where projects presently exist to allow time to implement the findings of recent reviews.
- Support the overall implementation of the National Family Planning Action Plan in the context of the Health Sector Reforms, including the implementation of strategies to overcome the top 10 “bottlenecks” that constrain the provision of family planning or diminish the quality of services.
- Support the creation of additional Youth Centres in urban areas that include ancillary Adolescent SRH services, with a special focus on migrant youth and ethnic groups that are most at risk of unwanted pregnancy, STIs and HIV infection. Explore potential for the involvement of NGOs (national or international or both) in operating such centres at a distance from Government control. The involvement of youth themselves in the management of these centres would be essential.
- Explore other forms of outreach to address the needs of rural youth, possibly through some form of peer-educators. Models of such “youth-to-youth-in-health” programmes are available from other countries. The use of social media to reach youth is another modality that could be explored.
- Support the further extension of Comprehensive Sexuality Education in schools by providing expert advice on curricula and

teacher training.

- Enhance commodity security by providing further training in forecasting and logistics management, adapting to the new approaches to the management of medical supplies.

Institutional analysis

- The slow implementation of gender programmes needs to be investigated further to determine the factors responsible. It is possible that the relatively narrow concentration on the Lao Women’s Union as the implementing body is a limiting factor. The potential for including other implementation modalities should be explored, including a greater role for Civil Society Organizations.
- The barriers to greater participation of women in local government should also be investigated, in part as a means of placing more emphasis on the needs of women, particularly in rural and remote areas.
- Institutional support is also needed to continue assisting national authorities to generate and report on measures taken to address the requirements to comply with CEDAW and other Human Rights conventions.



1

INTRODUCTION

Objectives

This report has three primary objectives. First, it aims to provide UNFPA's analytical, evidence-based contribution to the United Nations Common Country Assessment (CCA), which is the information base from which the United Nations Development Assistance Framework (UNDAF) is formulated. The development of the Lao PDR PSA in advance of the CCA is to ensure that population dynamics, reproductive health and gender (UNFPA's three programme areas) are fully reflected in the CCA and the UNDAF that will follow.

Second, the PSA will serve the closely related purpose of providing an assessment of the population-development situation (including RH and Gender) of the country, in order to support the formulation of UNFPA's next Country Programme (CP6) covering the period 2017-2021. This purpose will be served by providing an overview of recent population trends and identifying the population issues facing the country as well as those likely to emerge in the future.

Third, the PSA will encourage and facilitate the incorporation of population dynamics (including Reproductive Health and Gender) into the 8th five-year National Socio-economic Development Plan which is currently in draft form. The coverage of population issues in the current draft of the Plan is minimal, but it is hoped

that the present report will make a strong case as to why population issues should be given higher priority.

Background

The UNFPA's global strategic plan (2014-17) aims to advance the "unfinished agenda" of the ICPD Programme of Action beyond the original end-point of 2014. The plan envisages a more intensive focus on sexual and reproductive health (SRH) and reproductive rights. The core goal of the strategic plan is to "Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda". The primary beneficiaries of UNFPA's programmes in the coming years are "women, adolescents and youth". In terms of the MDGs (and by implication the SDGs that will follow after 2015) the central focus of UNFPA's programmes is on MDG5 targets 5a and 5b, which pertain to the reduction of maternal mortality and universal access to reproductive health, respectively. Four of the six indicators used to assess resource allocation at the country level are drawn from the MDG framework.¹

The ICPD Programme of Action of 1994 and the Key Actions for the Further Implementation of the Programme of Action of the ICPD endorsed by the General Assembly in 1999 remain the guiding frameworks for UNFPA's

¹ These are: 5.1, the Maternal Mortality Ratio; 5.2, Proportion of births attended by skilled personnel (for the poorest quartile of the population); 5.4, the Adolescent Birth Rate; 6.1a, HIV prevalence among the population aged 15-24 years. The remaining two are: Proportion of the demand for modern contraception that is satisfied (a measure of the unmet need for family planning); and the Gender Inequality Index, a more general indicator that the Gender Parity Index employed in the MDG framework.

programmes, appropriately adjusted to national circumstances and priorities and the post 2015 Development Agenda.

UNFPA's current Country Programme in Lao PDR (2012-2016) aims to: (a) support the Ministry of Health to improve the coverage and quality of SRH information and services; (b) to support the implementation of the integrated maternal, neonatal and child health services (MNCH) strategy in selected geographical areas; (c) to increase the access of urban-resident young people to sexual and reproductive health services; (d) improve the capacity of the Ministry of Planning to develop, monitor and implement development plans and policies through the analysis of census and survey data; (e) strengthen the capacity of national institutions to conduct population research and analyse population data; (f) to develop the capacity of National Assembly members to provide advocacy and oversight on population, reproductive health and gender; (g) support relevant Lao institutions to follow-up on the recommendations of the Committee on the Elimination of Discrimination Against Women. These outputs are in turn incorporated into the United Nations Development Assistance Framework (UNDAF) for Lao PDR, particularly in UNDAF Output Four, with output indicators specified in detail. The UNDAF is currently under review.

Guiding principles

The principles of PSA preparation are outlined in the UNFPA's PSA Guidelines,² which stress the importance of involving national authorities/actors and development partners in the PSA formulation process. Ideally, the PSA should reflect a consensus viewpoint, rather than a solely UNFPA perspective. The PSA

should also be grounded in national development priorities as reflected in national development Plans, the national population policy, and relevant sector plans and strategies, while also contributing to these going forward. The PSA also reflects an evidence-based analysis using the most reliable and up to date national and international sources. Where evidence is lacking or unreliable this needs to be highlighted and remedial measures suggested through programmed interventions.

The PSA is conducted within a rights-based framework, with a strong focus on identifying and ultimately correcting inequality in various dimensions. As the PSA guidelines stress, however, a rights-based approach is one that goes beyond inequality as such to focus upon inequity. That some women face low risks of maternal mortality while others face very high risks, for example, is not just a situation of inequality but is iniquitous (unjust). For UNFPA, Reproductive Health and Rights (RHR) and gender inequality are the primary dimensions of inequality of interest, but other forms are also of interest. Overall, the principles governing UNFPA's priority strategic interventions are contained in the ICPD (1994) Programme of Action (POA), and the 1999 follow-up of the POA.³ The on-going relevance of the ICPD POA has been confirmed in various contexts during the development of the post-2015 Development Agenda.

Scope and methodology

There is no specific requirement regarding the scale of a PSA as this should be determined by the needs of the country and UNFPA, providing that the main dimensions of population and development are covered. In the present case, the PSA is a highly condensed version

² United Nations Population Fund (2010) Population Situation Analysis: A Conceptual and Methodological Guide. New York: UNFPA. UN sales number: E11.KKK.H3.

³ United Nations Population Fund (2004) Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5-13 September, 1994; and Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development. New York: UNFPA.

of the standard PSA as described in the PSA Guide. In part this is due to the very limited information base on population and development interactions in Lao PDR. In many areas, such as internal and international migration, there are few analytical studies that could be drawn upon to provide in-depth analysis.

The methodology of the present PSA consists mainly of the secondary analysis of existing studies, reviews and assessments rather than new primary research using original data sources such as censuses and surveys. Some of these sources are in any case now out of date, so further analysis would not be timely. For this reason it might be useful to update the analysis in this report in 2016-17 when more recent data will be available from the 2015 population census and the next LSIS. Although drawing upon secondary analysis, the present report has referred back to primary data sources where it is useful to fill in gaps.

The underlying indicator framework of the PSA is drawn in the first instance from the MDG targets supplemented by ICPD indicators where these have not been incorporated into the MDG targets. Given the up-coming establishment of the ASEAN Economic Community (AEC), the main comparative reference for the Lao PDR PSA is the developing member countries of ASEAN.



2

COUNTRY OVERVIEW

The Economic Context

Lao PDR is classified by the United Nations as a “Least Developed Country” (LDC), one of only three in the ASEAN region (the others being Cambodia and Myanmar). According to UNCTAD, an LDC is a country “characterized by constraints such as low per capita income, low level of human development, and structural handicaps to growth that limit resilience to vulnerabilities” and are therefore “in need of the highest degree of attention from the international community” (UNCTAD, 2011). The Lao PDR aims to graduate from LDC status by 2020, but given the present rate of progress and the need to monitor the key indicators of LDC status over successive periods, it may be well after 2020 before such graduation occurs. Thus, Laos will remain an LDC for the duration of the next UNFPA Country Programme (2016-2020).

Lao PDR’s GNI per capita is reported as \$1,600 as of 2014 according to the World Bank’s “Atlas method” (World Bank, 2015b).⁴ This places Laos above Cambodia’s GNI of \$1,010 (the lowest in ASEAN) and below Vietnam’s \$1,890.⁵ At \$5,410, the per capita GNI of neighbouring Thailand is more than three

times that of Lao PDR, a situation that has both positive and negative implications for socio-economic development in Laos. However, the rate of economic growth in recent years has raised per capita GNI above the class of “low income” countries to “lower middle-income” countries a clear sign of progress. Economic growth has averaged 7.4 percent annually over the decade 2001-11 and a rate of 7.8 percent was registered in the 2013-14 financial year, a drop from 8.0 percent in the previous year.

Overall, 75 percent of the total population of LDCs are in poverty (UNCTAD, 2011) but national poverty levels vary widely and depend on the method of measurement. In terms of the national poverty line used to measure progress toward Goal 1 of the MDGs, poverty in Laos PDR has declined in line with the specified targets from 46.0 percent in 1992-93 to 27.6 percent in 2007-08, with the current (2012-13) estimate being 22 percent.⁶ Poverty differentials in Laos are very wide with the MDG Report showing that rural areas without road access have the highest poverty rate (42.6%) and urban areas the lowest (17.4%). Thus poverty in Laos is very much a rural phenomenon,

⁴ The National Economic Research Institute reports the 2013-14 GNI per capita as \$US1,234 in current dollars. The WB’s figures are preferred for international comparison as they are based on a consistent methodology.

⁵ The gap between the GNI of Lao PDR and Vietnam is reduced by half if GNI is measured according to Purchasing Power Parity (PPP).

⁶ The ADB’s recently revised “Asian Poverty Line” (ADB, 2014) indicates that 38 percent of the Lao PDR population was in poverty in 2010; however, the rate of decline in poverty (29.6% since 2005) was similar to that observed for the national poverty line over a longer period.

but there are significant variations within rural areas as well with the terrain and topography being a significant determinant. The poverty rate in upland areas (43%) is more than twice that of lowland areas (20%). Some ethnic groups also have much higher poverty rates than the Lao-Tai ethnic group, related in large part to the territory they occupy. Poverty decline has occurred in most areas of the country, but urban areas and the districts located along the Thai border have seen more rapid improvement than elsewhere. There has been little change in overall economic inequality in recent years.

In terms of the distribution of GDP, the economy of Laos is dominated by services (42.0%), followed by agriculture (30.3%) and industry (27.7%). The distribution of the labour force, however, is very different with 71.2 percent in agriculture, 20.2 percent in services and 8.3 percent in industry (Jones, 2015). The implication of these distributions is that the productivity of labour in agriculture is very low compared with industry and services. Development strategy requires major efforts to improve labour productivity in agriculture (World Bank, 2014).

The advent of the ASEAN Economic Community (AEC), which is due to come into effect at the end of 2015, may have important implications for development in Laos, depending on how the economy adjusts to a more open trade environment. The AEC provisions on cross-border migration of professionals will possibly result in higher in-flows of some professional occupations, but will have little effect on the movement of unskilled workers, the movement of which remains under individual country control. It is unlikely that Lao PDR will be exporting professional services and personnel in the near future. In broad economic terms, Lao PDR will only benefit from the AEC if it is able to carry-out further reforms (World Bank 2015a).

The Socio-Cultural Context

The Lao PDR is a multi-ethnic country with 49 distinct groups officially recognized and up to hundreds of sub-groupings. National solidarity is somewhat weakened by the absence of a lingua franca. Although Lao-Tai is the language of the majority, many ethnic groups do not speak it, constraining communications with other groups and the government. This is evident in the difficulties that service providers such as teachers, doctors and midwives face when working among some ethnic groups. Low levels of literacy are another constraint on communications. That 70 percent of the population resides in rural areas implies that the majority of the population lives in villages and work within a village and family mode of production dominated by traditional social relations. Social organization in Laos is characterized by both matrilocality and matrilineality, along with some bilineal and patrilineal systems. There is evidence to indicate that women in matrilineal groups, mainly those in the lowlands, are better off than those in patrilineal groups because the inheritance of land and other real property passes through women (Schenk-Sandbergen, 2012) providing the real possibility of capital gain and rental income accruing to women rather than men as urban and peri-urban property increases in value with development. Unlike in other developing countries, matrilineality appears to be expanding rather than contracting in Laos. Paradoxically, however, the fact that younger daughters inherit land and houses, and thereby become responsible for their maintenance, may expose them to risky activities to earn the necessary income. But women who give birth in their own home benefit from having their own kin in the home to assist them during childbirth and in the post-natal period (Schenk-Sandbergen, 2012).

Gender

Composite indexes of gender inequality indicate that Laos ranks below average on a global scale and by comparison with other countries in the ASEAN region. In 2014, Laos was ranked 118 out of 151 countries on the Gender Development Index (GDI), which places it in the second quintile of countries, or the bottom 40 percent (UNDP, 2015). Laos PDR also ranks lowest among ASEAN member countries on the Gender Inequality Index (GII), but is above Myanmar on the OECD's more complex Social Institutions and Gender Index (SIGI).⁷ Laos PDR's relatively low ranking on these composite indexes is largely due to its high Maternal Mortality Ratio, its high Teenage Fertility Rate and its young age at marriage by comparison with other ASEAN countries.

Gender inequality exists in Lao PDR across a range of conditions including literacy, education, formal employment, access to health care (especially reproductive health services), and social and political participation. But the extent of inequality and powerlessness varies among ethnic groups as well as by urban and rural residence. In general, the key indicators have been moving in the right direction, although Maternal Mortality remains unacceptably high, despite progress toward the MDG target.

The Constitution of Laos and the framework of laws regulating matters of relevance to gender inequality and female empowerment are generally supportive of equal rights and social conditions for males and females. The Government of Laos has expressed a strong commitment to achieving gender equality and has established institutional arrangements to achieve this, including the National Commission for the Advancement of Women and the Lao Women's Union. The latter is mandated to represent women of all ethnic groups and advance women's interests while the former

is the main focal point for gender mainstreaming in development programmes and policies (ADB and WB, 2012). The main impediments to progress are the slow rate of implementation and the fact that among some groups traditional practices are culturally entrenched and difficult to change. The Committee of the Elimination of Discrimination against Women has highlighted the slow pace of implementation of CEDAW commitments.

The Political and Institutional Context

Lao PDR is a single-party state under the direction of the Lao People's Revolutionary Party (Soukamneuth, 2006; United States CIA, 2015). State actions, including development policy and strategies are determined by resolutions of the Party Congress, which meets every five years. Appointments to senior government positions from president on down to district governors are made by the Politburo. Candidates for election to the National Assembly (NA) are also approved by the Party. In the current NA, 128 of 132 seats are held by members of the Lao People's Revolutionary Party with the remainder Independents (United States CIA, 2015). Elections to the NA are scheduled for 2016, which could result in changes in membership.

Until the mid-1980s Laos had a centrally-planned economy modelled on Vietnam's. Reforms introduced in the late 1980s resulted in the abandonment of collectivized agriculture, a loosening of government control over state-owned corporations, privatization of some productive assets and the introduction of some free market principles in the context of Party dominance of the political process. The political economy of Laos remains "in transition" but is unlikely to evolve into a liberal-democratic state along Western lines in the near future. The distribution of power and decision-making authority between the central state and the provinces has changed significantly through

⁷ The SIGI uses 12 indicators compared to 5 in the GII.

time. Recent trends have been for greater central control over the provinces (Soukamneuth, 2006), but signs of decentralization are also evident, such as the Health Sector Reforms.⁸ “Civil Society” remains under-developed in Lao PDR and recent decrees suggest that the space for greater civil society participation is shrinking rather than expanding.

Progress in Meeting International Agreements and Goals

Lao PDR was one of 175 signatories to the ICPD Programme of Action (POA) agreed to in 1994 and in response formulated a National Population and Development Policy (NPDP) in 1999 and a Plan of Action in 2001 to give effect to the POA. The NPDP was subsequently revised and updated in 2006, with the original targets for 2020 but intermediate targets for the interim years of 2010 and 2015. The NPDP of 2006 is multi-sectoral in nature as recommended by the ICPD POA, but includes targets (such as TFR) that are inconsistent with it. The reduction of the unmet need for family planning, a primary ICPD goal, is not mentioned. It would appear that the NPDP has not been reviewed since its inception in 2006. The Department of Planning was given the responsibility for monitoring the implementation of the NPDP and submitting annual reports to the Committee for Planning and Investment (CPI). It is not known whether any such reports have been prepared.

Lao PDR acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981, only the second ASEAN country to do so, and submitted several periodic status reports the sixth and seventh in 2009. The Committee on the Elimination of Discrimination against Women in its observations on Lao PDR’s periodic reports has noted a number of shortcomings in the implementation of CEDAW, ranging from the

lack of data on key issues such as the status of ethnic group women, the lack of mechanisms to receive complaints from women, the absence of a national human rights commission, the limited participation of Civil Society in the implementation of the convention, various shortcomings in the laws, the limited involvement of women in local government, and the lack of progress in the elimination of traditional and customary practices that strongly discriminate against women and girls.

In 2009 Lao PDR ratified several international conventions, including The International Covenant on Civil and Political Rights (ICCPR) the Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention against Corruption (UNAC). The International Covenant on Social and Cultural Rights was ratified in 2007. The Convention on the Rights of the Child (CRC) was ratified by Lao PDR in 1991 and two optional protocols were ratified in 2006. As of 2010, Lao PDR has become a party to six of the nine core human rights conventions. Notwithstanding these formal commitments, the issue of human rights remains a sensitive one. Lao PDR is a member of the WTO and has been active in establishing the ASEAN Economic Community (AEC). As an LDC, Laos benefits from certain provisions in WTO in trade.

Lao PDR has effectively used the framework of the Millennium Development Goals (MDGs) to inform its development priorities and strategies. Progress to date has been uneven with some goals on track to being achieved and others lagging behind. The reduction of poverty is on track at the national level but situation of the poorest groups is not improving and poverty among them has increased. Poor nutrition among children under 5 years remains a major problem constraining improvements in infant and child mortality. The Under-Five Mortality Rate is on track to achieve the MDG

⁸ See: Ministry of Health (2013).

target for 2015 but the Infant Mortality Rate target will probably not be achieved. Universal Primary education is far from being achieved due to the problem of drop-outs before graduation to secondary level. This has contributed to stagnation in literacy rates. Gender inequality is evident in lower literacy among girls. As of the most recent MDG Report in 2013, the Maternal Mortality Ratio was not on track to reach the 2015 target, but more recent data suggests that the rate of decline is consistent with the MDG target. However, Lao PDR has the highest risk of maternal death of any ASEAN country and somewhere between 400 and 500 women die each year from factors related to pregnancy and childbirth.

Lao PDR's achievement on quantitative ICPD goals has been mixed. The life expectancy goal of 70 years by 2015 is unlikely to be achieved. According to the ICPD POA, all countries should achieve an Infant Mortality Rate below 35 per 1,000 and an Under-Five Mortality Rate below 45 per 1,000 by 2015. These are more difficult targets to achieve than the equivalent MDG targets. The most recent estimates indicate that in Lao PDR the IMR and U5MR were 68 and 79 per 1,000, respectively, in 2011. Thus Lao PDR has some distance to go to achieve the ICPD targets by 2015. The ICPD target for unmet need for family planning was a 75 percent reduction by 2010, although the base year is not specified. Some progress is evident in so far as the unmet need for family planning in Laos has declined by 50 percent between 2005 and 2011 (from 40 to 20 percent). The primary ICPD indicator relating to the reduction of maternal mortality is the proportion of births attended by skilled attendants, which according to the ICPD POA should reach 60 percent by 2015. As of 2009, only 42 percent of births were attended by a skilled birth attendant in Laos, well short of the target but a large improvement over the figure for year 2000, which was only 14 percent.



3



POPULATION DYNAMICS AND SEXUAL AND REPRODUCTIVE HEALTH IN THE CONTEXT OF ECONOMIC AND SOCIAL PROCESSES

Population trends and the demographic transition

Laos PDR's demographic transition has been characterized by: (1) a steady decline in the crude death rate from the 1950s up until today with the mortality transition still on-going; (2) the crude birth rate remained high (between 40 and 45 per 1,000) for over four decades from 1950; (3) the rate of natural increase climbed to 2.9 percent per year in the mid-1990s driven by rising fertility and falling mortality but has since declined to about 2 percent per year (2010-14). Possibly the most distinctive feature of Lao's demographic transition is that the Total Fertility Rate was climbing right up to the mid-1990s when it was dropping fast in all ASEAN countries, including Cambodia. When Vietnam's TFR reached 3.4, Laos PDR's TFR remained at 6. Thus, the fertility transition in Laos was much delayed. Government policy seems to have been implicitly pro-natalist during this period.

The current population is estimated as 6.8 million, although annual population estimates

are imprecise due to the absence of complete birth and death registration and the lack of statistics on international migration. The population is relatively young with about 58 percent under the age of 25 and an estimated median age of 22 years in 2015.

Both the mortality and fertility transition in Laos are incomplete. Life expectancy at birth is estimated at 65.8 years for both sexes. This is well short of the ICPD POA target of 70 years by 2005 and 75 years by 2015 for countries with moderately high mortality. At the rate of improvement predicted in the official population projections, life expectancy in Lao PDR would not reach 70 years until 2036.⁹ Possibly accounting for this pessimistic outlook is the currently high infant and under-five mortality rates, which stood at 68 and 79 per 1,000, respectively in 2011. While both of these rates have been declining over the MDG period, more rapid progress would require that the living conditions and access to services among the poorest groups be significantly improved because these groups have significantly higher infant and child mortality rates than the

⁹ The official population projections assume life expectancy of 62.3 years in 2010 and predict a very slow improvement such that 65 years would be reached in 2022 and 75 years in 2049. These are rather pessimistic assumptions.

national average.

The fertility transition in Laos remains incomplete in the sense that the current TFR of 3.2 is 50 percent above the “replacement” level (Jones, 2015). United Nations estimates indicate that Laos had the highest TFR of the ASEAN countries in the 2005-10 period just above the Philippines. A distinctive feature of fertility in Lao PDR is the wide variation in across different groups. The widest range is between those in the lowest wealth quintile (TFR: 5.3) compared to those in the top wealth quintile (TFR: 1.9). Education has a similar effect with the most educated having a TFR of 2.0 while those with no education have a TFR of 5.3. Urban fertility is close to “replacement”, while the TFR rises to as high as 5.5 among the Hmong-Mien ethnic group.

While an agricultural economy and a family mode of production tend to motivate high fertility as compared with an urban service or industrial economy, it nevertheless remains that a significant proportion of women of reproductive age in Laos wish to limit their family size or space their births but are not using contraception to do so. At the national level the “unmet need” for contraception was 19.9 percent in 2011, increasing to 28 percent in rural and remote areas lacking road access and to 26 percent for women with no education. Among ethnic groups, unmet need ranges from a high of 31 percent among Hmong-Mien women to a low of 18 percent in Lao-Tai households. The “wanted” total fertility rate was not estimated in the Laos Social Indicators Survey, but other data indicate that there is an apparent preference for 2 or 3 children. Of women with 2 children, 57 percent wanted no more and 80 percent of women with 3 wanted no more.

Future population and implications for development

Population projections conducted by the Lao Statistics Bureau (LSB) indicate that the popu-

lation of Lao PDR will increase to between 10.3 and 10.7 million by 2050, depending upon how rapidly fertility declines. The LSB projections presuppose a slow-down in the rate of decline in the total fertility rate and quite pessimistic assumptions about mortality improvement have also been made. No assumptions at all have been made about international migration, although it is well known that significant movement across Laos PD’s borders, particular to Thailand, occurs. There is considerable uncertainty about all of these trends, which makes it all the more important to monitor them closely. In the case of migration, the potential effects of the AEC Framework Agreement on Services provide an additional reason to monitor population movement in order to assess the impact of the AEC on Laos. Given that a population census is presently underway it will soon be possible to update the projections using a more certain base population, but information on fertility and mortality would still need to come from the 2011-12 LSIS and the unavailability of migration data will remain a problem.

Despite uncertainty about the future population size, the future age structure can be discerned relatively clearly. The school-age population is unlikely to increase significantly, while the working-age population will increase rapidly in the absence of international migration. The elderly population, those aged 65 years and over, will increase slowly for the next decade after which it will grow more rapidly. In the medium-term these trends will provide a “demographic dividend” to the economy by virtue of a falling dependency ratio. Providing that the number of new jobs keeps pace with the growth of the working age population, the decline in the number of dependents relative to the labour force will free-up funds (at both household and state level) to invest in the education and training of new labour-force entrants. This will in turn raise the quality of the labour force, thus creating a “virtuous circle” leading to higher per capita income.

Population distribution, internal migration and urbanization

Information on internal migration in Laos is limited, although rural-urban movement would appear to predominate. Vientiane Capital is the primary destination for rural-urban migrants, especially from the north of the country and Vientiane province, contributing to an estimated urban growth rate of 5.3 percent over the 2005-10 period (United Nations Population Division, 2014). Given that Vientiane Capital has a relatively low rate of natural increase, it is likely that more than two-thirds of population growth in the Capital in recent years has been caused by net in-migration. This has contributed to the urban population reaching about 27 percent of the total in 2005, a proportion that is expected to have increased to 38.6 percent in 2015. Vientiane is now and is expected to continue to be Laos PDR's "primate" city, with the population reaching one million by 2016 and approaching 2 million by 2030. Such rapid growth is likely to strain urban infrastructure unless greater investments are made in transportation and other urban infrastructure (Jones, 2015).

Sexual and Reproductive Health

The core dimensions of sexual and reproductive health (SRH) are represented by the six indicators used to measure achievement toward the MDG 5 targets of a 75 percent reduction in the Maternal Mortality Ratio between 1990 and 2015 (Target 5a), and universal access to reproductive health by 2015 (Target 5b).¹⁰ These indicators are:

- 5.1: Maternal Mortality Ratio (MMR)
- 5.2: Proportion of births attended by trained health personnel
- 5.3: Contraceptive Prevalence Rate, any method

- 5.4: The adolescent birth rate
- 5.5: Antenatal care coverage (one visit and four visits)
- 5.6: Unmet need for family planning

Maternal mortality. MDG 5 "Improve Maternal Health" targets a 75 percent reduction in the Maternal Mortality Ratio between 1990 and 2015, a target derived from the ICPD Programme of Action. Lao PDR, along with Cambodia is one of only two ASEAN countries classified as being "on track" to reach this target based on revised estimates of the MMR for 2013 (WHO et al, 2014). Myanmar, Vietnam and Indonesia are classified by WHO as "making progress", a lower level of performance. The Philippines is making "no progress"; although its MMR is much lower than Lao PDR it has remained almost unchanged since 1990. The other ASEAN countries of Singapore, Malaysia and Thailand have already achieved a low MMR although Thailand and Malaysia are still well above the level of developed countries. Although Lao PDR is deemed to be "on track" to meet the MMR target (WHO, et al., 2014) it currently has **the highest MMR of any ASEAN country.**

It is important to note that the ICPD POA not only expresses MMR targets in terms of rates of change but also in absolute terms. Thus, countries with the highest levels of mortality in 1990 (which includes Laos) should aim to achieve an MMR below 75 per 100,000 live births by 2015. Thailand, Malaysia and Vietnam have already surpassed this target but Myanmar and Lao PDR are well short of it, with an estimated MMR of 200 and 220 per 100,000 live births, respectively, in 2013.¹¹ The ICPD POA also stresses that the ultimate goal is to **"reduce maternal mortality and morbidity to levels where they no longer constitute a public health problem"**. This end goal cannot be stressed too strongly.

¹⁰ Sexual and Reproductive Health is a much broader concept than is reflected in these indicators. A full treatment would require indicators on sexually transmitted infections (STIs), including HIV and AIDS, Reproductive Tract infections as well as cervical and other cancers.

Disparities in maternal mortality. The ICPD POA also highlights the need to narrow the disparities in maternal mortality within countries by geographical region, socio-economic and ethnic groups. This is an important goal in the case of Lao PDR. Although MMRs are not available at the sub-national level, it can be inferred from the wide differentials in the factors related to maternal mortality that MMRs would be higher among some groups than others. An exploration of the other SRH indicators will provide an indication of which groups these are.

Proportion of births attended by trained health personnel. The national average is 42 percent, but wide variations are evident. This is clearly a poverty-related variable given that 91 percent of deliveries to women in the richest quartile were attended by trained health personnel compared to only 11 percent of the births to women in the poorest quartile. Urbanization has a similar effect with 80 percent of deliveries in urban areas attended by a trained health practitioner compared with only 31 percent of deliveries in rural areas. The most disadvantaged are mothers living in rural areas without road access, only 12.5 percent of whose births were assisted by a trained health provider. These variations are obviously related to lack of adequate health personnel in the rural hinterland of the country. This in turn is a function of the distribution of facilities, as there is a strong correlation between giving birth in a facility and attendance by a trained health provider. The proportion of mothers giving birth in a health facility has been rising rapidly since 2005, but the national average of 38 percent is still low by international standards and this rate falls to 12 percent in rural areas lacking road access and 11 percent among the poorest wealth quintile. Note that the ICPD goal was that 50 percent of births would be attended by skilled birth attendants by 2010 and 60 per-

cent by 2015; but Laos is well short of achieving either of these.

Contraceptive Prevalence Rate, any method. The MDG indicator is the proportion of women using any method of contraception, both modern and traditional. In Laos, the use of contraception does not appear to be significantly constrained by lack of knowledge as 94 percent of women and 95 percent of men are aware of at least one method and on average survey respondents know six methods. The Contraceptive Prevalence rate for all methods reached 49.8 percent in 2011, a 32 percent increase over 2005. In ASEAN this is similar to Cambodia but above Malaysia and Myanmar. The National Family Planning Action Plan (Nguyen, 2013) is targeting a CPR of 55 percent by 2015, but on the basis of trends since 2005 the national CPR for all methods should reach 60 percent by 2014. A number of provinces were already at that level in 2011 and these are mainly in the north of the country. Conversely, provinces with particularly low CPRs are mainly in the South, with the southern region having a CPR of 41.6—27 percent lower than the North's rate of 57.0 percent. The range at provincial level is from a high of 69.8 percent in Xayabury to a low of 31.8 percent in Sekong (Lao Statistics Bureau and Ministry of Health, 2012). For modern methods the range is even wider, although the same provinces are at either end of the range (Xayabury, 24.9% and Sekong 65.8%). There is also a very wide range with respect to the use of "traditional" methods, with nearly 30 percent of respondents claiming to be using such methods in Xiengkhuang compared with only 2.7 percent in Luangnamtha province. Paradoxically, the use of traditional methods was higher among educated, richer and urban women than it was among poor, rural and uneducated women. The aversion that more educated women have for hormonal methods has been observed else-

¹¹ It is important to note that the margin of error in these estimates is wide. In the Laos case the lower bound of the estimate is 130, whereas the upper bound is 370 (WHO et al., 2014).

where in Asia (e.g., Mongolia). This could be related to their easier access to abortion in the case of contraceptive failure, or their greater confidence in their ability to control their own body, in turn related to their greater empowerment within the family and community.

The adolescent birth rate. Neither the ICPD POA nor the MDG framework sets a numerical target for the adolescent birth rate. The objective of the POA is simply “To substantially reduce all adolescent pregnancies”. The focus is on pregnancies and not simply births because of the likelihood that unwanted adolescent pregnancies will result in abortion, often carried out in unsafe conditions. In most developing countries, however, it is difficult to calculate the abortion rate, so the pregnancy rate is unknown. The birth rate must therefore be seen as an understated approximation of the adolescent pregnancy rate. In the case of Laos, the adolescent birth rate (measured by births per 1,000 women aged 15-19) has not “substantially” declined since the mid-1990s although it has dropped by about 18 percent from 115 per 1,000 in 1992 to 94 in 2011. This is a relatively slow rate of decline which can possibly be explained by the persistently high adolescent birth rates observed in some parts of the country and among some socio-economic groups. The adolescent birth rate reaches a high of 149 per 1,000 in Bokeo province, which is four times the rate in Vientiane Capital (37 per 1,000). Overall the rural rate is double the urban rate, which shows that urbanization has a strong negative effect on adolescent fertility for a variety of reasons, including higher levels of education, less child marriage, the greater use of contraception and the easier availability of abortion. The further reduction of the adolescent birth rate, particularly in rural areas is an urgent priority.

Antenatal care coverage (one visit and four visits). The lack of antenatal care and medically unsupervised births are among the leading risk factors in maternal mortality and morbidity.

Limitations in the LSIS data prevent an analysis of the proportion of mothers receiving antenatal care for the recommended four times during pregnancy, but it is possible to determine the proportion who received any antenatal care at all, or none. At the national level, 44 percent of women who gave birth during the two years prior to the 2011-12 LSIS did not receive any antenatal care at all, while 54 percent received antenatal care from a health professional. The proportion of mothers receiving no antenatal care reached 80 percent in rural areas lacking roads, but fell to only 8 percent in urban areas. Among the poorest quintile, 75 percent of mothers received no antenatal care. Poor access to antenatal care is determined by a range of factors, including poor education and understanding of reproductive issues, cultural perceptions of service providers and language barriers.

Unmet need for family planning. Reducing the unmet need for family planning is a key ICPD POA goal as well as an MDG Goal target indicator (5a). Unmet need is determined by two factors that operate somewhat independently: (a) the proportion of women of reproductive age who wish to limit or space their births; (b) the proportion of those women who are not practicing a family planning method. Unmet need may be low for different reasons. If all women who wanted to limit or space their children were using family planning, then unmet need would be zero. On the other hand, if no woman wished to limit or space her births (perhaps to achieve a large family size), then unmet need would also be zero. Therefore, rising unmet need can imply that more women are motivated to limit or space their children (an indication of rising “demand” for family planning). Falling unmet need may imply that fewer women wish to limit or space their births or, conversely, that a higher proportion of women are practicing family planning. In either case, the key dimension is the intentions or motivations of individual women. It is for these reasons that there may not be

a close relationship between unmet need for family planning and the level of fertility. In Lao PDR, the unmet need for family planning has declined from 40 percent in 2000 to 20 percent in 2011, a fifty percent drop in about one decade. This has coincided with a drop in the TFR of nearly 30 percent over a similar period. The factors responsible for the decline in unmet need for family planning have not been studied in detail.

Variations in unmet need. Perhaps because unmet need is determined by different underlying factors it doesn't vary among different groups quite as much as other SRH indicators do. At the provincial level the range is from 10.4 percent in Xiengkhuang to 25.4 percent in Champasak. Provinces with high unmet need are mostly located in the South of the country, which accounts for why unmet need is highest in the southern region (24.1%). Most Northern provinces have below average unmet need, quite possibly because the desire to limit family size is less strong in that region. However, unmet need is particularly high in rural areas lacking road access (27.6%) and among the Hmong-Mien ethnic group (30.5%), which records the highest rate for any sub-national group.

Health Systems and Service Delivery.

Health care spending in Lao PDR as a fraction of GDP (2.0%) is the second lowest in the ASEAN region after Myanmar (1.8%). Thailand spends two and a half times as much and out-of-pocket expenditure is only 11.3 percent compared with Lao's 40.0 percent. It is therefore not surprising that Laos has a severe deficit in the human resources available to provide health services as well as the facilities required to provide services. The ratio of physicians to population is 0.2 per 1,000 (2 doctors for every 10,000 people) and the ratio of nurses and midwives to population is 0.9 per 1,000

(9 nurses and midwives per 10,000 people). The latter statistic probably overstates the ratio of midwives to population as midwives and general nurses are included together. Health Ministry personnel figures give the ratio of midwives to population as between 0.01 and 0.02 per 1,000, depending upon the level of qualifications, but these could be understatements.¹² The State of the World's Midwifery Report (2014) estimates that only 19 percent of the human resources (personnel) required to provide the services needed to assist all mothers through pre-pregnancy, antenatal care, birth attendance, post-partum and post-natal care is available in Laos. The services and human resources that are available in Laos are not equitably distributed, whether by location or among income groups. Wide disparities exist between rural and urban areas and between ethnic groups.

Adolescents and youth as a priority group

Although the concept of "youth" as understood in Lao PDR traditionally refers to the age group 15-34, the following discussion focusses on the age group 10-24, and thus combines adolescents and younger youth together in one group. This definition is thus biased toward a younger age range compared to the standard international definition of youth as comprising the age range 15-24. The age range 10-24 is employed primarily because the recent comprehensive report on the adolescent and youth situation in Lao PDR (LYU and UNFPA, 2014) employed this age range. Internationally, this age range typically defines "young people". Given that the female average age at marriage in Laos is 19.2 years and the median age at first birth is 21.1 years the age range 10-24 includes those who are barely entering puberty and those who are already parents. Thus the range of needs and circumstances within this group is quite wide. Some of the discussion that follows refers specifically to the 15-19 and 20-24

¹² Over the period 2010-2015, 1,784 midwives have been trained under the SBA Development Plan. If these were the only midwives in the country the midwife to population ratio would be 0.26 per 1,000.

age groups because data are more commonly available for these groups than for those under 15.

The current (2015) population of young people in Lao PDR is 2.4 million, or 35 percent of the total. Since 2005 this age group has grown at an average rate of 2 percent per year. The rate of growth in this age group will tend to slow down in the future but actual numbers will remain in the range of 2.3-2.5 million up to 2050; thus, young people will comprise a significant proportion of the population for the foreseeable future.

The LYU and UNFPA study assessed the current status of young people in terms of the following dimensions: health; education; employment; vulnerability, and participation. It also reviewed in institutional context within which the development of young people is situated, including government policy and programmes to support young people's development operated by both national and international agencies.

Institutional context

Legislative framework. While there are a number of laws that have an express intention of protecting and guiding young people and youth, the vast majority of laws have no specific reference to youth as compared to the general population. Those laws that apply explicitly to youth are neither well known nor effectively enforced.¹³

Policies and programmes. There is presently no national youth policy or strategy that would provide an umbrella framework to address issues related to youth and young people. The number of programmes that focus on young people are limited. National programmes are primarily run by Government Ministries. The majority of programmes are run or supported

by international NGOs or international agencies. Most programmes for youth are small-scale and their impact or effectiveness has not been assessed. The draft 8th Five-year Socio Economic Development Plan has a very brief section on adolescents and youth, mainly focused on the activities of the Lao Youth Union. The importance of investing in youth to reap the benefits of the demographic "dividend" is not mentioned, yet this should be a crucial focus of the next decade, since the "window of opportunity" will not remain open forever. As indicated in the following sections, there is a wide range of issues that will affect the welfare and security of youth in the coming years.

Participation of young people. Although there is a lack of firm data, available evidence suggests that young people generally do not participate in decision-making on matters that affect them, in part because the concept of such participation is foreign to them (LYU/UNFPA, 2014). At the rural village level, youth effectively have no "seat at the table", and the legitimacy of such participation by the village leadership is not acknowledged. Both elders and the youth themselves understand participation to imply involvement in unpaid collective work, such as preparation for cultural events or routine village maintenance. Political participation on the part of youth at the national level is minimal and it appears that it is not encouraged.

HEALTH AND YOUNG PEOPLE.

Health risks facing youth. The LYU/UNFPA report on young people focuses primarily on the risks to health that young people face rather than the patterns of morbidity and mortality that presently prevail in Lao PDR. In most countries, mortality rates among persons aged 10-24 are low and morbidity is a more important issue; but road traffic accidents are a significant cause of death among young people in Laos, so mortality is important. The main focus in

¹³ The LYU/UNFPA report lists 17 laws that are relevant to or explicitly mention youth (ranging from family law and tobacco control and narcotics laws to HIV/AIDS prevention law) but are neither publicized nor effectively enforced (LYU/UNFPA, 2014, p.12).

this section is on the risks to health and well-being that young people face through ignorance, peer pressure, drug and alcohol abuse and poor mental health. While a variety of laws exist to protect young people from such risks, and specify their rights to various government services, the enforcement of these laws is ineffective and programmes to make such laws better known and complied with are few and far between.

Alcohol and drug abuse. There is no legal minimum age for the consumption of alcohol in Lao PDR, although legislation to limit the access of youth to alcohol is in preparation. The average age at which consumption of alcohol commences is a little over 13 years and is the same for boys and girls. Traditional norms encourage young people to drink, especially on festive occasions. Abuse of alcohol is acknowledged as a problem (leading to domestic violence, road accidents and fighting between boys), but programmes aimed at encouraging responsible drinking are lacking. Perhaps even more serious than alcohol abuse is the use of a local methamphetamine, known as yabba. While firm data on the use of yabba is unknown, it appears to be widespread. Amphetamines used as a recreational drug rather than for medical purposes are highly dangerous to the health of youth and adults alike, but particularly to youth due to their association with crime, violence, unsafe sex and the high likelihood of addiction. Present government programmes aimed at controlling the use of yabba do not have a specific focus on youth, although youth are most at risk.

Sexual activity and risk behavior. While premarital sex is culturally proscribed among most ethnic groups in Laos, it is apparent that young people are engaging in it at an increasingly early age. Studies show that the mean age of first sex among boys is 16.8 years and 19 percent of young unmarried women reported having had sex. A survey of sex workers, half of whom were under 20, found high rates of

reproductive tract infections and other STIs. Although the HIV adult prevalence rate in Lao PDR is reportedly 0.2 percent, a study conducted in Vientiane found that HIV prevalence was 5.6 percent among a group of MSM. The potential for HIV to spread beyond such high risk groups is apparent in the high proportion of young men reporting anal or oral sex with men and the extent of bisexuality. While most young people have heard about HIV and AIDS, less than one quarter of 15-19 year olds had “comprehensive” knowledge of the virus. New cases of HIV infection among 15-24 year olds have been increasing. Low condom use and multiple sex partners, particularly among bisexual men are added risk factors.

Early marriage and childbearing. The median age at marriage for women in Laos is stable at 19.2 years, but 17.5 years in the Hmong-Mien ethnic group. These are young ages by the standards of other ASEAN countries—other than Cambodia. Early marriage leads to early childbearing although the latter can also lead to the former. Early childbearing (defined as having given birth before age 18) is most common among women with no education and women in the poorest wealth quintile. The teenage fertility rate of 94 per 1,000 is the highest in the ASEAN region, and it rises to as high as 190 per 1,000 among those with no education. Access to contraception among unmarried people in Laos is limited and unwanted pregnancies result in recourse to either legal or illegal abortions, the latter frequently involving medical methods with their attendant risks.

Barriers to health care and preventive health. Aside from those conditions that limited access to both preventive and curative health services, such as distance from services, inadequate income, and so forth, young people face specific barriers that apply particularly to them, given their special needs arising from immaturity and the strains of adolescence. Health services are generally not “youth friendly” and adolescent reproductive health clinics are few and

far between. Young people in most areas find it difficult to access RH services without fear of stigma and embarrassment, and privacy and confidentiality are not guaranteed. Private medical clinics that might resolve these issues are rare and in any case not available to the poor and those living in remote areas. Service providers in the public health system do not receive training in how to address the specific needs of young people.

Education. A striking fact about young people in Laos is that among the 15-24 age group, all of whom could be expected to have completed at least a primary education, 31 percent of females and 23 percent of males are illiterate. Among girls, 54 percent of those who have completed primary school are nevertheless illiterate. Of girls aged 15-24 from the poorest wealth quintile, 71 percent were recorded as illiterate in the 2011-12 Lao Social Indicators Survey. The main cause of low literacy is that while the overall net primary enrolment rate is 95 percent, only 70 percent of those who commenced grade 1 reach the final grade of primary school, indicating a drop-out rate of 30 percent. Universal primary education is still far from being achieved, primarily due to the high drop-out rate. Factors contributing to the high rate of drop-outs include the costs of education, the distance to schools, the need for family labour and unwanted pregnancy in the case of girls. For older boys, involvement in drugs, including dealing, contribute to dropping-out in the higher grades.

Secondary and vocational. The gross secondary enrolment rate in Laos is only 46 percent and 35 percent at the senior secondary level. These are very low enrolment rates by general Asian standards, contributing in turn to a very low proportion of the population having completed secondary school. Only 11 percent of women aged 15-49 interviewed in the Social Indicators Survey in 2011-12 had completed senior secondary and 6 percent of the general adult population. Such low completion rates

impact upon the numbers eligible for vocational, technical or higher education, regardless of other constraints. Recent trends in secondary attendance (both gross and net) have been positive with the net enrolment rate doubling from 20 to 40 percent between 1990 and 2010, thus increasing the numbers eligible to continue to higher or vocational training. But parents as well as young people themselves are averse to technical and vocational training, despite its importance in a developing economy. Advancing the economy up the value-added chain into the sphere of light manufacturing is unlikely in the absence of technical training. The preference that parents express for university degrees would seem to be misplaced given the requirements of the labour market. Other obstacles to secondary and higher schooling include the financial costs that bear upon families (related to the lack of scholarships, costs of transportation and the poor quality of public education) and the remoteness of many communities, which makes daily commuting to school impossible.

Employment among youth

Labour force participation. By the standards of the ASEAN countries, the proportion of 15-19 year olds in Lao PDR who are economically active is high (48.9%), with females having a higher labour force participation rate than males. About 15 percent of children in the overlapping age range of 5-17 are also economically active, the majority of which are “unpaid family workers”, meaning that they are working for family gain and not directly paid a wage. To some extent the high labour force participation rate of young people is a function of the large proportion of the population of Laos living within a rural village economy where both young and old are expected to work according to their capacity. But the low enrolment rates in both primary and secondary schooling, arising from the poor access to schooling in rural and remote areas, are a contributing factor. For older youth migration for work, both nationally and internationally, is increasingly an op-

tion. Both the push of low wages and limited work opportunities and home and the pull of significantly higher wages in Thailand and other countries encourage either circular or long-term migration for work, which often exposes young people to a variety of health risks and other dangers. These factors are likely to continue and possibly intensify in the coming years. In the rural village economy, the concept of “unemployment” is not generally applicable but it is in urban areas where the labour market is more formalized. Although the general urban unemployment rate is reported as 3.2 percent, for 15-19 year olds it is 7.5 percent for males and 6.0 percent for females. These rates are not particularly high by international standards but they are indicative of the difficulties young people face in finding employment. Lack of education and other employment skills and not only poor jobs growth contribute to these difficulties. Existing legislation and job-creation programmes do not specifically focus on young people, despite their prominence in the present and future labour force.

The advent of the ASEAN Economic Community may provide more employment opportunities for youth but much depends on whether Laos is able to capture the benefits of freer trade with its neighbours. Local firms in light manufacturing will be more exposed to competition from other AEC member countries, so they will need to raise their productivity. More skilled young people joining the labour force could contribute to this.



4



INEQUALITIES AND THE EXERCISE OF RIGHTS

Inequalities in Population Behaviour and Trends

Lao PDR is distinctive for its very wide range of variation in several population indicators. For example, the adolescent birth rate (as measured by the fertility rate of 15-19 year-olds) ranges from a high of 190 per 1,000 among women with no education to a low of 2 per 1,000 for women with post-secondary education. Thus, unequal access to education, reflected in the high drop-out rate and low completion rates for girls, is translated into significantly higher teenage fertility. This tendency also contributes to the wide range in the Total Fertility Rate and the contraceptive prevalence rate (CPR). The TFR is 1.9 (well below replacement) among the wealthiest quintile, and 5.3 among the poorest. A very similar range is evident by education, where women with post-secondary education have a TFR of 2.0 and women with no education have a TFR of 5.3. It would seem apparent that the poorest and the least educated women are the same group. Poverty is itself widely distributed in Lao PDR, but most obviously by habitat and ethnicity (see below). It can reasonably be assumed that geo-spatial disadvantages (which are disproportionately concentrated among ethnic groups) are strongly correlated with poor access to reproductive health services

and greater gender inequality, but these aspects are often not made explicit.

Inequality arising from poor access, poverty, low levels of education and illiteracy, and inadequate social services is also reflected in geographical and Socio-Economic disparities in under-five mortality rates. Poverty has the greatest impact, with the under-five mortality rate among households in the poorest quintile being nearly four times that among the richest quintile (MDGR). Urbanization is also a major factor: Vientiane municipality has an under-five mortality rate only one-fifth that of Phongsaly Province, which has the highest rate of any province in Laos. Under-five mortality rates are over-determined in the sense that multiple causal factors are involved, each of which is accumulative. From a Reproductive Health and Rights perspective, relevant factors include young age of first birth, short birth spacing, poor maternal nutrition, and high parity birth. These factors are in turn linked to Socio-Economic inequalities, such as illiteracy and low education, and limited household assets.

Gender inequality and the empowerment of women

Gender inequality in Lao PDR is pervasive, as indicated by the country's ranking on composite indexes such as GII and SIGI, which is among the worst in the ASEAN region. The reduction of generalized or multi-dimensional gender inequality requires the application of a wide range of strategies, as outlined in the World Bank and ADB's "Country Gender Assessment for LAO PDR". In the case of Reproductive Health and Rights, it is arguable that the high Maternal Mortality Ratio, especially when expressed in terms of numbers and not just in terms of a ratio, is the most grievous and iniquitous of all dimensions of gender inequality, and thus deserves the highest possible level of attention. The power to determine one's own reproduction is the single-most important form of women's empowerment.

The causal chain that links contributing factors from indirect socio-economic ones to direct biomedical factors and health systems (such as the "three delays") is long. Given the lack of studies into the declining maternal mortality ratio in Lao PDR over the MDG period (75% decline between 1990 and 2013), it is not possible to specify the most effective interventions with any precision, but the associated reduction in the unmet need for family planning, the reduction in unwanted births, and the decline in the Total Fertility Rate are certainly among the most important and immediate determinants. Socio-Economic and socio-spatial factors obviously in turn contribute to these but are less amenable to direct programmatic interventions.

Inequalities by Ethnicity and Habitat

It is impossible to exaggerate the importance of the geo-spatial distribution of population in Laos as a determinant of poverty and inequality. The spatial distribution of population is closely correlated with ethnicity, making

it difficult to separate the effects of location and habitat from the effects of ethnic group membership. In general, the two variables appear to compound each other, both negatively and positively. The majority Lao-Tai population, which is about two-thirds of the total, largely occupy the lowlands where rice farming is possible and their social organization is largely matrilineal, which benefits women to some extent. Some ethnic groups, including the Hmong-Mien, by contrast, live mainly at higher elevations, practice slash and burn horticulture, and have a patrilineal form of social organization. Women living at higher altitudes therefore face a triple disadvantage—firstly by having poor access to health services and education, secondly by the heavy workload they are assigned by the way labour is distributed among slash and burn horticulturalists, and third by a residence pattern that disempowers them.

The distribution of poverty reflects these disadvantages. The headcount poverty rate in rural areas without road access, which largely means steep upland areas, was 42.6 percent in 2007-08 compared with 17.4 percent in urban. Lowland villages and people of Lao-Tai ethnicity have experienced the most rapid declines in poverty whereas upland villages and Hmong-Mien people have experienced much slower declines. Among Sino-Tibetan groups living in upland villages, poverty has been increasing (Government of Lao PDR and the United Nations, 2013). SRH indicators also vary by geo-spatial residence and ethnicity. The majority Lao-Tai (lowlanders) have a TFR of 2.6. The Hmong-Mien linguistic group has a TFR of 5.5, the highest of any socio-economic or residential group in Laos. Other RH indicators, including use of contraception, unmet need for family planning, skilled birth attendance, facility-based births and early childbearing also vary by ethnicity with the majority Lao-Tai population having the most favourable indicators while the Hmong-Mien have the least favourable with the Mon Khmer and Sino-Tibetan some-

what in-between. The Hmong-Mien population is clearly the most disadvantaged on these indicators. It is important to note that 52 percent of Hmong-Mien women with three children want more children compared with only 17 percent of Lao-Tai women, so desired family size is clearly higher among the former. Even at parity 4, nearly 30 percent of Hmong-Mien women indicate that they would like to have another child whereas only 12 percent of Lao-Tai women do.¹⁴ The family size norms operating in the two communities are clearly quite different.

¹⁴ All data in this paragraph are from the 2011-12 Lao Social Indicators Survey (Lao Statistics Bureau and Ministry of Health (2012)).



5



RELATIONSHIPS AND IMPACTS: RELEVANCE FOR PUBLIC POLICIES:

Women's Empowerment, SRH and their links to Poverty Reduction

The gender dimensions associated with the patterns of disadvantage in SRH and poverty described have not been studied in great detail (ADB and World Bank, 2012) but some plausible hypotheses have been suggested. In general, minority women (Mon-Khmer and Hmong-Mien in particular) are less empowered than Lao-Tai women. Factors contributing to the relative powerlessness of ethnic minority women include patrilocal residence (meaning an exogamous form of marriage whereby women migrate on marriage to their husband's land), the heavy burden of labour associated with swidden horticulture, the ability of husbands to decide when to seek medical treatment, the relatively lower level of education and literacy of minority women.

In general terms, the reduction of poverty depends, among many other factors, on the ability of women to implement a reproduction strategy that maximizes her health and that of her family. This means not having too many children, too early or too close together or at an older age. Achieving this requires the cooperation of her husband or partner, as well as access to health information and services, particularly family planning. Women's ability to

work in a reasonably remunerative job or self-employment reduces poverty by providing a second income which allows families to invest in the health and education of their children. In general, women are more likely to use income for this purpose than men (UNFPA, 2010). While a high proportion of Laotian women are economically active, they are more likely than men to work in the informal sector and be "unpaid family workers" without direct control over the financial rewards from their labour (Jones, 2015). Ethnic minority women have been less able than their majority compatriots to adapt to market-oriented production (ADB and World Bank, 2012) and have lost status as a result.

Population Growth, Age Structures and Migration and their links to Development

The rate of population growth in Lao PDR has been trending downwards since the 1990s as a result of falling fertility. The average number of lifetime births in 2008-11 stood at 3.2. Current estimates suggest an annual population growth rate of between 1.7 and 2.1 percent. When the results of the 2015 census are available it will be possible to verify the inter-censal growth rate from 2005-2015, but not necessarily the current growth rate, which requires annual figures on births, deaths and international migration.

The present and likely future age structures of Laos are favourable for economic development given that the labour force age group (15-64) will continue to increase as a proportion of the total while the dependent age groups (below age 15 and 65 and over) will be declining, at least for the next two decades.

Analysis of international migration, both in terms of the scale of cross-border movement and its impact on development is scarce in Lao PDR. Information on the flow of remittances from Lao migrants working in Thailand and elsewhere does not appear to be available. The “pull” of higher wages in Thailand combined with the ease of moving is likely to encourage a continued net outflow of relatively unskilled workers to that country, but much depends on the policies of the Government of Thailand—its ability and willingness to control labour migration, whether legal or illegal. The advent of the ASEAN Economic Community (AEC) will have little effect on the movement of unskilled workers as these are not covered in the ASEAN agreement on services, which only covers a limited number of professional occupations. It is possible that the inflow of professionals such as accountants from other ASEAN countries will increase in the future. In principle Laotian professionals will be able to migrate to other ASEAN countries to provide services, but in practice it is unlikely that many will be in a position to do so (World Bank, 2015). International migration can be beneficial for development but much depends upon how it is managed. A study into the policy options available to the Government of Lao PDR to maximize the benefits of international migration while minimizing the potentially negative consequences (such as human trafficking) could be useful.

Internal migration and urbanization have been little studied in Laos. The 2006 National Population and Development Policy aims to “promote a balanced distribution of population between urban and rural areas and between different

parts of the country...” (p.5). What constitutes a “balanced” distribution of population is unclear but the policy has a distinct anti-urbanization bias with an explicit intention to “reduce the flow of population from rural to urban areas” (p.7). If properly managed, however, urbanization contributes to development and need not have negative consequences. The policy of not planning for urbanization in the hope that this will discourage rural-urban movement can be counter-productive.



6

CHALLENGES AND OPPORTUNITIES

Main Population and SRH Challenges Confronting the Country

1. Reducing geographical and ethnic disparities

Laos is distinctive for the wide disparities across a range of population and SHR indicators. Geography, topography (altitude and slope) and ethnicity are important determinant of these disparities. Key indicators such as the Total Fertility Rate, the Adolescent Fertility Rate, the Contraceptive Prevalence rate, antenatal care, skilled birth attendants, amongst other indicators range very widely across multiple dimensions, including the rural-urban divide. The unmet need for family planning ranges less widely than some of the other indicators but is still much higher in some provinces than others and in certain regions.

For some indicators, ethnicity is not in itself a causal factor but represents a proxy variable for geographical factors, including the availability of road access, which in turn determines access to important services such as Emergency Obstetric Care. In the case of other indicators (including early marriage and the proportion of mothers delivering without assistance), ethnicity is a direct casual factor because these practices are grounded in a pattern of beliefs, attitudes and values that are cultural in origin.

Language differences present a significant barrier to both cultural change and the delivery of health services. Despite their negative consequences, institutionalized practices do not easily yield to reasoned discussion and advocacy. Social institutions such as patrilocal marriage are not amenable to change, but change must be engendered from within the existing social structure. The absence of a lingua franca in Laos is a major impediment to inter-ethnic communication and the supply of services, including RH services.

There are a number of indicators for which sub-national data are unavailable but it can be inferred from other correlated statistics that disparities must logically be wide. The Maternal Mortality Ratio is a case in point. The current estimate at the national level is 220 per 100,000 live births but allowing for the margin of error, the true rate could be between 130 and 370. It is highly likely that MMR in remote, isolated, and poor communities living at higher altitudes will be closer to the upper bound of the estimate, whereas in urban areas and low-land communities the MMR will be below the lower bound. Another example is in the case of human resources for health. It is estimated that in the country as a whole, only 19 percent of the human resources required to ensure safe passage through pregnancy to delivery and post-natal care are available. It can be inferred that at sub-national levels, and particularly among remote communities, the required

human resources would be only a fraction of what is available at the national level and in the extreme case there are no skilled person available at any stage.

A strong desire to ameliorate the hardships of minority ethnic groups is evident in Laos, not only in many reports, assessments and policy documents but also in comments by Government cadres and development partners. The task is a formidable one given the constraints of isolation, communication, poor physical access, language and literacy, and so forth. For those communities located at higher altitudes and on slopes, the horticultural mode of production (swidden or “slash and burn”)¹⁵ places severe physical demands on women. The division of labour by gender, which places responsibility for weeding and other maintenance tasks on women is particularly difficult should they be pregnant and this difficulty is exacerbated if the woman is anaemic, as a considerable proportion are.

Underlying ethnic and spatial disparities in social conditions is a pattern of “uneven development”, which is partly historical and partly a function of the development process, whereby areas with natural advantages tend to be developed first while disadvantaged areas lag behind. Taking “development” to the people tends to be a long and costly process. An alternative approach is relocating people to where the services are an approach that Laos has been applying with mixed success.

Addressing uneven development issues represent major challenges to the Government and its development partners, in part because of the high level of public investment required to reduce infrastructure deficits. It is inevitable that in the short-run, programmes will be directed at the “micro” level of the rural village, applying largely preventive approaches that reduce risk. A review of past interventions

would be necessary as a first step.

2. Maternal mortality reduction

Based upon the recent estimates by WHO et al. (2014) the Maternal Mortality Ratio in Laos is “on track” to reach the targeted MMR of 260 per 100,000 by 2015. If the WHO et al. estimate is taken at face value, the target has already been exceeded since the 2014 MMR is estimated to be 220 per 100,000, even lower than the target. However, these estimates need to be treated with some caution. The actual reference date for the estimate is unclear since data from the Lao Social Indicators Survey of 2012 were employed and these data are based on retrospective methods with the reference year approximately 7 years prior to the survey date. At least as important as the MMR is the implied number of maternal deaths. Assuming 180,000 live births per year the implied number of maternal deaths ranges from 230 to 670 per year, with the mid-point at 400 deaths. To put this number in perspective, it would require 150 years for Singapore or Denmark to have 400 maternal deaths given that both of these countries presently have only 3 maternal deaths per year. In effect these countries have reduced maternal mortality to the point where it no longer constitutes a public health problem, which is the ultimate goal of ICPD. Laos remains a very long way from achieving this enviable status.

Reducing the number of births obviously decreases the number of maternal deaths by reducing the number of women at risk. One dimension of risk is the “unwanted” status of the pregnancy. Given the high level of unmet need for family planning, and the reported rate of abortion, it follows that a considerable proportion of pregnancies and births were unwanted. Reducing unwanted pregnancies requires that all of those who wish to practice family planning are able to do so. This implies the removal

¹⁵ Slash and burn cultivation is more accurately described as “horticulture” than “agriculture” as it is a form of gardening.

of the remaining barriers to accessing family planning services, including barriers arising from remoteness and from cultural presuppositions about young peoples' rights to information and services.

Beyond the reduction of unwanted pregnancies, bringing maternal mortality down further from its present level to achieve the ICPD targets for 2015 (expressed in terms of a level, rather than a rate of reduction) would require greatly improved access to a range of reproductive health services. For countries such as Laos that have high mortality, the ICPD target for 2015 was a Maternal Mortality Ratio "below 75 per 100,000".¹⁶ This implies a further two-thirds reduction from the current estimate of 220 per 100,000. Foremost among the key improvements required is raising the proportion of births attended by skilled birth attendants from the present (2011-12) level of 42 percent to the ICPD target of 60 percent by 2015. For this to be achieved, sufficient numbers of well-trained and qualified skilled birth attendants need to be trained and assigned to the right places. This process is underway and should obviously continue and possibly be accelerated.

A significant constraint arises from the very limited supply of human resources for reproductive health. The ratio of physicians and nurses/midwives to population is extremely low and overall expenditure on health is also low. These two indicators are obviously related as without adequate funding it is difficult to increase the number of health personnel or to construct the necessary facilities in which they can work.

Given that the MMR has actually declined by 75 percent since 1990 within a context of low spending for health, grossly inadequate staffing, and significant poverty, the question

arises: how this has been achieved? Some research into this question could be useful in designing future interventions.

3. Improving the quality and increasing the quantity of human resources for Reproductive Health and advancing reproductive rights

Due to historical factors, Lao PDR remains poorly endowed with the human resources and facilities required to ensure that all births are attended by skilled health personnel and that other reproductive health services, including family planning, are universally available. The challenges associated with improving this situation are many and various. Ensuring sufficient finance for the health sector is one difficulty, but economic growth has been relatively rapid in the past decade (and well above the rate of population growth) and Government revenue should also have been increasing, thus providing the financial resources to improve health spending on the part of the Government and possibly reduce the "out-of-pocket" component in total health spending which is high. Simultaneously, it is important that the reproductive health component of total health spending is increased at least in accordance with the increasing number of births. Although the birth rate has been declining, and will continue to do so, the number of births will increase over the next decade because the number of women of childbearing age will increase. Age structure and not just individual fertility will have an impact on the demand for reproductive health services for the immediate future. This means that increasing the proportion of births that are attended by skilled health personnel aims at a moving target, and adequate financing must take that into account. According to projections, between 2010 and 2020 the number of women in the reproductive age range of 15-49 will increase at an average annual rate of 2.7 percent and could reach around 2.0 million

¹⁶ Note that new targets for MMR reduction will be established in relation to the SDGs that will come into effect from 2016. Lao PDR's targets should be reviewed and adapted to its circumstances.

in 2010. Thus, the number of reproductive age women has been increasing by about 50,000 per year.

The challenges associated with the recruitment and training of midwives have been well-described in the Evaluation of the Midwifery Component of the SBA Development Plan (Skinner, 2014). Valuable lessons have been learned which should insure that the training will be improved in the future and higher quality graduates will result. However, providing midwifery services is not only a matter of personnel and their allocation to the right location but requires adequate infrastructure in the form of functioning and equipped health centres. Many existing health centres lack adequate clean water, electricity, beds, or transfusion capacity.

Increasing the number and improving the quality of family planning providers is a further challenge, given the previously mentioned increase in the population of women of reproductive age. Assuming a Contraceptive Prevalence Rate (modern methods) of 42 percent (as reported in the LSIS) and a marriage rate of 72 percent, the number of women using contraception would increase by 148,000 by 2020 if the “medium” population projection was accurate. If a CPR target of 55% by 2015, as per the National Family Planning Action Plan (Nguyen, 2013), were adopted for 2020, then the number of users would increase by 340,000 and the total number of contraceptive users would reach 810,000 in that year. Thus, a significant increase in the requirements for both commodities and family planning personnel will be required in the future.

Some of this increase would come from a substantial growth in the number of youth (aged 15-24) who would be becoming sexually active (whether married or unmarried) over this period. Thus, ensuring that reproductive health services would be available in a form that would reach young people is a particular chal-

lenge, especially in rural areas. In urban areas, youth are easier to reach but generally young people are reluctant to use government services. In most countries NGOs (whether national or international) are more effective in delivering services to youth.

4. Creating greater social space for young people in society and ensuring that they have access to the education, knowledge and services that they need

Laos remains a relatively young population with a median age of 22 years. Although the recently-conducted population projections show that the school-age population (5-15 years) will stabilize in the next few years and level-off, the population of young people will continue growing at a declining rate and remain within the range of 2.3 to 2.5 million for the next three decades, unless reduced by international migration. Young people in Laos will continue to face a range of risks in the coming decades. Remaining free of HIV infection or Sexually Transmitted Infections will be an ongoing challenge given that a high proportion of young Lao men report having had sex with commercial sex workers and that bisexuality is common. At present, HIV is confined within high risk groups and there is no generalized epidemic in the country. However, this could change in the future. For young women, unwanted pregnancy is a major risk factor that can damage their educational prospects while also presenting health risks. The adolescent fertility rate is high, particularly in rural areas. Young age at marriage, often related to unwanted pregnancy, can contribute to lower educational and employment prospects in the long run. Alcohol and drug abuse are compounding factors.

Young people in Laos also face a range of risks related to employment. On the one hand, a surprising proportion of youth remain illiterate, which severely damages their chances of finding employment beyond the subsistence sector.

On the other hand, economic growth in Lao PDR, although quite rapid in recent years, has been based on investment in capital-intensive industries that create few jobs beyond the construction phase. Creating a “job-rich” form of economic growth that will retain young people in Laos is a major challenge for development planners. In the absence of local job opportunities, young people will be tempted to migrate abroad for work. Although this may be beneficial for remote rural families if migrants remit funds back to support their families, it also carries a number of risks, especially if the migrants are working illegally.

Young people in Laos, although officially recognized up to a point, do not have a strong voice in terms of setting the future direction of the country. The participation of youth is largely constrained within traditional limits. Furthermore, they have limited access to the information and services that they need. Adolescent reproductive health services designed specifically for and operated by young people are extremely limited and virtually absent beyond Vientiane. In general, adolescents in most countries do not seek information or services from health facilities organized around Mother and Child Health care, especially those operated by government ministries. On the other hand, youth may lack the income to seek help from private doctors or clinics. The most effective strategy is to establish recreational centres for youth that also provide reproductive health advice and services on site. Such centres are particularly appropriate when a high proportion of youth are not in school. It is important that such centres are predominantly run by the youth themselves and stress peer-to-peer communications, although the facility may be operated by a local or international NGO. This arrangement does not address the issue of rural youth in remote areas and other arrangements are necessary to meet their needs.

5. Advancing gender equality and equity across all social spheres

Because some dimensions of gender inequality are grounded in deep-seated socio-cultural norms, change may be measured in decades rather than years. Certainly, progress has been made in reducing gender disparities in Lao PDR, particularly in school enrolment, but many institutional barriers prevent girls and young women from advancing to higher levels in the education system. This limits their capacity to participate in decision-making processes in both the private sphere of the family and in the wider world of village, districts and provinces.

6. Population data and analysis for development planning

The integration of population data and issues into development planning requires not only appropriate, timely and reliable data but also a skilled cadre of population specialists to interpret the data and explain any implications they might have for public policy. The need to integrate population data into development planning in Laos is acknowledged in the 2006 revised National Population and Development Policy of Lao PDR, and a number of measures were proposed to advance integrated population and development planning. At this point in time, however, the supply of population data and the availability of skilled analysts are both quite limited. It is not presently possible to make accurate estimates of the mid-year population of Laos, a statistic that is necessary for the calculation of all rates that use the total population as the denominator. Of the four components required to estimate current population (past population, births, deaths, and net migration), only past population (usually from the most recent census) is actually measured. The registration or reporting of births and deaths is incomplete and no data are available on the movement of population in and out of the country. Present practice is to adjust popu

lation annually by a fixed percentage based on intercensal growth from earlier periods, or to project population based on assumptions about trends in fertility and mortality. The use of these methods is perhaps unavoidable in the absence of the required data to apply the standard method based on the “demographic balancing equation”, but when such methods are employed, it needs to be made clear that they are based on inadequate data.

For example, steps have been taken by the Ministry of Health (Department of Planning and Implementation) to improve the availability of birth and death statistics, as well as other health statistics, by means of a Health Information System (HIS) and a Health Management Information System (HMIS). In the long run this will be an excellent tool for population estimation, but it will take many years to become sufficiently reliable to provide figures for population estimation in between censuses, especially at the provincial level. There are no data on inter-provincial population movement, although potentially the 2015 census will be able to provide some estimates.

At present, however, the capacity to analyze census and survey data is very limited in Laos. Although some management personnel in the Lao Bureau of Statistics are trained in demography, there is presently no qualified technical demographer able to conduct further analysis of census data beyond basic tabulation and description. The further analysis of census data, including indirect estimation of vital rates, the construction of life tables, etc. could not be carried out by the LSB unless external technical support is provided. Similarly, the preparation of “census monographs” on population topics such as fertility, mortality, urbanization, internal migration, labour force, disability, gender, education, and so forth would require significant external support combined with capacity building.

Furthermore, the capacity of the National Uni-

versity of Laos to teach and do demographic research is very limited, thus few graduates with demographic training are available to take up posts in the Lao Statistics Bureau or in other ministries. The development of existing institutions to provide research and training on population is an explicit goal of the National Population and Development Policy (2006), and it is noted in the policy that staff of the “National Statistic Center” have been upgraded to “post-graduate and PhD levels”, and that a “Population Study Center” has been established to conduct research in population-related issues. It would appear, however, that this Center is no longer functioning or else has very low output.

To date, the primary source of population data and analysis aside from the census is the combined MICS/DHS survey of 2011-12 known as the Lao Social Indicators Survey. Clearly this is an invaluable and indispensable source, but such surveys are highly standardized and are generally not utilized for in-depth analysis of issues of special relevance to the country, even though they could be. It would appear that the further analysis of the LSIS is constrained not only by the shortage of technical demographers but also by limitations placed on access to the data.

The Ministry of Planning and Investment, the Ministry with the primary responsibility to integrate population into national development plans and sector strategies, also lacks expertise in population analysis and policy formulation. This accounts in part for the limited use of population data in the draft 8th Five-year National Socio-Economic Development Plan (2016-2020). The need for a technical demographer based in the Ministry is apparent. This is quite separate from the urgent need to develop population studies at the National University. University-based teachers serve a somewhat different need to the policy-oriented cadre required in planning ministries, whose role is much less academic in nature and focussed on policy-relevant applied research rather than

theoretical studies.

Development of national capacity in population analysis, research and teaching is an urgent priority in Laos if population data and issues are to be effectively incorporated into development planning.

Opportunities for Action: Policy and Strategy

1. Reducing geo-spatial and ethnic disparities in key SRH indicators and conditions

The geography and topography of Lao PDR play a major role in determining patterns of development in the country as well as the distribution of population. The resulting geo-spatial disparities reflect a pattern of “uneven development” which is very difficult to alter in the short-term. These disparities are particularly evident in many SRH indicators. It is important that the 8th Five-Year Socioeconomic Development Plan address geo-spatial issues in all its development strategies. Improving SRH indicators is conditional upon overcoming the constraints arising from a difficult geography. Further training in economic geography for planners may be useful in this regard.

The 2006 Population and Development Policy needs to be reviewed and evaluated. It appears that the Policy has not played a significant role in guiding population and development activities over the past decade. In particular, the policy’s approach to population distribution and urbanization is outmoded and is unnecessarily negative. Efforts to reduce rural-urban migration and hence urbanization are generally counter-productive, as urbanization is inevitable and the movement of people out of low-productivity horticulture into more productive industrial and service occupations is essential if poverty is to be reduced further. It is better to plan for urbanization than resist it. Graduation from LDC may well require a higher level

of urbanization than at present. The possibility of revising the entire policy in 2016 should be considered.

In Laos, as in many LDCs, there is a heavy reliance on periodic household sample surveys, such as DHS and MICS to obtain data on key population and reproductive health indicators. This is unavoidable given the weakness of administrative data. The most recent of these surveys combined questions taken from the DHS and MICS to produce a “hybrid” Laos Social Indicators Survey (LSIS). DHS and MICS are highly standardized surveys that present relatively low risks for Statistical Offices by virtue of this. The data are generally tabulated in a standardized format that permits little customization to suit a specific country. However, much additional analysis can in principle be carried out if researchers have access to the survey data. Further analysis of LSIS data using multivariate methods could potentially provide more understanding of the relationships between population distribution, ethnicity and SRHR indicators. For this to occur, however, the LSIS data would need to be made available to researchers; but at this point in time access is restricted. The possibility of making the data available to legitimate users with appropriate restrictions should be discussed with the Lao Statistics Bureau.

In order to address geo-spatial disparities through policy interventions, it is essential to be able to identify patterns of disadvantage. Strategies such as those proposed in the National Family Planning Action Plan (Nguyen, 2013) call for the identification of “high burden” areas, but the indicators proposed (TFR, CPR, unmet need) are not calculated at district or village level in the LSIS due to limitations of the sample. However, other means of identifying priority areas can be explored using both survey and census data. Some Government officials indicated that they already know the priority areas without the use of such statistics, but it is important to back up subjective

assessments with hard data and also to measure the results of policy interventions.

The dilemma facing governments and development agencies is whether to concentrate on improving conditions for specific groups (defined according to Socio-Economic status and standards of equality and equity), an approach that may have little impact on the national average, or to improve national level indicators through a broad-based approach. UNFPA normally emphasizes universal coverage, but geo-spatial disparities in Lao PDR are somewhat extreme, so a targeted approach may well be justified so far as service delivery is concerned. Improving universal access everywhere can be addressed through policy dialogue and advocacy. The Community-Based Distribution (CBD) programme that UNFPA is supporting in selected provinces and districts is an effective strategy for providing family planning to remote villages that are beyond the reach of Health Centres or are located in places where Health Centres lack outreach programmes.¹⁷ The main challenges facing such programmes include securing funding, improving training and raising skills of CBD, and addressing logistical problems.

2. Reducing the number and rate of maternal deaths, nationally and among specific groups

The MDG target for MMR (all countries) was derived from the proposed ICPD POA rate of decline (75% between 1990 and 2015). However, the ICPD POA also suggested an absolute target of an MMR of 75 per 100,000 by 2015. Clearly this has not been achieved in Laos, but given recent trends it might be achievable by 2020. The Health Sector Reform Framework proposes an MMR target of 200 in 2020, but this may not be ambitious enough. The feasibility of attaining the ICPD target (for 2015) of an MMR of 75 per 100,000 by 2020 or 2025

should be considered, even though it would be challenging. In order to support this target, research on the determinants of past trends in maternal mortality would be useful.

The absence of good quality family planning services is one of the most important determinants of maternal mortality and morbidity. The proposed "National Family Planning Action Plan for 2014-15 and Beyond" has identified a number of weaknesses in the present family planning programme and suggested remedial measures. The proposed strategies of the NFPAC need to be reviewed and rationalized in the context of the Health Sector Reform ("three builds") to ensure that the approaches are in harmony. The primary objective is to ensure that decentralization of health management to provinces and districts does not, even if temporarily, result in the deterioration of existing services.

The implementation of the family planning, SBA and EMOC components of the HSR framework implementation also need to be reviewed in the light of the HSR Framework to ensure their compatibility with the NFPAC. This includes the CBD component. The concept of CBDs is not highlighted in the Health Sector Reform Framework, although "mobile teams", "mobile services" and "outreach" are mentioned. The term "mobile clinics" has been employed by some participants in the family planning workshops. It is not clear if these terms are exchangeable. If CBDs are to be replaced by some other type of health worker, or other types of service delivery are to be introduced, it is crucial that service delivery does not decline during the transitional period.

¹⁷ See: Report for an Evaluation of two UNFPA Lao PDR Programmes: Community Based Distribution (CBD) and Individuals, Families, and Communities (IFC), 2014.

3. Improving the quality and increasing the quantity of human resources for Reproductive Health and enhancing reproductive rights

The HSR framework proposes increases in the budgetary allocation for health and a reduction in the proportion of total health expenditure that is “out-of-pocket. This is a positive goal but continued advocacy may be required to ensure that it occurs. Furthermore, it is important that RH and family planning receive an equitable share of any budget increase. In advocating for that, it is worth noting that the fiscal situation of the State should currently be benefiting from the “demographic dividend” arising from a favourable age structure.

The HSR Framework also calls for an increase recruitment of nurses/midwives, such that all Health Centres will be staffed with a Skilled Birth Attendant. The number that would need to be recruited and trained to meet this requirement is not given but the National Health Statistics Report for F/Y 2013-14 indicates that there are 983 Health Centres in the country, although not all of them are fully functional. The Skilled Birth Attendance Development Plan (2008-12) provides a detailed strategy to increase the number of trained midwives and as of the end of 2015 it is expected that 1,784 Midwives will have graduated from midwifery training courses ranging from “Community midwives” to Bachelors degrees in Midwifery.

An evaluation of the midwifery component of the SBA Development Plan (Skinner, 2014) highlighted the accomplishments and on-going challenges associated with building a cadre of trained, qualified and experienced midwives in Lao PDR. While the numerical target of 1,500 trained midwives by 2015 will be achieved, the quality of the training received leaves much to be desired and the ability of new graduates to deal with obstetric emergencies appears to be limited by a lack of clinical experience. The need to include language and cross-cultural communication skills in the criteria for selec-

ting candidates for training is also highlighted.

The recommendations of the Evaluation of the midwifery component of the SBA need to be implemented in order to address the shortcomings identified. An updated SBA Development Plan will be required but it is important that this is better integrated into the Maternal Neonatal and Child Health strategy as well as the HSR Framework. UNFPA can play a leading role, as it has in the past, to provide technical and financial support to the SBA Development Plan.

4. Creating greater social space for young people and ensuring that they have access to the education, knowledge and services they need for a secure future

Achieving the aspirations and expectations of youth themselves as well as those of the State and older generations is a challenge and an opportunity. The development of a National Youth Policy would go some way toward articulating what these aspirations and expectations are and building a cross-generational consensus on how they can be achieved. Young people should be heavily involved in the formulation of the youth policy. UNFPA has provided support for this type of involvement in many countries. Greater involvement of youth in the design of social policies that affect them, including five-year development plans, is also important. Youth programmes appear to be excessively concentrated in the Lao Youth Union. Perhaps other less formal mechanisms might be considered, although this would require greater scope for Civil Society organizations to flourish.

A “big push” strategy in education to achieve UPE and reduce school drop-outs at all levels has been proposed (Jones, 2015). This is required for a variety of reasons, including the need to take advantage of the “demographic dividend” that should provide a boost to economic growth and development. It is also

needed because education is a major determinant underlying a number of population and RH indicators, including teenage fertility. Education and skill levels, appropriately tailored to the emerging needs of the labour market, also need to rise to take advantage of the benefits expected from the ASEAN Economic Community. Ways of retaining girls at school longer need to be fully explored and remaining impediments to secondary school completion among girls need to be removed. The provision of financial incentives for parents is a method that has been employed successfully in some countries. The negative attitudes of parents and youth themselves toward technical and vocational training (TVET) can be improved through publicity and advocacy.

Sexuality and life skills education for young people who are still in school is crucial to protect them from such risks as HIV infection and adolescent pregnancy. A special focus on adolescent girls aged 10-14 is important as this group tends to be neglected. For urban “out-of-school” young people, the establishment of more youth centres that double as providers of ASRH services in a youth-centred environment is a proven strategy, providing it is substantially run by young people themselves.

5. Enhancing gender equality and equity across all social spheres and groups

Gender inequality is part of the “deep structures” of many societies and cultures and reducing it requires long-term strategies applied across many institutional contexts. The “mainstreaming” of gender concerns across sectors is an effective way to reduce broad-based gender inequality in the long term.¹⁸ Efforts are underway to address gender disparities in education, and to reduce gender-based violence. Political participation on the part of women at

the national level has been enhanced by the requirement that 25 members of the National Assembly should be women. But the political participation of women at local (district and provincial) levels is not supported by similar quotas, so women do not have the opportunity to gain experience and prepare for political careers.¹⁹ Thus, the political participation of women at village, district and provincial levels requires support, possibly through leadership training.

It is arguable that maternal mortality and morbidity are among the most grievous forms of gender inequality. Dramatically reducing Maternal Mortality across the country is fundamental to reducing all other forms of gender disparity. This in turn requires advances in women’s empowerment and access to reproductive health services.

Some reports reviewed for the present study noted that there were barriers and impediments to the implementation of gender programmes in the country and that some social groups lagging or regressing. This phenomenon requires further investigation to identify what these barriers are.

Better data on patterns of gender inequality would be useful. The feasibility of estimating GII at sub-national level (province at least) to identify areas in which the need for intervention is greatest should be explored. If the requisite data are not available, an ad hoc index could be developed for the purpose.

The implementation of CEDAW is important as is the generation of gender data to measure progress. The recent VAW survey will provide data that might help to identify basic causes and determinants. Working with partners to implement and monitor new laws regarding

¹⁸ A good example of “mainstreaming” in the context of gender empowerment is the effort to introduce gender awareness into the training of Community-Based Distributors. In the CBD projects in Laos supported by UNFPA, 73% of the CBDs are male.

¹⁹ One village-level study observed that the primary role of Lao Women’s Union members was to prepare refreshments for visiting officials from the District administration, which precluded them from participating in meetings (High, 2014).

domestic violence is also a priority. The recommendations of the GRID study of domestic violence of 2009 and the 2014 VAW study should be reviewed and implemented, including the dissemination of their results. Possibly more socio-cultural research with a view to identifying the levers of change, focusing on issues of SRH and GBV with special attention to male attitudes and beliefs would also be useful.

6. Improving the availability, relevance and quality of statistical data on population, SRH and gender and increasing the further analysis of population and related data

The “Strategy for the Development of National Statistical System 2010-2020” still has five years to run, having reached its mid-point in 2015. The Strategy includes some ambitious objectives, including a tripling of staff by 2020 (including additional staff in provinces and districts) and a large increase in the number of indicators produced at national, provincial and sector levels. Population related statistics are included in the planned statistical activities for the 2010-20 period, including the 2015 population and housing census, a “population count” in 2010 and 2020, additional Social Indicators Surveys (LSIS) and the establishment of a vital registration system. The Strategy calls for a mid-term review, which presumably means in 2015. If plans for this review are not yet in place then LSB might be encouraged to put plans in place as soon as possible. Clearly statistics are of interest to all branches of government and all development partners, but UNFPA has a specific role to play in the areas of population and reproductive health.

It is important that the data generated by the 2015 census of population and housing are fully analyzed, or at least more fully analyzed than in previous censuses. Aside from the standard census reports, the possibility of commissioning census monographs on selected topics should be explored. Census monographs provide

more in-depth analysis of topics such as migration and urbanization, labour force, gender, disability, fertility and mortality, and population distribution. A new set of population projections should also be carried out and published as part of the monograph series.

A greater focus on socio-spatial relationships should also be part of the analysis strategy for the 2015 census. The possibility of geocoding the census data retroactively should be explored. This would aid the production of a census atlas, as was done in 2005.

It is also important that the MOH and LSB and their various partners take a coherent approach to the development of a Civil and Vital Registration System (CVRS), as proposed in both the Strategy for the Development of National Statistical System 2010-2020, the Health Sector Reform Framework and already being implemented by the Ministry of Health. The development of a CVRS that would provide accurate figures on births and deaths capable of being used for demographic estimation is a long-term endeavor. Certainly it will take much longer to establish such a system than envisioned in the Health Sector Reform Framework.

For demographic estimation it is also necessary to have data on cross-border population movement. At official border crossings the necessary information is already collected on arrival and departure cards. It would not be difficult technically to establish a data series on gross arrivals and departures to measure international population movement, as tourist arrivals are already reported.

Consideration should be given to introducing a computerized and internet-based data retrieval and analysis system such as REDATAM to enhance the dissemination of 2015 population census data. Cambodia provides a good model of such a system.

Capacity building through training in demog-

raphy and/or population studies in Ministry of Planning and Investment (with a particular focus on economic demography) is needed in order to enhance the integration of population dynamics into Five-Year socio-economic development plans and sector plans. Training in demography/population studies for statisticians at the Lao Statistics Bureau to MA level and through attachments is also needed.

Lao PDR urgently needs to improve its national capacity to engage in population research. Support for the further expansion of population studies at the Lao National University, including for small-scale or sub-national research is required. An undergraduate course in population studies would increase awareness of population issues among public servants.

Strategic Role of UNFPA in Partnership with Other Development Actors

UNFPA's programmatic aims and philosophy at the global and national levels are drawn mainly from the ICPD Programme of Action, but UNFPA cannot and does not attempt to implement the POA in its entirety. UNFPA's strategic role in relation to the opportunities outlined in the previous section can be summarized as follows.

1. Reducing geo-spatial and ethnic disparities

The reduction of geo-spatial and ethnic disparities requires that the underlying determinants of uneven development in Laos be well-understood and steps taken to construct a more inclusive form of development. This is a major, long-term challenge that all development partners, along with the Government of Laos, need to address. Aside from contributing to the collection and analysis of population and RH data (see item 6, below), UNFPA's role in this regard is primarily as an advocate for

disadvantaged and vulnerable groups, particularly women, children and youth.

2. Reducing the number and rate of maternal deaths, nationally and among specific groups

Maternal mortality reduction is at the centre of UNFPA's Strategic Plan (2014-2017). This goal aligns well with the aims of the Lao PDR's Health Sector Reform Framework and other development strategies. UNFPA's specific role is to promote and facilitate the achievement of universal access to sexual and reproductive health and to advance reproductive rights. Reducing maternal mortality and improving reproductive health will, indirectly, contribute to most MDGs and not only MDG 5. UNFPA works collaboratively with other agencies who work directly to achieve these goals, particularly UNICEF and WHO. With the Reproductive health paradigm firmly-established, and the coercive family planning programmes of the 1980s well in the past, UNFPA is now able to focus on new approaches to family planning and reducing the unmet need for it. Family planning is a cost-effective means of reducing maternal mortality and morbidity through a number of mechanisms, including the reduction of unwanted births and the prevention of abortion.

3. Improving the quality and increasing the quantity of human resources for reproductive health and advancing reproductive rights

A necessary but not sufficient condition for reducing maternal mortality is that every birth must be attended by a skilled birth attendant (SBA). For this to be achieved there must be enough skilled health personnel in place. UNFPA has an important, although not exclusive, role in the training of SBAs. Increasingly the focus is on the training of professional and community midwives. The training that has taken place over the past five years with UNFPA support has yielded a number of lessons re-

garding how training can be improved, including enhancing the skills of trainers and selecting more suitable trainees. Similarly, UNFPA's support for Community Based Distribution of family planning has provided valuable lessons in how to design and implement family planning out-reach programmes that are essential if the needs of remote communities are to be addressed.

4. Creating greater social space for young people and ensuring that they have access to the education, knowledge and services they need for a secure future

Along with women, adolescents and youth are the intended beneficiaries of UNFPA's Strategic Plan 2014-2017. While all adolescents and youth should benefit from UNFPA's work, The Strategic Plan highlights the need to prioritize the most vulnerable and marginalized among them, including "ethnic minorities, migrants, sex workers, persons living with HIV, and persons with disabilities". The need to address the deprivations experienced by ethnic minorities is a central theme of the development narrative in Laos PDR across a range of sectors. UNFPA's specific mandate is adolescent reproductive health (ARH), in which the organization has a depth of experience. In particular, UNFPA focuses on making comprehensive sexuality education more widely available and ensuring that "youth friendly" sexual and reproductive health services are accessible in a format and institutional context that young people find acceptable and will use especially out-of-school youth. The Lao Youth Union is one such institutional focus but other less formal arrangements need to be developed. In most countries, non-governmental organizations are more effective in reaching adolescents and youth than State-sponsored ones, especially in SRH. In this regard, UNFPA works in close collaboration with UNICEF and WHO.

5. Enhancing gender equality and equity across all social spheres and groups

The enhancement of gender equality and equity is an important goal of the ICPD POA and is Outcome 3 of the UNFPA Strategic Plan, 2014-2017. In this context a priority area for UNFPA is to support governments' efforts to comply with their human rights obligations under such international conventions as CEDAW. In particular, UNFPA supports efforts to eliminate gender-based violence through the collection of data and the development of laws or improving the application and enforcement of present laws. In this regard, collaboration with UN-Women is critical. There are strong links between gender equality and other development goals, including poverty, malnutrition, infant and child mortality and so forth. UNFPA's expertise in data analysis can contribute to highlighting these linkages.

6. Improving the availability, relevance and quality of statistical data on population, SRH and gender and increasing the further analysis of population and related data

Accurate, reliable and timely data on population dynamics are an essential requirement for the integration of population factors into development plans and strategies. Furthermore such data are indispensable for identifying key target groups for the delivery of reproductive health services and the evaluation of progress. Of the three main sources of data on population dynamics: population and housing censuses, household surveys and administrative statistics, UNFPA's historical focus has been primarily on population censuses with only a secondary focus on household surveys and very little focus on administrative statistics. In censuses and household surveys, furthermore, UNFPA's primary focus is on data entry, analysis, interpretation and dissemination rather than data collection. The post 2015 Sustainable Development Goals will assuredly

place heavy demands on statistical agencies to generate the data required to monitor the expected 17 goals and 169 targets. UNFPA will need to work closely with other agencies concerned with data issues, particularly WHO, UNICEF and the World Bank to ensure that the Laos Statistical Development Plan 2010-2020 is reviewed in a balanced way to address the data requirements of the SDGs over the next 15 years. It is not yet clear whether UNFPA will be a “data custodian” for any SDG target indicators,²⁰ but regardless of that, UNFPA cannot generate data other than in collaboration with other agencies. But UNFPA has a special and somewhat exclusive interest and expertise in the further analysis of census and survey data beyond the standardized frameworks of household surveys such as DHS and MICS. During the SDG period (2015-30) a data revolution can be expected as data processing and analysis is revolutionized by the high-speed internet, cloud computing, and the on-going acceleration of CPU speeds. UNFPA needs to be fully appraised of these developments and to explore the potential benefits of “big data”.

Programmatic recommendations

Policy, Planning and Policy Dialogue

- Given the importance of timely and accurate data for policy formulation, encourage and support the Lao Statistics Bureau to conduct a mid-term review of the Statistical Development Strategy 2010-20. This might best be done in partnership with other agencies with UNFPA focusing on population dynamics, RH and related statistics. Highlight the role of data in the Post-2015 agenda, as per the UN Secretary-General’s synthesis Report.²¹
- Provide technical support to the Ministry

of Planning and Investment to review and possibly revise the National Population and Development Policy of 2006. The Government should be encouraged to either make the population policy an active, relevant document or to incorporate population into sector plans as an alternative approach to integrated population-development planning.

- Given the multiple risks faced by youth, advocate for and support the Government to prepare a National Youth Policy to address the full range of youth issues in an integrated, cross-sectoral way, with a strong emphasis on ASRH and a special focus on adolescent girls. Issues such as the retention of girls in schools and meeting the ASRH needs of rural youth should be given high priority.
- Monitor the implementation of the Health Sector Reform Framework from the perspective of Reproductive Health and Rights to ensure that the transition to a decentralized health delivery system does not undermine recent achievements.
- Engage with the efforts of the Ministry of Health and the World Bank to introduce village-level data collection in support of a Health Management Information System and Civil Registration, with a specific focus on RH indicators.
- Seek opportunities for more policy dialogue on emerging issues, such as the demographic bonus, the impact of ASEAN EC on international migration, internal and international migration and urbanization.
- Continue to review the implementation of the 8th 5-year Socio-Economic Development Plan from a population perspective with the aim of incorporating more population data and perspectives into the 9th Plan.
- Support the Government to prepare an urbanization strategy which could be a stand alone document or incorporated into the next five-year plan.

²⁰ Some drafts of the SDGs specify that UNFPA (with the UN Population Division) would be a lead agency in measuring the Contraceptive Prevalence Rate and the Unmet Need for Family Planning.

²¹ Synthesis Report of the Secretary-General on the post-2015 sustainable development agenda (UN document A/69/700).

- Review sector plans (with a special focus on health and education) to ensure that population factors are taken into account as these are revised and updated over the period of the next CP.
- Assist the Ministry of Health to further develop and implement the National Family Planning Action Plan and to rationalize it within the frame of the Health Sector Reform Strategy.

Statistics, Data and Research

- Provide technical support to the LSB to improve census data dissemination and analysis through the use of software such as RE-DATAM. Seek South-South collaboration to support the use of such systems.
- Support the use of population census and survey data to identify (and map) disadvantaged groups, combining census data and geo-coding.
- Provide technical support for the further analysis of 2015 census data, including the production of census monographs on key topics, such as internal migration and urbanization. Assist the LSB to identify the topics to be covered, the scope of the analysis and the researchers to be engaged.
- Develop sub-national indicators of gender inequality, such as GII to help map geographical and ethnic patterns of gender disparities.
- Support research into the factors underlying the decline in maternal mortality during the MDG period (1990-2015) to inform and guide interventions from 2017.
- Provide technical assistance and training to facilitate the preparation of revised national and provincial population projections using the 2015 census base population.
- Support the building of population research capacity at the Lao National University.
- Provide support for the next LSIS (or DHS) but advocate for more open access to the data for national and international researchers to encourage more in-depth and comparative analysis of the data.
- Assist the LSB and other agencies to develop a data series on international migration to assist demographic estimation and the monitoring of the impact of the AEC. Collaboration with IOM would be useful in this endeavour.
- Support the further comparative analysis of VAW survey data with a view to identifying variations between groups and across the ASEAN region.
- Work with the LSB and other development partners to strengthen administrative statistics (such as the HMIS) in order to reduce dependence on household surveys in the long-term.

Human Resources development

- Continue to support Midwifery training, incorporating the lessons learned over the past five years and implementing the recommendations of the Evaluation of the Midwifery Component of the SBA Development Plan. Continuation is necessary to improve the quality of the training and the employability of the candidates.
- Provide training on the integration of population factors into development plans, both central and sector plans, in the Ministry of Planning and Investment and other ministries. At least one staff member/planner to be trained to Masters level. Workshops within the Ministry to help raise awareness of population dynamics and their impact on development.
- Training in carrying out population projections and utilizing the results for Ministry of Planning but also including personnel from Ministries of Labour, Education, and Health. This training would take the form of a workshop and learning by doing.
- Support to further develop the teaching of population studies at both undergraduate and post-graduate level. Review current plans for a Masters Degree programme in population studies and demography. Assist

the Division of Social Sciences to prepare a proposal that could be used for raising funds, including the possibility of providing scholarships for MastersDegree candidates.

- Incorporate issues such as ASRH, youth and adolescents and gender into degree programmes at both undergraduate and graduate levels as well as in public service training.

Sexual and Reproductive Health Services and Education

- Continue to support Community-Based Distribution of contraception in those districts and provinces where projects presently exist to allow time to implement the findings of recent reviews. Premature withdrawal of support could result in loss of momentum and the decay of services before Government is able to takeover using its own outreach modality. Consider the application of CBD+ to provide experience that might be incorporated into government-based outreach in implementing the MNCH policy.
- Support the overall implementation of the National Family Planning Action Plan in the context of the Health Sector Reforms, including the implementation of strategies to overcome the top 10 “bottlenecks” that constrain the provision of family planning or diminish the quality of services.
- Support the creation of additional Youth Centres in urban areas that include ancillary Adolescent SRH services, with a special focus on migrant youth and ethnic groups that are most at risk of unwanted pregnancy, STIs and HIV infection. Explore potential for the involvement of NGOs (national or international or both) in operating such centres at a distance from Government control. The involvement of youth themselves in the management of these centres would be essential.
- Explore other forms of outreach to address the needs of rural youth, possibly through some form of peer-educators. Models of such “youth-to-youth-in-health” programmes are available from other countries. The use

of social media to reach youth is another modality that could be explored.

- Support the further extension of Comprehensive Sexuality Education in schools by providing expert advice on curricula and teacher training.
- Enhance commodity security by providing further training in forecasting and logistics management, adapting to the new approaches to management of medical supplies. Population dynamics should be included in this training to improve awareness of the importance of age structure in determining demand for family planning.

Institutional analysis

- The slow implementation of gender programmes needs to be investigated further to determine the factors responsible. It is possible that the relatively narrow concentration on the Lao Women’s Union as the implementing body is a limiting factor. The potential for including other implementation modalities should be explored, including a greater role for Civil Society Organizations
- The barriers to greater participation of women in local government should also be investigated, in part as a means of placing more emphasis on the needs of women, particularly in rural and remote areas.
- Institutional support is also needed to continue assisting national authorities to generate and report on measures taken to address the requirements to comply with CEDAW and other Human Rights conventions.

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Annex: Key Population and Development, Reproductive Health and Gender Statistics

Indicator	Value	Year	Source
Economic development			
GNI per capita (Atlas method)	\$1,600	2014	World Bank DI
Rate of economic growth in GDP (%)	7.8	2013-14	NERI (2015)
National Poverty headcount ratio (%)	22.0	2012-13	NERI (2015)
Asian Poverty line headcount ratio (%)	38.1	2010	ADB (2014)
Population			
Current population	6.8 m	2014	LSB web site
Median age (years)	22.0	2015	Population projections
Projected population 2030 (medium projection)	8.6 m	2030	Population projections
Estimated population aged under 25	3.9 m	2015	Population projections
Percent of population under 25	57.5	2015	Population projections
Current youth population (10-24)	2.4 m	2015	Population projections
Life expectancy at birth (both sexes)	65.8	2005-10	UN Population Division (2012)
Population dynamics			
Current population growth rate (%)	2.0	2010-14	LSB tables.
Under 5 mortality rate (per 1,000 live births)	79	2011-12	LSIS (2011-12)
Infant mortality rate	68	2011-12	LSIS (2011-12)
Current Total Fertility Rate	3.2	2011-12	LSIS (2011-12)
Teenage fertility rate	94	2011-12	LSIS 2011-12
Median age at first birth (women aged 25-29)	20.9	2011-12	LSIS 2011-12

Marriage and family			
Female median age at first marriage	19.2	2011-12	LSIS (2011-12)
Percent of 15-19 year olds married by exact age 15	5.4	2011-12	LSIS (2011-12)
Percent of 20-24 year olds married by exact age 15	8.9	2011-12	LSIS (2011-12)
Reproductive health and family planning			
Maternal mortality (maternal deaths per 100,000 live births)	220	2013	WHO et al. (2014)
Lifetime risk of maternal death	1:130	2013	WHO et al. (2014)
Contraceptive prevalence rate (%) All methods: Modern methods:	49.8 42.1	2011-12	LSIS (2011-12)
Unmet need for family planning (%): Spacing: Limiting:	19.9 8.2 11.8	2011-12	LSIS (2011-12)
Percentage of births attended by trained medical personnel	41.6	2011-12	LSIS (2011-12)
Percentage of women receiving antenatal care (at least one visit)	54.2	2011-12	LSIS (2011-12)
Health system indicators			
Health expenditure as a % of GDP	2.0	2014	World Bank, WDI
Out of pocket as % of total expenditure	40.0	2014	World Bank, WDI
Physicians per 1,000 population	0.2	2012	WHO*
Nurses and midwives per 10,000 population	0.9	2012	WHO*
Percentage of met need for personnel in pre-pregnancy, antenatal care, birth attendance,, post-partum, postnatal	19	2013	State of the World's Midwifery (2014)

*<http://apps.who.int/gho/data/view.main.92100>

