

# FP2030 Government Commitment

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## 1. LAO PDR'S 2030 VISION STATEMENT

By the end of 2030, Lao PDR's family planning vision is to accelerate progress towards the achievement of universal access to sexual and reproductive health and reproductive rights. This will be done through the following investments in human capital development: supporting adolescent girls and boys to delay pregnancy and marriage until adulthood by acquiring skills and competencies, including through comprehensive sexuality education, ensuring every pregnancy is by choice and that no woman or girl dies while giving life, and that women and girls can live lives free from abuse and violence. These are essential for youth to realize their full potential and for the country to realize its demographic dividend. The programme will focus on supporting national systems so that the country stays on track to achieve the SDG and ICPD25 commitments despite setbacks due to the COVID-19 pandemic.

The Ministry of Health will focus on reaching the last mile to ensure that remote communities are better served with SRH supplies thereby reducing the unmet need for FP among the unmarried group. Other areas of support include the integration of FP services to broader MCH and nutrition activities, increasing male involvement at community level, expanding the Adolescents and Youth Friendly services, strengthening work with the private sector and ensuring no stock out of commodities at all levels, focusing on the Health Centre level.

The country commitments

1. Commitment Objective 1: Improve access to adolescent and youth-responsive health systems for contraceptive use
2. Commitment Objective 2: Ensure the availability of quality and safe YFS/FP information and services to decrease the unmet need for FP among adolescents and young people (15-24 yrs), the unmet need is 31.1% (LSIS II) to 12% by 2030.
3. Commitment Objective 3: Increase the availability (no stock out) of Contraceptive/RH commodities from 53% to 100%
4. Commitment Objective 4: Increase the Family Planning fund to support the availability of commodities at the lower level

## 2. COMMITMENT OBJECTIVES

### POLICY/PROGRAMMATIC OBJECTIVES

Commitment Objective 1	Improve access and empower adolescent and youth responsive health system for sexual reproductive health and right
Objective Statement	By 2030, the Lao government fully supported and expanded the youth-friendly services nationwide to enable adolescent girls especially the most vulnerable and marginalized, will have more equitable and inclusive access to and will benefit from a better quality of service and information on FYS/FP
Timeline	2030
Rationale	Lao PDR was one country among three that achieved its MDG5 target. Recent survey data also showed an average annual rate of reduction in maternal mortality ratio. And yet, the maternal mortality ratio of 185 deaths per 100,000 live births. The adolescent pregnancy rate in Lao PDR is the highest in the South-East Asia region with 83 births per 1,000 adolescent girls aged 15-19 years. Child marriages are also common in the country. As per the LSIS-II (2017) 23.5 percent of girls aged 15-19 are already married or in-union and 13.4 percent of girls aged 15–19 had already given birth. The unmet need for family planning among unmarried adolescent girls aged 15-19 is 75%.
Strategies	<ul style="list-style-type: none"> <li>• Enforce on the family registration and family laws</li> <li>• Enhance the community engagement such as CONNECT (on the sexual reproductive health and right including the youth friend services for adolescent and young people at the communities</li> <li>• Expand the comprehensive sexual education from the lower and the high level education in Lao PDR.</li> <li>• Establish the partnership with the Mass Organization/CSOs/NGOs and private sectors to conduct the national and regional advocacy campaigns on the prevention of teenage pregnancy and child marriage.</li> <li>• Strengthen multi-sectoral coordination and collaboration to prevent/reduce teenage pregnancy</li> <li>• Enhance the disaggregated data in the DHIS2</li> <li>• Enhance innovation and digital technology to increase access to contraceptive information and uptake</li> </ul>

Commitment Objective 2	Ensure the availability of quality and safe YFS/FP information and services to decrease the unmet need for FP among adolescents and young people (15-24 years) from 31.1 % (LSIS II 2017) to 12% by 2030
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Objective Statement	By 2030, the Lao government committed to reduce teenage pregnancy among adolescent birth rate from 83 birth/1000 to 65 birth/1000
Timeline	2030
Rationale	In Lao PDR, the adolescent pregnancy rate is the highest in the South-East Asia region with 83 births per 1,000 adolescent girls aged 15-19 years. Child marriages are also common in the country. As per the LSIS-II (2017) 23.5 percent of girls aged 15-19 are already married or in-union and 13.4 percent of girls aged 15–19 had already given birth. The unmet need for family planning among unmarried adolescent girls aged 15-19 is 75%. Adolescent girls and boys have very limited access to information on sexual and reproductive health, gender, relationships, contraception etc. As a result, they are at high risk of having adverse reproductive health outcomes and being left behind.
Strategies	<ul style="list-style-type: none"> <li>• Increase demand for quality FP information and services through Youth Friendly Services at all levels</li> <li>• Ensure access to quality counseling and informed family planning information and services with a full method mix at all levels of health care delivery system.</li> <li>• Ensure the availability of motivated Competent and Compassionate health workforce for YFS/FP through outreach and supervision.</li> <li>• Improve availability of quality post-partum and Post Abortion Family planning service.</li> <li>• Ensure the availability of the facility standards of YFS/FP service Integration at health service delivery point.</li> </ul>

Commitment Objective 3	Increase the availability of Contraceptive/RH commodities from 53% (FAS2021) to 100%
Objective Statement	By 2030, the Lao government is committed to reducing the “no stock out” status of at least five modern contraceptive methods from 47% to zero % at all the lower levels.
Timeline	2030
Rationale	In 2021, the Facility Assessment Survey was conducted. Results showed that the stock out of modern contraceptives at the time of the survey is 23% at the primary level, 6% the at secondary level and the 9% at tertiary level. This is more or less on par with the routine data. With the life-saving drugs, improvements were seen in all SDPs levels, with no stock out at tertiary, 3 % at secondary and 21% at primary level. Now 98% of essential FP and nutrition commodities are integrated into DHIS2 as part of the routine data, as well ongoing scale-up of the mSupply/DHIS2 including supply chain management for the health centers.

Strategies	<ul style="list-style-type: none"> <li>• Building the capacity for health staffs involved in the supply chain and logistics management system at all levels</li> <li>• Strengthening forecasting, supply planning and logistics management information system at the HC levels</li> <li>• Enhancing quality control and registration of RHCS at public private and non-profit sectors working on commodities and logistics</li> <li>• Strengthening monitoring and evaluation system for effective and data driven decision making for proper and efficient supply chain and logistical management</li> </ul>
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## FINANCIAL OBJECTIVE

Financial Commitment Objective:	Increase Family Planning fund to support the availability of service and commodities at the lower level
Objective Statement	By 2030, the Government of Lao PDR increases domestic resources to finance family planning commodities by at least 5% annually from the current annual allocation of 120 million LAK, and disburses fully.
Timeline	2030
Rationale	Lao PDR's family planning program for some contraceptive commodities has been supported by UNFPA however, this support has been declining. UNFPA has announced funding cuts of up to 70% since the year 2022 allocation. Now, the health funding is focused on the COVID19 response and immunization, this calls for diversifying sources of funding such as investment cases for SRH including FP programme and tapping on the private sector, and the implementation of SRH Investment cases to generate resources for commodity procurement and supply. The government has made an annual allocation of 60 million Lao LAK for the past four financial years.
Strategies	<ul style="list-style-type: none"> <li>• Use available models and tools to generate evidence for FP contribution to measure and improve maternal health outcomes</li> <li>• Engage members of parliament and other sectors to sustain advocacy for increased allocation of funds and timely disbursement.</li> <li>• Enhance CSOs' advocacy efforts towards accessing FP funds from external funds, and from the Emergency Preparedness Fund.</li> <li>• Strengthen the use of data for decision-making towards increasing allocation and disbursement for RMNCAH including the Family Planning Programme.</li> <li>• Mobilize the private sector in contributing to FP financing</li> <li>• Include family planning in public and private health insurance packages</li> <li>• Strengthening the expenditure reporting, and tracking in order to generate for analysis and review.</li> </ul>

### 3. COMMITMENT CONSULTATION PROCESS

The development of FP 2030 country commitments involved several Stakeholders and Individuals from health and non-health sectors. This was done through different fora, meetings, and individual consultations.

1. FP Sub TWG meeting was conducted in 2021 to introduce FP 2030 development process, where members went through the FP2030 development process requirements (Guide) and identified themes and focus areas for the commitments for further deliberations with other partners and stakeholders. The selected four areas were FP integration, Youths and Adolescents, FP Financing, and Addressing Social Norms discussions.

2. Three task force teams (Policy/Advocacy, Service, Adolescent youth) were identified that worked on the four areas and came up with the commitment objectives.

3. FP2030 focal points and selected key FP partners and stakeholders' meetings were conducted to incorporate inputs from all the meetings, individuals and FP 2030 secretariat.

4. FP2030 focal points were met with the WHO expertise in Geneva on 1 April 2022, the countries need for designing, implementing, monitoring, reviewing and documenting the AYSRHR programmes\* To strengthen national capacity and coordination mechanism is AYSRHR, particular emphasis will initially be placed on improving adolescent and young people's uptake of contraception as an entry point.

Partners consulted included:

Ministry of Education and Sports, Lao Youth Union, Nutrition Centre, Centre of Communication and Education on Health, Promotion of Family Health Association, Vientiane Youth Centre, MOH Cabinet, Department of Hygiene and Health Promotion, Department of Health Care and Mother and Child Health Centre

### 4. COMMITMENT ACCOUNTABILITY APPROACH

#### 4.1.

Country accountability approach where governments are obligated to deliver on the commitments they have made and civil society partners are engaged to support the government to deliver on the commitments and monitor progress:

Lao PDR FP 2030 commitment adopt mutual accountability approach where the government of in Lao PDR collaboration with key development partners and stakeholders, are obligated to deliver on the FP2030 commitments the country has made, and civil society will be galvanized to support the implementation of agreed action plans and engaged to monitor the progress towards achieving the commitments on regular bases.

Different focal points designated for FP2030 will also be playing a leading role in ensuring government's, stakeholders and donor community join hands for effective implementation and success of the FP2030 commitments. National, regional and community-based platforms are formed so as to provide opportunities for dialogue and cooperation between various government actors, civil society, and other key stakeholders to implement, review and monitor the progress of the FP2030 country commitments.

Civil society and other partners utilize the media and social media platforms to hold policymakers to account for public commitments and to encourage inclusivity.

The group of organisations consulted will remain the reference group to monitor and support implementation of the programme. These are: Ministry of Education and Sports, Lao Youth Union, Nutrition Centre, Centre of Communication and Education on Health, Promotion of Family Health Association, Vientiane Youth Centre, MOH Cabinet, Department of Hygiene and Health Promotion, Department of Health Care and Mother and Child Health Centre

**4.2.** Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

The FP progress will be monitored bi-annually and annually through national system platforms such as DHIS2, surveys, and census will be made so that all stakeholders of the FP2030 program will be updated with the progress of the FP2030 implementation at all levels. Lessons learned and challenges encountered in the due course of the implementation process will also be shared among stakeholders through various forums and platforms.

All focal points will have their own respective communication platform to measure their contribution and the progress of their FP 2030 implementation. Every quarter CSO and youth focal points will convene progress update meetings while MOH led overall review meetings will be held every six months. Apart from that all stakeholder sharing updates and progress reports regularly using any channel based platforms.

**4.3.** Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:

A thorough analysis of available data will be made to measure the progress of the FP2030 implementation. Data and evidence-based decisions will be used to measure the progress of the FP2030 against the plan. Advocating for policy change will be part of the action to be considered if the policy, regulation itself, or its implementation is identified as a barrier. Due attention will also be taken to monitor and follow whether women's and girls' rights are violated, and immediate action will be considered whenever it happens.

if there are outright violations of sexual and reproductive health and rights. The following measure are taken;

1. To ensure women and girls have equal access to sexual and reproductive health services without discrimination
2. To ensure that sexual and reproductive health services, commodities and facilities are available to all women and girls
3. Respect women and girls' dignity and autonomy.
4. Provide age-appropriate, accurate comprehensive SRH information to youths and adolescents
5. Remove barriers to contraceptive access for all women and girls, including emergency contraception
6. Ensure informed choice and quality contraceptive services are provided.

**4.4. Describe how the above accountability approach will be funded:**

Financial support is crucial for effective implementation of the accountability frameworks. Leveraging the resources at hand within the government and stakeholders are also considered. CSO and youth led activities are the most important part of the accountability framework for regular and timely support in terms of technical and financial support.

**4.5. Please define technical assistance needed to fully implement the above accountability approach:**

Technical support is provided from different partners within the government, CSO, development partners to leverage the experience, knowledge is also considered.

1. Capacity building on adolescent youth in reducing unmet need.
2. To create a unified commitments tracking system that can link our existing systems for easy monitoring of progress of commitments.
3. Capacity building to focal points and other key stakeholders on modeling systems that are used in analyzing data for Core Indicators of FP 2030, outcome and impact indicators.
4. WHO TA on the strengthening of designing, implementing, monitoring, reviewing and documenting the AYSRHR programmes.