

AP

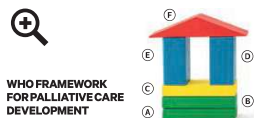


General data

POPULATION, 2023  
**7,664,993**  
SURFACE, KM², 2022  
**236,800**  
PHYSICIANS / 1,000 INH, 2022  
**0,327**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Lower-middle**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**140**  
GDP PER CAPITA (US\$), 2023  
**2066,95**  
HEALTH EXPENDITURE (% GDP), 2021  
**2,74**  
UNIVERSAL HEALTH COVERAGE, 2021  
**52**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC



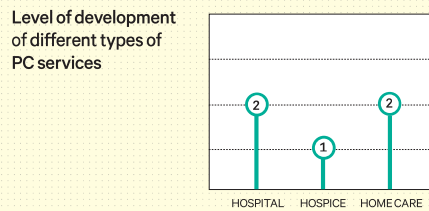
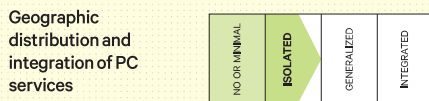
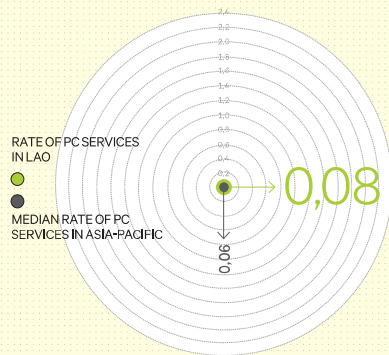
# Laos

**F Provision of PC (Specialized Services)**

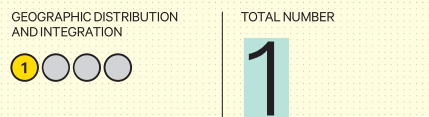
Total number of Specialized PC services **6**

Rate of PC services per 100,000 inhabitants **0,08**

Lao in the context of Asia-Pacific regions



Pediatric PC Services

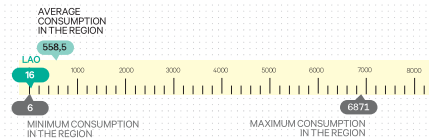


AP Laos

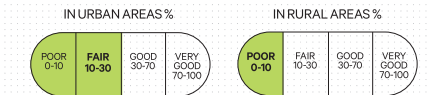
**D Use of essential medicines**

Opioids consumption (excluding methadone) **16** S-DDD/MILL INHABITANTS/DAY

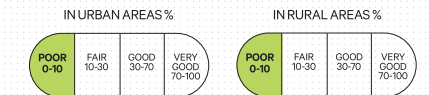
Lao in the context of Asia-Pacific regions



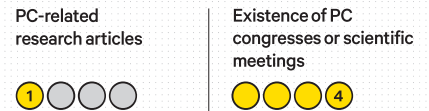
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



**C Research**



National Association: -  
Consultants: Champadeng Vongdala; Laura Monzón Llamas.  
Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: N/A  
Edited by Atlantes Research Team University of Navarra (Spain)

**E Education & Training**

Medical schools with mandatory PC teaching **0/4**

Nursing schools with mandatory PC teaching **0/4**

Recognition of PC specialty **2/4**

**B Policies**

National PC plan or strategy **2/4**

Responsible authority for PC in the Ministry of Health **2/4**

Inclusion of PC in the basic health package at the primary care level **2/4**



**A Empowerment of people and communities**

Groups promoting the rights of PC patients **1/4**



Advanced care planning-related policies **1/4**

AP Laos

People & Communities





<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Only isolated activity can be detected.</p>	<p>At present, there are no groups or organizations in Lao PDR focused on advocating for the rights of patients requiring palliative care, their caregivers, and disease survivors. However, the National Cancer Center is providing palliative care services and support to cancer patients and their families. Additionally, the Karunruk PC Center from Khon Kaen University in Thailand is actively promoting and supporting the development of palliative care across the country. They are organizing training sessions primarily in Vientiane Province, with plans to expand these efforts to other provinces.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	<p>At present, there are no documents, national policies, or guidelines in place that address advance care planning regarding medical decisions related to life-sustaining treatment or end-of-life care.</p>

Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	<p></p> <p>Developed over 5 years ago.</p>	<p>Palliative care is integrated into the National Multisectoral Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020), focusing on enhancing access and services. The NCD plan outlines activities such as establishing a national steering committee on palliative care and defining indicators for development, including morphine-equivalent opioid consumption per cancer death. Despite these provisions, there are no published assessments evaluating progress on these indicators, underscoring the need for improved monitoring and implementation to advance palliative care in Lao PDR effectively. Although not part of a dedicated national strategy, a significant initiative is the “Developing Palliative Care Services in Lao PDR” program, a three-year education and training collaboration between Khon Kaen University in Thailand and the Lao PDR Ministry of Health.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	<p></p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	

AP Laos

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.</p>	
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care services are part of the hospital service package outlined in the Essential Health Service Packages (MOH Lao PDR, 2018-2020), but they are not prioritized at the primary healthcare level. However, there is an agreement between Thailand and Laos Food and Drug Administrations (FDA) to support the availability of opioids in Laos. This agreement is a component of a broader palliative care development plan, which includes collaboration between Khon Kaen University (KKU) in Thailand and the Ministry of Health of Laos, aiming to integrate palliative care at the community level.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p> <p></p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>The Department of Health Care and Rehabilitation within the Ministry of Health oversees palliative care; however, no dedicated coordinating entity for palliative care has been established. Additionally, specific functions and resources for palliative care at the Ministry of Health level have not yet been assigned.</p>

AP Laos

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

The Department of Health Care and Rehabilitation of the Ministry of Health, in collaboration with the Karunruk Palliative Care Center from Khon Kaen University in Thailand and the Asia Pacific Hospice Palliative Care Network (APHN), organized the first Lao National Palliative Care Conference on February 2023, at Mittaphab Hospital in Vientiane, Lao PDR. The conference was held again in February 2024 and is intended to become an annual event.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

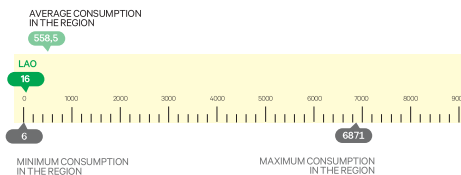
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 16 S-DDD



COUNTRY VS REGION



AP Laos

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

The Lao PDR Essential Health Service Packages for 2018-2020 list Paracetamol and Acetaminophen as the only medications consistently available at health centers. Primary healthcare services offered at district, provincial, and central hospitals include access to medications such as Diazepam, Phenobarbital, and opioids (both in tablet and injection form) for pain management and palliative care for cancer patients. Consequently, the availability of opioids and other essential medications for palliative care in rural areas remains limited and scarce.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

The Lao PDR Essential Health Service Packages for 2018-2020 list Paracetamol and Acetaminophen as the only medications consistently available at health centers. Primary healthcare services offered at district, provincial, and central hospitals include access to medications such as Diazepam, Phenobarbital, and opioids (both in tablet and injection form) for pain management and palliative care for cancer patients. Consequently, the availability of opioids and other essential medications for palliative care in rural areas remains limited and scarce.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

AP Laos

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/4



Palliative care education is not yet part of the medical or nursing undergraduate curriculum in Laos, either as a required or optional subject. However, specialized training modules for palliative care professionals have been developed and are being implemented for palliative care teams in central hospitals and several provincial hospitals. These trainings are certified by Khon Kaen University in Thailand and the Ministry of Health in Laos, with plans to extend them to doctors and nurses at the primary healthcare level, including district hospitals.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

0/4

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/4

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/4

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).

There is currently no formal specialization process for palliative care physicians in Laos. However, there are other officially recognized diplomas available. Specialized training modules for palliative care professionals have been developed and are being implemented in central and several provincial hospitals. These trainings are certified by Khon Kaen University in Thailand and the Ministry of Health in Laos, with plans to extend the program to include doctors and nurses at the primary healthcare level, such as district hospitals.

AP Laos

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

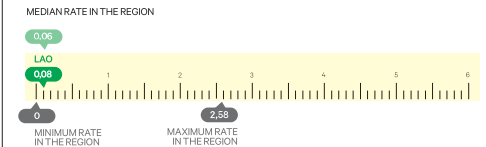


Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Laos has a developing system of specialized palliative care with limited geographic coverage. The National Cancer Center (NCC) in Vientiane features a dedicated palliative care unit with inpatient beds and a team that also provides some home care services. Additional palliative care teams are based in three regions: Luang Prabang Provincial Hospital in the north, Champasak Provincial Hospital in the south, and four central hospitals in Vientiane (Mahosot, Setthathirath, Mittaphab, the NCC, and the Mother & Child Hospital). Home care services are limited and available only in a few areas, primarily linked to hospitals rather than operating independently or as community-based teams. Laos has an estimated six specialized palliative care teams, all hospital-based. This includes one team in the northern and southern provincial hospitals and four teams at central hospitals in Vientiane. This corresponds to a rate of 0.08 services per 100,000 inhabitants, based on 2023 World Bank data.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



6 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country but with some gaps.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

1  
PPC TEAMS

In Laos, there is limited development of specialized palliative care services for children and a lack of systematic integration into the healthcare system. While the National Cancer Center (NCC) focuses primarily on adult patients, the Mother and Child Hospital in Vientiane has trained palliative care nurses and doctors who provide services for children. However, there is no dedicated pediatric palliative care unit, and services remain limited in scope and geographic reach.