

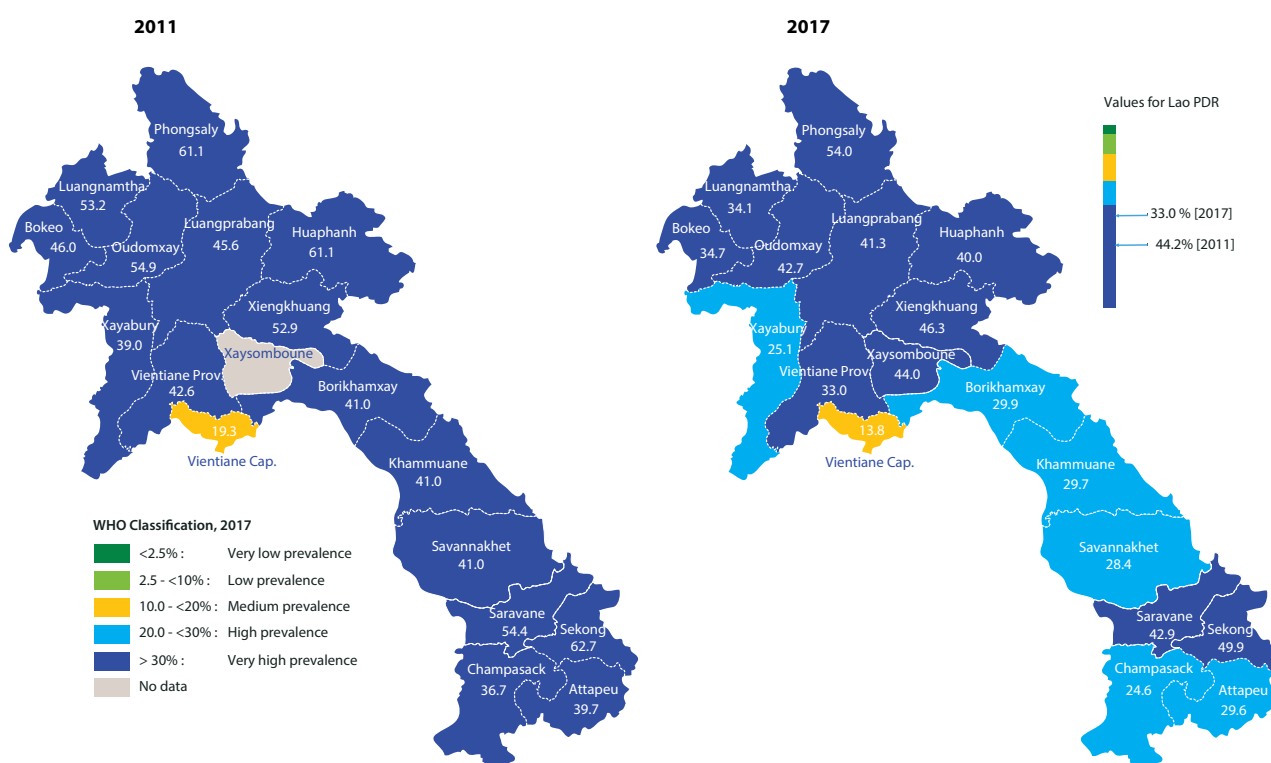
National Nutrition Profile

Lao People's Democratic Republic



- ◆ **There is a general improvement in the prevalence of malnutrition among provinces in Lao PDR.**
- ◆ **The prevalence of Stunting in Lao PDR is reducing.**
Stunting (too short for their age) has decreased over the last years, from 44 percent in 2011 to 33 percent in 2017.
- ◆ **But there are wide provincial disparities.**
1 out of 3 children under 5 years of age are stunted and wide provincial disparities persist. In 2017, Vientiane capital had the lowest prevalence of stunting (13.8 percent) and Phongsaly had the highest (54 percent).
- ◆ **Important efforts are still needed to achieve the WHO recommended threshold for stunting.**
11 out of 18 provinces have stunting rates above 30 percent which is considered high.
- ◆ **Almost all stunted children in Lao PDR suffer from multiple and overlapping deprivations.**
Out of the 33 percent stunted children, 97 percent are deprived of access to good nutrition, access to health, water, sanitation and hygiene facilities as well as housing.

Changing pattern of Stunting among children under 5 years in Lao PDR (2011 and 2017)



1. Why is it important to invest in nutrition ?

Malnutrition accounts for approximately half of all under 5 mortality globally.

Investments in nutrition improve human and economic capital by ensuring that children grow to their full potential, being productive in adult life and contributing to the country's development.

Malnutrition results in 2.4 percent loss to GDP annually in Lao PDR.

Investments in nutrition will ensure that children today are better positioned to take over and propel the country to growth and prosperity by the year 2030.

2. What causes malnutrition and how to improve it ?

Malnutrition is caused by a range of complex and inter-related factors. The interplay of these factors at the individual level results in infection and inadequate dietary intake (*immediate causes*). These are influenced by household factors such as food access, health seeking behaviours and infant and young child feeding practices (*underlying causes*). These are made worse by prevailing community and structural issues related to food systems, access to health, education, basic sanitation, poverty, climate change etc (*basic causes*).

In Lao PDR, almost all children who are too short for their age (*stunted*) suffer from multiple and overlapping deprivations such as inadequate housing and sanitation, and lack access to health, nutrition and education.

About 60,000 children under 5 years are at risk of death due to acute malnutrition annually as a result of inadequate dietary intake and childhood illness. Additionally, 1 out of 2 children are anaemic due to poor nutrition and helminthes infections.

A holistic and multi-sectoral approach is required in addressing the complex mix of determinants of malnutrition. Investments in interventions which directly impact nutrition outcomes with complimentary interventions that indirectly relate to nutrition are required. Effective multi-sectoral coordination for synergy in programme design and implementation are required. Strengthening the capacity of individual sectors to implement nutrition related interventions through human resource allocation for nutrition; increased public sector financing for nutrition and monitoring of results are essential. The diagram below lays out the impact pathway for improving nutrition outcomes in Lao PDR.

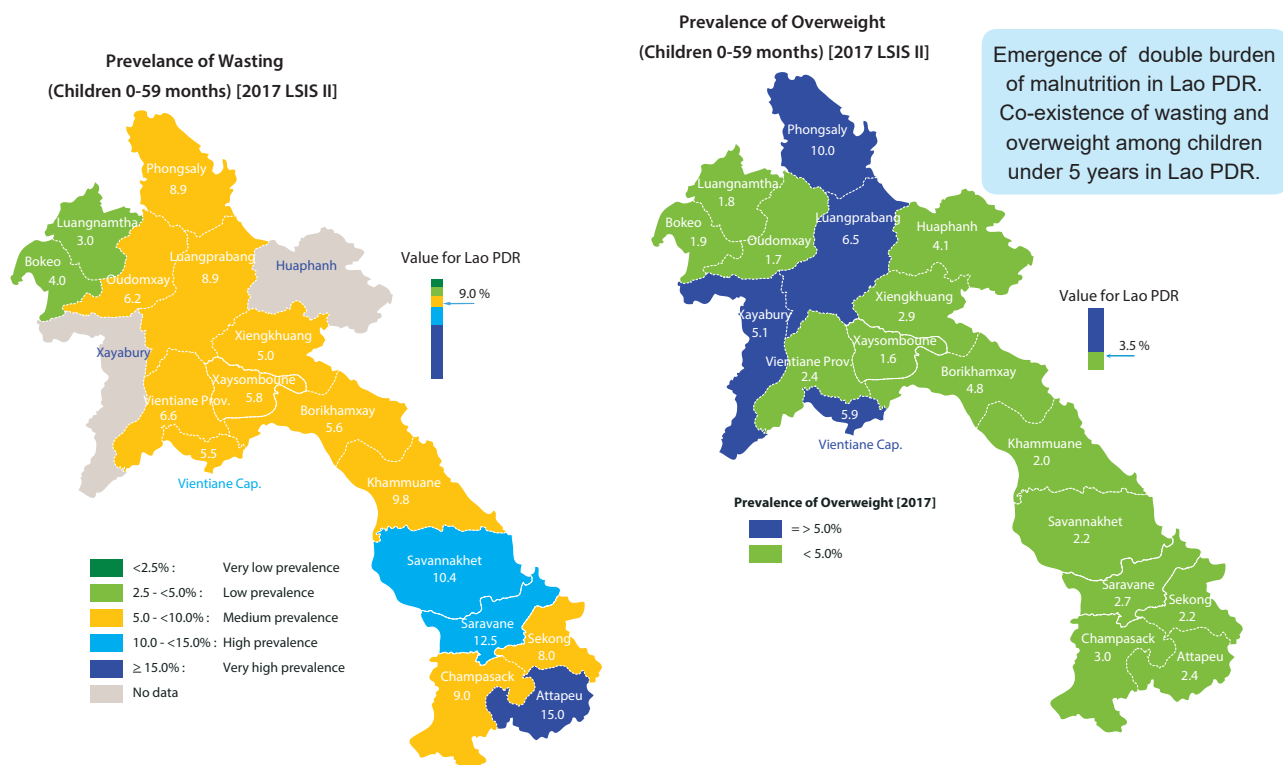
3. Summary of key national nutrition indicators using the impact pathway

OUTCOMES	<ul style="list-style-type: none"> ✓ 50 percent of children are put to breast within 1 hour of birth. ✓ 44 percent of infants less than 6 months are exclusively breastfed. ✓ 1 out of 2 children under 2 years consume diversified foods necessary for their growth and development. ✓ 1 out of 4 households live below the poverty line; depriving them access to basic essentials of life. ✓ About 96 percent of females completed primary school and higher education.
OUTPUTS	<ul style="list-style-type: none"> ✓ 38.5 percent of children (6-59 months) received Vitamin A Supplements. ✓ 92.5 percent of households consumed iodized salt. ✓ Coverage of nutrition interventions such as treatment of acute malnutrition, micronutrient supplementation, maternal and child nutrition counselling continues to be scaled up. ✓ Multi-sectoral coordination at national and sub national levels are established and serve as entry points for scaling up nutrition.
INPUTS	<ul style="list-style-type: none"> ✓ The Government of Lao PDR has established a National Nutrition Committee for multi-sectoral coordination and implementation of nutrition interventions. ✓ The National Nutrition Centre provides technical and policy direction for nutrition service delivery and programming.

4. Current status of key nutrition indicators

The prevalence and distribution of malnutrition depend on where the population lives - urban or rural, upland or lowland; the socio-economic status or household wealth quintile; and the access to food and social services. Maternal education, parity and age at birth are also associated with malnutrition among children in Lao PDR.

Child Malnutrition

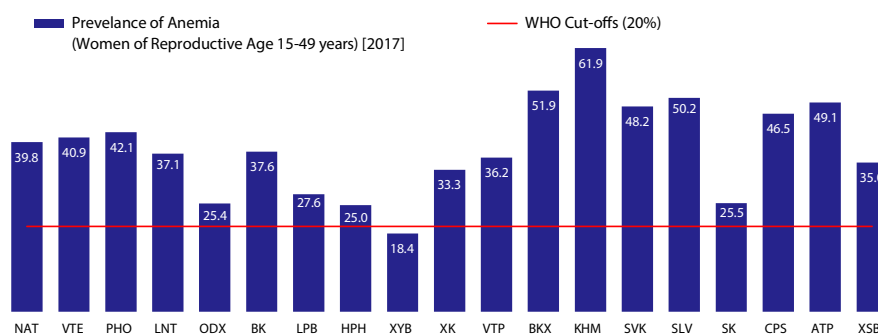


Women Undernutrition

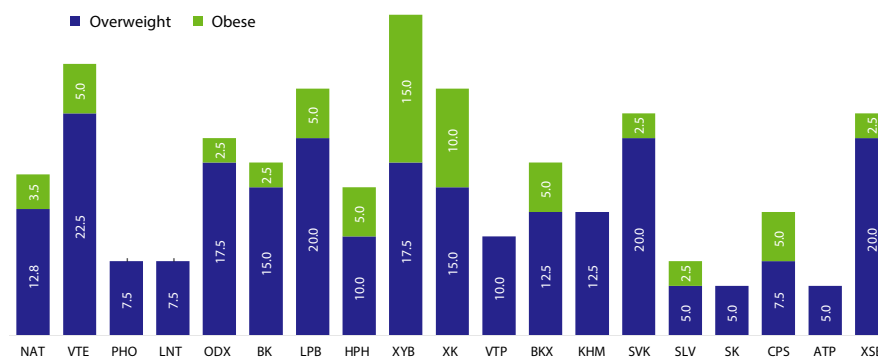
Maternal nutrition is a key determinant of child nutrition and well being. Poor nutrition before and during pregnancy impacts on birth outcomes and contributes to low birth weight.

Prevalence of anaemia among women of reproductive age remains a public health issue in Lao PDR with almost all provinces above the recommended threshold of 20 percent.

13 percent of women are overweight with 3.5 percent suffering from obesity.



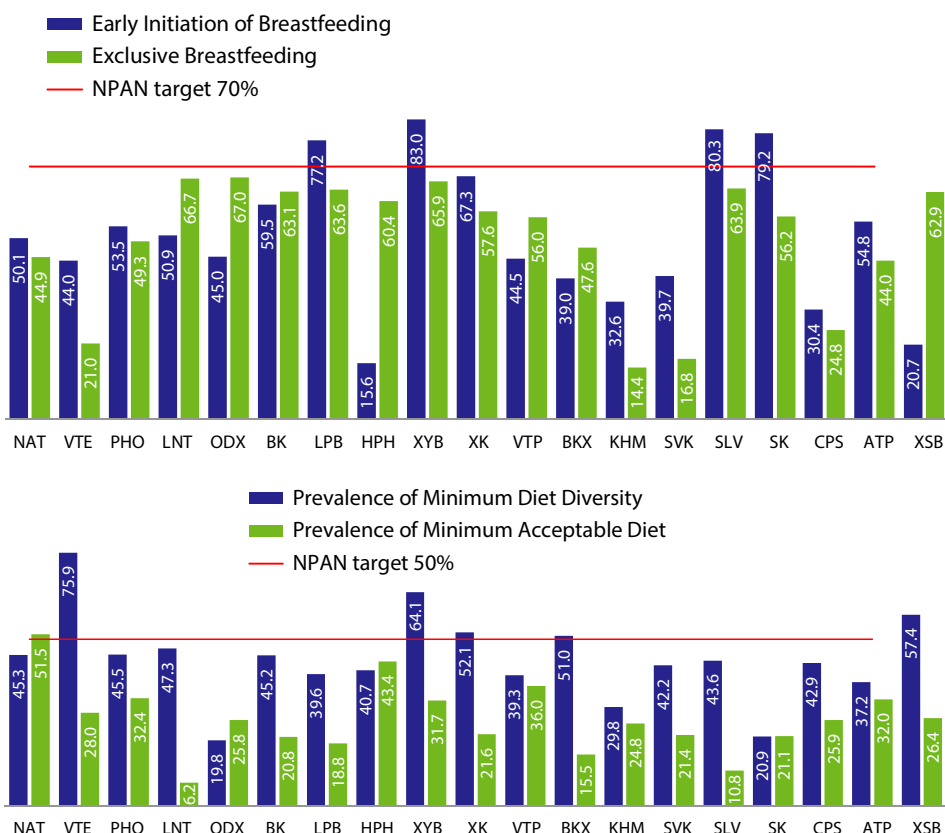
Prevalence of Overweight and Obesity (Women of Reproductive Age 15 - 49 years) [2019]



5. Immediate determinants of undernutrition

Poor maternal, infant and young child feeding practices as well as water, sanitation and hygiene related factors are the main drivers of malnutrition in Lao PDR. Maternal income and educational status are closely associated with children's nutritional status.

Infant and Young Child Feeding Practices



Infant and Young Child Feeding Practices are important immediate determinants of malnutrition among children.

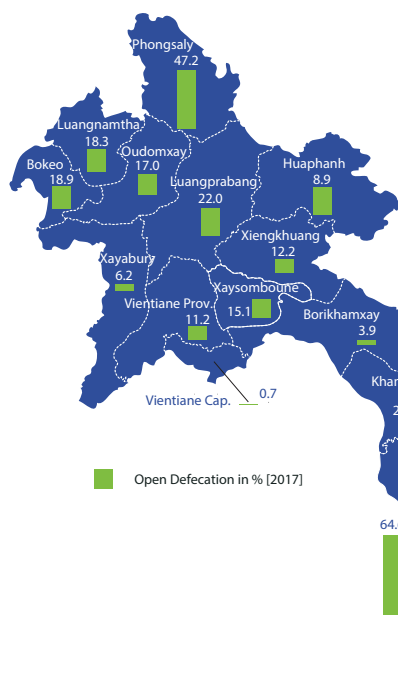
50 percent of infants are afforded the benefits of starting breastfeeding within the first hour of birth.

4 out of 18 provinces meet the NPAN target of 70 percent early initiation of breastfeeding.

Less 50 percent of children (6-23 months) consume the required variety of nutrient rich foods in the right quantity and frequency for their growth and development.

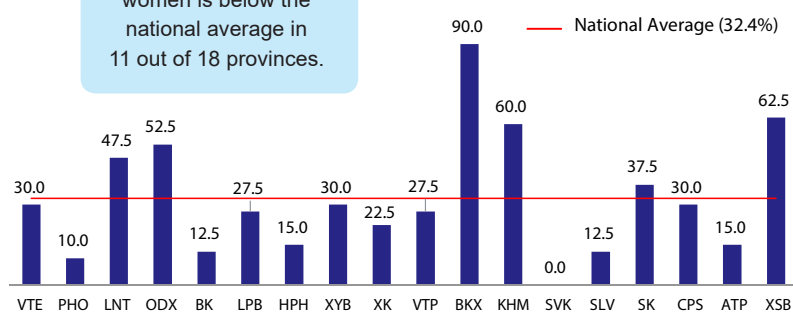
Almost all provinces are below the NPAN target of 50 percent minimum dietary diversity and minimum adequate diet.

Open Defecation



Dietary diversity among women is below the national average in 11 out of 18 provinces.

Womens Dietary Diversity

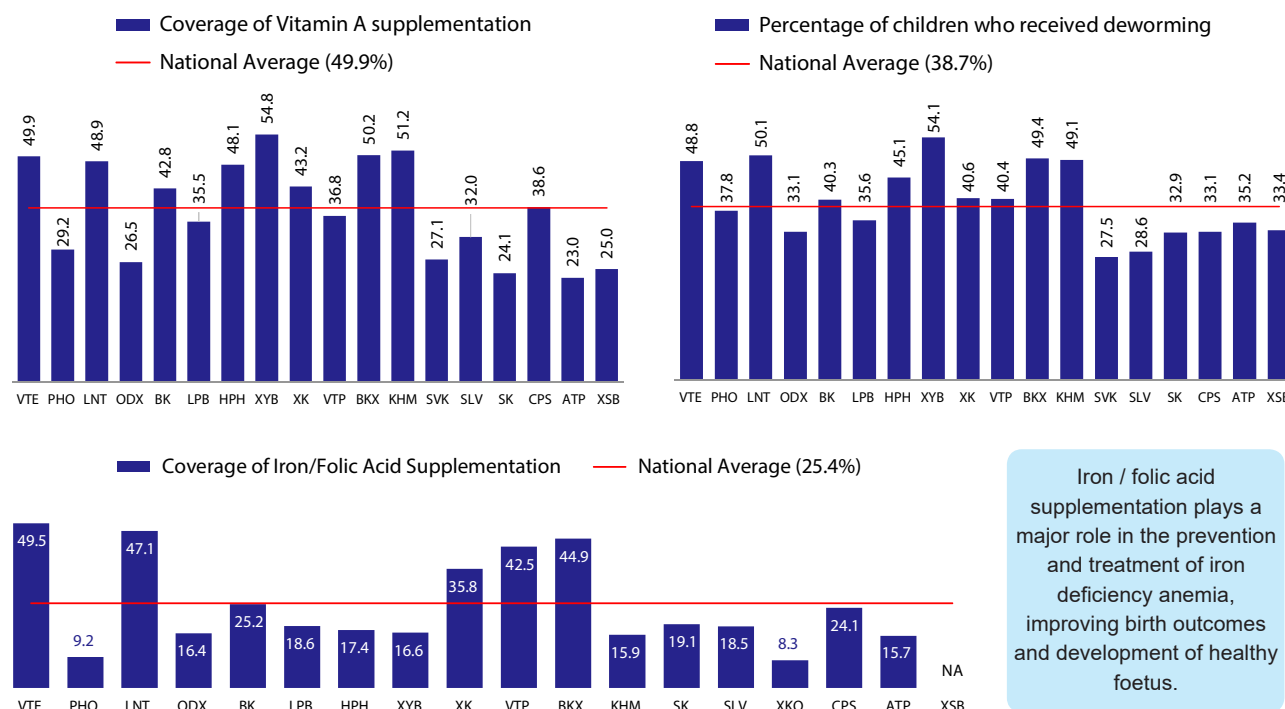


Faecal contamination of the environment and poor hygiene practices remain a leading cause of child mortality, morbidity and undernutrition.

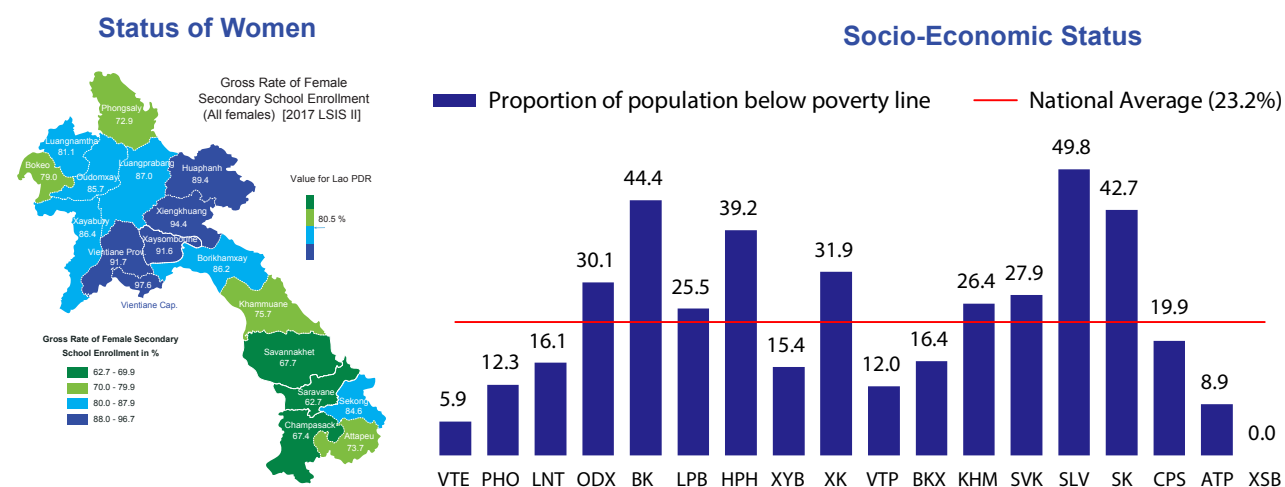
1 out of 4 households openly defecate in Lao PDR with wide provincial disparity

6. Which nutrition-specific interventions are implemented?

Nutrition-specific interventions relate to a basket of interventions that address the immediate determinants of malnutrition. Implementing these interventions at the required scale and quality will improve the nutritional well-being of children, women and population at large.



7. Which nutrition-sensitive interventions are implemented?



Nutrition is highly prioritized in Lao PDR with high political commitment to addressing the multiple causality of malnutrition. The National Nutrition Committee was established in 2013 as part of Scaling Up Nutrition in the country to provide leadership and coordination of different sectors in addressing the high prevalence of malnutrition in the country. The National Nutrition Committee is chaired by the Vice Prime Minister of the country.

Provincial Nutrition Committees (PNCs) have been established at the sub-national level to enhance nutrition governance, coordination and advocacy for increased investments in nutrition. It promotes integrated programming of both nutrition specific and sensitive interventions in the country by bringing together the key social sub sectors of health and nutrition; education; water, sanitation and hygiene as well as agriculture.

8. Enabling environment

The Government of Lao PDR has showed great commitment to addressing nutrition and other deprivations in the country through the promulgation of laws and policies that promote, support and protect the rights of the population to optimum nutrition.

National Legislations, Policies and Strategies

National Nutrition Policy (2008)	YES
Code on Marketing of Breast Milk Substitutes	YES
Universal Salt Iodization Decree	YES
National Nutrition Strategy (2016-2025)	YES
National Nutrition Plan of Action (2016-2020)	YES
National Information Platforms for Nutrition (2018)	YES

The National Nutrition Committee (NNC) coordinates multi-sectoral nutrition actions at the national level. Provincial Nutrition Committees are in place in all the provinces and creation of similar structures is ongoing at the district level. This will enhance nutrition governance, advocacy and implementation of high impact nutrition interventions.

Nutrition
Committees
established in
all province

Nutrition indicators are part of national and sectoral development plans. These are monitored through household surveys such as the Lao Social Indicator Surveys or routinely through the health information management system (DHIS2), Education Management Information System (EMIS) etc.

All
districts
using
DHIS2

Data Sources and Provincial Abbreviations

- (1) Lao Social Indicator Survey (2011)
- (2) Lao Expenditure and Consumption Survey (2013)
- (3) Lao Social Indicator Survey II (2017)
- (4) Lao Education and Sport Database (2017)
- (5) Nutrition Surveillance System 1 (2019)
- (6) Multiple Indicator Cluster Survey (MICS3, 2006)

List of Abbreviations

AVG	National Average	VTP	Vientiane
VTE	Vientiane Capital	BKX	Borikhamxay
PHO	Phongsaly	KHM	Khammuane
LNT	Luangnamtha	SK	Savannakhet
ODX	Oudomxay	SLV	Saravane
BK	Bokeo	XKO	Sékong
LPB	Luangprabang	CPS	Champasak
HPH	Huaphanh	ATP	Attapeu
XYB	Xayabury	XSB	Xaysomboun
XK	Xiengkhuang		

WHO World Health Organization

NPAN National Plan of Action (2015-2020)

WHA World Health Assembly

Disclaimer:

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Credits:

The indicators included in this dashboard were selected based on the priorities outlined in the National Nutrition Strategy and Plan of Action (NNSPA 2015-2020).

Most of the indicators are selected from the SUN MEAL framework and list of indicators (<https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-learning-meal/>).