This report summarises the available information on maternal, neonatal and reproductive health workers at a community level in the Lao People’s Democratic Republic (Lao PDR). It looks at workforce diversity, distribution, supervisory structures, policy and education and training.

Accurate and accessible information about the providers of maternal, neonatal and reproductive health services at a community level is central to workforce planning. However, information on human resources for health, such as how workers are performing, managed, trained and supported, is scarcely available for decision makers to use.

This profile provides baseline information about the Lao PDR that can help inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners. Ministry of Health staff from other countries may also find the information useful in planning their own initiatives.

This Technical Summary paper provides a brief insight (2 pages only) into the longer full-text report which is available at www.hrhhub.unsw.edu.au

Key issues or barriers

- **Services to ethnic minorities and remote communities**: Communities are often cut-off from health facilities, especially during the wet season. The barriers to these communities accessing health facilities are also often cultural, such as health staff who do not speak the same language as the clients, or local traditions that make women uneasy about being treated by males. Some women from ethnic minorities are badly treated by health staff at clinics.

- **Distribution of staff**: There is a shortage of trained staff at district hospitals and health centres. There are also few nursing and midwifery graduates. Low salaries for the health workforce have driven workers to urban areas where they can supplement their income as private practitioners.

Key incentives

- **Skilled Birth Attendance Development Plan**: The Ministry of Health’s Skilled Birth Attendance Development Plan restructures the existing workforce so that it addresses maternal health more efficiently and effectively. The plan includes training to ensure health workers are sufficiently equipped for their roles. For example, medical assistants as well as medical and obstetric and/or gynaecological doctors will undergo short training in addition to continuing their current positions.

- **Strengthening health systems**: Save the Children Australia has been working on a primary health care project in Xayaboury Province for the last fifteen years. This program includes activities to strengthen provincial management teams (who oversee the training for district teams, village health volunteers and traditional birth attendants), developing maternal and child health clinics, integrating primary health care at all levels and expanding programs into remote areas. There have been positive results in this program and it is now extending into Luang Phrabang Province.
• **Mother and Child Health Centre and UNFPA Program to Extend Contraceptive Prevalence**: This project is being run in three provinces and includes components to improve demand for contraception as well as to train and supply community-based distributors with free contraception. As a result, the contraceptive prevalence rate in some villages has risen from 60% to 70%.

**Sources of information for this profile**

The information for this profile was collected through a literature review in addition to input from key experts and practitioners working in the country. The full report cites full information sources and references (this document is a summary only).

**REPORT SAMPLE: HEALTH WORKFORCE RESTRUCTURING IN LAO PDR**

**TABLE 4. PROCESS OF DEVELOPING CURRENT WORKFORCE INTO NEW MIDWIFERY CADRES**

<table>
<thead>
<tr>
<th>CURRENT POSITION</th>
<th>LENGTH OF TRAINING</th>
<th>NEW CADRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct entry</td>
<td>3 years</td>
<td>Registered midwife</td>
</tr>
<tr>
<td>Registered nurse and Registered midwife</td>
<td>6 to 9 months</td>
<td>Registered midwife</td>
</tr>
<tr>
<td>Technical nurse</td>
<td>1 to 1.5 years</td>
<td>Registered midwife</td>
</tr>
<tr>
<td>Assistant nurse, auxiliary nurse, primary</td>
<td>1.5 years</td>
<td>Community midwife</td>
</tr>
<tr>
<td>health care worker or community midwife</td>
<td></td>
<td>Community midwife</td>
</tr>
<tr>
<td>Direct entry</td>
<td>2 years</td>
<td>Community midwife</td>
</tr>
</tbody>
</table>

**ABOUT OUR MAIN AUTHOR: Dr Angela Dawson**

Dr Dawson has experience in the areas of primary health care worker education and training, capacity building for communicable disease prevention and control at community level and health communication and media advocacy. She helped develop the training curricula to support National Malaria Control Programs in five African countries (with the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine). She has been involved in programs designed to develop dialogue and debate between journalists and health practitioners in the Asia-Pacific region, Africa and the Caribbean. Angela has been leading a program in human resources for health at community level in maternal, neonatal and reproductive health in the Asia-Pacific with the Burnet Institute.

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**ABOUT: The HRH Knowledge Hub**

The Human Resources for Health Knowledge Hub was funded by AusAID in 2008 and forms part of the School of Public Health and Community Medicine at the University of New South Wales. Our publications report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, neonatal and reproductive health workforce, and human resource issues in public health emergencies.

For further information on as well as a list of the latest reports, summaries and contact details of our researchers, please visit [www.hrhhub.unsw.edu.au](http://www.hrhhub.unsw.edu.au) or email hrhhub@unsw.edu.au or phone +61 (02) 9385 8464.

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