



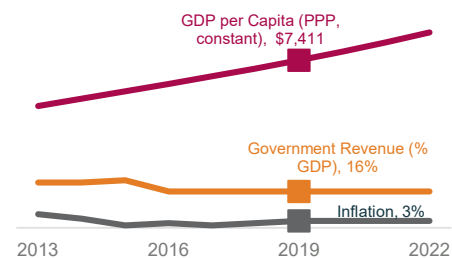
# Lao People's Democratic Republic

## LNCT Network-Wide Meeting

Tangerang, Indonesia, July 2019



### I. Economic Context

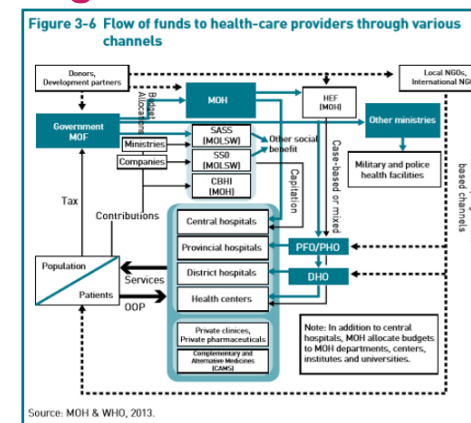


### II. MOH Budget Execution

	MOH Budget	Subnation'l Gov't Health Budgets
Total budget (2017)		
Total released		
Total spent	\$153m	
Execution as percent of budget		

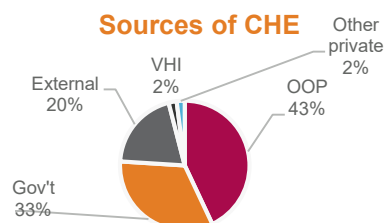
*Ask me how:*  
Lao PDR has met its co-financing commitments.

### V. Funding Flows for Immunization



### III. Sources of Health Expenditure

Year of data: 2016  
CHE per capita: US\$62  
Domestic General Government Health Expenditure as % of General Government Expenditure: 4%  
% of Domestic General Government Health Expenditure spent on immunization: 16%



#### Sources of RI Expenditure



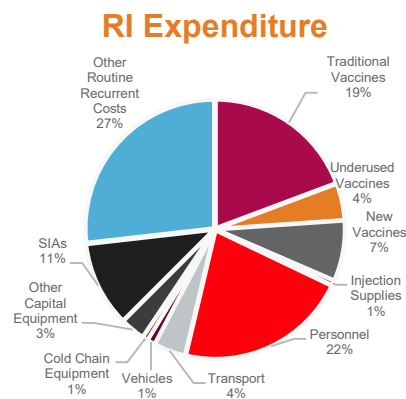
### IV. Routine Immunization Budget

Line Item	Budget Source(s)
Vaccine supply & logistics	GoL, GAVI, KOICA, JCV, US CDC
Service Delivery	GoL, GAVI, World Bank, Lux Dev, UNICEF, WHO
Advocacy & Communication	GoL, UNICEF, WHO
Monitoring & Disease Surveillance	GoL, WHO, US CDC, PATH
Program Management	GoL, Gavi, WHO
Shared Health Systems Costs	GoL, World Bank, ADB, LuxDev

Total Expenditure (from all sources) on routine immunization: **\$10.8 million**

RI Budget per Surviving Infant: **\$70.33**

% of RI costs financed by gov't: **32%**



*I want to know:*  
How other countries have raised additional funds for immunization from outside the government budget e.g. through public-private partnerships.

### VIII. Challenges

1. Disbursement delays
2. Inadequacies in costed bottom up planning from the health center level
3. Lack of funds available from sources other than the central MoH budget

### VI. Budget Allocation Process

Fund	Responsible Authority/ies	Allocation Guidance and Process	Key Bottlenecks
MOH budget	National Assembly / MoF / MoH	Allocated to agencies based on Parliamentary priorities and ceilings. MOH allocates budgets to provinces based on provincial government requests and number of health staff.	Significant delays in detailed submissions, reviews, and approvals
Donor support to national level	External donors	Allocated for specific activities based on donor priorities and government input	Delays in expenditure reporting sometimes delays funding release
Provincial health budgets	MoH / MoPI / MoF	Allocated to districts based on provincial government requests and number of health staff. Some provincial autonomy for adjusting allocation within certain limitations, and provincial funding sources.	Poor planning and budgeting and poor coordination capacity leads to delays and mistakes in detailed budgets and downstream implementation issues.
District government budget	District government	All districts receive an equal amount. The local government authorities compile requests from all sectors and allocate to various sectors based on need. Additional funding is set aside in case new requests arise during the year.	Except for staff salaries, budget disbursements usually begin in April or May, affecting implementation of activities scheduled in the first quarter.
Results based financing funds	MoF (via World Bank Health and Nutrition project)	Disbursed on annual basis at central and provincial level based on meeting indicators, including DTP3 coverage.	

### VII. Identification of Gaps

Line item	Budget 2020	Funding Gap	Potential Budget Sources
Vaccines & injection supplies		558,216	Government (including co-financing), Gavi NVS, Gavi HSS, UNICEF, WHO, WHO HSS, Gavi VIG, UNICEF HSS, Gavi CCEOP, Luxemburg Gov, US-CDC
Personnel		1,688,384	
Transport		1,652,072	
Activities & other recurrent costs		-436,585	
Logistics		1,954,767	
Total		<b>5,416,854</b>	