



# REPORT ON THE FIRST NATIONAL NUTRITION CONFERENCE

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Electricity Camp Conference Room, Thalad, Vientiane Province,  
On 30 to 31 July, 2015

The event was supported by Swiss Agency for Development and Cooperation/SDC in partnership with the Scaling up Nutrition Civil Society Alliance (SUN CSA) in Lao PDR and the National Center for Nutrition (NCN), Ministry of Health, Lao PDR.

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## Glossary

Department of Health and Hygiene Promotion	DHHP
Demographic and Health Survey	DHS
Government of Lao PDR	GoL
Iodize Deficiency Disorder	IDD
Lao Social Indicator Survey	LSIS
Millennium Development Goals	MDG
Multiple Indicator Cluster Survey	MICS
Ministry of Health	MOH
Multisectoral Food and Nutrition Security Action Plan	FNSAP
National Nutrition Strategy and Action Plan	NNSAP
National Center for Nutrition	NCN
National Nutrition Strategy	NNS
Scaling Up Nutrition Civil Society Alliance	SUN CSA
Swiss Agency for Development and Cooperation	SDC
Urine Iodine Concentration	UIC
Universal Salt Iodization	USI

## Introduction

The Scaling Up Nutrition Civil Society Alliance (SUN CSA) in Lao PDR is a formal network established in 2014 to promote sustainable improvement in the nutrition status of Lao people, in particular women and children in their first 1000 days of life. SUN CSA is a member based civil society network of international and local civil society organizations in Lao PDR. It seeks to coordinate and align civil society through skills building, convergent action and learning from best practices.

SUN CSA supports the Government of Lao PDR's (GOL) national nutrition agenda to accelerate the eradication of extreme poverty and hunger (MDG 1). It aims to improve coordination between civil society actors working in the nutrition sector, improve alliance with government policies and priorities and strengthen evidence based programming, in order to contribute to improved nutrition outcomes in Lao PDR.

This report is a summary of the First National Nutrition Conference held in Thalath, in Vientiane province from 30-31<sup>st</sup> July 2015. The event was funded by Swiss Agency for Development and Cooperation (SDC) in partnership with the SUN CSA to support the National Center for Nutrition (NCN) to host this conference.

## Purpose:

The National Center for Nutrition (NCN) was established in October 2012 and is a specialized government Institution of the Ministry of Health (MOH), under the direction of the Department of Hygiene and Health Promotion (DHHP). Its roles are to assist the Department of Hygiene and Health Promotion in the field of research, development and policy, as well as improving the knowledge and building capacity for governmental staff leading nutrition initiatives in Lao PDR. This conference was the first time that all actors of the government were brought together to discuss and share experiences specifically on nutrition interventions and the multi-sectoral convergent efforts. In order to have a fully participative process with sub-national engagement, the NCN decided to host a consultation meeting with the relevant Departments/Centers under Ministry of Health, and other key line ministries. See the full agenda in Annex 1. Prior to the meeting, NCN led development of the National Nutrition Action Plan (2016-2020) and the National Nutrition Strategy (2016-2025) hence this meeting provided an opportunity to discuss and receive further feedback from key actors. The National Nutrition Conference also provided an opportunity for the NCN to share information and experiences for further improvement, coordination and appropriate planning for the next five years (2016-2020).

## Meeting Objectives:

1. To enhance the visibility of the mandates, roles and responsibility of National Nutrition Centre
2. To identify and assign a focal point of each province working specifically on Nutrition task to achieve MDG
3. To review the implementation of nutrition programme in the past time, identify the main achievements in the past years, progress, challenges, lessons and way forward

4. To share the nutrition survey results as conducted in the recent year.
5. To share the draft of improved National Nutrition Strategy (2016-2025) and Five years National Nutrition Action plan for 2016-2020
6. To provide venue for networking and gathering of the national nutritionist and the staff working on the nutrition sensitive programs
7. Brainstorm, discuss and agree on how to implement effectively.

## Meeting summary and discussions:

This meeting was honorably chaired and opened by Dr. Inlavanh Keobouphanh, Vice Minister of Health and Head of the National Nutrition Committee Secretariat. In her opening speech, she highlighted progress of nutrition in Laos, the purpose of the meeting, thanked participants for their work and commitment on nutrition and encouraged active participation from all sectors during the meeting. Her speech is attached in Annex 2. This meeting was held over two days (30-31st July 2015), at the Electricity Camp Conference Room, Thalad, Vientiane Province. Approximately 145 people attended the event from national (including preventatives from the Ministries of Health, Education and Sports, Agriculture and Forestry, Planning and Investment and Lao Women's union) and representatives from all provinces (4 per province, including the Director of the Provincial Health Office and the Nutrition and MCH Focal Point). The previous SUN CSA Manager attend the event (Ms Vanhlee Lattana).

## Day 1:

### Topic of Discussion 1:

Dr. Bounthom Phengdy, presented on ***the policies of nutrition in Lao PDR starting with the National Nutrition Policy in 2008 and National Plan of Action on Nutrition in 2009*** and the establishment of the National Nutrition Centre (NCN). She outlined the role of the NCN in policy development, providing technical support on nutrition related action plans and activities, and capacity building and training related to nutrition nationwide. The NCN's organization chart and the human resource gaps that need to be filled within the NCN were discussed, as currently the NCN only has 11 staff, thus, there is a need to focus on how to fill in the remaining 16 positions to fulfil the total 27 staff identified as needed within the NCN. Dr. Bounthom also presented NCN's four main sectors and roles including: management and governance, research and surveillance, nutrition and promotion, and capacity building and training, as well the nutrition situation in Lao PDR nationwide, the progress of reducing stunting and wasting of children under 5 years old from 1993 to 2015, and the goal for 2020. She also presented data on the overall statistics of underweight babies (<2.5kg) at birth in the northern, southern and central areas of the country, child anemia from 2000-2011, and the government's priority to cut the cycle of malnutrition by promoting the 1000 days strategy. The presentation also showed the achievements and progress of the Multisectoral Food and Nutrition Security Action Plan (FNSAP) to date and the different UN and INGO agencies

contribution and budget summary for the eight priority provinces. The next steps forward from this discussion were presented in Dr. Khamseng's talk on the last topic of the second day (see below, page 9).

### Topic of Discussion 2:

Dr. Khamseng Philavong presented the **results of the assessment of the weekly Iron Folate Supplementation Program in four Northern provinces: Oudomxay, Xiengkhuang, Phongsaly and Houaphan**. The program started with a baseline study in October 2013, with distribution of weekly iron folate tablets commencing from February to December 2014, and end line data collection conducted from December 2014 to January 2015. The study interviewed and tested 400 women of reproductive age in the community and 400 female students aged 12-18 years old within the four provinces. The study found an average reduction of anemia (based on hb < 11.8g/dl) in four provinces among female secondary school students from 27.3% to 12.3%, and women of reproductive age in the community reduced from 33.1% to 13.5%. Action to be taken forward from discussions included the plan to expand the Weekly Iron Folate programme from 41 districts in nine provinces to high risk districts as well as target provinces, which will have a plan for procurement of weekly iron folate tables for target population sent to the NCN to estimate commodities and budget needed.

### Topic of Discussion 3:

Dr. Ratthiphone Oula presented on **the findings and lessons learnt from the 2013-2014 School survey on Iodine consumption**. The government of Lao PDR introduced universal salt iodization in 1995, and although statistics show 84% of households consume iodized salts, only 68.3% of households have salt with the proper amount to of iodization (>15ppm) (MICS 2006); and according to the most recent data in 2011, consumption of iodized salt has decreased to 79% in households (LSIS 2011). The study included approximately 3000 students aged 8-10 years old in 17 provinces. Data collection was divided into two groups of 1,500 students each. Group A included five provinces: Houaphanh, Xiengkhuang, Champasack, Sekong and Vientiane Capital with about 300 students per province; and Group B included the remaining 12 provinces according to the 2011/2012 LSIS with about 120 students per province. Results from the study based on 10 indicators found that the Government of the Lao PDR (GoL) does not have indicator 2 to 5 and indicator 6 to 9 need improvement (See Annex 2). Coverage of iodized salt is below the benchmark of 90%, with only 80% coverage in 2013-2014. Furthermore, this study found the level of iodine (> 15 mg/kg) in the sample of salt tested decreased from 68.3% in 2006 (MICS 2006) to just 37%, and the median urine iodine concentration (UIC) for school children also decreased from median UIC = 205.4 µg/L (2006, NNS) to median UIC = 103 µg/L. Therefore, findings from this research suggests action recommendations to encourage: 1) closer monitoring of domestic salt manufacturers and salt importation; 2) salt for household consumption and animal feeds should have iodine by only allowing the import of iodized salts and regular spot checks for iodine in salts; 3) salt manufacturing companies should

ensure enough iodine is added into their salts and should conduct regular quality control on the amount of iodine added during production, and 4) at the community level, to have more regular promotion of the importance of consuming iodized salt and how to store and consume iodized salt to get the most benefit.

## Topic of Discussion 4:

Dr. Bounthom Pengdy presented the ***lessons learnt from the supplementation for malnourished children under 5 years old program in four Northern provinces (Bokeo, Luang Namtha, Udomxay and Luang Prabang) supported by Nam Tern 2 hydroelectricity power company.*** The purpose of the program was to reduce the number of malnourished children especially stunting and wasting of children under 5 years old in those provinces by providing supplementary foods as well as build nutrition capacity of health staff, village health volunteers and women's union; and increase nutrition knowledge of caregivers so they would change feeding practices. The activities included identifying malnourished children in the four provinces, providing scales and cooking utensils at the village, and training at the provincial, district and village level, followed by providing supplementary foods for malnourished children and monitoring and evaluation. A representative from each province then talked about the findings from their province. In summary, all four provinces showed improvements in malnourished children after the intervention, up to 85% of the target children (n=568) while 15% (n=100) of children showed no improvement out of the total 668 children under 5 years old in four provinces. In Luangprabang 92% (n=169), Luang Namtha 71% (n=75), Oudomxay 87% (n=131), and Bokeo 83% (n=193) children showed improvement after receiving supplementary foods. The success of this project was due to its use of various interventions including: 1) capacity building from province down to the grassroots level, 2) nutritional assessment and screening to detect malnourished children, 3) provision of hot meals and snacks to malnourished children under five years of age, 4) cooking demonstrations for mothers and caregivers, 5) growth monitoring, 6) nutrition education and 7) supervision monitoring to maximize the impact to health and nutrition of the children. As the project evaluation was able to demonstrate improvement in nutritional status of these children, the government approved the budget of more than 7 billion kip to expand and carry out this project intervention in all districts and villages in Phonsaly province.

## Day 2:

### Topic of Discussion 1:

Dr. Chandavone Phoxay introduced discussions on the ***draft National Nutrition Strategy (NNS) (2016-2025) and the Nutrition Action Plan 2016-2020.*** The NNS and NAP was shared in July with multi-stakeholders and currently, the final version and stage in August –September (sectorial endorsement meeting with NCN approval and government endorsement). The presentation was on the targets for 2015, 2020, 2025 on the various indicators of nutrition (see annex 3), roll-out process, and how each intervention fits within the government's departments and sectors for implementation and responsibility.

The discussion also went into details on the nutrition specific and sensitive activities under each of the larger main 11 interventions, which are: 1) increase food consumption, 2) prevent and reduce illness, 3) food availability, 4) food access, 5) maternal and child care, 6) improve environmental health, 7) improve health care services, 8) improve capacity and cooperation, 9) improve human capacity, 10) improve quality and quantity of information, and 11) more funding for nutrition and food security activities. The discussions were around the difference between the current NNSAP and the new NNSAP for 2016-2025 in terms of target populations, yearly health expenditure, and 5-year budget plans.

### Topic of Discussion 2:

Dr Ratthiphone Oula led discussions on **Lao Government's multisectoral approach to reduce malnutrition and nutrition convergence action plan**. Based on the lessons from the United Nation's *Addressing malnutrition Multisectorally. A case study from: Peru, Brazil and Bangladesh*, taking a convergence approach in those countries, they were able to reduce four percent of stunting and wasting rates in children under 5 years old. Therefore, the Lao Government has taken similar steps in prioritizing a convergent model in the NNSAP currently being implemented in three priority provinces: Salavanh, Oudomxay and Luangnamtha provinces. Dr. Ratthiphone then presented the roll-out process plan from 2014 to 2020 starting in the seven priority provinces during the first phase 2014, the second phase to include seven more provinces in 2015 and the third phase to include the remaining three provinces in 2019. She then highlighted the 14-4-4 interventions for the health, education and agriculture sectors respectively. Discussions were around the challenges in implementing the multisectoral approach which included: **1) difficulty in communication between different departments as the teams responsible have other duties and time constraints, 2) how to monitor and report progress, and 3) planning and implementing of activities in some sectors are still not aligned with the NNSAP priorities**. Priority achievements that need to be carried out by 2015 include:

1. Approve and endorse the Multisectoral Food and Nutrition Security Action Plan 2016-2020.
2. Have a standardized tool for monitoring and reporting the progress of the Multisectoral Food and Nutrition Security Action Plan.
3. Improve the quality of data collected to serve as evidence to improve policies, action plan and reporting in international arenas.
4. Conduct research on the issues and challenges of implementing the Multisectoral Food and Nutrition Security Action Plan in Lao PDR to serve as a learning experience.

### Topic of Discussion 3:

Dr. Sengchanh Kounnavong presented on the topic of **Nutrition Surveillance System and Lessons learnt from neighboring countries**. The definitions of surveillance, the purpose, and surveillance activities were shared. There are various types of surveillance systems, 1) Multiple Indicator Cluster Survey (MICS) carried



out every 5 years; 2) Demographic and Health Survey (DHS); 3) WHO/FAO projections and 4) National Nutrition Surveys. Only 16 countries that have complete data in Asia including Bangladesh, China, Indonesia and Vietnam. The presentation delves into each neighboring country's health surveillance system including Indonesia and Vietnam and challenges with surveillance from Myanmar. Dr. Sengchanh then presented the surveys that have been conducted in Lao PDR, which included:

- Three Multiple Indicator Cluster Survey (MICS) in the year 1995, 2000 and 2005
- One Nutrition survey in 1994,
- One National Health Survey (NHS) in 2000
- One Lao Social Indicator Survey (LSIS) in 2011-2012
- One Maternal and Young Child Nutrition Security Initiative (MYCNSI) survey in 2011-201

The discussion then went into details on how to set up a surveillance system in Lao PDR, at which level should it be carried out, the tools needed and how can surveillance data be used. Based on the meeting discussion the MOH will use the Health Information Management System (HIMS), which is currently using the DHSI2 nationwide. Nutrition is already included in this data recording and reporting system. Some lessons learned on Nutrition Surveillance from other countries such as conducting small cluster surveys in selected areas every 2 to 3 years from Vietnam might be considered to be applied to the Lao PDR context

## Topic of Discussion 4 and Action Points for Follow Up:

Dr. Khamseng Philavong leads the discussion topic on the 2015 nutrition priority action plan and way forward. The actions points from the conference are:

1. Continue working with Department of Hygiene & Health Promotion (DHHP) in improving National Nutrition Strategy (2016-2025) and five years plan of action (2016-2020)
2. Identify the integrated monitoring tools for the implementation of Food Security and Nutrition Programme by using Multisectoral approach (M&E) including report
3. Improving the data quality for policy and planning as well as to report to government and international agencies with focus on using Multisectoral approaches.
4. Conduct the survey to identify the challenges and difficulties in implementation of Food Security and Nutrition programme by using Multisectoral approaches.
5. Work with the DHHP on developing a Capacity Building Plan on Nutrition at all levels and stage including management for managers and technical implementers nationwide by 2020. The plan should also include short term and long term capacity building in country and abroad Including, building 2 Master Degree Nutritionist per year either in country or abroad.
6. Conduct the short course training on nutrition (3 week course: 1 week in Lao PDR and 2 weeks in Singapore) in collaboration with Teemasek Singapore
7. Conduct the daily routine work of National Nutrition Committee Secretariat office such as administration, organizing various meetings, coordination with related sectors and others
8. Multisectoral planning and implementation with related sectors on promotion of Iodine Salt Utilization with aims to Declaration of Free Iodine Deficiency (IDD) by 2020

9. Survey on nutrition with combination on immunization in 5 target (convergent) provinces in collaboration with National statistic Bureau, NIOPH, EPI.
10. Forecasting, planning and procurement of nutrition commodities such as Vitamin A, deworming tablets, daily and weekly iron folate tables for target population.
11. Provide technical assistance to DHHP in improving legislations such as Code of Marketing of Breast milk Substitute, guidelines on micronutrients supplementation and food fortification.
12. Actively promote World Breastfeeding Week and increase awareness on exclusive breastfeeding.
13. Revitalize the Baby Friendly Hospital Initiative (BFHI) and Baby Friendly Workplace for breastfeeding mothers in collaboration with DHHP, Department of Health Care (DHC) and related sectors.
14. Continue to work with UNICEF in expanding the Infant and Young Child Feeding (IYCF) training from Southern to Northern provinces (Luangnamtha and Oudomxay).
15. Collaborate with WHO to improve and expand the distribution of weekly iron folate supplementation to women of reproductive age to other provinces.
16. Continue to implement nutrition activities based on the government's funding to 8 provinces: Phongsaly, Houaphan, Xiengkouang, Salavan and Sekong on reducing malnutrition for children under 5 years old program and Xaysomboun province on nutrition capacity building program.

## Summary:

The first National Nutrition Conference closed with participants understanding more about the background and roles of the NCN, the progress of the NNSAP to date and the various studies and research being implemented by the NCN under the DHHP. Some agreements, suggestions and comments from the participants in the conference put forward for the NCN, DHHP and ministries involved to discuss and follow-up with included:

1. Establishing a nutrition network, section or unit at all levels to assist with communication channels and reporting to the NCN.
2. Every province needs to constantly check and update their data, plan and budget request accordingly to direct line ministries to ensure effective implementation to achieve the MDG and SDG.
3. Every sectors and development Partners (DP) needs to actively engage and conduct social and community mobilization in their target area.
4. Review and improve the revolving fund of Iodine salt for continuity and sustainability
5. All legislation documents or strategy should be submitted to the Government office. Which would then be revised appropriately for government approval.
6. Food inspection on food safety should be conducted regularly in the retail shops
7. Nutrition assessment is difficult by using the current growth monitoring of WHO growth standard. Suggest having a simpler and user friendly version.
8. Agriculture sectors have to provide some plants and small animals seeds to poor households in convergent area to ensure the sustainability of Food Security at households level

9. Target to be achieved at various periods and levels should be available and accessible to all sectors to monitor and follow-up to ensure targets are reached accordingly.

## Meeting Outcomes:

According to the chair's closing speech and participants' discussions at the meeting, all agreed that the meeting was productive and successful. The meeting met its objective as it brought key stakeholders from different sectors and from both national and sub-national levels together. The focus was on developing a common understanding of the policy framework for nutrition in Lao PDR, identifying progress to date, and prioritizing action points for follow-up and next steps.

The indicators that determine the achievement of the objectives include:

1. The commitment from the Ministry of Health to consider providing more staff and expertise to the National Center of Nutrition (NCN).
2. The provinces agreed to identify and assign a nutrition focal point person for the network to improve coordination.
3. Best practices and successful projects will act as models and will be shared for other provinces and sectors to expand upon.
4. Participants provided input to improve the draft National Nutrition Strategy 2025 and Plan of Action 2016-2020 which was then taken to the National Nutrition Committee.
5. Gained commitment from related sectors for further well multisectoral coordination and implementation.

## Annex

### Annex 1: Agenda of First Annual National Nutrition Meeting

**Date:** 30th-31th July 2015

**Time:** 8:30 - 4:30pm

**Venue:** Electricity Camp Conference Room , Thalath. Vientiane Province

Time	Agenda item	Presenter
<b>Day 1</b>		
8:00-8:30	Registration	Dr. Vanida, Ms. Pinmouk and Mr. Taiphadaosadeth
8.30-8.35	Introduce the purpose of the meeting and guests of the meeting	Dr. Khamseng Philavong, Deputy National Center for Nutrition (NCN)
8:35-8:45	Welcome participants	Dr. Path Kingsaneth, Head of Hygiene and Health promotion Department
8.45-8:55	Opening remarks from the supporter of the First National Nutrition Meeting	Representative from Agency for Development and Cooperation (SDC)
8:55-9:15	Official opening of the meeting	Minister of MoH (Chair of the Meeting).
9:15-10:00	Background of nutrition strategy and policies; duties and roles of NCN and nutrition status in Lao PDR: Achievements, progress, challenges, lesson learnt, and future plans.	Dr. Bounthom Phengdy, Director of NCN
10:00-10:15	Coffee break	
10:15-11:00	Group discussion	Chair of the Meeting
11:00-11:30	Results of the assessment of Weekly Iron Folate Supplementation Program including Anemia prevalence in 4 Northern provinces	Dr. Khamseng Philavong Deputy Director of NCN
11:30-12:00	Discussion	Chair of the Meeting
12:00-13:30	Lunch	
13:30- 14:00	Results of the School Survey on Iodine 2014	Dr. Ratthiphone Oula Head of Nutrition Surveillance & Research Section, NCN

14:00- 15:00	Presentation on Food Supplementation for malnourished children under five years old in 4 Northern Provinces (Bokeo, Luang Namtha, Udomxay and Luang Prabang)	Dr. Bounthom Phengdy Director of NCN, with discussion from representatives from the provinces
15:00-15:15	Coffee break	
15:15-16:00	Group discussion	Chair of the Meeting
16:00-16:30	Conclusion for Day 1 meeting	Chair of the Meeting
<b>Day 2</b>		
8:30-9:30	Draft of improved National Nutrition Strategy (2016-2025)	Dr. Chandavone Phoxay Deputy DHHP
9:30-10:00	Group discussion	Chair of the Meeting
10:00-10:15	Coffee break	
10:15- 10:45	Lao Government's Multisectoral approach to reduce malnutrition and Nutrition Convergence Action Plan	Dr. Ratthiphone Oula, Head of Nutrition Surveillance & Research Section, NCN
10:45 -11:30	Five year plan of action (2016-2020) for NCN	Dr. Khamseng Philavong Deputy Director of NCN
11:30 -12:00	Group Discussion	Chair of the Meeting
12:00-13:30	Lunch	
13:30-14:00	Nutrition Surveillance System and Lessons learned from neighboring countries	Dr. Sengchanh Kounnavong, Head of research, Public Health Institute
14:00-14:30	Group Discussion	Chair of the Meeting
14:30-14:45	Coffee break	
14:45-15:15	Action Plan and way forward	Dr. Khamseng Philavong Deputy director of NCN
15:15-15:30	Group discussion	Chair of the Meeting
15:00-16:00	Conclusion of the meeting and closing remark	Chair of the Meeting

## Annex 2: Dr Inlavanh Keobouphanh's Opening Speech

ບົດປາໄສໄຂກອງປະຊຸມ ຂອງທ່ານ ດຣ. ອິນລາວັນ ແກ້ວບຸນພັນ, ລັດຖະມົນຕີຊ່ວຍວ່າການກະຊວງສາທາລະນະສຸກ  
ທັງເປັນຫົວໜ້າກອງເລຂາຄະນະກຳມະການໄພຊະນາການແຫ່ງຊາດໃນ  
ກອງປະຊຸມໄພຊະນາການແຫ່ງຊາດຄັ້ງທີ 1 , ວັນທີ30-31/ກໍລະກົດ/2015, ທີ່ສະໂມສອນໄຟຟ້າທ່າລາດ

ບັນດາທ່ານ ແຂກຜູ້ມີກຽດ, ທ່ານຍິງ ແລະ ທ່ານຊາຍ ທີ່ຮັກແພງທັງຫລາຍ.

ມື້ນີ້ໃນນາມຕາງໜ້າໃຫ້ການນຳກະຊວງສາທາລະນະສຸກແລະຫົວໜ້າກອງເລຂາຄະນະກຳມະການແຫ່ງຊາດດ້ານໄພຊະ  
ນາການແລະໃນນາມສ່ວນຕົວ, ຂ້າພະເຈົ້າມີຄວາມປະທັບໃຈຊືມຊົມເປັນຢ່າງຍິ່ງທີ່ໄດ້ເຂົ້າຮ່ວມກອງປະຊຸມຄັ້ງປະຖົມມະເລີກ  
ຂອງກອງປະຊຸມປະຈຳປີຄັ້ງທີ 1 ຂອງສູນໄພຊະນາການ.

ດັ່ງທີ່ບັນດາທ່ານຮູ້ດີແລ້ວວ່າວຽກງານໄພຊະນາການ ແມ່ນນອນໃນເປົ້າໝາຍສະຫັດສະຫວັດດ້ານການພັດທະ  
ນາໃນເປົ້າໝາຍ ທີ1( MDG 1)ໃນການຈັດຕັ້ງປະຕິບັດແມ່ນຍັງມີສິ່ງທ້າທາຍສູງທີ່ຈະບັນລຸເປົ້າໝາຍທີ່ວາງໄວ້. ໂດ  
ຍສະເພາະການຫລຸດຜ່ອນອັດຕາສ່ວນ ນໍ້າໜັກຫລຸດມາດຖານ ແລະການເຕີຍຂອງເດັກ ເປັນວຽກງານໜຶ່ງທີ່ມີຄວາມ  
ຫຍຸ້ງຍາກ ແລະ ຕ້ອງໃຊ້ເວລາໃນການຈັດຕັ້ງປະຕິບັດ ເພາະມັນຕິດພັນກັບຫລາຍປັດໄຈ ແລະ ຫລາຍຂະແໜງການ  
ເປັນຕົ້ນແມ່ນ ການຄ້ຳປະກັນດ້ານສະບຽງອາຫານ, ການເຂົ້າເຖິງແຫລ່ງອາຫານ ແລະ ວິທີການບໍລິໂພກອາຫານ. ໃນ  
ໄລຍະ 2 ປີເຄິ່ງຜ່ານມາ ກະຊວງສາທາລະນະສຸກໄດ້ມີຄວາມພະຍາຍາມ ໂດຍການປຸກລະດົມສິ່ງເສີມຂະບວນການ  
ອະນາໄມ-ກັນພະຍາດ ເພື່ອປ່ຽນແປງພຶດຕິກຳການດຳລົງຊີວິດຂອງ ປະຊາ ຊົນໃຫ້ຖືກຕາມຫລັກອະນາໄມ 3 ສະອາດ  
ເປັນຕົ້ນແມ່ນ ຕື່ມນໍ້າຕື່ມ, ກິນອາຫານສຸກ, ນຳໃຊ້ວິດຖ່າຍ ທີ່ສຳຄັນແມ່ນພຶດຕິກຳການກິນອາຫານຂອງເດັກນ້ອຍໃຫ້  
ຄົບໝວດອາຫານ, ການລ້ຽງລູກດ້ວຍນົມແມ່, ໂດຍການສະໜອງນົມແລະອາຫານເສີມໃຫ້ເດັກໃນໂຮງຮຽນ,  
ການແຈກຢາຍວິຕາມິນອາ, ຢາຂ້າແມ່ທ້ອງ, ເກືອແຮ່, ທາດເຫລັກ ແລະທາດສິງກະສີໃຫ້ເດັກ ແລະໃນກຸ່ມແມ່ຍິງໄວ  
ຈະເລີນພັນ.

ແຕ່ເຖິງຢ່າງໃດກໍຕາມ ບັນດາຄາດໝາຍທີ່ກຳນົດໄວ້ໃນແຜນ ການຮອດປີ 2015 ຍັງເຫັນວ່າ ມີຄວາມ  
ຫຍຸ້ງຍາກທີ່ຈະບັນລຸ ເຊັ່ນ: ອັດຕາສ່ວນເດັກນ້ອຍລຸ່ມ 5 ປີທີ່ມີນໍ້າໜັກຕໍ່າກວ່າມາດຕະຖານ1 ຊຶ່ງມີຄວາມຄືບໜ້າຊ້າ  
ຈາກຜົນການສຳຫລວດດັດສະນີໝາຍສັງຄົມລາວ ບັນລຸພຽງແຕ່ 27% ຄາດໝາຍປີ 2015 ແມ່ນ 22%; ອັດຕາສ່ວນ  
ເດັກນ້ອຍລຸ່ມ 5 ປີ ທີ່ເຕີຍ (ຂາດອາຫານຊຳເຮື້ອ) ບັນລຸ 38% ແຕ່ມາດຖານຂອງ ອົງການອະນາໄມໂລກ 44% ຄາດ  
ໝາຍປີ 2015 ແມ່ນ 34% ຊຶ່ງເຫັນວ່າ ເປັນສິ່ງທ້າທາຍສູງຕ້ອງໄດ້ສົມທົບກັບ ບັນດາຂະແໜງການອື່ນ ແລະທ້ອງຖິ່ນ

ໃນການຮັບປະກັນ ດ້ານ ສະບຽງອາຫານ ແລະ ປັບປຸງວຽກ ງານໄພຊະນາການສຶກສາ ພ້ອມກັນສຸມທຸກກຳລັງ ແລະ ຫົນເຂົ້າໃນວຽກງານດັ່ງກ່າວໃຫ້ຫລາຍຂຶ້ນ.

ບັນດາທ່ານທີ່ ຮັກແພງເພື່ອໃຫ້ບັນລຸ MDG1 ຄາດໝາຍທີ່2 ລັດຖະບານລາວເຮົາ ໄດ້ປະຕິບັດຍຸດທະສາດເພື່ອການເຕີບໂຕທາງດ້ານເສດຖະກິດ ແລະ ການ ລົບລ້າງຄວາມທຸກຍາກ ແຫ່ງຊາດ ທີ່ຈະນຳເອົາປະເທດຊາດ ລຸດຜົນອອກຈາກສະຖານະພາບຂອງປະເທດດ້ອຍພັດທະນາໃນປີ 2020. ທັງໝົດທີ່ກ່າວມານັ້ນແມ່ນຮຽກຮ້ອງໃຫ້ມີການຮ່ວມມືຢ່າງມີປະສິດທິຜົນລະຫວ່າງ ຂະແໜງການຕ່າງໆທີ່ກ່ຽວຂ້ອງ ແລະ ທີ່ມີສ່ວນຮັບຜິດຊອບດ້ານການພັດທະນາ ເຊັ່ນ: ຂະແໜງ ສາທາລະນະສຸກ, ສຶກສາ, ກະສິກຳ, ສິ່ງແວດລ້ອມ, ອຸດສະຫະກຳ ແລະ ການຄ້າພັດທະນາສັງຄົມ ແລະ ອື່ນໆ ເພື່ອຈະບັນລຸໄດ້ ການຄ້ຳປະກັນ ສະບຽງອາຫານໃນລະດັບຄົວເຮືອນ ແລະ ລະດັບຊາດ ລ່ວມທັງຄວາມສົມບູນພູນສຸກ ດ້ານໄພຊະນາການ.

ຈຸດປະສົງກອງປະຊຸມຄັ້ງນີ້ແມ່ນເພື່ອນຳສະເໜີໃຫ້ທ່ານຊາບກ່ຽວກັບຄະນະ ແລະ ກອງເລຂາຂອງຄະນະກຳມະການ ແຫ່ງ ຊາດ ດ້ານໄພຊະນາພ້ອມດ້ວຍພາລະບົດບາດ. ທັງຈະໄດ້ຮັບຟັງການລາຍງານຄວາມຄືບໜ້າໃນການຈັດຕັ້ງປະຕິບັດປີ 2014-2015 ແລະ ແຜນການທົດທາງໃນຕໍ່ໜ້າ ປີ 2015-2016 ເພື່ອບັນດາທ່ານຈະໄດ້ຄຳຄິດຄຳເຫັນໃນການປັບປຸງໃນຕໍ່ໜ້າ.

ຂ້າພະເຈົ້າຂໍສະແດງຄວາມຂອບໃຈຢ່າງຈິງຈັງມາຍັງບັນດາທ່ານທີ່ຮ່ວມກອງປະຊຸມໃນຄັ້ງນີ້, ແລະ ທຸກທ່ານຈາກຂະແໜງການຕ່າງໆທີ່ກ່ຽວຂ້ອງ ທີ່ໄດ້ເສຍສະຫລະເວລາ ແລະ ໃຫ້ກຽດເຂົ້າຮ່ວມໃນກອງປະຊຸມຄັ້ງນີ້. ການໃຫ້ກຽດມາເຂົ້າຮ່ວມກອງປະຊຸມ ໃນມື້ນີ້ຂອງບັນດາທ່ານ ເປັນການສະແດງໃຫ້ເຫັນຢ່າງຈະແຈ້ງ ເຖິງຄວາມເປັນຫວ່າງເປັນໃຍ ແລະ ຄວາມເອົາໃຈໃສ່ຂອງບັນດາທ່ານ ຕໍ່ວຽກງານການຄ້ຳປະກັນສະບຽງອາຫານ ແລະ ໄພຊະນາການ ໃນ ປະເທດເຮົາ ເພື່ອສຸຂະພາບທີ່ແຂງແຮງ ແລະ ໄພຊະນາການທີ່ດີສຳລັບທຸກຄົນປະຊາຊົນບັນດາເຜົ່າໃນປະເທດເຮົາ. ດັ່ງນັ້ນ ພວກເຮົາຈະໄດ້ສືບຕໍ່ອອກເທື່ອເທື່ອ ຮ່ວມມືກັນ, ປະສານງານກັນໃຫ້ດີ ເພື່ອສຳເລັດວຽກງານດັ່ງກ່າວໃຫ້ມີໝາກຜົນດີທີ່ສຸດ.

ບັນດາທ່ານ ທີ່ນັບຖື ກອງປະຊຸມໃນມື້ນີ້ ແມ່ນສຳຄັນເປັນຢ່າງຍິ່ງເພື່ອຈະໄດ້ຄົ້ນຄວ້າແປງຄວາມຮັບຜິດຊອບໃຫ້ແຕ່ລະຂະ ແໜງການຢ່າງຈະແຈ້ງ, ສົນທະນາຄົ້ນຄວ້າປຶກສາຫາລືຮ່ວມກັນເພື່ອຈັດຕັ້ງປະຕິບັດວຽກງານແບບເຊື່ອມສານຂອງແຕ່ລະໂຄງການທີ່ມີຢູ່ໃນແຕ່ລະຂະແໜງການເພື່ອໃຫ້ບັນລຸ MDG 1; ອີງໃສ່ທຶນຮອນ ແລະ ບຸກຄະລາກອນກໍ່ຈຳກັດ, ເວລາຈັດຕັ້ງປະຕິບັດ ແຕ່ນີ້ຫາປີ 2015 ກໍ່ສິ້ນ, ສິ່ງທ້າທາຍພັດໃຫຍ່ຫລວງ. ສະນັ້ນ ຂໍຮຽກຮ້ອງໃຫ້ບັນດາທ່ານຈົ່ງຮ່ວມແຮງຮ່ວມໃຈເອີງໃຈໃສ່ໃນວຽກງານໄພຊະນາການດັ່ງກ່າວ ໃຫ້ກາຍເປັນແຜນງານຂອງໂຄງການ, ກິດຈະກຳແລະ ລົງຮອດກຸ່ມເປົ້າໝາຍ ແລະ ແກ້ໄຂສະພາບ ດັ່ງກ່າວ ໃຫ້ທັນເວລາ. ຂ້າພະເຈົ້າ ອວຍພອນໃຫ້ ບັນດາທ່ານທຸກທ່ານມີສຸຂະພາບເຂັ້ມແຂງ ແລະ ປະສິດຜົນສຳເລັດໃນວຽກງານ ແລະ ກອງປະຊຸມນີ້.

ຂອບໃຈ.



### Annex 3: Indicators for Universal Salt Iodization in Lao PDR

No.	Indicator	Lao PDR
1	Coverage of > 90% -Iodization in salt at HH level 20-40 ppm - Iodization in salt at factory level 40-60 ppm Urine Iodine Concentration (UIC) <100 mcg/L	Coverage 80% -37% of sample salt had iodine > 15 mg/kg (while in 2005 was 68.3%) -Average UIC = 103 µg/L (95% CI 96-114 µg/L) and UIC < 100 mcg was 27% (decreased from 2006 NNS which had a median of UIC = 205.4 µg/L)
2	National IDD committee or council	Don't have
3	National policy and strategy for USI and eradication	Don't have
4	Secretariat for Iodize Deficiency Disorder eradication committee	Don't have
5	Legislation and management of IDD	Don't have
6	IEC Programs for IDD eradication and iodized salt consumption	Needs improvement
7	Regular monitoring data from salt manufacturers, households and vendors	Needs improvement
8	Laboratory data on iodine in salt and urine in high risk areas	Needs improvement
9	Cooperation and commitment from salt manufacturers in quality management and control	Not good cooperation with salt manufacturers - Imported salt has no iodine - small salt manufactory companies don't add iodine - Quality and quantity of Iodine - Household level is low - Manufacturer is low quality
	Regular data collection, monitoring and reporting	Data only available from the national census



## Annex 4: Target indicators for nutrition

ຕົວຊີ້ບອກ	2015*	ປີ້ໝາຍ 2020	ປີ້ໝາຍ 2025
	%	%	%
ອັດຕາຊຸກຊຸມຂອງການຂາດສານອາຫານ (%)			
ອັດຕາຂອງການຂາດອາຫານຊໍາເຮື້ອ/ເຕັງໃນເດັກນ້ອຍອາຍຸຕໍ່າກວ່າ 5 ປີ (ມາດຕະຖານອົງການອະນາໄມໂລກ)	44	36	28
2. ອັດຕາການຈ່ອຍຜອມໃນເດັກນ້ອຍອາຍຸຕໍ່າກວ່າ 5 ປີ 3 (ມາດຕະຖານອົງການອະນາໄມໂລກ)	6	5	5
4. ອັດຕານໍ້າໜັກຕໍ່າກວ່າເກນ ໃນເດັກນ້ອຍຕໍ່າກວ່າ 5 ປີ 5. (ມາດຕະຖານອົງການອະນາໄມໂລກ)	27	17	15
6. ອັດຕາແມ່ຍິງໄວຈະເລີນພັນທີ່ຈ່ອຍຜອມ (BMI<18.5kgm <sup>2</sup> )	14.5	12	10
7. ອັດຕາການເປັນເລືອດຈາງ ເດັກນ້ອຍຕໍ່າກວ່າ 5 ປີ 8. (Hemoglobin <11g/dL)	41	30	20
9. ອັດຕາການເປັນເລືອດຈາງ ໃນແມ່ຍິງໄວຈະເລີນພັນ (WRA) (Hemoglobin <12g/dL)	46	35	23
10. ເດັກເກີດນໍ້າໜັກຕໍ່າ	15	10	5
11. ນໍ້າໜັກເກີນໃນເດັກອາຍຸຕໍ່າກວ່າ 5 ປີ	2	2	2
12. ອັດຕາການລ້ຽງລູກດ້ວຍນົມແມ່	40	50	60
13. ການຂາດສານໄອໂອດີນ ໃນເດັກນັກຮຽນ	27	17	10
14. ອັດຕາການຕາຍຂອງເດັກເດັກລຸ່ມ 1 ປີ (IMR) <sup>e</sup>	45/1,000	30/1,000	25/1,000

15. ອັດຕາການຕາຍຂອງເດັກກລຸ່ມ 5 ປີ (CU5 MR) e	72./1,000	45/1,000	40/1,000
16. ອັດຕາການຕາຍຂອງແມ່ (MMR)	260/100,000	180/100,000	100/100,000