



# Non communicable Diseases Risk Factors in Lao PDR

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# Outline

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# Introduction

- **NCDs are currently the leading global cause of death worldwide and rise to become one of the major cause of mortality and morbidity in Lao PDR**
- **Morbidity from NCD has a direct impact to health problem as well as national socio-economic development**
- **The global goal is a relative reduction in premature mortality (30 to 70 years) by 2025. This goal focuses on an achievable level of prevention depending on the current state of the epidemic in the country.**



# Introduction

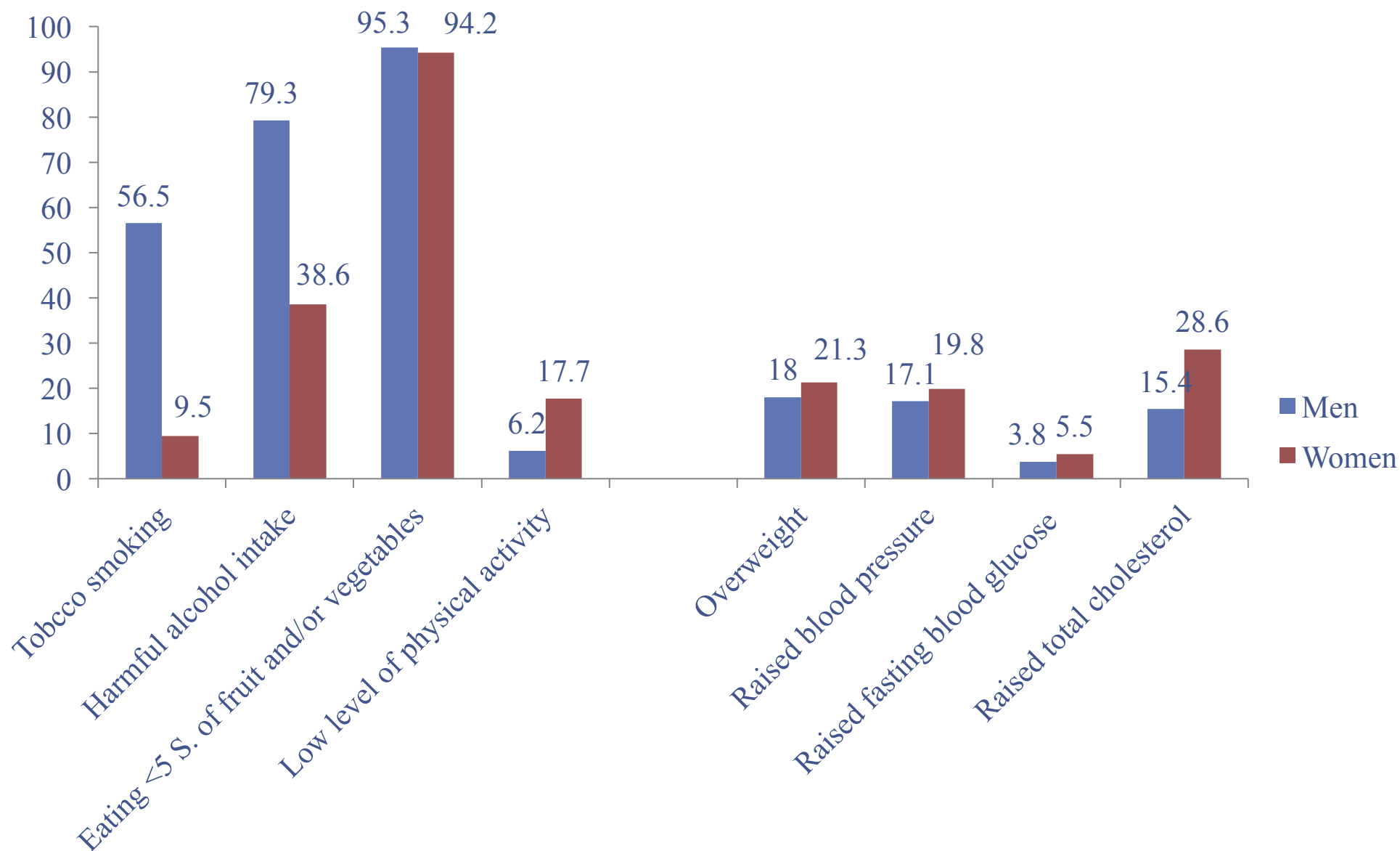
- **Deaths due to NCD were 12,100 in men and 11,700 in women in Lao PDR in 2008. Of these, (38.6%) in men and (32.6%) in women were under the age of 60 years indicating a heavy premature burden from NCDs (Global Report, WHO 2010)**
- **The first STEPs Survey on NCD risk factors was conducted in Lao PDR in 2008, which shown high risk factors on NCDs**
- **There is no National NCD's evidences based available for preventing and controlling**
- **The first nationwide STEPs Survey was conducted in 2013**
- **The Lao School based Survey was conducted in 2015**



# Methodology: STEP wise risk factor survey (WHO)

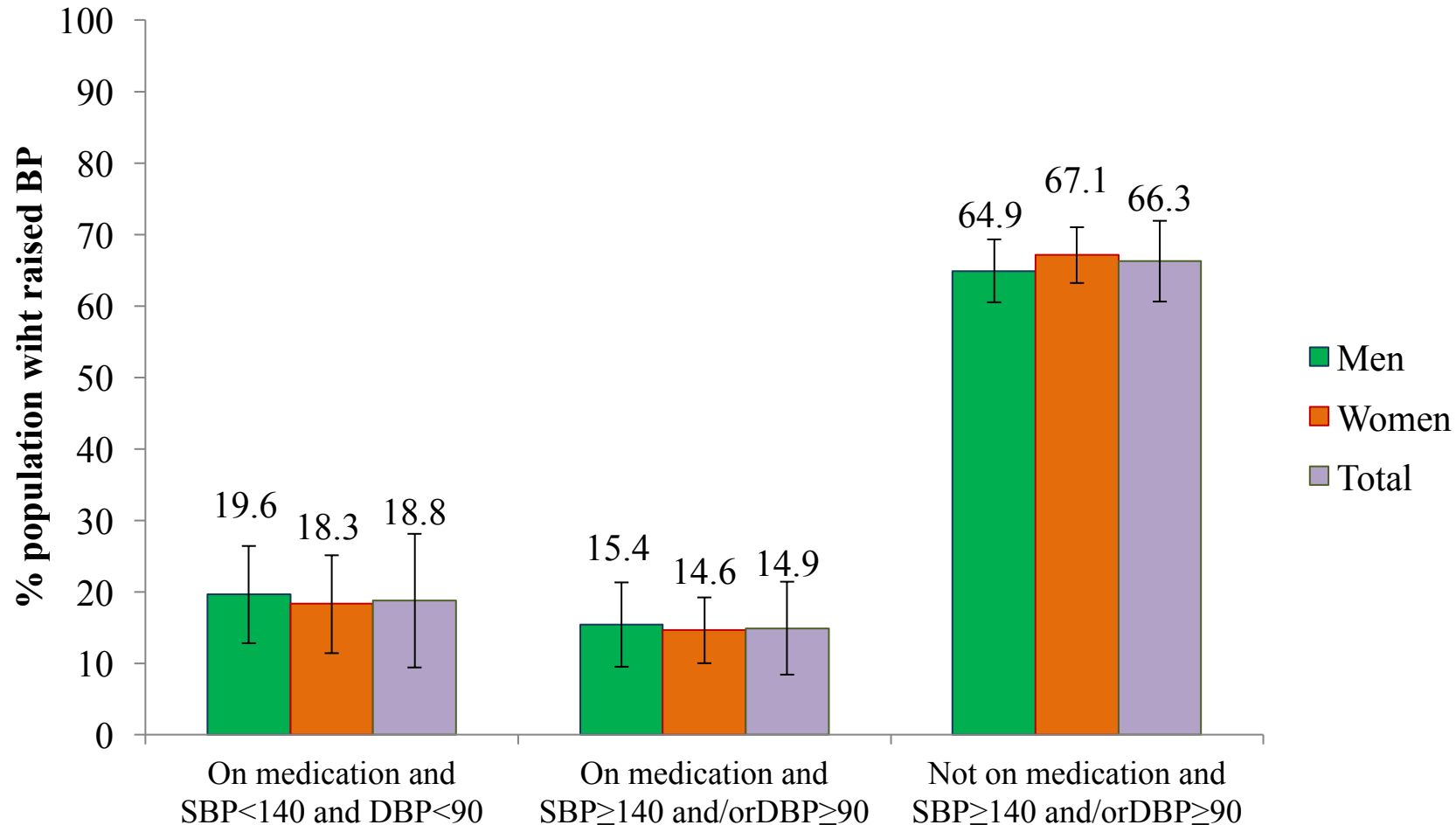
- **Major Behavioral Risk Factors**
    - Tobacco use
    - Harmful alcohol use
    - Unhealthy diet (low fruit and vegetables)
    - Physical inactivity
  - **Major Biological Risk Factors**
    - Overweight and obesity
    - Raised blood pressure
    - Raised blood glucose
    - Abnormal blood cholesterol
- A multi-stage cluster sampling method
  - 175 villages was randomized in 17 provinces
  - Sample of approximately 2,625 households (1 person per Household using the Kish Method)

# Main Results



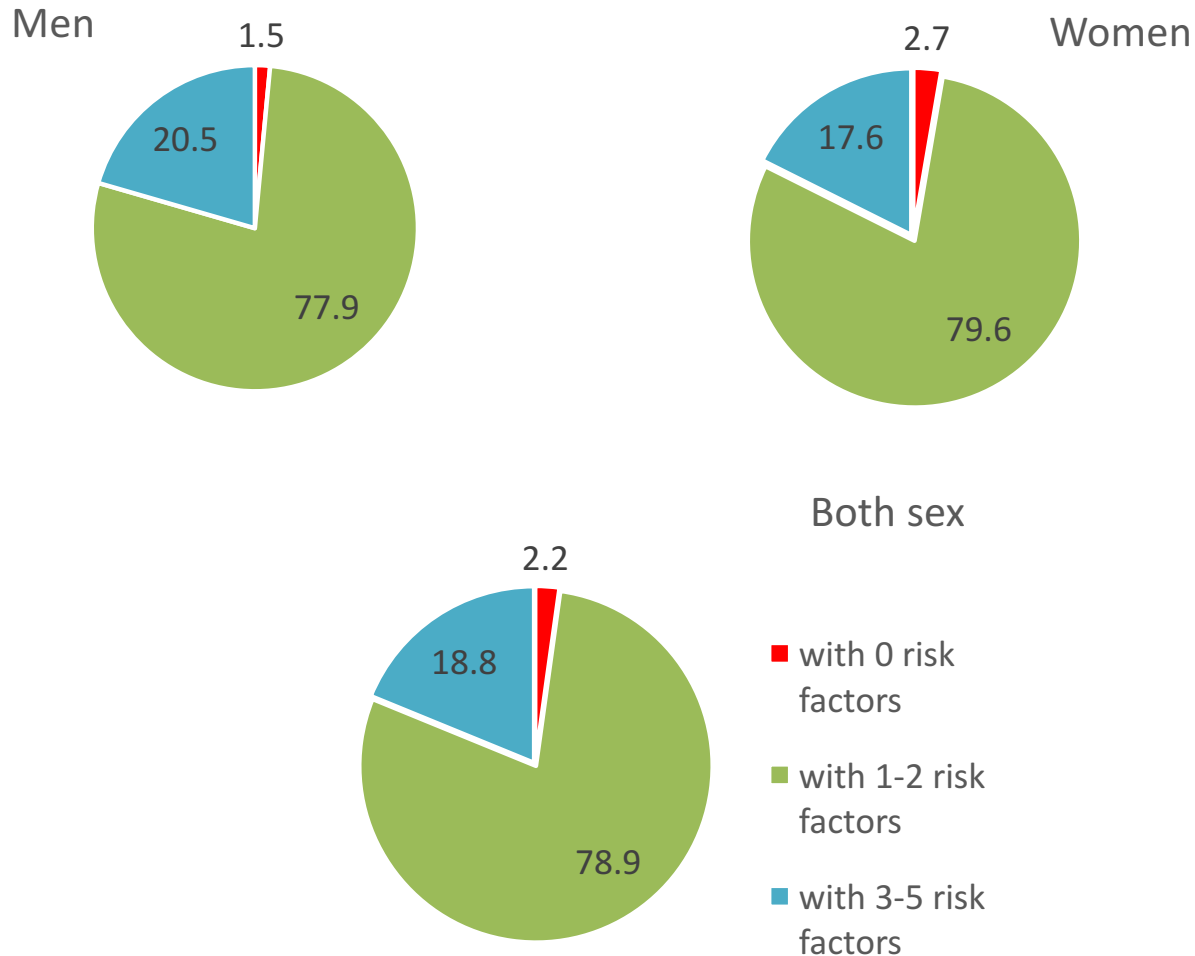


# Treatment and/or control raised blood pressure among those with raised blood pressure





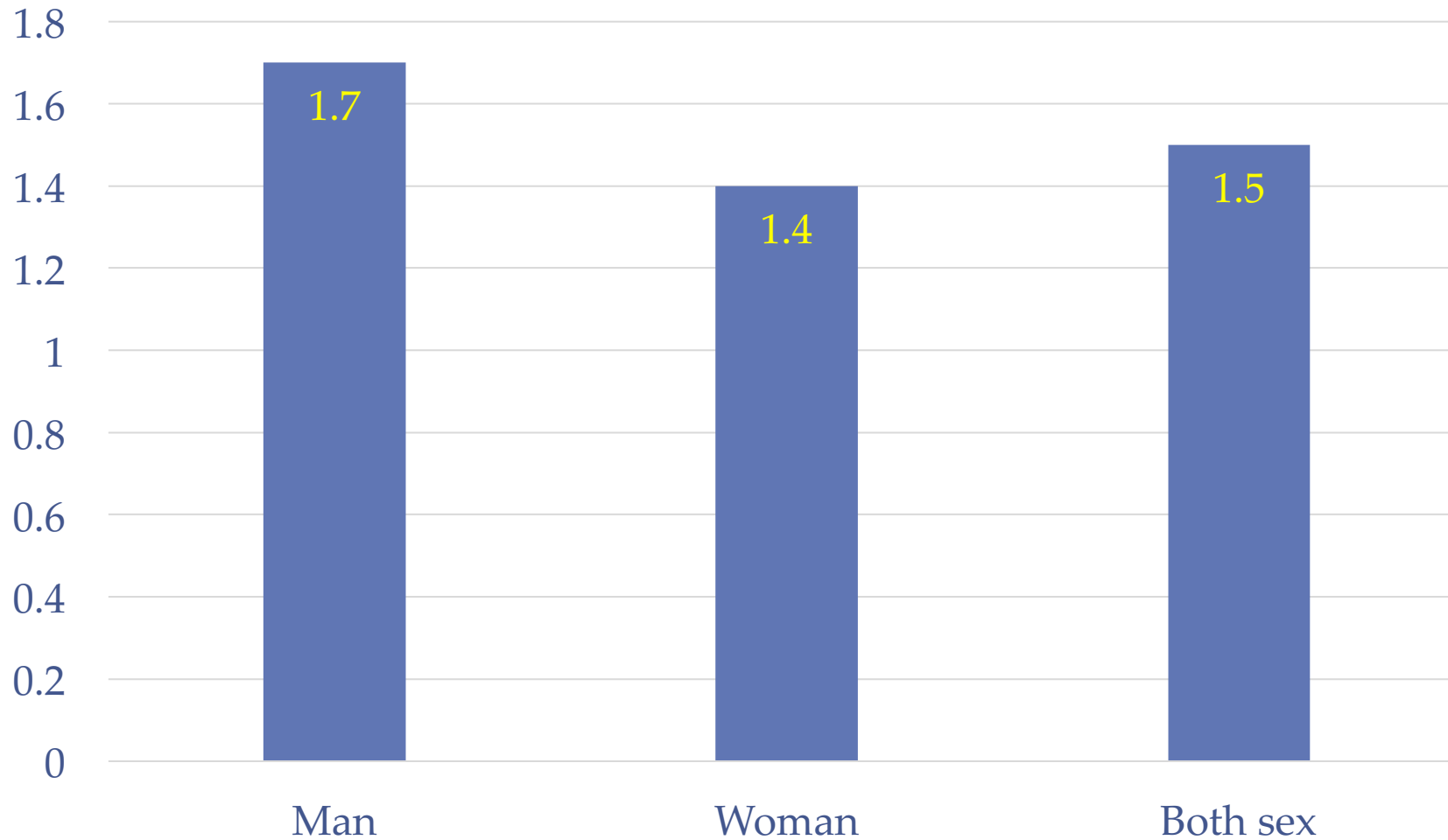
# Combined Risk Factors



- **Current daily smoking**
- **< 5 servings of fruit and/or vegetables per day**
- **Low level of physical activity for health (<150 minutes of moderate activity per week)**
- **Overweight or obese (BMI  $\geq 25$  kg/m<sup>2</sup>)**
- **Raised BP (SBP  $\geq 140$  and/or DBP  $\geq 90$  mmHg or currently on medication for raised BP).**



## Percentage of respondents with a 10-year CVC risk $\geq 30\%$



A 10-year CVD risk of  $\geq 30\%$  is defined according to age, sex, blood pressure, smoking status, total cholesterol, and diabetes

# Policy action and implementation

- Lao Policy on Non communicable Diseases (NCD) Prevention and Control (July 2014)
- Lao Multi-sectoral Action Plan on Non communicable Diseases (NCD) Prevention and Control 2014-2020
- Guideline for the Diagnosis, Treatment and follow up of patients With NCDs and NCD risk factors in Lao PDR
- Surveillance plan 2014-2025
  - STEP Survey in 2018, 2023
  - GSH survey in 2019, 2024
  - SARA survey in 2019, 2024





# Programmes which will impacts NCDs

- Tobacco law is available and many measures concerning to tobacco control have been carried out to as recommended by WHO *Framework Convention on Tobacco Control (FCTC)* such as tobacco add ban, workplaces and public places smoke free area policy etc..
- Vientiane Healthy City program aims to stimulate multisectoral action on NCD prevention and control under local government leadership.
- Several laws have been developed and officially used together with the formulation other legislations.



# Main Challenges in NCDs P&C

- Capacity building with insufficient healthcare staff dedicated for this purpose
- Conflict of interest with tobacco and alcohol companies is another issue to effectively implement NCD prevention and control measures.



# Legislations relevant for prevention and control of NCDs

- 1) Health care law,
- 2) Law on hygiene, prevention and health promotion,
- 3) Food law,
- 4) Law on medicines and medical equipment,
- 5) Law on education,
- 6) Law on environment protection,
- 7) Law on tobacco control



# Capacity building through LEARN programme

- Three PhD students conducting field research projects
- 1st cohort of Masters students completed intensive English course and ten to start joint MPH program in September and 2<sup>nd</sup> cohort already started undertaking intensive English courses.
- Framework and curricula agreed for joint international MPH Programme with UHS and HSPH.
- Knowledge exchange event initiated by LEARN at GMS Public Health Conference . This event has now become a regular feature of the event
- There are some training and workshop that supported by LEARN
- Research Grants Funding



Time for change

Thank you