

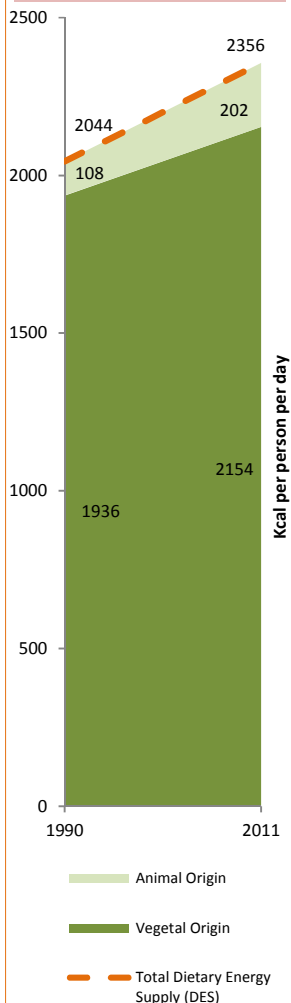


## Key Indicators

- In Lao PDR, GDP per capita has increased consistently during recent years, as has Dietary Energy Supply (DES) per person. Nevertheless, undernutrition indicators have not been ameliorated. Lao PDR thus still faces high levels of stunting, underweight, Vitamin A deficiency and anaemia.
- Although the country has experienced significant improvements in access to improved water sources and improved sanitation, these continue to be key development challenges. Large disparities exist between urban and rural settings.
- Lao PDR joined the global Scaling Up Nutrition (SUN) movement in 2011 and has adopted also a series of national food and nutrition security policies to address food and nutrition security.

**Figure 1.1 Food Availability From 1990 to 2011:**

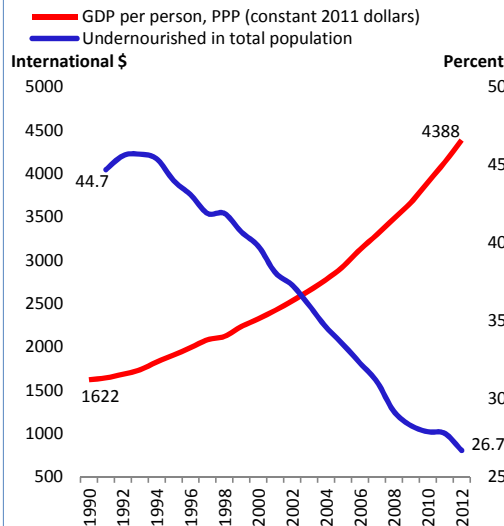
- DES increased 15%
- Animal-origin supply increased 87%
- Vegetal-origin products increased 11% and remain the major DES source



Source : FAOSTAT FBS: 2014 update

**Figure 1.2 Undernourishment and Economic Growth From 1990 to 2012:**

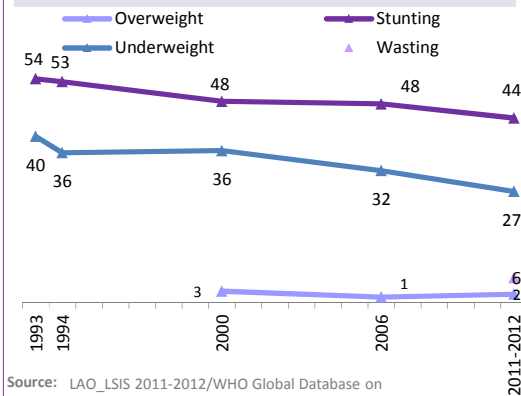
- GDP per capita increased 170%
- Undernourishment declined 40%, but remains at 27% overall



Source: GDP: WDI 2014 / Undernourished: FAO FSI\_2013

**Figure 1.3 Child Malnutrition From 1993 to 2011:**

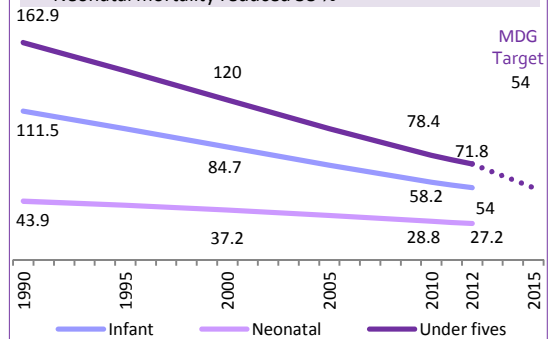
- Stunting declined 18%, but is still very high at 44%
- Underweight declined 33%, but is still high at 27%
- Wasting was 6% in 2011.
- Overweight stood at 2%
- Low Birth Weight is 15%, a public health concern



Source: LAO\_LSIS 2011-2012/WHO Global Database on Child Growth and Malnutrition 2013

**Figure 1.4 Child Mortality From 1990 to 2012:**

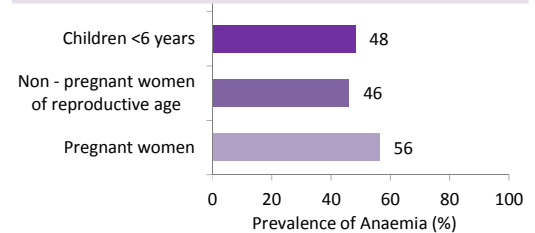
- Under-5 mortality reduced 56%, but is unlikely to meet the Millennium Development Goal (MDG) target without further acceleration of progress
- Infant mortality reduced 52%
- Neonatal mortality reduced 38%



Source: Inter-agency Group for CME (2013)

**Figure 1.5 Anaemia**

- Anaemia is a severe public health issue, high among pregnant women (56%), non-pregnant women (46%) and under-6 children alike (48%)
- Deworming and iron supplementation can be effective for reducing anaemia in pregnant women as well as children.



Source: WHO Worldwide prevalence of Anaemia (1993-2005)

**Anthropometry (Table 1.1)**

Underweight women (BMI < 18.5 kg/m <sup>2</sup> )	14.5 %	2006
Overweight adults (BMI ≥ 25 kg/m <sup>2</sup> )	8.5 %	2000
* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents		
Proportion of infants with low birth weight	15 %	2011

Source: Lao LSIS 2011-2012 /National Nutrition Survey, 2006



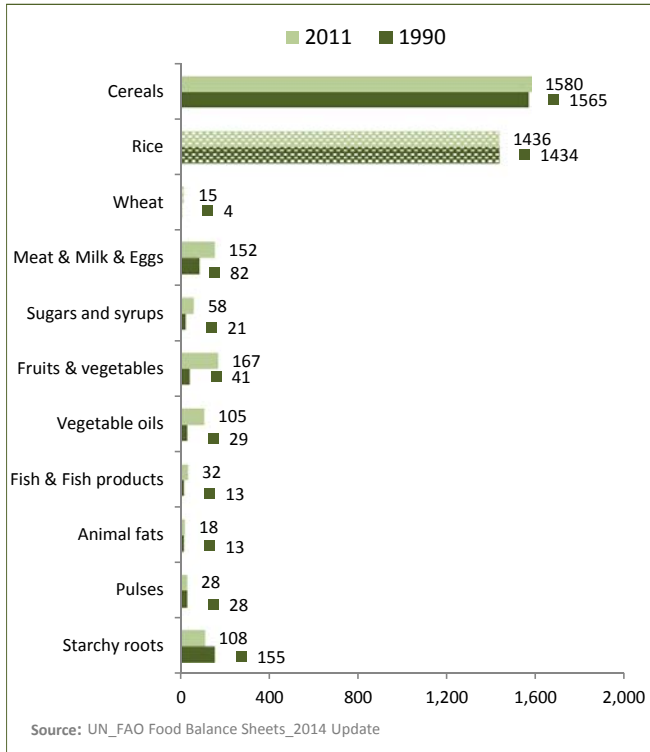
## Food Availability / Food Access



### Food Availability

Figure 2.1 Food supply by food group

(kcal/person/year) Total dietary energy supply= 2,356 (2011)

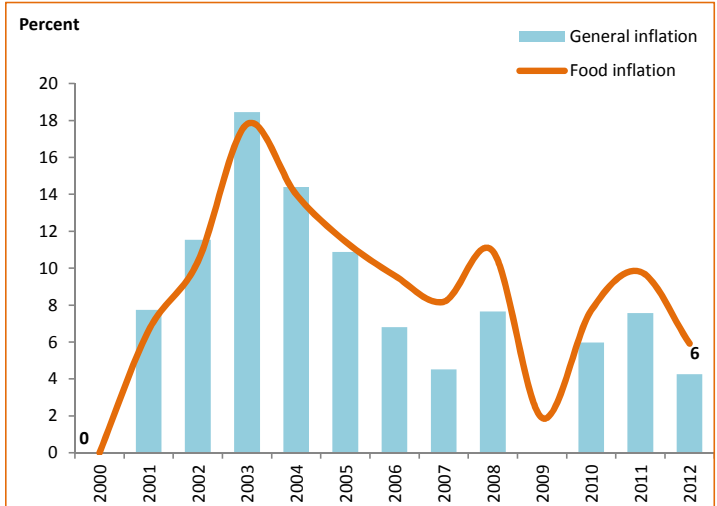


- Cereals remain as the most important source of food energy (67%), with rice comprising more than 90% of that
- Fruits and vegetables (75%), fish and fish products (59%), sugars and syrups (64%), and meat, milk and eggs (46%) all have increased significantly, though overall contributions are still minimal

### Access to food

Figure 2.2 Economic access to food

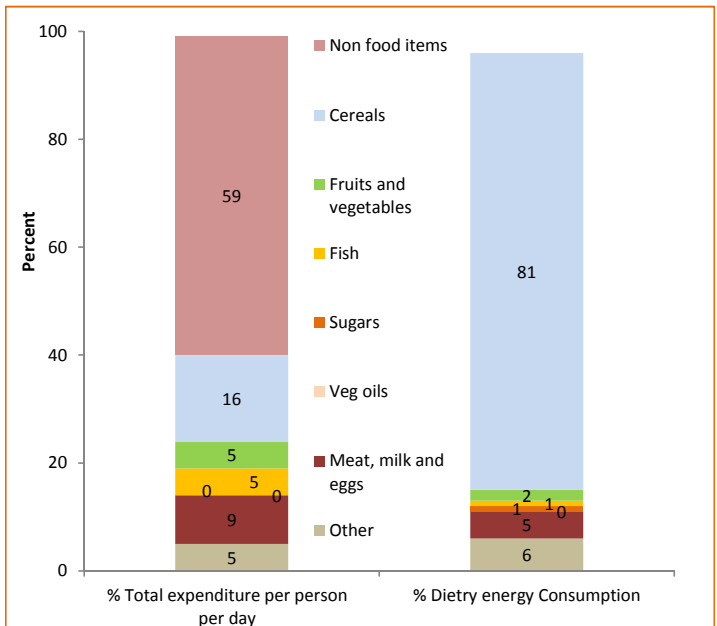
General and food inflation



Source: ILOSTAT Database Consumer Price Indices 2014

- General inflation is correlated with food inflation (Fig. 2.2)
- Families spent 41% of their income on food. While cereals contributed with 81% of daily energy consumption; they only affected 16% of food expenditures at household level. In contrast, 5% of income was spent on fish, which represents 1% of food intake.

Figure 2.3 Share of food expenditure (2008)



Sources: UN\_FAO RAP based on national HIES, ECS, SES, HLSS\_2013 Update, Laos



## Food Utilization

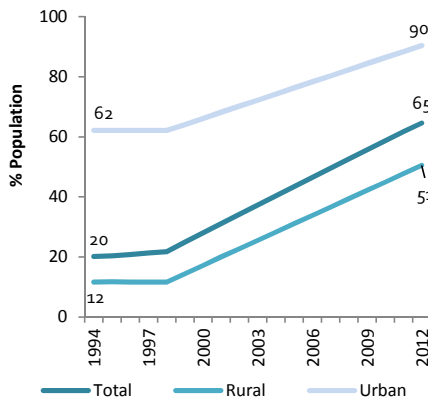
Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions related to improved water and sanitation are important determinants of health and infection incidence and prevalence.

## Water and Sanitation

**Figure 3.1 Access to Improved Sanitation**

From 1994 to 2012:

- Access to improved sanitation increased 221% in 18 years, but 35% of people still do not have such access
- Disparities between rural and urban areas persist, although both areas have increased their access to improved sanitation

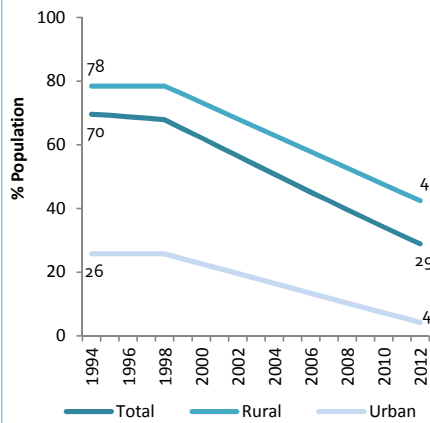


Source: WHO-UNICEF Joint Monitoring Programme, 2014

**Figure 3.2 Open Defecation**

From 1994 to 2012:

- In 2011 29% of households continued this unhygienic practice, mostly in rural areas (42%)

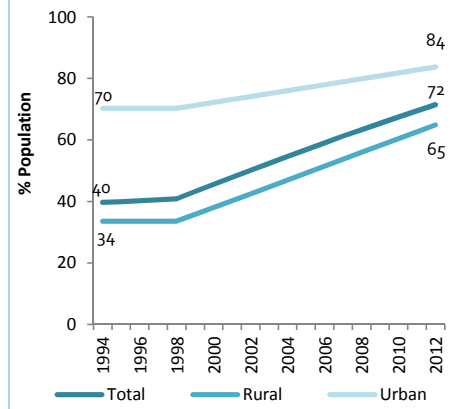


Source: WHO-UNICEF Joint Monitoring Programme, 2014

**Figure 3.3 Access to Improved Water Sources**

From 1994 to 2012:

- Access to improved water sources increased 80% during 18 years
- Disparities in access between urban and rural reduced considerably, mostly by improving the situation in rural areas, where access increased 88%



Source: WHO-UNICEF Joint Monitoring Programme, 2014

## Food Safety

**Figure 3.4 Diarrhoea**

- Diarrhoea is three times more frequent among the poorest wealth quintiles as among the wealthiest, reflecting disparities in improved sanitation as well as in general hygiene and food safety



Source: LAO\_Lao Social Indicator Survey 2011-2012

### Management of Diarrhoea (Table 3.1)

#### Zinc

Share of children under age 5 with diarrhoea receiving zinc treatment	1%
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#### Existing policy framework

Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhoea

Source: LAO\_Lao Social Indicator Survey 2011-2012

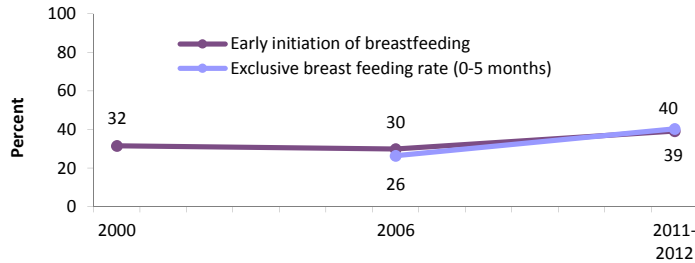


## Food Utilization

## Nutrition and Health

### Figure 3.5 Exclusive Breastfeeding

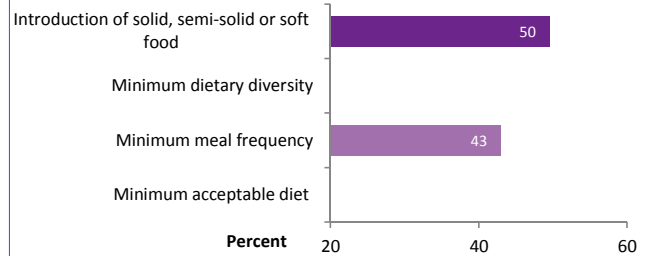
- Early initiation of breastfeeding increased from (32% to 39%) from 2000 to 2011
- Exclusive breastfeeding have increased significantly, but still more than half of children don't exclusively breast fed from 0-5 months.



Source: LAO\_Lao Social Indicator Survey 2011-2012

### Figure 3.6 Complementary Feeding

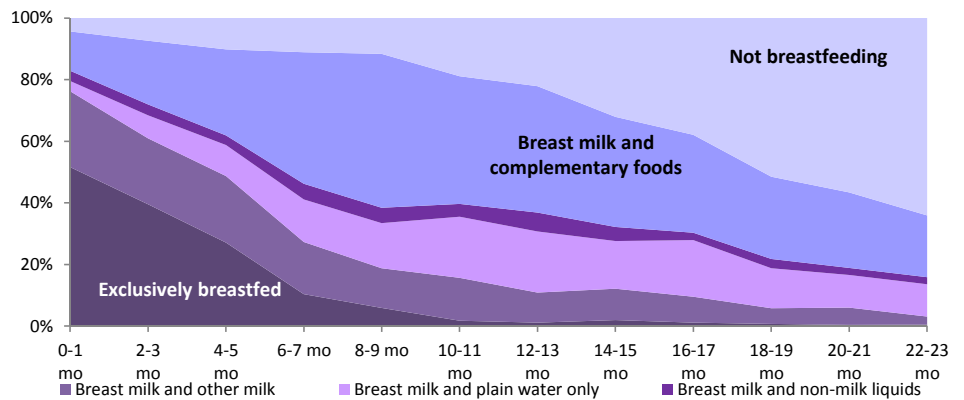
- Introduction of complementary feeding is timely for 50% of children
- Only 43% of children aged 6-23 months meet the minimum meal frequency



Source: LAO\_Lao Social Indicator Survey 2011-2012

### Figure 3.7 Duration of Breastfeeding

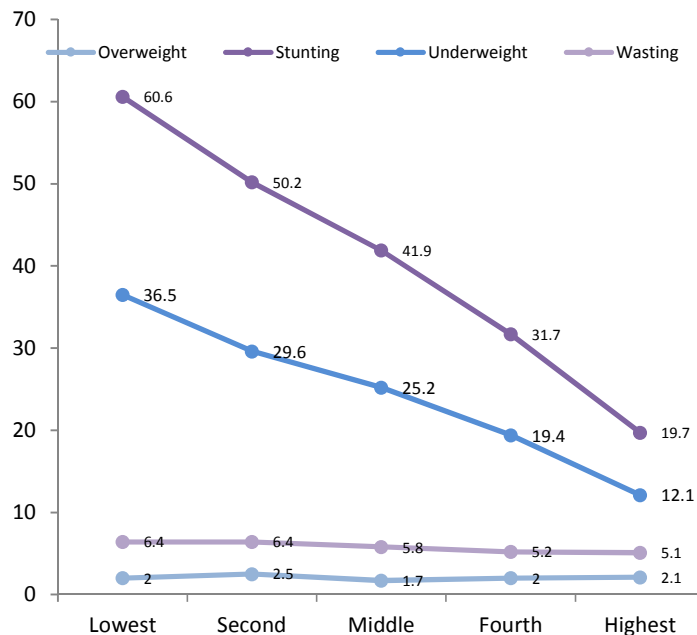
- More than 50% of children continued to breastfed after age 2 years
- Complementary feeding begins prior to age 6 months for a significant proportion of breastfed children



Source: LAO\_Lao Social Indicator Survey 2011-2012

### Figure 3.8 Child Malnutrition and Poverty

- Children in the poorest quintile have 3 times higher stunting and weight deficits than children in the waelthier quintile
- Overweight is not a public health issue

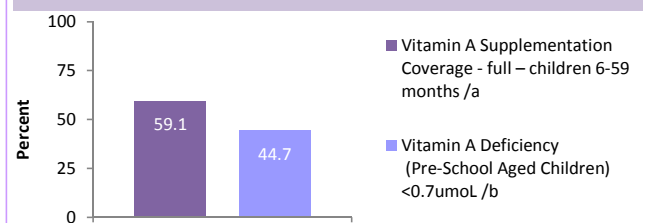


Source: LAO\_Lao Social Indicator Survey 2011-2012

## Micronutrient Status

### Figure 3.9 Vitamin A

- Vitamin A supplementation of 59% is not satisfactory and may be related to high vitamin A deficiency levels.
- Vitamin A deficiencies still represent a severe public health concern at 45%, indicating that Vitamin A remains lacking in the daily diet, and that food-based interventions, including food fortification, deserve ongoing attention.



\* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7µmol/L)

Source: a/ LAO\_Lao Social Indicator Survey 2011-2012 b/ WHO Global prevalence of vitamin A deficiency in population at risk 1995-2005 report.

## Iodine (Table 3.2)

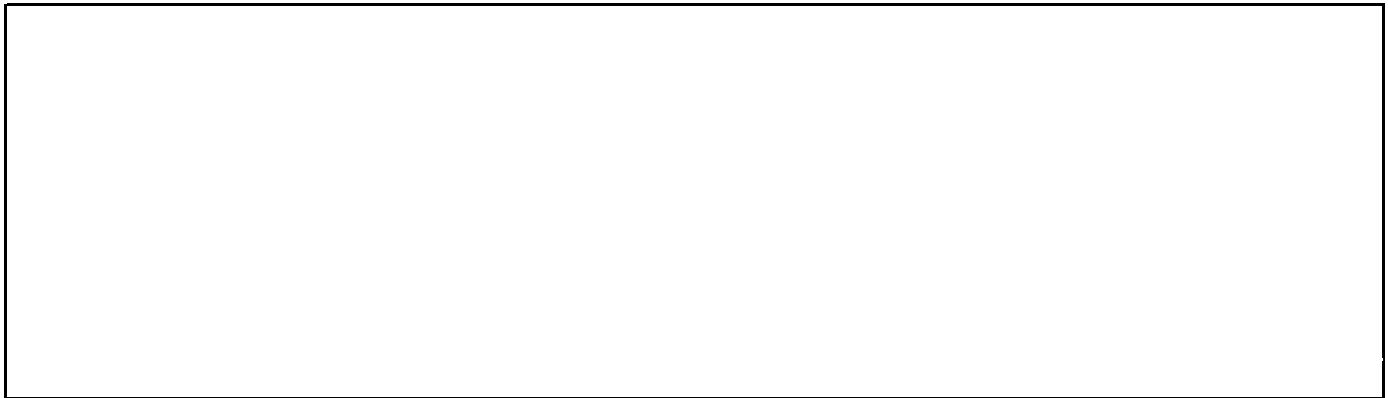
Households consuming adequately iodized salt /a	79.5 %
Iodine deficiency (Urinary Iodine Concentration <100µg/L) among school-age children (2003) /b	26.9 %

\*Optimal UIC 100 - 199µg/L

Source: a/ LAO\_Lao Social Indicator Survey 2011-2012 b/WHO Global database on iodine deficiency



Enabling environment for Nutrition and Food security - Policy documents addressing nutrition issues		
<p>1. National Food Security Strategy 2000-2010</p> <p>2. National Nutrition Policy 2008</p> <p>3. National Nutrition Strategy and Plan of Action 2010-2015</p> <p>4. Decree on (mandatory) Universal Salt Iodization</p>		
Nutrition related issues covered in these policies	Covered	Comments
Maternal and Child Undernutrition	Child undernutrition	yes
	Low Birth Weight	yes
	Maternal undernutrition	yes
Obesity and diet related NCDs	Child obesity	both
	Adult obesity	yes
	Diet related NCDs	yes
Infant and Young Child Nutrition	Breastfeeding	yes
	Complementary feeding	yes
	Int'l Code of Marketing of BMS	yes
Vitamins and Minerals	Supplementation: Vitamin A children/women	both
	Iron Folate children/women	both
	Zinc children	yes
	Other vitamins & min child/women	both
	Food fortification	yes
Underlying and contextual factors	Food Safety	yes
	Food security	yes
	Food Aid	yes
	Nutrition and Infection	yes
	Gender	yes
	Maternal leave	13 weeks
<p><b>Social Protection policies or legislation including food or nutrition component</b></p> <p>No institutionalized cash transfer schemes in Lao PDR, although a few donor-supported pilots are currently in operation</p> <p>The World Food Programme (WFP) provides unconditional food transfers, in the form of either on-site feeding or take-home rations, and under the WFP school feeding programme</p>		
<p><b>Food safety policies or legislation</b></p> <p><b>1. Food law (2013)</b></p> <p>This Law defines principles, regulations and measures on the management, monitoring and inspection of food and food business to ensure quality, effectiveness, and safety aiming at protection consumers' health.</p> <p><b>2. Law on Hygiene, Disease Prevention and Health Promotion (2012)</b></p> <p>This Law defines principles, regulations and measures on the management, monitoring and inspection of food and food business to ensure quality, effectiveness, and safety aiming at protection consumers' health.</p> <p><b>3. National Food Safety Policy, Ministry Health No 020/MoH, adopted by PM degree No: 028/PM 03/02/2009</b></p> <p><a href="http://www.foodsecuritylink.net/laopdr/index.php?option=com_remository&amp;Itemid=13&amp;func=fileinfo&amp;id=44">http://www.foodsecuritylink.net/laopdr/index.php?option=com_remository&amp;Itemid=13&amp;func=fileinfo&amp;id=44</a></p>		
<p><b>Other policies addressing food security</b></p>		



Demographic Indicators (Table - 5.1)		Year	Economic Indicators (Table - 5.3)		Year	
Population size (thousands) /a	6,646	2012	GDP annual growth rate /c	8.2 %	2012	
Average annual population growth /a	1.89 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c	4,388	2012	
Proportion of population urbanised /c	34.3 %	2011				
Number of children <5 years (thousand) /a	860	2012	Gini index /c (100= complete inequality; 0= complete equality)	36.74	2008	
Education level of mothers of under-fives: None (%) /f	32	2011		32.63	2002	
Life expectancy at birth (Years) /c	Male	66	2012	Unemployment rate /c	1.3 %	2012
	Female	69.2	2012	Population below US \$ 1.25 (PPP) per day /c (%)	33.88	2008
Agriculture population density(people/ ha of arable land /b)	3.7	2006-2008				
Employment in agriculture sector (% of total employment) /c	85.4 %	1995	Poverty gap ratio /e	9	2008	
Women employed in agriculture sector (% of total female employment) /c	89.3 %	1995	Income share held by households /c	Poorest 20%	7.64 %	2008
<b>Adolescents (Table - 5.2)</b>				Year	Richest 20%	44.84 %
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a	65	2012	<b>Sources:</b> a/ World Bank Health Nutrition and Population Statistics 2013 b/ FAOSTAT 2013 Update; c/ World Bank, World Development Indicators Database, 2014 Update; d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified) e/ UN Statistics Division, MDG database 2013 Update. f/ LAO_Lao Social Indicator Survey 2011-2012			
Adolescent girls aged 15-19 currently married or in union /d	25 %	2005-2012				
Women aged 20-24 who gave birth before age 18 /d (%)	18	2008-2012				

The information included in this Food Security and Nutrition Security Profile is backed by recognized, validated and properly published information available until June 2014. Although updated information might be available at national level from different sources, until requirements of quality, validity and proper publication are met, it has not been included in this profile.

