



LAO PEOPLE'S DEMOCRATIC REPUBLIC
PEACE INDEPENDENCE DEMOCRACY UNITY PROSPERITY

No. 139/PDR

DECREE
of the
PRESIDENT
of the
LAO PEOPLE'S DEMOCRATIC REPUBLIC

On the Promulgation of the Law on Health Care

Pursuant to Chapter 6, Article 67, point 1 of the Constitution of the Lao People's Democratic Republic and the laws adopted by the National Assembly;

Pursuant to a resolution dated 9th November 2005 of the 9th Ordinary Session of the National Assembly on the adoption of the Law on Health Care No. 53; and

Pursuant to Proposal No. 16/SCNA, dated 18 November 2005, of the National Assembly Standing Committee.

**The President of the Lao People's Democratic Republic
Decrees That:**

Article 1. The Law on Health Care is hereby promulgated.

Article 2. This decree shall enter into force on the day it is signed.

Vientiane, 9 December 2005
President of Lao People's Democratic
Republic

[Seal and Signature]

Khamtai SIPHANDON



LAO PEOPLE'S DEMOCRATIC REPUBLIC
PEACE INDEPENDENCE DEMOCRACY UNITY PROSPERITY

National Assembly

No. 09/NA
9 November 2005

LAW ON HEALTH CARE

Chapter 1
General Provisions

Article 1. Purpose

The Law on Health Care determines the principles, regulations and different measures relating to the organisation, activities, management and control of health care activities, in order to ensure that all citizens, families and communities have access to equal, full, equitable and quality health care services, [and] to protect the rights and interests of health care professional workers, with the aim of increasingly developing modern health care services to enable all citizens to have good health and to be able to effectively contribute to the protection and development of the nation.

Article 2. Health Care

Health care is the service made available to patients by the conscious responsibility of health-care professionals through consultation, screening, diagnosis, prescription of drugs, application of medical procedures, convalescence and rehabilitation so as to cure patients and ensure that they enjoy a satisfactory state of health, including health promotion and preventive measures for the population.

Article 3. Interpretation of Terms

The terms used in this law shall have the following meanings:

1. Good health means a state of complete physical, mental, intellectual and social well-being and not merely the absence of disease or disability. Good health is a valuable possession, as well as a fundamental and equitable right[;] it is the obligation of all citizens, as well as of their families and of the society as whole, and it is an essential condition for education, productive labour and happy lives;
2. Health-care professionals are practitioners who provide medical professional treatment under the conditions defined by this law.

Health-care professionals practising modern medical treatment are: physicians, assistant physicians, dentists, assistant dentists, nurses, midwives, physiotherapists, laboratory and x-ray technicians, optometrists, speech therapists, psychologists and dieticians.

Health-care professionals practising traditional medicine are: traditional physicians, traditional masseurs and acupuncturists.

Specific regulations will be separately issued for the practise of traditional medicine;

3. Hospital means a public or private health-care establishment¹ providing treatment to patients, which is authorised by the Ministry of Health, which is installed with medical equipment, which is able to admit patients and which has a number of health-care professionals in accordance with the health-care regulations;
4. Medical clinic means a public or private health-care establishment, which is authorised by the Ministry of Health, in which basic medical equipment and health-care professionals are available, but which is not able to admit patients;
5. Health promotion means[:] increasing the citizens' knowledge, skills and awareness in the control, care and development of their health and [the health of] families, community and society by changing their behaviour[;] creating favourable conditions[; and] issuing principles and implementing measures in order to improve lifestyles by using health education as the core;²
6. The medical profession council is a body representing health-care professionals, whose members are designated by the Minister for Health and which has the function to administer, inspect³ and investigate health-care activities;
7. The health insurance fund is the organising of a financing system for health care, which is financed by different sources such as: the State budget, contributions from participants, individuals or domestic and international organisations to cover expenditure on health care;
8. Paid health care is medical treatment provided for patients, who shall bear the cost of health care by themselves or by the fund in which they are members;
9. Free health care is medical treatment provided for low income patients or poor patients, who are not able to pay for their health care themselves, and who have been certified in accordance with the regulations of the relevant organisation.

Article 4. Rights and Obligations of Citizens in Respect of Health Care

¹ The literal translation is “place”.

² The punctuation has been changed to more accurately reflect the breaks in ideas in this paragraph.

³ In the Lao language, the same word is used to represent all of the following related (but slightly different) concepts: “control”, “inspection”, “supervision”, “audit” and “monitoring”. The translators have chosen “inspect” (and its variants) as the most appropriate English equivalent to describe the oversight role of the medical profession council, but readers should note and bear in mind the other meanings that might have been intended.

All citizens, regardless of gender, age, ethnic origin, race, religion or socio-economic status, shall be entitled to health care when they are ill and are equally entitled to criticize or bring a complaint if they find that the health care provided is not in conformity with professional techniques or is not equitable; they may choose or change their health-care establishments. If they change their health-care establishment, the health-care professional shall inform the patients of the risks of their conditions and transmit all documents concerning treatment to the patients or their families;⁴

All citizens are required to observe the internal regulations of health-care establishments and to strictly comply with the advice of health-care professionals.

Article 5. State Policy on Health Care

The State pays attention to improve the quality of health care to ensure that the whole population, and in particular women and children, poor citizens and those who live in remote or isolated areas, have a good state of health;⁵

The State implements the policy of paid and free health care in accordance with regulations [;]

The State encourages and promotes all sectors, nationally and internationally, to invest in health-care services by using modern medical equipment and materials;

The State promotes health-care services by combining modern and traditional medicine.

Article 6. Principles of Health Care

Health care shall be conducted in accordance with the following principles:

1. Respect for the right to life of humans;
2. Provision of equal, equitable and quality care in accordance with the condition of the disease;
3. [Health care] shall be humanitarian[;] in particular, [health-care providers] shall respect medical ethics, and have a high consciousness of responsibility in providing health-care services;
4. [Health-care providers] shall have evidence of consent from the patients, or their relatives in cases of necessity.⁶

⁴ The semi-colon at the end of this paragraph is in the original text and indicates that both paragraphs are part of a listing of the rights and obligations of the individual.

⁵ See footnote 4.

⁶ The translators are aware that this list of “principles” is formulated such that the first two items are abstract statements of principles whereas the last two items appear to go to the practices of health-care professionals. The translators have attempted (through the addition of the words in square

Article 7. International Relations

The State promotes and encourages international cooperation and assistance in respect of health care, in particular, in scientific research, exchange of information and knowledge, advances in medical technology and training for health-care professionals.

**Chapter 2
The Operation of the Health-care Profession**

Article 8. Requirements of Health-care Professionals

Health-care professionals shall fully meet the following requirements:

- Complete at least middle level medical professional education, possess a diploma from a medical educational institution in the Lao PDR or in a foreign country recognised by the Ministry of Education and the Ministry of Health of the Lao PDR;
- Obtain authorisation from the Ministry of Health to practise, after verification and proposal from the medical profession council;
- Have good attitude[;] and for physicians and dentists, have at least five years' professional experience of health care in public or private hospitals; and for assistant physicians, assistant dentists, nurses, midwives, physiotherapists and other medical technicians, have at least three years' experience in public or private hospitals;
- Be in good physical and mental health and possess a certificate of no communicable diseases from the relevant organisation;
- Have never been disciplined, professionally punished or punished for any offence;
- Have Lao nationality and reside in the Lao PDR, except if otherwise provided by a separate decision.

Article 9. Responsibilities of Health-care Professionals

Health-care professionals shall have the following responsibilities:

- To prescribe and recommend health-care protocols and to conduct necessary health-care procedures ensuring high quality and safety;
- To take into account the results, disadvantages⁷, and consequences of examinations and any possible treatments[;] if health-care professionals ascertain that the patient's condition does not correspond to their special field or skill, they shall immediately

brackets) to reflect this dichotomy, but readers should note that, in the original text, items 3 and 4 do not specifically refer to health-care providers.

⁷ The literal translation is “loss”.

refer the patient or his⁸ relatives to another health-care establishment that can offer more suitable treatment;

- All treatment procedures such as surgery, puncture, curettage or abrasion entailing wounds shall be based on precise medical grounds and the patient or concerned individual shall be informed and his prior consent shall be obtained, except in the case of an emergency or if the patient is unconscious and has no close relatives.

Article 10. Relations Among Health-care Professionals

All health-care professionals shall respect each other's dignity, by not criticising or insulting other health care providers, or luring away their colleagues' patients[;] they shall foster and encourage the lawful practice of health-care services.

Article 11. Health-care Establishments

Health-care establishments consist of:

- Public health-care establishments, including: central hospitals⁹, specialist care centres, regional hospitals, provincial hospitals, city hospitals, district and municipal hospitals, health centres, village drug kits, [and] hospitals and medical clinics¹⁰ practising traditional medicine;
- Private health-care establishments, including hospitals, medical clinics, and hospitals and medical clinics practising traditional medicine.

Article 12. The Health-care System

The health-care system in the Lao PDR consists of:

1. The public health-care system;
2. The private health-care system.

⁸ The reader should note that the Lao language does not distinguish between genders in pronouns. In this translation, a reference to a gender is a reference to all genders, unless the context requires otherwise. The translators' decision to use the male gender was made in the interest of simplicity and consistency.

⁹ This is a reference to hospitals at the central level.

¹⁰ The term "clinic" here is qualified by "practicing traditional medicine" and means a place where traditional medical practitioners sell herbs and also dispense care.

Article 13. The Public Health-care System

There are four levels of public health-care system:

1. Primary health-care services;
2. Intermediate level health-care services;
3. High-level health-care services;
4. Advanced health-care services.

Article 14. Primary Health-care Services

Primary health-care services are the medical treatments provided by the village drug kits and health centres.

The village drug kits are premises which provide essential drugs and health care for the populations of villages in which there are no health centres. The village drug kits are staffed by village assistant physicians or village public-health volunteers and traditional birth attendants, and have basic medical instruments. They provide drugs and offer consultations and treatment for benign seasonal illnesses, in particular diarrhoea, malaria, flu and minor wounds, assist in home births and distribute medicine.

A health centre is a public place providing treatment in the village, which possesses health consultation rooms, and overnight accommodation. The centre is staffed by physicians, assistant physicians, nurses and midwives, possesses basic medical instruments and materials and is able to provide essential procedures and technology. Health centres are able to provide consultations and higher level treatments than those provided by the village drug kits, such as treatment for chronic diarrhoea, prolonged flu, wound suture, vaccination and assistance with childbirth.

Article 15. Intermediate Health-care Services

Intermediate health care services are the medical treatments provided by the district and municipal hospitals.

District and municipal hospitals are staffed by physicians and assistant physicians, dentists and assistant dentists, nurses, midwives and medical technicians, have medical materials and equipment and employ the necessary techniques and technologies. They are responsible for providing consultations and treatments in the four basic disciplines: internal medicine, external medicine, obstetrics and gynaecology, and paediatrics.

Article 16. High-level Health-care Services

High-level health-care services are the medical treatments provided by the provincial and regional hospitals.

Provincial and regional hospitals are staffed by physicians, dentists, nurses, midwives and different medical technicians, have medical materials

and equipment, employ modern procedures and technologies, and are able to provide consultations and higher-level treatments than those provided by the district and municipal hospitals.

Article 17. Advanced Health-care Services

Advanced health-care services are the medical treatments provided by the central hospitals and specialist health care centres.

Advanced health-care services are staffed by specialists, physicians, dentists, nurses, midwives and different medical technicians, have medical materials and equipment, employ modern procedures and technologies, and are able to provide consultations and higher-level treatments than those provided by the provincial and regional hospitals.

Article 18. The Public Health-care Referral System

Patients who use public health-care services are entitled to receive primary-level health-care and to be transferred to the intermediate, high and advanced level treatments depending on the gravity of their condition. In case of an emergency, or if the patient is seriously ill, he may directly receive intermediate high or advanced level treatment.

With regard to public health-care services, lower-level hospitals may refer to higher-level hospitals for assessment of the situation, advice and assistance.

Article 19. The Private Health-care System

The private health-care system consists of private hospitals, medical clinics, physiotherapy practices, saunas, traditional massage practices and traditional medicine practices.

Private hospitals, medical clinics, physiotherapy practices, saunas and traditional massage practices must possess medical facilities, staff, materials and equipment and employ procedures and technology in accordance with the regulations of the Ministry of Health.

Article 20. Medical Clinics

A health-care professional may have only one medical clinic, which he may neither rent out nor lend. If the authorised health-care professional of the medical clinic dies or is unable to practice, no other person shall use or practice in such medical clinic without prior authorisation of the Ministry of Health.

Article 21. Medical Materials and Equipment

Installation of medical materials and equipment in public and private health-care establishments at different levels shall comply with the standards for such level of health-care services issued by the Ministry of Health.

Damaged materials or equipment, which cannot be repaired or whose period of use has expired, shall be removed in accordance with the regulations of the Ministry of Health.

Chapter 3
Rights, Duties and Ethics of Health-care Professionals

Article 22. Rights and Duties of Health-care Professionals

Health-care professionals shall have the following rights and duties:

- To provide consultations;
- To provide diagnoses;
- To prescribe treatment;
- To prescribe drugs;
- To issue drugs;
- To give medical advice and listen to the opinions and decisions of patients;
- To provide nursing care;
- To participate in the duty roster;
- To give information to patients;
- To maintain the confidentiality of patients;
- To issue certificates of treatment¹¹;
- To take part in training and evaluation;
- To exercise all other rights and perform all other duties in accordance with the laws and regulations.

Article 23. Consultations

Health-care professionals shall provide consultation to patients with high responsibility, expeditiousness and timeliness by using knowledge, experience, [and] intelligence, and by employing appropriate medical materials and equipment, scientific techniques and suitable technology to assist with the diagnosis.

Article 24. Diagnoses

Health-care professionals shall provide correct and precise diagnoses, [and] exercise due professional diligence by availing themselves of the data, the evidence of results of examinations, and different types of analysis, in order to determine the appropriate treatment and restore the patient's health.

¹¹ The translators are aware that a different, broader term "medical certificates" is used in Article 33. Here, the Lao specifically refers to certification that one has been treated by a doctor.

Article 25. Prescription of Treatment

Health-care professionals shall prescribe treatment to provide proper care, ensuring quality and safety.

Article 26. Prescription of Drugs

Proper prescription of drugs shall specify the patient's name, address, the diagnosis, the drugs, their number, dose and mode of administration. The drug prescription shall be written in a legible manner and include the day, month and year, and the name and signature of the physician or dentist.

Article 27. Issuance of Drugs

Drugs shall be issued by pharmacists, nurses or midwives, who shall strictly comply with the prescriptions made by the physician or dentist and shall provide the patients with a detailed explanation of their use.

Article 28. Advice and Consideration of Patients' Opinions and Decisions

After consultation and diagnosis, health-care professionals shall provide patients with advice to enable them to understand their condition, recommend the method of treatment to patients and strictly and properly undertake treatment.¹²

Health-care professionals shall listen to the opinions and decisions of patients.

Article 29. Nursing care

Nursing care is the treatment, curative care and close surveillance of patients by health-care professionals such as: nurses, midwives and physiotherapists...¹³ Nursing care shall be properly provided in accordance with the prescription of the physician or dentist or practiced in accordance with the rights and duties of nursing professionals.

Article 30. Duty Roster

The duty roster in health-care establishments has the aim of monitoring the condition of patients and making available 24-hour care provided by all health-care professionals with due professional diligence in undertaking their shift of the duty roster.

¹² The last clause “strictly and properly undertake treatment” appears to refer to the patients being persuaded by the advice and recommendation to undertake treatment. However, the Lao text does not allow the translators to definitively resolve that this is the case.

¹³ In Lao, using three dots in punctuation implies “etc.” or “and others”.

The medical profession council may grant exemptions to health-care professionals who are unable to undertake their turn on the duty roster for reasons of age or health.

Article 31. Information for Patients

Health-care professionals shall provide patients, their families or community with the following information:

- Non-confidential medical information at their request, or to satisfy their interest or wishes;
- Explanations concerning medical care such as consultations, diagnoses, curative care, treatment, nutrition, rehabilitation, preventive measures, risks, dangers, degree of severity, difficulties, possible options, and the different techniques or inevitable outcomes of care.

Article 32. Maintaining the Confidentiality of Patients

All health-care professionals shall strictly maintain confidentiality in respect of illnesses or details of living or deceased patients, for the patient's benefit, except for those cases provided by laws or regulations.

Article 33. Issuance of Medical Certificates

Medical certificates include health certificates, birth certificates, death certificates, certificates of disability and any other certificates issued by health-care professionals as legal evidence.

Medical certificates shall be properly issued in conformity with medical scientific principles and using the form required by the regulations.

Article 34. In-Service Training

All health-care professionals are required to continuously improve their knowledge and skills, [and] to take part in training activities and evaluation of their professional practices, in order to improve the quality of their consultations, diagnoses and care, [and] to keep abreast of the latest scientific progress, for the interests and safety of patients.

The medical profession council shall have the right and duty to assess and evaluate in-service training at least once every two years, in accordance with the instructions of the Ministry of Health.

Article 35. Ethics¹⁴ of Health-care Professionals

The ethics of health-care professionals determines standards of conduct applicable to physicians, dentists, nurses, midwives and medical technicians in order to improve the quality and efficiency of the professional care provided by them.

The ethics of health-care professionals shall have the following contents:¹⁵

- Respect for human life and the dignity of patients or their relatives without discrimination, including not damaging the reputation of a deceased person¹⁶;
- Observance of nationally and internationally recognised technical standards of care in order to help patients recover their health;
- Fees for health care services shall be collected in accordance with the laws and regulations and no additional charges shall be requested;
- Listening to the opinions, purposes and decisions of patients on the basis of the laws and regulations and the rules of the medical profession;
- Providing primary assistance to patients in danger by performing first aid in good faith and when they are in the position to do so, without refusing or escaping from that situation;
- The duty to persuade patients to cooperate in the treatment, [and] to encourage them for their own interests and not for the interests of the health-care professionals;
- Being patient, friendly, courteous and impartial towards patients and their relatives, regardless of their behaviour.

Chapter 4 Prohibitions

Article 36. Types of Prohibitions

No health-care professional shall:

- Provide health care with a primarily commercial objective;
- Issue a medical certificate as an accomplice;

¹⁴ In the Lao text, the reference is to “ethics” rather than to the more common term “code of ethics”. The literal translation here is appropriate because there is no written code. “Ethics” is therefore used in the sense of a “set of principles”.

¹⁵ The translators are aware that this list setting out the “contents” or “main points” of ethical principals governing Lao health-care professionals is not framed in a parallel manner.

¹⁶ This offence (damaging the reputation of a deceased person) is described in Article 96 of the 2005 Amended Penal Law and Article 89 of the 1989 Penal Law (translations of both these laws are available in this series).

- Engage in trafficking in any product or organ from any part of the human body;
- Provide care in prohibited establishments;
- Provide unauthorised care;
- Provide unlawful care.

Article 37. Prohibition Against Providing Health Care for Primarily Commercial Objectives

No health-care professional shall provide care to patients with making profit as the primary commercial objective. No excessive advertisement may be used to attract patients. The layout of any advertisement displayed in their health-care establishments shall be non-commercial in character.

Article 38. Prohibition Against the Issuance of Medical Certificates as an Accomplice

No health-care professional shall issue misleading reports, [or] medical certificates that are untrue and infringe the laws and regulations, in complicity with a patient or any other person.

Article 39. Prohibition Against Trafficking in any Product or Organ from Any Part of the Human Body

No health-care professional shall encourage the trade of products or organs from the human body, such as: blood, organs, tissue, cells or other human bodily products, whether from a living or deceased patient, except as otherwise provided by the laws.

Article 40. Prohibited Health-care Establishments

It shall be prohibited to provide consultations and treatment to patients in the following establishments:

- Commercial premises such as shopping centres or markets;
- Drug stores, [and] stores selling medical consumables, instruments and apparatus;
- Any other premises specified by the laws or regulations.

Article 41. Prohibition Against the Provision of Unauthorised Care

It shall be prohibited to provide any treatment or procedure that has not been authorised, or to use any treatment method that has not been authorised [or]¹⁷ cannot be inspected by the Ministry of Health.

¹⁷ The Lao word “and” is sometimes used in a disjunctive sense. Here, the original is “and” but the context makes it clear that the disjunctive “or” is intended.

Article 42. Prohibition Against the Unlawful Provision of Care

It shall be prohibited to encourage or promote unlawful care such as unauthorised abortions, [and] carrying out procedures that are dangerous to the health of patients.

**Chapter 5
Health-care Financing**

Article 43. Health-care Financing

Health-care financing is the systematic administration of income and expenditure, as provided for by the laws and regulations, in order to ensure that all citizens are in the position to have fair and equitable access to health care and to have a better state of health.

Article 44. Sources of Health-care Financing

Health-care financing shall be derived from:

1. The State budget;
2. Direct payments by patients;
3. Social health insurance funds;
4. Social contributions;
5. Contributions from international organisations and foreign countries.

Article 45. Health Insurance Funds

Health insurance funds are one source of health-care financing that is divided into several types: community health insurance, civil-servants health insurance, enterprise health insurance, private health insurance and public welfare health insurance, which are administered by fund management committees or boards of management.

Article 46. Community Health Insurance Funds

Community health insurance funds are derived from the contributions of the people, including monks, novices, members of religious orders and students.

When members of community health insurance funds consult or receive treatment in different health-care establishments, they do not need to pay for the treatment by themselves, but all their expenses are directly covered by their community health insurance funds in conformity with regulations.

Article 47. Civil-servants Health Insurance Fund

The civil-servants health insurance fund is financed by the contributions of civil servants, employees and staff, including retirees,

veterans, [and] the disabled and persons who are no longer able to work belonging to Party organisations, State organisations, the Lao Front for National Reconstruction, and mass organisations, and by government contributions.

When members of this fund, including disabled persons belonging to the special category, their spouses and children not exceeding eighteen years of age, consult or receive treatment in different health-care establishments, they do not need to pay directly for the treatment, but all their expenses are directly covered by the civil-servants health insurance funds in conformity with regulations.

Article 48. Enterprise Health Insurance Funds

Enterprise health insurance funds are financed by contributions from enterprise employees and employers.

When the members of these funds, including their spouses and children not exceeding eighteen years of age, consult or receive treatment in different health-care establishments, they do not need to pay directly for the treatment, but all their expenses are directly covered by their enterprise health insurance fund in conformity with regulations.

Article 49. Private Health Insurance Funds

Private health insurance funds are financed by contributions from individuals who are not members of any health insurance fund above, including entrepreneurs, merchants and self-employed professionals.

When the members of these funds consult or receive treatment in different health-care establishments, they do not need to pay directly for the treatment, but all their expenses are directly covered by their private health insurance fund in conformity with regulations.

Article 50. Public Welfare Health Insurance Funds

Public welfare health insurance funds at each level are established by the State to assist the poor and people with low incomes, who are unable to pay their membership contributions in any other health insurance fund.

Public welfare health insurance funds are financed by the contributions of the State, individuals, communities, national and international organisations and foreign countries.

When the poor and people with low incomes, who have been certified by the relevant local administrations, consult or receive treatment in different health-care establishments, they do not need to pay directly for the treatment, but all their expenses are directly covered by their public welfare health insurance fund in conformity with regulations.

Article 51. Personal Payment of Health-care Expenses

Any person who is not a member of any health insurance fund referred to in the above articles shall bear his own cost of treatment when he consults and receives treatment in the different health-care establishments.

Article 52. Collecting Fees for Services and Treatment

Fees are charged for different medical documents such as medical records, medical certificates and health certificates.

Service charges are collected for different services such as accommodation, meals and ambulance transport.

Charges for the different medical procedures such as consultations, analyses, x-ray examinations, surgery, drugs, medical devices or other techniques make up treatment charges.

Article 53. Administration and Use of Fees, Service Charges and Treatment Charges

Administration of fees, service charges and treatment charges shall comply with the laws and regulations relating to the State budget.

**Chapter 6
Administration of Health-care Services**

Article 54. Administrative Agencies¹⁸

The agencies responsible for the administration of health-care services consist of:

- The Ministry of Health, at the central level;
- Health divisions, at the provincial level;
- Health offices, at the district level.

In addition to the above agencies, the medical profession council is also a health-care administrative agency.

¹⁸ In the Lao language, the word roughly meaning “the entire organisation of responsible governmental agencies” is capable of being translated as any one of the following English words: “organisation”, “agency”, or “authority”. In choosing which English word to use, the translators have adopted the following convention. Where the governmental agencies in question have in practice adopted an English term for themselves (e.g., the Tax Authority), the translators have used that term. Otherwise, the translators have used the generic term “organisation” or, as in this law, “agency”.

Article 55. Rights and Duties of the Ministry of Health

The Ministry of Health shall have the following rights and duties:

1. To conduct research on the policy and the strategic plan for the management of health-care services, for submission to the government for consideration¹⁹;
2. To draw up its own plan, programme of action and detailed projects, on the basis of the policies, plans and decrees adopted by the government, for active implementation;
3. To draw up and improve regulations and standards applicable to health-care services;
4. To supervise the professional organisations and monitor the implementation of health-care regulations and the Law on Health Care, to undertake evaluation and assessment, and to report to the government;
5. To suspend or cancel any decisions, orders, instructions and notifications of lower-level health-care administrative agencies that are contrary to the laws and regulations;
6. To consider and deal with the proposals of citizens and organisations relating to the quality and standard of treatment and the administration of health-care activities;
7. To build and train staff by providing them with knowledge, skills and behaviour that conforms to medical ethics;
8. To undertake research and to disseminate [knowledge of] medical science so as to ensure high quality and up-to-date medical treatment;
9. To issue health-care professionals with authorisations to practice;
10. To coordinate on the administration of health-care services with all parties concerned to ensure that the laws and regulations on health care are effectively implemented;
11. To cooperate with foreign countries and international organisations in creating favourable conditions for the administration of health-care services;
12. To exercise other rights and perform other duties prescribed by the laws.

Article 56. Rights and Duties of the Health Divisions

Each health division shall have the following rights and duties:

1. To draw up its own plan, programme of action and detailed projects for the administration of health-care services, on the basis of the policies, plans and decisions issued by the Ministry of Health;
2. To implement the policy and strategic plan for the administration of health-care services of the Ministry of Health, to undertake

¹⁹ The single Lao word translated as “consideration” connotes that the person considering a matter also has the authority to decide such matter.

- evaluation and assessment, and to report to higher authorities and the Ministry of Health;
3. To supervise the administration of health-care services by the district and municipal health offices;
 4. To administer health-care services within its area of responsibility in order to provide quality treatment that conforms to standards;
 5. To provide advice, disseminate information and encourage society to practice quality and safe health-care activities;
 6. To monitor the advertising of health-care services by health-care professionals under its authority;
 7. To consider the applications of individuals intending to practice as health-care professionals and submit them to the Ministry of Health for consideration;
 8. To consider and deal with the proposals of citizens or organisations relating to the quality and standard of treatment and the administration of health-care activities ;
 9. To coordinate on the administration of health-care services with all concerned sectors to ensure that the laws and regulations on health care are effectively implemented;
 10. To exercise other rights and perform other duties prescribed by the laws and regulations.

Article 57. Rights and Duties of Health Offices

Each health office shall have the following rights and duties:

1. To implement the policies and strategic plans on the administration of health-care services issued by higher authorities;
2. To administer health-care services, to monitor the advertising [of health-care services] by health-care professionals under its authority, to undertake evaluation and assessment, and to report to its higher authorities;
3. To give advice and disseminate information to society on the practice of quality and safe health-care activities;
4. To consider the applications of persons intending to practice as health-care professionals and submit them for consideration by the provincial health division;
5. To consider and deal with the proposals of citizens or organisations relating to the quality and standard of treatment and the administration of health-care activities;
6. To coordinate on the administration of health-care services with all concerned sectors to ensure that the laws and regulations on health care are effectively implemented;
7. To exercise other rights and perform other duties prescribed by the laws and regulations.

Article 58. Role of the Medical Profession Council

The medical profession council shall act as the secretariat for the Ministry of Health in administering the activities of health-care professionals.

The rights and duties of the medical profession council shall be determined by separate regulations.

Chapter 7 **Inspection of Health-care Services**

Article 59. Inspection Agencies

The health-care inspection agencies shall be the same agencies as the health-care administration agencies provided in Article 54 of this law.

Article 60. Rights and Duties of the Inspection Agencies

The health-care inspection agencies shall have the following rights and duties:

- To monitor the implementation of the health-care strategy and plan, and of laws and regulations relating to health care;
- To monitor the standards [issued by the Ministry] on the recruitment of staff, [and] the installation of medical materials and equipment, [to monitor] the implementation of administrative and professional rules [issued by the Ministry of Health] and [to monitor] the performance and practices of health-care professionals in the health-care establishments;
- To monitor the administration and use of health insurance funds;
- To monitor the resolution of proposals of citizens and organisations relating to health care;
- To exercise other rights and perform other inspection duties provided by the laws and regulations.

Article 61. Tests Using Medical Science

Tests using medical science refers to scientific analysis and searching in order to certify facts or incorrect treatment at the request of individuals or institutions, in particular by the public prosecutor or the peoples' court.

The Minister for Health shall designate a highly-experienced professional in the field of health care or forensic medicine to conduct tests using medical science.

No health-care professional who has provided treatment to those patients shall be designated to carry out tests using medical science. In the event that such health-care professional is a family member, relative or close friend of the patient or is a member of any group of persons who have joint interests, he shall be also be prohibited from conducting tests using medical science.²⁰

²⁰ Presumably, the prohibitions in this paragraph extend only to tests where there is a conflict of interests. However, the text is not specific on this point.

Chapter 8
Policies towards Persons who have Performed Well and Measures Against Violators²¹

Article 62. Policies Toward Persons Who Have Performed Well

Individuals or organisations which have outstanding performance in the implementation of this Law on Health Care will receive awards or other appropriate policies.

Article 63. Measures Against Violators

Individuals or organisations which violate this Law on Health Care shall be re-educated, fined or subject to civil liability or criminal punishment, as determined on a case by case basis.

Chapter 9
Final Provisions

Article 64. Implementation

The government of the Lao People's Democratic Republic is entrusted to implement this law.

Article 65. Effectiveness

This Law on Health Care shall enter into force after ninety days from the date of the promulgating decree issued by the President of the Lao People's Democratic Republic.

All regulations and provisions that contravene this law are null and void.

Vientiane, 9 November 2005
President of the National Assembly

[Seal and Signature]

Samane VIGNAKET

²¹ The term “policies” in the context of this Chapter takes the meaning of “privileges” and the term “measures” takes the meaning of “sanctions”.