



**Lao People Democratic Republic**  
**Peace Independence Democracy Unity Prosperity**  
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Ministry of Public Health

No /MOH  
Vientiane,

**Decree on**  
**The management of**  
**Health Equity Fund**

**Planning & Financing Department**  
**Rural Development and Poverty Eradication Office**

**2010**

## Table of contents

Content	Page
<b>Chapter 1: General provisions</b>	<b>04</b>
Article 1: objectives -	04
Article 2: Health Equity Fund	04
Article 3: HEF objectives	05
Article 4: Poor household determination	05
Article 5: International cooperation	05
Article 6: Glossary	<b>06</b>
<b>Chapter 2: Place and roles of HEF organization</b>	06
Article 7: Place and roles	06
Article 8: Organization et the management of the HEF	06
Article 9: Composition of the HEF management committee and its secretariat at central level	07
Article 10: Rights and duties of the central management committee, its secretariat and its HEF implementing unit	08
Article 11: Composition of the HEF management committee and its secretariat at provincial level	09
Article 12: Rights and duties of the provincial management committee, its secretariat and its HEF implementing unit	10
Article 13: Composition of the HEF management committee and its secretariat at district level	11
Article 14: Rights and duties of the district management committee, its secretariat and its implementing unit	12
Article 15: HEF organization at the level of group of villages and village	<b>1-3</b>
<b>Chapter 3: Finance of HEF</b>	13
Article 16: Sources of funds	13
Article 17: Service payment methods	13
<b>Article 18: Payment procedures and financial reporting</b>	14
Article 19: Service tariff setting	15
Article 20: Evidences for requesting and disbursing the payment of HEF to health facility	<b>15</b>
<b>Chapter 4: Benefits of HEF for poor households</b>	15
Article 21: Medical benefits	16
Article 22: Transport and food allowances	<b>19</b>
Article 23: Services not covered by HEF	19
Article 24: Regulation on service utilization	19
<b>Chapter 5: Health services</b>	19
Article 25: Health facilities	19
Article 26: Responsibilities of service providers	<b>19</b>
Article 27: HEF team at health facilities	19
<b>Chapter 6: Prohibitions</b>	20
Article 28: Membership	20
Article 29: Involved authorities	20
Article 30: Service providers	<b>20</b>
Article 31: HEF staff	20
<b>Chapter 7: Information management and auditing</b>	21
Article 32: Information management	21
Article 33: Regular audit	21

Article 34: External audit

21

Article 35: Evaluation

**Chapter 8: Policies towards outstanding good performers and sanctions measures against violators**

Article 36: **Policies towards outstanding good performers**

Article 37: **sanctions measures against violators**

**Chapter 9: Final provisions**

Article 38: Stamp

Article 39: The implementation

Article 40: Decree enforcement

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No /MOH  
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**Decree on**  
**The management of Health Equity Fund**

- Based on the Law on health Care, No 09/NA, dated November 09, 2005
- Based on the Decree of the Prime Minister No 114/PM dated July 04, 2008 on the organization and functioning of the Ministry of Health
- Based on the request of the Planning and Budgeting Department No\_ dated\_

**The Minister of Public Health issues:**

**Chapter 1**

**General provisions**

**Article 1 : Objectives**

To set management principles, rules, methods and measures, administration, disbursement, utilization of the Health equity fund in order to provide equitable access to health care services of poor population.

**Article 2: Health Equity Fund**

Health Equity Fund is a fund which implements the government's policy in helping poor population to have access to health care services. It is a non-profit fund which is exempted of taxes payment. The abbreviation of the Health Equity Fund in Lao is “ເຮືອນ” and in English is “HEF”.

**Articles 3. HEF objectives**

HEF beneficiaries are those listed in the list of poor households as mentioned periodically and nationwide in the selection criterion of the government.

**Article 4: Determination of poor households**

The determination of poor households is based on the list of poor families that the steering committee for rural development and poverty eradication, the prime minister office and the ministry of plan and investment have surveyed periodically in each village countrywide.

**Article 5: International cooperation**

The government encourages the relation and cooperation with foreign countries and international organizations on the protection of rights and interests of HEF members through exchanges of

experiences and information, training of personnel and capacity building, mobilizing international assistance.

#### Article 6: Glossary

Vocabulary used in this decree has following meanings:

1. Health care services mean services for health promotion, disease prevention, treatment and physical rehabilitation
2. Health facilities mean the places where consultation and disease treatment are carried out such as: health centers, district hospitals, provincial hospitals, regional hospitals, central hospitals and specialized health centers.
3. Fixed fee is the lump sum fee for each case and the tariff of each package of services which are set based on the study of average treatment costs of each package of services signed between the HEF and the hospital.
4. Fee for service is the payment to the hospital based on actual expenses in the treatment bills of the patient.
5. Capitation is a lump sum payment based on the number of poor beneficiaries and average amount per capita of the total expenses (lump sum per capita multiplied by the total number of poor beneficiaries and paid in advance to health facilities).

### Chapter 2

#### Place and roles of HEF organizations

##### Article 7: Place and roles

The HEF is a unit relevant to the department of planning and financing of the ministry of health, playing the staff officer roles for the ministry of health in organizing the implementation of HEF activities nationwide.

##### Article 8: Organization and the management of HEF

The HEF has three levels: central, provincial and district.

1. The central level has a HEF management committee and a secretariat, a HEF implementing unit with some specific staff relevant to the rural development and poverty eradication office, the department of planning and financing, under the direct supervision of The Minister of Health.
2. The provincial level has a HEF management committee and a secretariat, a health financing unit with some specific staff upon circumstances and relevant to the provincial health service or the health service of the capital.

3. The district level has a HEF management committee and a secretariat, a health financing unit with some specific staff upon circumstances and relevant to the district health office.

Article 9: Composition of the central HEF management committee, its secretariat and implementing unit is the same as of the committee and secretariat of the Health insurance fund

- Management committee:

1. Vice Minister of Health – Chairperson
2. Director of the Department of Planning and Financing – vice chairperson
3. Deputy Director of Department of Budget, ministry of finances – vice chairperson
4. Deputy Director of Department of Health Care – member
5. Deputy Director of the cabinet office of the ministry of plan and investment – member
6. Deputy Director of the cabinet office of the Lao National Front – member
7. Deputy Director of the cabinet office of the Lao Trade Union– member
8. Deputy Director of the cabinet office of the Lao Women Federation– member
9. The Steering committee for rural development and poverty eradication – member
10. The Lao chamber of commerce and industry – member
11. Director of the Department of planning and financing, ministry of health – member
12. Director of the Department of health care – member
13. Director of the Department of social insurance, ministry of labor and social welfares – member
14. Director of the Department of monetary policy, ministry of finances – member

- *Secretariat:*

1. The Chief of health insurance unit – Team leader
2. The chief of HEF unit – deputy team leader
3. Chief of the division of Budget, ministry of finance-member
4. Chief of the social insurance division, ministry of labor and social welfares – member
5. Chief of the division of plan, ministry of plan – member

Article 10: Rights and duties of the HEF central committee, its secretariat and the central implanting unit

1. *The management committee*

- Consider and endorse legal documents for the health equity fund periodically in order to suit with socio-economic context in each period.
- Study, examine and approve the HEF development plan countrywide.

- Supervise and lead, promote, encourage, follow up, inspect and control the implementation of HEF countrywide.
  - Study and examine problems reported from provincial, district, central HEF and contracted health facilities.
  - Report on activity progresses and financial situation of the HEF to the Board of the ministry of health and the government regularly.
  - Hold ordinary meetings once every six months and extra-ordinary meetings when necessary.
  - Mobilize and gather financing sources from the government, from individuals, from legal entities in the country and abroad.
2. *Secretariat*
- Study, plan the development of the HEF in order to submit to the upper level of the organization for consideration;
  - Follow the instructions of the HEF management committee to promote, encourage, follow up, inspect and control the implementation of HEF countrywide.
  - Cross-check the identification of poor households; the control of quality of health services; the utilization of the HEF;
  - Study and transmit problems from provincial, district, central HEF (department of planning and financing) and from contracted hospitals.
  - Work as focal point for the coordination of HEF activities between upper and lower levels of the organization vertically and horizontally.
3. *HEF implementing unit*
- Elaborate and development legal documents for the HEF periodically in order to suit with the socio-economic development context in each period.
  - Elaborate and propose the plan for the development of the HEF countrywide.
  - Follow the instructions of the HEF management committee to promote, encourage, follow up, inspect and control the implementation of HEF countrywide.
  - Study and transmit problems from provincial, district HEF and contracted hospitals.
  - Work as the management unit for the determination of poor households; the control of quality of health services; the utilization of the HEF;
  - Report on activity progresses and financial situation of the HEF to management secretariat, the department of planning and financing, the Board of the ministry of health and the government regularly.
  - Prepare and hold ordinary meetings of the central management committee once every six months and extra-ordinary meetings when necessary.

Article 11: Composition of provincial management committee and its secretariat

- *Management committee*
  1. Vice provincial governor – Chairperson
  2. Director of provincial health service – vice chairperson
  3. Deputy Director of financial service – vice chairperson
  4. Deputy Director of the Labor and social welfares service – member
  5. Deputy Director of the service of plan and investment – member
  6. Deputy Director of the service of information and culture – member
  7. Deputy Director of the service of education – member
  8. Deputy Director of Lao women union – member
  9. Deputy Director of Lao trade union – member
  10. Deputy Director of provincial Lao National Front – member

11. Deputy Director of provincial Lao Youth – member
12. Deputy Director of grass – root activist team
13. Director of provincial hospital – member

- *Secretariat*

1. Deputy Director of the provincial cabinet office – chief
2. Director of the technical office of the provincial health service – deputy chief
3. Deputy Director of the provincial service of finance – member
4. Deputy Director of provincial service of labor and social welfares – member
5. Chief of the SHP and HEF unit – member

Article 12: Rights and duties of provincial management committee, its secretariat and provincial HEF implementing unit

1. *Management Committee*

- Consider and submit legal documents of the HEF proposed by district and provincial HEF to the central management committee for consideration and approval.
- Study, consider and approve HEF development plan proposed by HEF secretariat and financing unit of the provincial health service.
- Supervise and lead, promote, encourage, follow up, inspect and control the implementation of HEF in the province.
- Study, consider and solve problems proposed by provincial, district HEF and contracted hospitals.
- Report on HEF activity progresses to the central management committee, to the Board of the ministry of health and the government regularly.
- Hold ordinary meetings once every six months and extra-ordinary meetings when necessary.

2. *HEF secretariat*

- Study and plan the development of HEF to submit to the upper level of organization for consideration.
- Follow the instructions of the HEF management committee to promote, encourage, follow up, inspect and control the implementation of HEF in the province.
- Cross-check the determination of poor households; the control of quality of health services; planning for the utilization of the HEF.
- Study, consider and solve problems proposed by provincial, district HEF and contracted hospitals.
- Work as focal point for the coordination of HEF activities between upper and lower levels of the organization vertically and horizontally.

3. *HEF management unit*

- Elaborate the plan for the development of HEF in the province
- Follow the instructions of the HEF management committee to promote, encourage, follow up, inspect and control the implementation of HEF in the province.
- Study, consider and transmit problems from district HEF and contracted hospitals.
- Work as the management unit for the determination of poor households; the control of quality of health services; information recording; the utilization of the HEF;
- Report on HEF activity progresses to the secretariat, provincial health service, and central HEF regularly.
- Prepare and hold ordinary meetings of the provincial management committee once every six months and extra-ordinary meetings when necessary.

## Article 13: Composition of district management committee and its secretariat

- *Management committee*
  1. Vice governor of the district – Chairperson
  2. Director of district health office – vice chairperson
  3. Deputy Director of financial office – vice president
  4. Deputy Director of the Labor and social welfares office – member
  5. Deputy Director of the office of plan and investment – member
  6. Deputy Director of the office of information and culture – member
  7. Deputy Director of the office of education – member
  8. Deputy Director of Lao women union – member
  9. Deputy Director of Lao trade union – member
  10. Deputy Director of provincial Lao National Front – member
  11. Deputy Director of provincial Lao Youth – member
  12. Deputy Director of grass – root activist team - member
  13. Director of hospital – member
  
- *Secretariat*
  1. Deputy Director of district cabinet office – chief
  2. Deputy Director of the district health service – deputy chief
  3. Representative of district office of finance – member
  4. Representative of the district office of labor and social welfares – member
  5. Chief of the SHP and HEF unit – member

## Article 14: Rights and duties of district management committee, its secretariat and HEF implementing unit

### 1. *Management committee*

- Consider and submit legal documents of the HEF proposed by the population to the provincial management committee for consideration and to the central committee for approval.
- Study, consider and approve HEF development plan proposed by the district secretariat and HEF unit.
- Supervise and lead, promote, encourage, follow up, inspect and control the implementation of HEF in the district.
- Endorse the determination of poor household submitted by the district HEF for registration.
- Approve the report on the number of HEF services, the service costs and the service costs reimbursement plan as requested by health facilities and audited by the HEF unit and the secretariat.
- Study, consider and submit problems proposed by district HEF and contracted hospitals.
- Report on HEF activity to the HEF provincial management committee regularly.
- Hold ordinary meetings once every three months and extra-ordinary meetings when necessary.

### 2. *HEF secretariat*

- Study and plan the development of HEF to submit to the upper level of organization for consideration.
- Follow the instructions of the HEF management committee to promote, encourage, follow up, inspect and control the implementation of HEF in the district.

- Cross-check the determination of poor households; the control of quality of health services; planning; and the utilization of the HEF.
- Study, consider and submit problems proposed by district HEF and contracted hospitals.
- Work as focal point for the coordination of HEF activities between upper and lower levels of the organization vertically and horizontally.

### 3. *HEF unit*

- Study and plan the development of HEF to submit to the upper level of organization for consideration.
- Gather and submit problems requested by the population and contracted hospitals.
- Follow the instructions of the HEF management committee and its secretariat to implement, promote, encourage, follow up, control and evaluate the contract implementation by the HEF and contracted hospitals.
- Work as the management unit for the determination of poor households; the control of quality of health services; information recording; the utilization of the HEF;
- Study, consider and submit problems requested by the community and contracted hospitals.
- Report on HEF activity progresses to the secretariat, district health office, and provincial HEF regularly.
- Prepare and hold ordinary meetings of the district management committee once every three months and extra-ordinary meetings when necessary.

## Article 15: HEF organization at the levels of village and village groups

### 1. Organization

HEF activity is one among other development activities of the village. Therefore all parties at the grass-root level must share the responsibility for this activity.

- Grass root development team at village group level, chief of village, mass organizations, and villagers must be involved in HEF activity.
- Volunteer – collector of CBHI contribution at village level will be HEF representative in the village.

### 2. Roles (according to the CBHI regulation No723/MoH)

Mainly the collection of the information on poor households and other problems related to the management of the HEF and services of contracted health facilities...

## Chapter 3 HEF financing

### Article 16: Financing sources

- Government budget
- Contribution of the society
- Contribution of foreign countries and international organizations

### Article 17: Payment mechanism

Payment to health facilities at each level is based on their location and payment reason. For contracted hospitals capitation payment will be used for OPD patients and fixed fee for IPD patients. For non contracted hospitals direct payment for service fee will be used.

### Article 18: Payment procedure and financial reporting

### 1. Accounting system

The HEF at each level must open their bank accounts as follow:

- Account name: HEF of the province \_\_\_\_\_
- Type of account: Currency Kip
- Name of signatories:
  - a. Chairperson of the HEF management committee
  - b. Vice Chairperson of the HEF management committee
  - c. Chief of the HEF implementing unit
- Withdrawal of money from the HEF bank account: the HEF of each level has the rights to spend the money from the HEF bank account on reasonable expenditures only. Withdrawal cheque must bear two signatures, one of the chief of the HEF implementing unit and another of the HEF Chairperson or vice Chairperson.

### 2. Payment procedure

- *Initial phase:* The central HEF will make a transfer payment of HEF services to provincial HEF; the provincial HEF will make transfer payment then to district HEF; and next the district HEF will make transfer payment to contracted health facilities (provincial hospital, district hospitals and health centers) in an amount that would cover three months needs, based on the study of the HEF setting up team.
- *When poor household use health service of the facility,* the HEF will make transfer payment to contracted facilities (provincial hospital, district hospital and health center) and non contracted health facilities (referred hospital or emergency treatment) as requested by the health facility and approved by the district HEF management committee in case of fixed fee and service fee whereas capitation payment will be made according to the contract.
- Administration budget, budget for publicity, for supervision and for other necessary activities will be transferred based on the endorsement.
- *Summarizing phase and financial planning*
- Health facilities have to summarize the number of service use and billed amount for HEF beneficiaries (form 02) and ask for control by the HEF implementing unit and the district secretariat.
- Contracted health facilities must make a replenishment plan for IPD patient' expenditures (form 03) and ask for control by the HEF implementing unit and the district secretariat.
- District HEF consolidates the number of service uses, service expenditures, the replenishment plan for in-patient expenditures, payment plan for OPD fixed fee; plans the payment of fees for services to non contracted hospitals; the payment plan for high cost services; summarizes and plans administration activities and other operations of the HEF to submit to the meeting of the HEF management committee for approval quarterly.

### Article 19: Setting of treatment tariff

Data on service costs will be studied periodically at each health facility and the price set will be reviewed every year.

Consultation and treatment fees (drugs, medical supplies, laboratory tests, documents, etc.) for OPD patients will be calculated under capitation form (based on the number of beneficiaries); for IPD patient will be calculated under the form of fee for package of services for example: major surgery, medium surgery, minor surgery, hospitalized days, normal birth delivery.

### Article 20: Evidence document for requesting and disbursing HEF to health facilities

#### 1. For request

- Report on service utilization by HEF beneficiaries and corresponding expenses (form 02) audited by HEF unit and district HEF secretariat.
  - Request for reimbursement of IPD hospitalization expenses (form 03) audited by HEF unit and district HEF secretariat.
  - Minute of the quarterly meeting of HEF management committee which approved the report on service utilization and corresponding expenses of health facilities.
  - Budget request based on the replenishment plan.
2. For disbursement
- Report on service utilization by HEF beneficiaries and corresponding expenses (form 02) audited by HEF unit and district HEF secretariat.
  - Request for reimbursement of IPD hospitalization expenses (form 03) audited by HEF unit and district HEF secretariat.
  - Minute of the quarterly meeting of HEF management committee which approved the report on service utilization and corresponding expenses of health facilities.
  - Payment order and cheque prepared by HEF unit and the chairperson of the HEF management committee at each level.

## Chapter 4 HEF benefits for poor households

### Article 21: Medical benefits

HEF is responsible to pay for all health care expenses of contracted health facilities [health centers, district hospitals, provincial hospitals (central hospitals if it is the case of Vientiane Capital)] and non contracted health facilities, specialized hospitals, central hospitals, as follow:

- Consultation and treatment fees for OPD and IPD patients (documentation fee, drugs, medical supplies, laboratory tests, room charges and labor...).
- Health promotion and disease prevention which are not given free of charge by vertical programs.
- Physical rehabilitation fees at health facilities.

### Article 22: Transport cost and food allowance

HEF is responsible to pay for food allowance and transport of hospitalized beneficiary and one of his/her companies at a rate of 20,000 kip/person/day and the normal transportation fee.

### Article 23: Services not covered by HEF

+ *Services already paid by others:*

- Diseases under the responsibility of programs such as: Tuberculosis, immunization, AIDS treatment drugs, etc.
- Accidents (on the road, in the water, in the air) when the responsibility is born by accident makers or insurance companies.

+ *Own needs such as:*

- Cosmetic surgery, aesthetic treatment or others related
- Transsexual surgery
- Self-inflict harm (suicide attempt) and harm to others
- Tooth replacement

- Spectacles and artificial lenses
- + *Services at private health facilities:*
  - Services at private pharmacies;
  - Services at private clinics;
  - Services at private hospital in the country or abroad;

#### Article 24: Service utilization rules

- Each time when come to use the service of contracted health facilities, HEF member must present his/her family book or an attestation from the chief of village to certify his/her HEF beneficiary status.
- The contracted health facility will provide him/her the service free of charge after checking the family book or the attestation of the chief of village with the list of beneficiaries available at the facility.
- HEF member has the rights to use the services directly at contracted health centers and contracted district hospitals; but to go to referral hospital referral letter from district hospital is needed except the case when HEF beneficiary has provincial hospital as contracted hospital. In this later case he/she has the rights to go to the provincial hospital directly.
- In emergency case, HEF member can use the services at all state health facilities in Lao PDR. Like the case of referral from provincial hospital to specialized hospitals or central hospitals, HEF member or provincial hospital must inform the district HEF unit within 48 hours so that the unit can cross-check correctly, appropriately and promptly. Reimbursement of fees in this case will be transferred to the health facility by the HEF unit after checking the conformity and getting the approval of the chairperson of the HEF district management committee or after an urgent reporting to the latter.

## Chapter 5 Health services

#### Article 25: Health facilities

HEF members can select contracted health facilities upon their convenience. Those health facilities are: health centers, district hospitals, provincial hospitals (central hospitals if it is the case of Vientiane Capital).

In case of emergencies or necessity to be treated by specialized facilities: HEF member can use the service of non contracted hospitals, specialized hospitals and central hospitals but the article 24 of this decree must be respected.

#### Article 26: Responsibilities of service providers

1. *Reception:* all the staff of health facilities acknowledges, understand and follow the patient reception's rules in the article 24 of this decree.
2. *Service:* all the staff of health facilities acknowledges, understand and serve HEF patient with all benefits they should receive in accordance with the articles 21, 22, 23 and 24 of this decree qualitatively.
3. *Recording of the service number and costs:* HEF management unit of the health facility must record in details, precisely and in auditable manner the number of services and their costs for HEF patients in accordance with the record forms 02 and 03.

4. *Reporting*: HEF management unit of the health facility must summarize and report on services and actual expenditures in accordance with the form 02.
5. *Financial management of the HEF*: HEF management unit of the health facility must keep copies of receipts of HEF; have a cash follow up book (record 01); and make the monthly replenishment plan (form 03) and defend this plan during every quarterly meeting of the HEF management committee.
6. *Auditing*: Facilitation of the implementation of audit in each health facility is an obligation of the facility.

#### Article 27: HEF team at health facility

Contracted hospital nominates a team in charge of the HEF activity to successfully fulfill the duties described in the article 26 of this decree. It's up to the health facility to staff the team with appropriate number of personnel.

### Chapter 6 Prohibitions

#### Article 28: Membership

It's prohibited that HEF member let others enjoy their rights; counterfeit documents on health care service; give a bribe to the staff and the authorities; and violate HEF rules.

#### Article 29: Concerned organizations

It's prohibited others concerned organizations to interfere or block the execution of duties of the staff; give or receive a bribe; violate HEF rules and counterfeit documents.

#### Article 30: Service provider

It's prohibited that the service provider misuse their functions for his/her own interest and for that of his/her clan, counterfeit documents, discriminate patients and violate HEF rules.

#### Article 31: HEF staff

It's prohibited that HEF staff misuse their functions for his/her own interest and for that of his/her clan, give or receive a bribe, counterfeit documents, and violate HEF rules.

### Chapter 7 Information management and auditing

#### Article 32: Information management

HEF unit at all levels and all contracted health facilities must have an accessible and transparent information recording system. Both registers and computers can be used.

Main information that must be collected is:

- Information on poor households (form 01)
- Financial information (record form/register 01)
- Information on HEF services (record form 02, 03)
- Information on equipments and assets of the HEF (record form 04)

- Copies of vouchers for receipts and payments (form 04 and other receipt and payment evidences).
- Copies of reports: service utilization, actual expenditure, (form 02), reimbursement plan for service fees (form 03); contracts (form 05), minutes of meetings of the HEF management committee at each level (form 07); household survey form (form 06).

#### Article 33: Follow up and regular audit

1. HEF unit and district secretariat must follow up regularly every month by comparing reports with records of information; if necessary bills or treatment follow up sheets must be audited;
2. Audit the utilization of service by poor households by randomizing some samples of HEF patients in the month; cross-check and interview at household level on the utilization of service. (interview questionnaire form 06)

#### Article 34: Follow up and audit by externals

The audit by the state auditing authority must be done every year.

In case of external funding, agreements upon contracts have to be respected in order to ensure the development of the HEF, transparency of activity implementation and enhance fairness of health care service utilization.

#### Article 35: Evaluation

Together with the regular following up of the service utilization by the HEF patients, studies have to be carried out once a year on the determination of poor households, the service utilization at health facilities, to gather reference information for the development of the HEF with the participation of HEF partners at each level.

### Chapter 8

#### Policies towards outstanding good performers and sanctions measures against violators

#### Article 36: Policies towards outstanding good performers

Individual or organization with outstanding good performance in the implementation of this decree such as in the management, promotion, health care service providing and participation will receive felicitation or other appropriate remunerations.

#### Article 37: Sanctions against violators

Individual or organization violating this decree and related rules and regulations will be warned, educated, applied disciplines, fined, asked to pay for damages according the civil laws or punished with penal codes according to the Laws of the country.

### Chapter 9

#### Final provisions

#### Article 38: Stamp and logo of the HEF

1. Stamp

There are two types of HEF stamps: For the central, provincial and district HEF units the stamp used is in rectangular form with abbreviation of the health equity fund “Kosoto” (HEF) of the concerned district or province; for the management committee at each level the state stamp of the chairperson or the vice chairperson of the management committee at that level is used.

## 2. Logo

The logo of the HEF is a circle with the abbreviation of the health equity fund “Kosoto” (HEF) in the center; with the logos of the hospital on both sides; with the name of the fund “health equity fund” in Lao on upper side and in English on lower side.

### Article 39: The implementation

The ministry of public health, all departments, all related divisions, provincial health services, health service of Vientiane Capital, provincial authorities, districts, district health offices, central, provincial and district hospitals, health centers and nominated individuals and organizations must acknowledge and implement this decree seriously.

### Article 40: Validity

This decree is valid from the date of its signature. All decrees and regulations that are contradicted with this decree are abolished.

Minister of Public Health