

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
MINISTRY OF HEALTH
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

**THE STUDY ON
THE IMPROVEMENT OF
HEALTH AND MEDICAL SERVICES IN
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC**

LAO HEALTH MASTER
PLANNING STUDY

FINAL REPORT

VOLUME 1
SUMMARY

November 2002

PACIFIC CONSULTANTS INTERNATIONAL

The following foreign exchange rate is applied in the study:
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PREFACE

In response to the request from the Government of the Lao People's Democratic Republic, the Government of Japan decided to conduct the study on Improvement of Health and Medical Services in the Lao People's Democratic Republic and entrusted the study to Japan International Cooperation Agency (JICA).

JICA dispatched a study team headed by Mr. Hideyuki Sasaki of Pacific Consultants International to the Lao PDR, four times between April 2001 and September 2002. In addition, JICA set up an Advisory Committee headed by Dr. Takatoshi Kobayakawa of Tokyo Women's Medical University between April 2001 and September 2002, which examined the Study from specialist and technical points of view.

The team held a series of discussions with the officials concerned of the Government of the Lao PDR and conducted field surveys at the study area. Upon returning to Japan, the team conducted further studies and prepared this final report.

I hope that this report will contribute to the promotion of this project and to the enhancement of friendly relationship between our two countries.

Finally, I wish to express my sincere appreciation to the officials concerned of the Government of the Lao PDR for their close cooperation extended to the team.

October 2002



Takao Kawakami

President

Japan International Cooperation Agency

October 2002

Mr. Takao KAWAKAMI
President
Japan International Cooperation Agency
Tokyo, Japan

Letter of Transmittal

Dear Sir,

We are pleased to formally submit herewith the Final Report of "The Study on Improvement of Health and Medical Services in the Lao People's Democratic Republic."

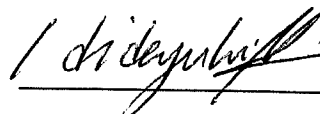
This report compiles the results of the Study which was conducted from March 2001 through October 2002 by the Study Team organized by Pacific Consultants International under the contract with JICA.

The report compiles the Lao Health Master Plan covering both reform and development of the health sector in the Lao PDR. The plan consists of 1) vision, goals and objectives; 2) overall basic strategies; 3) frameworks for health sector reform and development; and 4) priority programmes.

We would like to express our sincere gratitude and appreciation to the officials of your agency, the JICA advisory Committee, and Ministry of Foreign Affairs. We also would like to send our great appreciation to all those who extended their kind assistance and cooperation to the Study Team, in particular to the Lao Ministry of Health and provincial/district health offices.

We hope that the report will be able to contribute significantly to health sector reform and development in the Lao PDR.

Very truly yours,



Hideyuki SASAKI
Team Leader,
The Study on Improvement of
Health and Medical Services in the
Lao People's Democratic Republic

PROFILE OF THE STUDY

BACKGROUND

In response to the request of the Government of Lao People's Democratic Republic (hereinafter referred to as "GOL"), the Government of Japan (hereinafter referred to as "GOJ") decided to conduct "The Study on the Improvement of Health and Medical Services in the Lao People's Democratic Republic" (hereinafter referred to as "the Study").

The Japan International Cooperation Agency (hereinafter referred to as "JICA"), the official agency responsible for the implementation of technical cooperation programs of GOJ, undertook the Study in close cooperation with GOL authorities.

The Ministry of Health (hereinafter referred to as "MOH") acted as the Counterpart Agency for the JICA Study Team on behalf of GOL. MOH coordinated the implementation of the Study with other related government agencies, international donor agencies, and international non-governmental organizations.

OBJECTIVES OF THE STUDY

1. To identify major issues on health and medical services by reviewing the existing data and carrying out supplementary surveys,
2. To formulate a master plan for improvement of health and medical services
3. To carry out relevant technology and knowledge transfer to Lao counterparts.

THE STUDY AREAS

The Study covers the whole country of Lao PDR, with special emphasis on remote areas of the country.

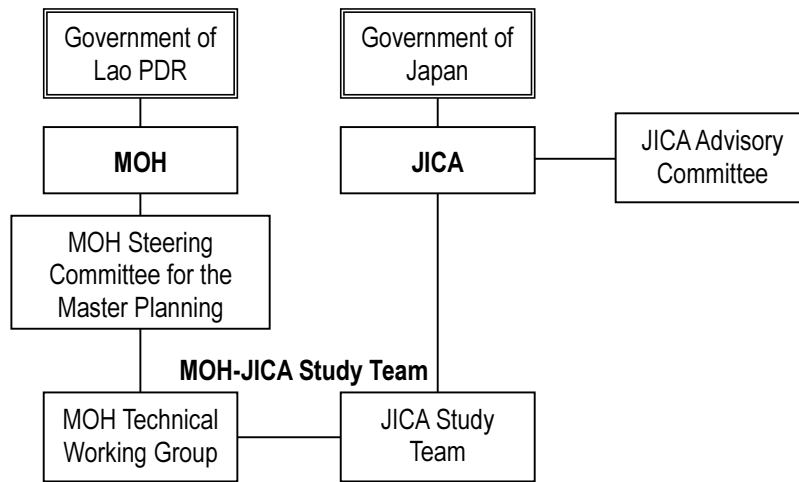
BASIC APPROACH OF THE STUDY

1. To Support Ministry of Health in Master Planning and Coordination among International Donors and NGOs
2. To Support Local Health Offices in Health Planning and Management
3. Comprehensive Approach
4. Regional Approach
5. Community Approach
6. Supplementary Surveys with Specific Objectives and Targets

STUDY IMPLEMENTATION BODY

The Study was carried out as a joint effort of the JICA study team and the Lao counterparts. The JICA study team was composed of 17 experts from Pacific Consultants International (PCI). The Lao counterpart team was composed of 21 experts from MOH.

Figure 1 Study Organization



BASIC FLOW OF THE STUDY

The study is composed of the following four phases:

- Phase 1: Basic Design of Planning Study and Establishment of Study Implementation Body
- Phase 2: Health Sector Review and Supplementary Surveys (I)
- Phase 3: Identification of Issues, Formulation of Basic Strategies and Action Plans, and Supplementary Surveys (II)
- Phase 4: Formulation of Master Plan, Action Plans, and Priority Projects/Programmes

Figure 2 Basic Flow of the Study

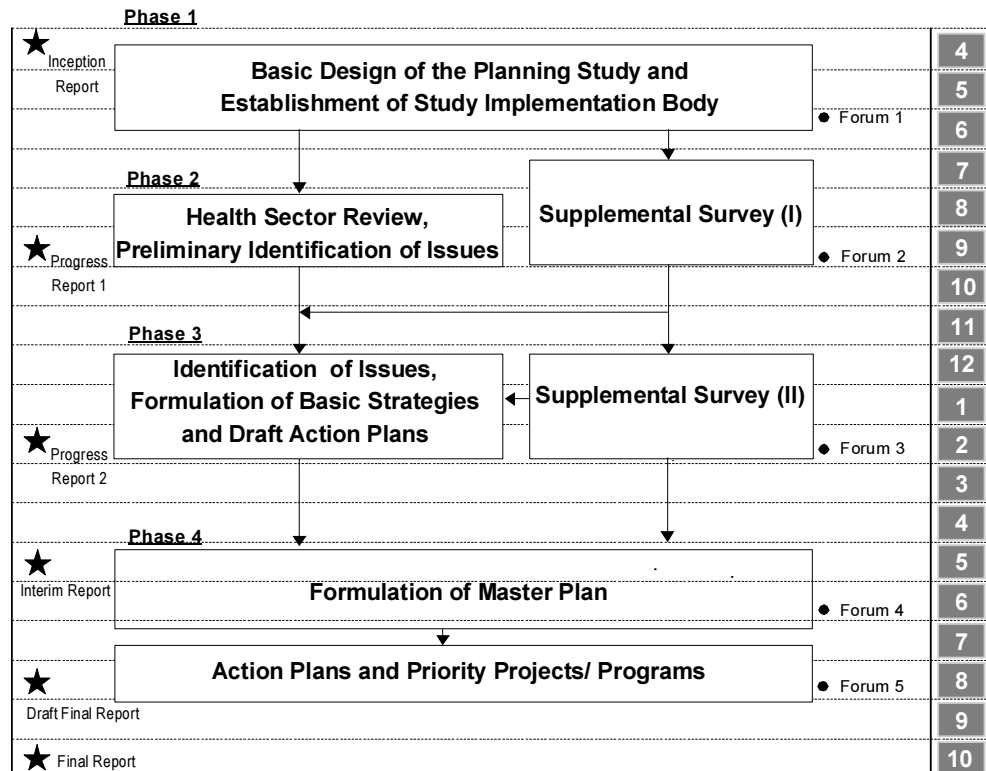


Figure 3 Study Area Map



EXECUTIVE SUMMARY OF THE STUDY RESULTS

Structure of the Lao Health Master Plan

The Lao Health Master Plan is composed of the following elements:

Overall Master Plan

- Overall goals and objectives of health sector development and reform
- Overall basic strategies of health sector development and reform

Frameworks

- Management frameworks
- Development frameworks

Priority Programmes

- Very high priority programmes
- High priority programmes
- Priority programmes

Overall Issues of the Lao Health Sector

The following overall issues were identified:

1. Low level of health services
2. Low input of recurrent expenditure and wasteful resource utilisation
3. Unsustainable development and operation of health infrastructure
4. Weakness of health finance and dependency on foreign assistance
5. Inadequate health finance system
6. Uneven geographical distribution of health personnel
7. Shortage and maldistribution of well trained hospital nurses and community nurses
8. Budget allocation skewed in favour of hospitals and medical doctor training
9. Lack of motivation system for government health staff
10. Poor development of job descriptions of health staff
11. Undifferentiated strategies of health sector development for remote areas
12. Budget shortage and disparities among district health offices due to excessive decentralisation to the district level
13. Low capacity of provincial and district health offices
14. Unclear and non-transparent decision-making system in health management
15. Shortage of human resources and recurrent budget at the district level
16. Weak people's participation in the health sector
17. Weak health service delivery in MCH, nutrition and health education
18. Insufficient infectious disease control activities

Vision, Goals and Objectives

The following long-term vision and goals have been set for the Lao Health Master Plan. They are statements of a desirable situation in the distant future. Objectives, on the other hand, are statements which suggest the directions in which the health sector may develop from the current situation.

Vision

The overall health status of Lao PDR is continually improving with a strengthened health care system and empowered people taking responsibility for their own health, thereby contributing to poverty alleviation.

Goals

- To strengthen the ability of the health care system to provide access to regularly available, appropriate, affordable, and good quality essential health services that are responsive to people's needs and expectations, especially for those who are currently underserved or unserved
- To empower communities, families and individuals to make their own health-related decisions and become self-reliant

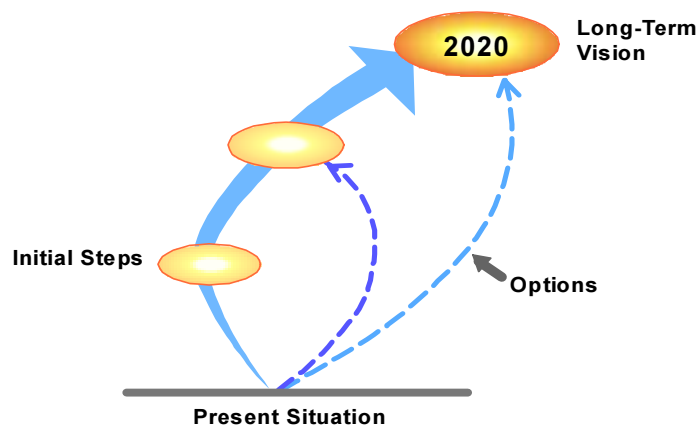
Objectives

1. To broaden the coverage of essential health services for people in remote areas, ethnic minority groups and the urban poor
2. To enhance the quality of basic facility-based and community-based health services while striving for more efficiency in the management of resources
3. To protect people from the financial burden of ill-health and other health events
4. To heighten people's awareness of practical, scientifically sound, socially acceptable, and affordable methods and technologies for maintaining, restoring and improving health

Overall Basic Strategies

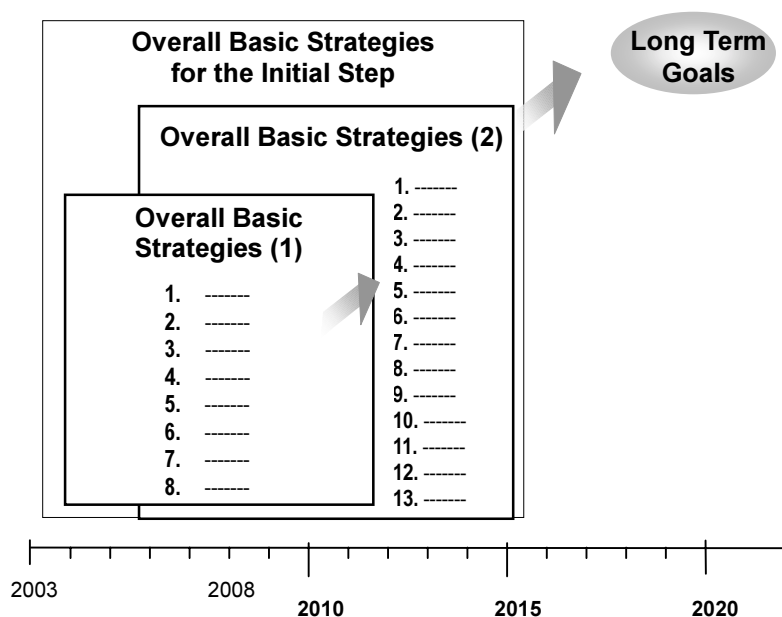
The overall basic strategies show the efforts or directions to be undertaken from now in order to achieve an initial step that leads to the long-term vision.

Figure 1 Long-Term Vision and Initial Strategic Steps



Two sets of overall basic strategies have been formulated to achieve the initial step. The first set of overall basic strategies is strategic and highly selective, comprising eight components. The second set of overall basic strategies is composed of thirteen components, which include components additional to the eight of the first set. The first set of overall strategies should be given very high priority in implementation.

Figure 2 Overall Basic Strategies for the Initial Step



Components of the Overall Basic Strategies (1)

1. To Promote Sector-Wide Coordination at National, Provincial and District Levels

- To actively continue sector-wide coordination at the national level involving various stakeholders (MOH officials, provincial/district health officials, international donors and NGOs), to increase the efficiency and effectiveness of resource utilisation from donors/NGOs.
- To promote sector-wide coordination at the provincial level involving various stakeholders (provincial health officials, district health officials, MOH planning department officials, and international donor/NGO projects) for information sharing, for keeping common goals, objectives and overall basic strategies, and for coordinated project activities

2. To Reform the Health Financial System and to Strengthen the Financial Management Capacity of MOH, PHOs and DHOs

- To make serious efforts to increase the government budget allocation to the health sector, by advocating that higher-level central decision makers, provincial governors and district chiefs make larger budget allocations to MOH, PHOs and DHOs respectively.
- To improve the system of health finance, especially the systems of Revolving Drug Funds, user fees and user fee exemptions at health facilities.

- To improve the system of financial management and to enhance the capacity for financial management at the national, provincial and district levels, in order to increase the efficient use of financial resources.
 - To reallocate financial resources for necessary purposes including recurrent spending and the exemption of user fees for the poor.
- 3. To Improve the Quality of Health Worker Training, especially of Nurses, and to Allocate and Motivate Well-Trained Health Workers in Districts and Health Centres**
- To establish clear job descriptions of health workers at different types of workplace.
 - To promote the use of established job descriptions at the workplace.
 - To improve the quality of pre-service training of health workers, especially nurses, in the regions, so that more well-trained health workers are available to work in districts and health centres.
 - To recruit local persons for providing training for PHC workers in the regions so that they can work in health centres in remote areas.
 - To establish a routine system of in-service training for health workers, especially nurses, in the regions so that the number of well-trained health workers is increased in districts and health centres.
 - To allocate more health staff (both nurses and medical doctors) to districts, firstly by reallocating part of the staff quota from the provincial level to the district level.
 - To create an incentive system for health workers, especially at district and health centre levels.
 - To promote international cooperation with foreign professional associations for the training of medical doctors, nurses and medical laboratory technologists, and to promote conferences or workshops for exchanging experiences.
- 4. To Build the System and Capacity of Health Management in Decentralised Contexts**
- To clarify decision-making systems in health management at the central, provincial and district levels.
 - To improve management skills (information collection, information utilisation, problem analysis, planning and monitoring for annual development planning, 5-year development planning, logistic planning and personnel planning) of managers in MOH, PHOs, and DHOs.
 - To improve basic skills (record keeping, book keeping, information management) for management of MOH, PHOs and DHOs.
- 5. To Implement Efficient and Effective Infectious Disease Control**
- To strengthen the systems of infectious disease control, especially EPI, malaria and HIV/AIDS.
 - To implement EPI more efficiently and effectively in conjunction with other PHC activities.
 - To implement malaria control in conjunction with other PHC activities

- To improve skills in diagnosis and care/treatment of infectious diseases at district hospitals and health centres

6. To Implement the PHC Approach to Strengthen District Health Systems

- To take the following preparatory steps for beginning the development of District Health Systems based on the PHC approach
 - To diffuse the PHC approach at the national, provincial and district levels, and
 - To establish flexible national guidelines and regulations for developing District Health Systems according to the PHC approach.
- At the same time, to make the following efforts at reforming existing vertical programmes, existing health centres, village-level RDFs, and district hospitals to prepare for the future development of district health systems based on the PHC approach.
 - To decentralise the planning and management of vertical programmes of EPI, malaria control, reproductive health, water and sanitation, and TB control to the district and, in some cases, to health centre levels,
 - To promote the horizontal integration of these health activities with other health activities at the district and health centre levels,
 - To actively promote activities of MCH, nutrition and health education at first in vertical ways, and then to integrate these activities into the District Health System covering health centres and villages,
 - To rationalise existing health centres and integrate them into the District Health System,
 - To promote village-level RDFs under the effective guidance of district health officers or health centre staff, and
 - To improve district hospitals so as to attract local people and to establish district hospitals/district health offices as the central bases of District Health Systems.

7. To Operate Central and Provincial Hospitals Efficiently

- To increase the efficient use of financial and human resources at central and provincial hospitals by improving management so that the concentration of financial and human resources in central and provincial hospitals is avoided,
- To make effective use of the existing infrastructure and equipment of central and provincial hospitals by improving their maintenance systems and capacities, and
- To encourage the private sector to invest and participate in private hospitals in towns.

8. To Increase the Availability and Affordability of Essential Drugs and to Promote Rational Drug Use

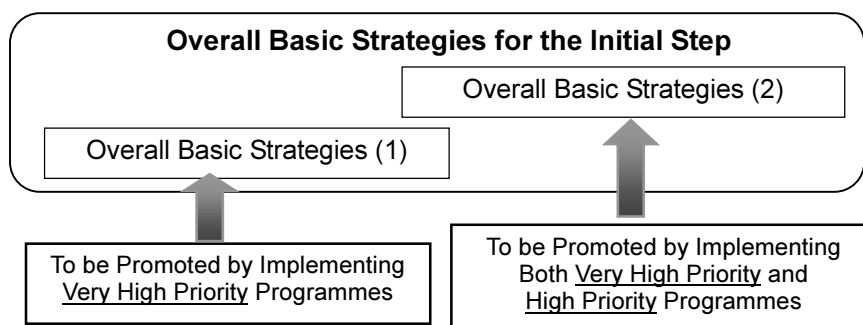
- To increase the availability and affordability of essential drugs by promoting Village-Level RDFs, as well as Health Facility-Based RDFs.
- To improve the affordability of essential drugs, by strengthening the PHO's capacity for drug procurement and management.

- At the same time, to prevent increasingly prevalent irrational drug use at all levels by improving the capacity of health workers, VHVs, village health providers and pharmacies to promote rational drug use.

Priority Programmes

60 priority programmes (the long list) were identified based on the sub-sector frameworks, by using the criteria related to effectiveness in achieving goals of efficiency, equity and quality. From the long list, higher priority programmes (the medium list), which could effectively promote the overall basic strategies, were selected. Furthermore, from the medium list, very high priority programmes (the short list), which could promote the overall basic strategies (1), were selected by using criteria relating to the practicality of implementing programmes, i.e. precedence, technical feasibility, low resource requirement and maturity.

Figure 3 Overall Basic Strategies and Priority Programmes



Definitions of very high priority programmes, high priority programmes and priority programmes are shown below:

Very High Priority Programmes: Essential programmes to be initiated as initial steps within 5 years, in accordance with the overall basic strategies, to change/improve the existing situation of the Lao health sector. The selected very high priority programmes are shown in Table 1.

High Priority Programmes: Programmes to be undertaken after the very high programmes are started, to raise effectiveness in achieving goals/ objectives, in parallel with the very high priority programmes.

Priority Programmes: Programmes selected from sub-sector perspectives. It should be reconsidered whether they should be implemented, after all the very high and high priority programmes have been started.

Table 1 List of Very High Priority Programmes (Short List)

PLANNING AND MANAGEMENT

- (1) PM-1 Sector-Wide Coordination Programme
- (2) PM-2 Capacity Building Programme for Health Management and Health Information System

HUMAN RESOURCES DEVELOPMENT

- (3) HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel
- (4) HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector
- (5) HR-4 Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers
- (6) HR-5 Programme for Reformulating Nurse Education Policies
- (7) HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training
- (8) HR-10 Programme for Reformulating Medical Doctor Education Policies
- (9) HR-13 Textbook Development Programme for Nurse Education in Lao Language

HEALTH FINANCE

- (10) HF-1 Financial Management Improvement Programme for the Health Sector
- (11) HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

HEALTH EDUCATION

- (12) ED-1 Radio Broadcasting Programme for Health Education
- (13) ED-3 Programme for Promoting IEC Activities at District Hospitals

INFECTIOUS DISEASE CONTROL

- (14) ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres
- (15) ID-4 Programme for Integrating EPI and Other Health Services
- (16) ID-6 Programme of Strengthening Control of HIV/AIDS and STDs
- (17) ID-7 Programme for Strengthening Malaria Control and other PHC Activities

PRIMARY HEALTH CARE

- (18) PH-1 Programme for Supporting the Operationalisation of the “Policy of Primary Health Care”
- (19) PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach
- (20) PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

MATERNAL AND CHILD HEALTH

- (21) MC-1 MCH Networking and Coordination Programme
- (22) MC-2 Programme for Strengthening and Promotion of MCH
- (23) MC-3 Programme for Strengthening Family Planning

NUTRITION

- (24) NT-1 Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities
- (25) NT-3 Nutrition Information/Education Programme

HOSPITAL SERVICES

- (26) HS-1 District Hospital Improvement Programme
- (27) HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units
- (28) HS-3 Hospital Management Improvement Programme

MEDICAL LABORATORY TECHNOLOGY

- (29) ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine

ESSENTIAL DRUGS

- (30) DR-2 Rational Use of Drugs Programme
- (31) DR-4 Village-Level Revolving Drug Fund (RDF) Programme

Conclusion and Recommendation

Since the existing problems in the Lao health sector are varied and complex, efforts at health sector development and reform have tended to be scattered and lack clear direction. Strategic efforts in pursuit of a clear direction should be made by following the overall basic strategies (1) in order to achieve the initial step towards the long-term vision outlined above.

The eight components of the overall basic strategies (1) should be implemented as a single package. In other words, none of them should be omitted from the efforts to strengthen the foundation of health sector development. 31 very high priority programmes to promote the overall based strategies (1) should be started as soon as possible (within 5 years).

Among the very high priority programmes, seven programmes to prepare the basic conditions for starting the reform of the health sector in Lao PDR should be implemented first (PM-1, HR-5, HF-2, ID-4, PH-2, MC-1, NT-1). The seven remaining programmes identified are to be implemented nationwide, aimed at making substantial progress towards achieving the initial step guided by the overall basic strategies (1). The Lao government must make continuous efforts to implement those seven programmes by allocating sufficient budgets for sufficient periods in order for the programmes to have a substantial impact (PM-2, HR-4, HF-1, PH-3, MC-2, HS-1, HS-2).

FINAL REPORT
Volume 1: Summary

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FORMATION OF THE FINAL REPORT

The Final Report is comprised of the following volumes:

- Volume 1: Summary**
- Volume 2: Main Text**
- Volume 3: Priority Programmes**
- Volume 4: Sector Review**

Volume 1, Summary, contains the methodology of the Lao Health Master Planning and the outline of the Master Plan.

Volume 2, Main Text, contains the contents of the Lao Health Master Plan including vision, goals and objectives, overall basic strategies, frameworks (sub-sector strategies), and priority programmes.

Volume 3, Priority Programmes, compiles the lists of prioritised programmes (very high priority, high priority and priority programmes), and the profiles of the very high priority programmes.

Volume 4, Sector Review, contains the review of present conditions of sub-sectors.

Abbreviation and Acronym

ADB: Asian Development Bank
ANC: Antenatal Care
AIDS: Acquired Immunodeficiency Syndrome
APB: Agriculture Promotion Bank
ARI: Acute Respiratory Infections
ASEAN: Association of South East Asian Nations
ATS: Amphetamine Type Substances
AusAID: Australian Agency for International Development
BS: Birth Spacing
BTC: Belgian Technical Cooperation
CBR: Crude Birth Rate
CBR: Community-Based Rehabilitation
CCL: Comite pour Cooperation avec le Laos
CDD: Control of Diarrhoeal Diseases
CDR: Crude Death Rate
CIEH: Centre of Information and Education for Health
CMR: Child Mortality Rate
CPC: Committee for Planning and Cooperation
DALY: Disability Adjusted Life Year
DH: District Hospital
DHO: District Health Office
DOTS: Directly Observed Treatment Short-Course
EPI: Expanded Programme on Immunization
EU: European Union
FAO: Food and Agricultural Organization of the United Nations
FP: Family Planning
GDP: Gross Domestic Product
GFR: Gross Fertility Rate
GTZ: German Technical Cooperation Agency
HC: Health Centre
HIV: Human Immunodeficiency Virus
HDR: Human Development Report
HRD: Human Resource Development

IMR: Infant Mortality Rate
IEC: Information, Education, Communication
IUD: Intrauterine device
JICA: Japan International Cooperation Agency
JOCV: Japan Overseas Cooperation Volunteers
KAP: Knowledge, Attitudes and Practices
LECS: Lao Expenditure and Consumption Survey
LNFC: Lao National Front for Construction
LPRYU: Lao People's Revolutionary Youth Union
LRC: Lao Red Cross
LSIS: Lao Social Indicator Survey
LWU: Lao Women's Union
MCH: Maternal and Child Health
MCHC: Maternal and Child Health Centre
MCTPC: Ministry of Communication, Transport, Post and Construction
MFA: Ministry of Foreign Affairs
MMR: Maternal Mortality Rate
MOE: Ministry of Education
MOH: Ministry of Health
MSF: Medicins Sans Frontieres
NCCA: National Committee for the Control of AIDS
NCCAB: National Committee for the Control of AIDS Bureau
NEM: New Economic Mechanism
NGO: Non-Governmental Organization
NID: National Immunization Day
NMR: Neonatal Mortality Rate
NRC: National Rehabilitation Centre
NSC: National Statistical Centre
ORS: Oral Rehydration Solution
ORT: Oral Rehydration Therapy
PDR: People's Democratic Republic
PH: Provincial Hospital
PHC: Primary Health Care
PHO: Provincial Health Office
PIP: Public Investment Programme
RDF: Revolving Drug Fund

RH: Reproductive Health
SCFA: Save the Children Fund Australia
Sida: Swedish International Development Agency
STDs: Sexually Transmitted Diseases
SPC: State Planning Committee
SRC: Swiss Red Cross
TBA: Traditional Birth Attendant
TFR: Total Fertility Rate
TOT: Training of Trainers
U5MR: Under-Five Mortality Rate
UN: United Nations
UNAIDS: United Nations AIDS
UNDCP: United Nations International Drug Control Programme
UNDP: United Nations Development Programme
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Fund
USAID: United States Agency for International Development
UXO: Unexploded Ordnance
VAD: Vitamin A Deficiency
VHV: Village Health Volunteer
WB: World Bank
WFP: World Food Programme
WPRO: Western Pacific Region Office of WHO
WHO: World Health Organization
WTO: World Trade Organization
WVL: World Vision Laos

PART I: LAO HEALTH MASTER PLANNING: METHODOLOGY

1.1 WHAT IS THE HEALTH MASTER PLAN?

In the last decade, health sector reform has taken place in Lao PDR in various ways, such as through the introduction of revolving drug funds, private pharmacies and private clinics, and decentralisation. The Lao health master planning study covers both reform and development of the health sector in Lao PDR. The development of the health sector includes that of services, human resources and infrastructure.

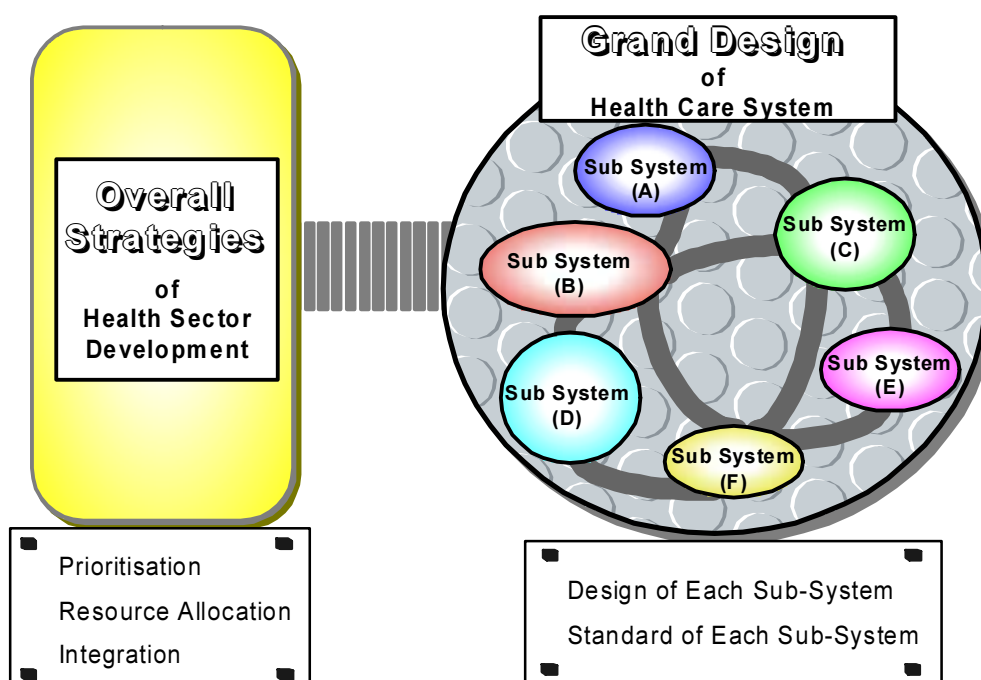
1.2 OVERALL STRATEGIES AND GRAND DESIGN

The Health Master Plan comprises the following two components:

- Future vision/grand design of the health care system or the health sector
- Overall strategies to realise the future vision/grand design

The health care system or the health sector consists of many sub-sectors. Therefore, the grand design of the whole health care system consists of designs of various sub-systems. The standards, protocols and job descriptions are designs of sub-systems. In addition to drawing the grand design of the health care system as a whole, the formulation of overall strategies that clarify how the desired future vision will be realised is an important aspect of master planning.

Figure 1.1 Overall Strategies and Grand Design of the Health Care System



1.3 FRAMEWORKS AND SUB-SECTOR STRATEGIES

The health care system or health sector consists of many interrelated sub-sectors or sub-systems. Various frameworks are required for guiding the direction and extent of health sector development and reform. These frameworks or sub-sector strategies are described in terms of the following:

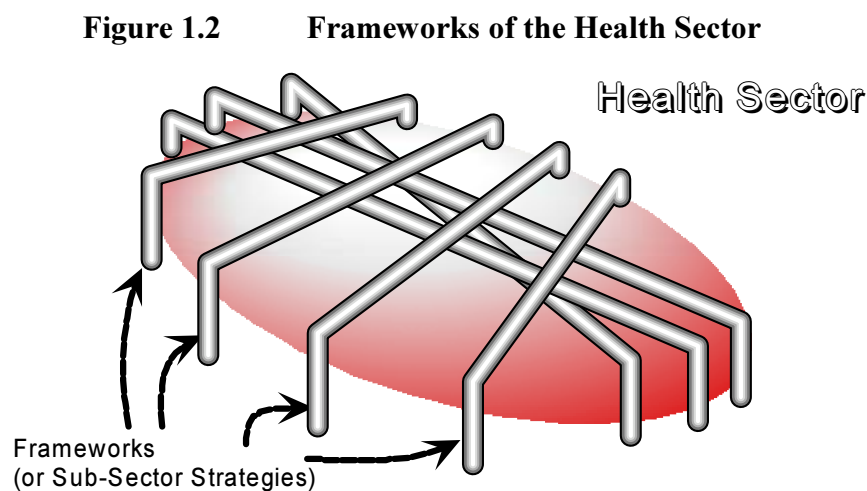
- Identified issues
- Objectives
- Key directions
- Possible measures
- Priority Programmes

Such sub-sector strategies are found by analysing the present situation, identifying issues and finding solutions in each sub-sector.

However, working towards optimum conditions in each sub-sector will not necessarily lead to desirable conditions in the system as a whole.

In master planning, especially under such severe resource constraints as in Lao PDR, an overview of health sector development and reform is needed for adjusting and coordinating various sub-sectors. For this purpose, setting “overall basic strategies”, based on overall goals and objectives, is essential. Such overall basic strategies are found by looking at the entire health sector or by sector-wide thinking.

Both overall strategies and sub-sector strategies are important for formulating a master plan of the health sector.



1.4 OVERALL STRATEGIES AND SUB-SECTOR STRATEGIES

Overall Basic Strategies are to guide the health sector as a whole. Overall Basic Strategies are also used to guide the formulation and prioritisation of programmes for the health sector. Overall Basic Strategies are concerned with:

- Resource allocation between different sub-sectors
- Integration among different sub-sector actions
- Prioritisation of different sub-sector strategies/ programmes

The formulation of overall basic strategies is based on sector-wide thinking, rather than on sub-sector thinking. To initiate sector-wide thinking, it is necessary to first set goals and objectives for overall health sector development and reform. Then it is necessary to understand all sub-sector issues and strategies. By thinking through both overall goals/objectives and sub-sector issues/strategies, overall basic strategies can be identified.

Figure 1.3 Away from Sub-Sector Thinking towards Sector-Wide Thinking

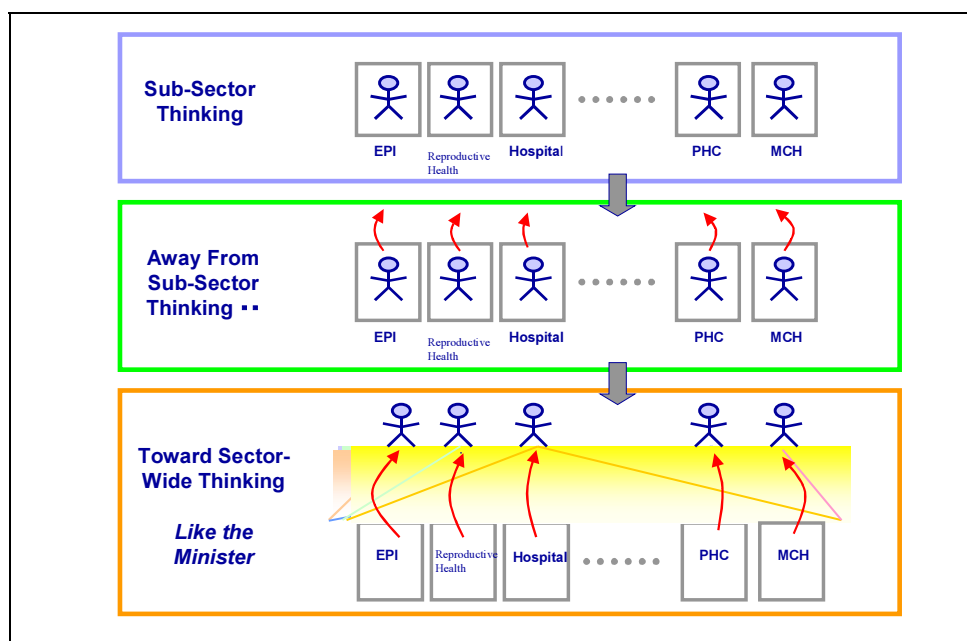
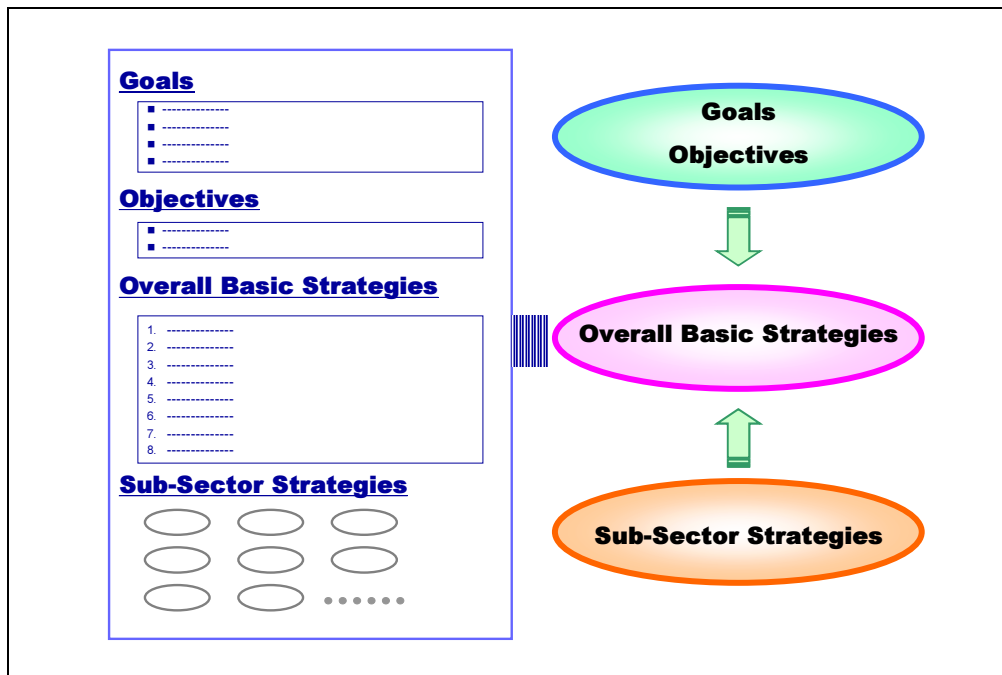


Figure 1.4 Formulation of Overall Basic Strategies



1.5 VISIONS, GOALS AND OBJECTIVES

Visions and goals outline a desirable situation in the distant future, without explicit connection to the current situation.

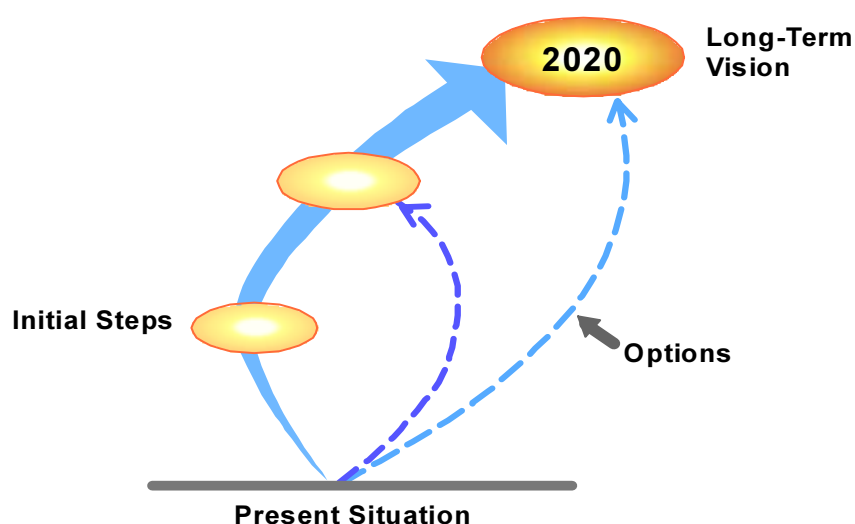
Objectives, on the other hand, are statements that provide the direction in which the health sector should proceed from the present. Objectives should give necessary directions and measures to steer the health sector, and the situation to be achieved, based on a careful understanding of present problems and issues.

1.6 LONG-TERM VISION AND INITIAL STRATEGIC STEPS

While the long-term vision maps desired outcomes up to the year 2020, strategies should show how to start dealing with issues from now, how to change present trends, and to what extent efforts should be made.

Although the future vision is drawn from a long-term perspective (20 years or more), given that existing problems in the Lao health sector are very serious, the health master plan needs to clarify necessary efforts or directions which should be made strategically from now. The health master planning study will identify initial strategic steps. Towards the initial strategic step, various programmes should be undertaken.

Figure 1.5 Long-Term Vision and Initial Strategic Steps



To identify such initial steps, it is necessary to clarify the following points:

- To what levels of health services are provided,
- To what levels of human resources are trained,
- In which directions (e.g. which sub-sectors or which services) are prioritised?
- To what extent (e.g. geographical coverage and costs), the efforts are to be made?
- Who should make the efforts?

1.7 STRUCTURE OF THE LAO HEALTH MASTER PLAN

The Lao Health Master Plan is composed of the following elements:

Overall Master Plan

- Overall goals and objectives of health sector development and reform
- Overall basic strategies of health sector development and reform

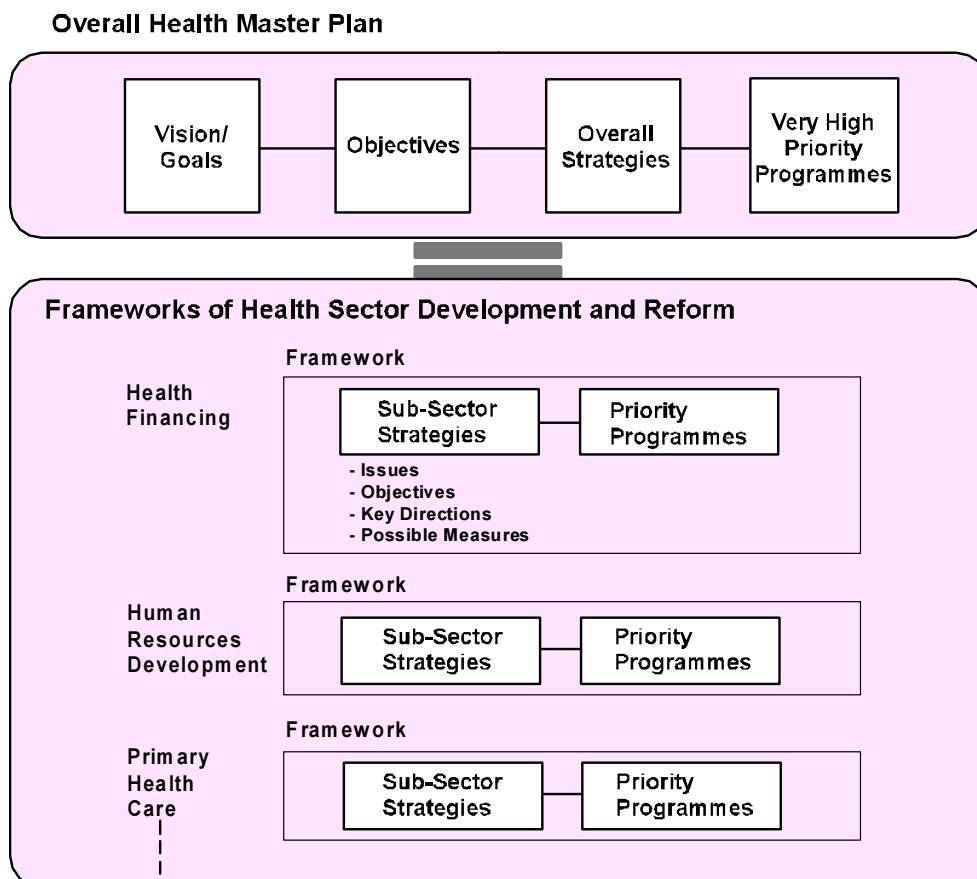
Frameworks

- Management frameworks
- Development frameworks

Priority Programmes

- Very high priority programmes
- High priority programmes
- Priority programmes

Figure 1.6 Structure of Health Master Plan



PART II: OVERALL ISSUES OF THE LAO HEALTH SECTOR

This part describes overall issues and those issues related to more than one sub-sector.

In Lao PDR the past ten years, various actors, such as MOH, provincial and district health offices, international donors and NGOs, have made efforts at health sector development in many different ways and in various sub-sectors. There have been no overall strategies and long-term perspectives to guide health sector development and reform, however. Some of these efforts were successful in improving people's health and health service delivery; on the other hand, some were not so successful. We can now see three problems:

- 1) It is difficult to obtain successful results by continuing efforts in the present and past ways; therefore, it is necessary to change the ways.
- 2) The present and past ways would cause more difficult and new kinds of problems.
- 3) Many things would remain not tackled when the present and past ways are continued

(1) Low Level of Health Services

At present modern health services are not well trusted. Even in a poor country like Lao PDR, if the quality of health services is too low to satisfy people's needs and expectations, then low utilization rates of health facilities and services will result.

(2) Low Input of Recurrent Expenditure and Wasteful Resource Utilization

Even though a substantial amount of money is invested in health infrastructure, equipment and staff training, many health facilities and services do not function efficiently because recurrent budgets are insufficient to cover operating costs.

(3) Unsustainable Development and Operation of Health Infrastructure

Continued investment in health infrastructure through foreign assistance will create a burden in terms of operating costs which the Lao government will be unable to bear. As a result, it will not be possible to operate and maintain the developed health infrastructure adequately, meaning that such investment is ultimately unsustainable.

(4) Weakness of Health Finance and Dependence on Foreign Assistance

Health expenditure in the Lao PDR constitutes as little as 2% of GDP. Households account for 55% of total health expenditure, and foreign assistance accounts for 35%. In the mid-1990s the Lao government allocated about 5% of its budget to the health sector, but now the percentage has been reduced to only 2%. In the past ten years, the Lao government has received various foreign assistance, and recently it obtained loans from the Asian Development Bank and the World Bank for developing health infrastructure and training

health workers. With an increasing amount of foreign assistance, the Lao government has reduced its own budgets allocation to the health sector, creating excessive dependency on foreign assistance.

(5) Inadequate Health Finance System

Since at the present, the health finance system is neither designed nor operated adequately, there is no clear record of how budgets are actually used at different levels and for different purposes. Moreover, health finance data is not utilized for health financial management. Therefore, it is not possible to revise or manage the allocation of health budgets for the next fiscal year.

(6) Uneven Geographical Distribution of Health Personnel

The geographical distribution of health staff is skewed in favour of urban areas. Remote districts in particular lack health staff. Greater importance is given to training institutions for health workers at the central level. Many graduates from central training institutions do not want to work at district and health centre levels.

(7) Shortage and Maldistribution of Well Trained Hospital Nurses and Community Nurses

Infant mortality rates, under-five mortality rates and maternal mortality rates are still high. (IMR=82 per 1,000 live births, U5MR=106 per 1,000 live births, and MMR=530 per 100,000 live births). The major causes of these high mortality rates are infectious diseases. To reduce such mortality, it is necessary to create basic hygienic environments and to promote primary health care. However, well-trained nurses, especially community nurses, who are major actors for promoting primary health care, are in short supply at district and health centre levels.

(8) Budget Allocation Skewed to Hospitals and Medical Doctor Training

There is a tendency to allocate more resources to central and provincial hospitals, as well as to medical doctor training. It is considered that if medical doctor training and the infrastructure/equipment of central and district hospitals steadily become better, then the utilization rates of health facilities will increase. As a result, more human resources and better equipment will be concentrated at central and provincial levels. Unless this tendency is checked, the number of health workers in remote areas will not increase.

(9) Lack of an Motivation System for Government Health Staff

The salaries of health staff are too low and, moreover, frequently delivered late, often by several months. Furthermore, there is no motivation system for health staff. As a result, health staff do not perform to their potential.

(10) Poor Development of Job Descriptions of Health Staff

In health facilities and health offices, there are no clear job descriptions for health staff. Therefore, it is not possible to evaluate health staff, facilities and offices. Furthermore, it is not possible to optimise the allocation of health staff among different facilities and offices.

(11) Undifferentiated Strategies of Health Sector Development for Remote Areas

Although the central government has the stated goal of securing access of minority people to health services even in remote areas, the same types of programmes and strategies are promoted throughout the country. Such undifferentiated or non-strategic approaches are neither realistic nor effective in providing basic health services to remote areas. Approaches or strategies specially designed for remote areas are required. Without such special approaches, the problems of remote areas will remain unsolved.

(12) Budget Shortage and Disparities among District Health Offices due to Excessive Decentralisation to the District Level

Due to overly progressive decentralization to the district level, poor districts cannot afford to run health facilities and services even at minimum levels. The district health facilities and offices do not have sufficient human resources and recurrent budgets. As a result, disparities between districts in terms of both quantity and quality of health services have become larger.

(13) Low Capacity of Provincial and District Health Offices

At present, the delivery of most health services is managed by vertical programmes, but it is not managed horizontally at district and health centre levels. As a result, management capacity (planning, implementation and monitoring) at different levels has not been well developed. Moreover, resource utilization has not been efficient because the management of health services is not horizontally integrated at province and district levels.

(14) Unclear and Non-transparent Decision-Making System in Health Management

While the decentralisation of functions and responsibilities from the central to the district level has continued, there has been little progress made in the decentralisation of decision-making systems. The present system of decision-making is neither clear nor transparent, and so health management at the central and district levels is not yet working well.

(15) Shortage of Human Resources and Recurrent Budgets at the District Level

Since district health offices have neither enough staff nor enough budgets, many district health offices manage the district health system poorly, and district hospitals do not function well. Outreach services by district health offices are insufficient. Supervision and

monitoring of health centres, village-level revolving drug funds and village health volunteers are not conducted in many districts. In this situation, many district health offices are not capable of implementing the primary health care approach.

(16) Weak Popular Participation in the Health Sector

Due to the shortage of budgets and staff, district health offices and health centres rarely deliver substantive health services to villages other than some vertical programmes, such as EPI, malaria control and reproductive health. Even in those vertical programmes, some health staff do not have the requisite communication skills, and they do not conduct activities together with villagers in an interactive manner. People's participation is generally weak in the health sector, with the exception of some donor projects.

(17) Weak Health Service Delivery in MCH, Nutrition and Health Education

MCH, nutrition and health education are among the major components of primary health care, but in Lao PDR these programmes have not been substantially tackled within the district health system.

(18) Insufficient Infectious Disease Control Activities

Infectious diseases are the most frequent causes of death in the Lao PDR. Infectious disease control activities apart from EPI are currently underway. In most areas, they are still at the first stage of implementation, mostly through donor projects. Efforts at enhancing the capacity for diagnosis and treatment of infectious diseases and HIV/AIDS and STD control have not yet started at district hospitals and health centres. Moreover, most programmes of infectious disease control are vertically implemented, without having been integrated into the district health system.

PART III: VISION, GOALS AND OBJECTIVES

3.1 MOH'S POLICIES/STRATEGIES AND THE HEALTH MASTER PLAN

The Lao health master planning is based on MOH's policies and strategies on health sector.

(1) Health Vision to the Year 2020

The Health Strategy to 2020 follows the decision by the Sixth Party Congress to “free the country from the status of least developed country by the year 2020 and ensure that all Lao people have access to healthcare services.”

The Health Strategy to 2020 clearly sets the general goal of health development to the year 2020 as follows:

“To free the healthcare services in Lao PDR from the state of underdevelopment and to ensure full healthcare services coverage, justice and equity in order to increase the quality of life of all Lao ethnic groups.”

(2) Four Basic Concepts for Health Development Strategies to the Year 2020

The Health Strategy to 2020 has emphasised the following four basic concepts, which will be used to guide future health development efforts:

- Equity of Healthcare Services
- Early Integration of Healthcare Services
- Demand-Based Healthcare Services
- Self-reliant Healthcare Services

(3) Six Major Directions for Health Development to the Year 2020

The Health Strategy to 2020 stresses six directions for health development:

- To strengthen the capability of health staff in terms of attitudes, ethics and technical skills in order to ensure high quality services;
- To improve community-based health promotion and disease prevention;
- To improve and expand hospital services at all levels and in remote areas;
- To promote the utilisation of traditional medicine by integrating modern and traditional care;
- To promote scientific and research activities for health development;
- To ensure effective health management, including administration, finance and health insurance systems.

3.2 VISION, GOALS AND OBJECTIVES OF HEALTH SECTOR DEVELOPMENT AND REFORM IN THE LAO PDR

Taking MOH's health vision for 2020 into account, the following long-term vision and goals are set for the Lao Health Master Plan.

Vision

The overall health status of Lao PDR is continually improving with a strengthened health care system and empowered people taking responsibility for their own health, thereby contributing to poverty alleviation.

Goals

- To strengthen the ability of the health care system to provide access to regularly available, appropriate, affordable, and good quality essential health services that are responsive to people's needs and expectations, especially for those who are currently underserved or unserved
- To empower communities, families and individuals to make their own health-related decisions and become self-reliant

Objectives

1. To broaden the coverage of essential health services for people in remote areas, ethnic minority groups and the urban poor
2. To enhance the quality of basic facility-based and community-based health services while striving for more efficiency in the management of resources
3. To protect people from the financial burden of ill-health and other health events
4. To heighten people's awareness of practical, scientifically sound, socially acceptable, and affordable methods and technologies for maintaining, restoring and improving health

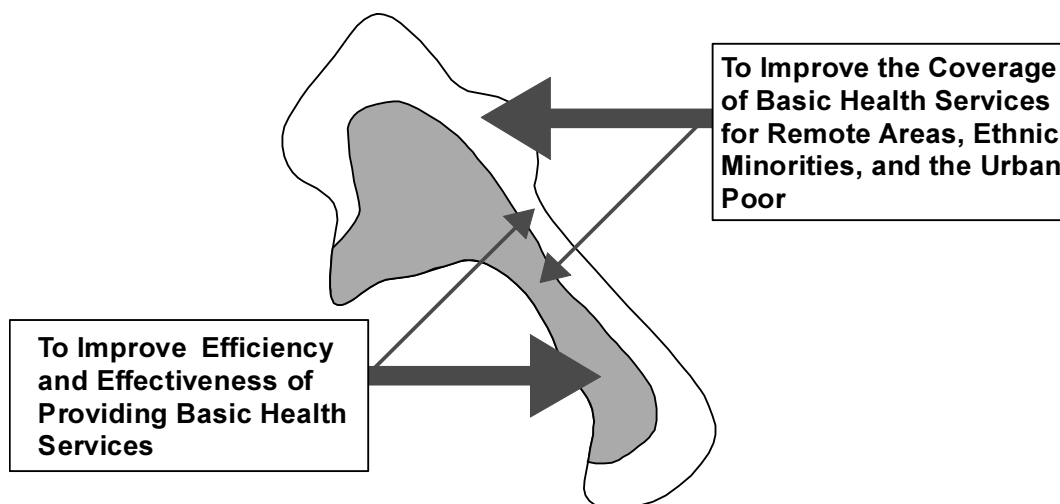
These visions and goals are statements of a desirable situation in the distant future. In this sense, they are unconstrained by the current problematic situation of the Lao health sector.

Objectives, on the other hand, are statements which may suggest the directions in which the health sector may develop from now. Objectives are set on the basis of a careful understanding of present problems and issues.

The first two objectives of overall health sector development and reform pose us challenges and dilemmas. The first objective is based on a concern for equity, especially for people in remote areas, ethnic minority groups and the urban poor, who benefit little from the present public health care system. The second objective is based on strong concerns for the sustainability and efficiency of the health care system, which are derived from health

financing perspectives. Neither of these problems is easy to solve. However, in Lao PDR, we are obliged to pursue both of these objectives for health sector development and reform. (See Figure 3.1). The third and fourth objectives relate equally to remote and non-remote areas.

Figure 3.1 Two Different Objectives for Overall Health Sector Development and Reform: Challenges and Dilemmas



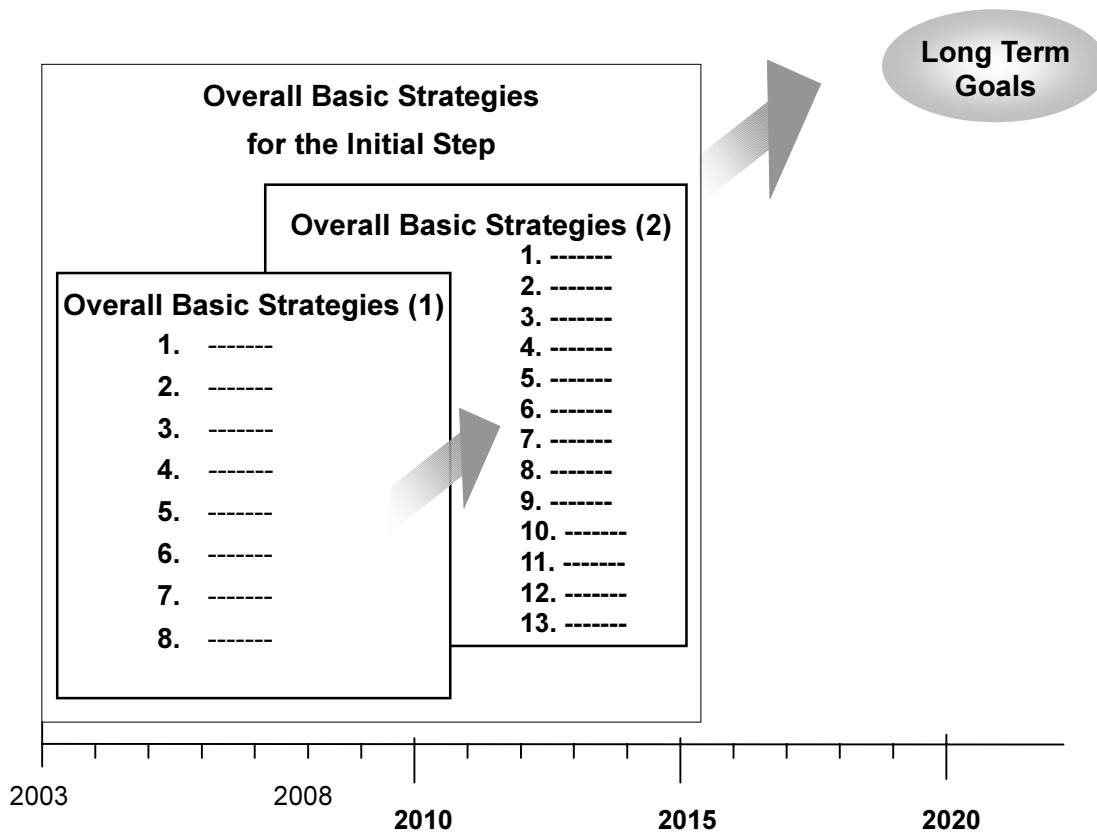
PART IV: OVERALL BASIC STRATEGIES

4.1 STRUCTURE OF OVERALL BASIC STRATEGIES

The identified issues in the Lao health sector are too varied and too complex to make the achievement of Goals for the year 2020 feasible in a single step. Therefore, an initial step that leads to the long-term vision was identified strategically together with the overall basic strategies, which show the efforts or directions to be undertaken from now in order to achieve that initial step.

Two sets of overall basic strategies have been formulated to achieve the initial step by looking at the entire health sector and adopting a sector-wide thinking or sector-wide perspective. The first set of overall basic strategies is strategic and highly selective, comprising eight components. The second set of overall basic strategies is composed of thirteen components, which include components additional to the eight of the first set. The first set of overall strategies should be given very high priority in implementation.

Figure 4.1 Overall Basic Strategies for the Initial Step



4.2 OVERALL BASIC STRATEGIES (1)

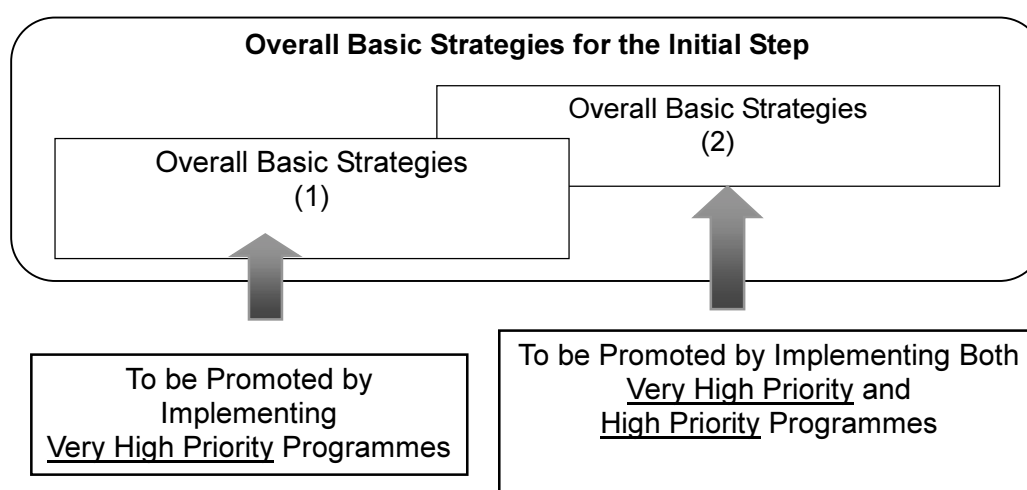
The overall basic strategies for the initial step are to guide the sector as a whole as well as the formulation and prioritisation of programmes for health sector development and reform. Specifically, the eight overall basic strategies (the first set) are the following:

Overall Basic Strategies (1)

1. To promote sector-wide coordination at national, provincial and district levels;
2. To reform the health financial system and to strengthen the financial management capacity of MOH, provincial health offices, and district health offices;
3. To improve the quality of health worker training, especially of nurses, and to allocate and motivate well-trained health workers in districts and health centres;
4. To build the system and capacity of health management in a decentralised context;
5. To promote efficient and effective infectious disease control;
6. To implement the PHC approach to strengthen district health systems;
7. To operate central and provincial hospitals efficiently; and
8. To increase the availability and affordability of essential drugs and to promote rational drug use.

These eight overall basic strategies are to be treated as a single package; in other words, none of them should be omitted from the efforts at strengthening the foundation of health sector development in the Lao PDR. Thirty very high priority programmes were selected to promote those overall basic strategies.

Figure 4.2 Overall Basic Strategies and Priority Programmes



4.3 OVERALL BASIC STRATEGIES (2)

The second set of overall basic strategies consists of the following 13 components, which are to be promoted by implementing very high and high priority programmes.

Overall Basic Strategies (2)

1. To continue sector-wide coordination at national, provincial and district levels and to promote inter-sectoral coordination for health sector development and reform
2. To continue and strengthen the reform of the health financial system and the capacity building for financial management of MOH, PHO and DHO
3. To improve the quality of health worker training covering not only nurses, but also medical doctors and other paramedical staff, and to continue the allocation and motivation of well-trained health workers in districts and health centres
4. To continue the capacity building for health management in decentralised contexts
5. To strengthen infectious disease control under district health systems
6. To implement the PHC approach to reconstruct integrated district health systems (by re-integrating various PHC components under the district health systems, including the promotion of school health activities)
7. To continue the promotion of efficient operation of central and provincial hospitals and to upgrade the service level of central and provincial hospitals (by conducting training of specialist medical doctors and improving laboratory technology)
8. To continue to increase the availability and affordability of essential drugs and to promote rational drug use, and furthermore to strengthen the system of drug quality control
9. To promote effective participation of informal village health providers and villagers' participation in health sector development and reform
10. To promote gender perspectives in health programmes
11. To promote research to get policy implications
12. To strengthen the curative aspects of drug abuse
13. To strengthen rehabilitation services in hospitals

4.4 KEY POINTS OF OVERALL BASIC STRATEGIES (1)

(1) To Promote Sector-Wide Coordination at National, Provincial and District Levels

- To actively continue sector-wide coordination at the national level involving various stakeholders (MOH officials, provincial/district health officials, international donors and NGOs), to increase the efficiency and effectiveness of resource utilisation from donors/NGOs.
(Inter-sectoral coordination would become a priority in the second set of overall basic strategies.)
- To promote sector-wide coordination at the provincial level involving various stakeholders (provincial health officials, district health officials, MOH planning department officials, and international donor/NGO projects)
 - For information sharing
 - For keeping common goals, objectives and overall basic strategies
 - For coordinated project activities(Sharing of resources among different actors would be the priority in the second set.)

(2) To Reform the Health Financial System and to Strengthen the Financial Management Capacity of MOH, PHO and DHO

- To make serious efforts at increasing allocation of government budgets to the health sector, by advocating that higher-level central decision makers, provincial governors and district chiefs make larger budget allocations to MOH, PHOs and DHOs respectively.
- To improve the system of health finance, especially the system of Revolving Drug Funds, user fees and user fee exemptions at health facilities.
- To improve the system of financial management and to enhance the capacity for financial management at the national, provincial and district levels for increasing the efficient use of financial resources.
- To reallocate financial resources for necessary purposes including recurrent costs and exemption of user fees for the poor.

(3) To Improve the Quality of Health Worker Training especially of Nurses and to Allocate and Motivate Well-Trained Health Workers in Districts and Health Centres

- To establish clear job descriptions of health workers at different types of workplace.
- To promote the use of established job descriptions at the workplace.

- To improve the quality of pre-service training of health workers, especially nurses, in the regions, so that more well-trained health workers are available to work in districts and health centres. (Improvement of training for medical doctors and other paramedical staff would be the priority in the second set of overall basic strategies.)
- To recruit local persons for providing training for PHC workers in the regions so that they can work in health centres in remote areas.
- To establish a routine system of in-service training for health workers, especially nurses, in the regions so that the number of well-trained health workers is increased in districts and health centres. (Improvement of training of medical doctors, medical assistants and other paramedical staff would be the priority in the second set.)
- To allocate more health staff (both nurses and medical doctors) to districts firstly by reallocating part of the staff quota from the provincial level to the district level.
- To create a motivation system for health workers, especially at district and health centre levels. (Districts and health centres are the most important initial targets.)
- To promote international cooperation with foreign professional associations for the training of medical doctors, nurses and medical laboratory technologists, and to promote conferences or workshops for exchanging experiences.

(4) To Build the System and Capacity of Health Management in Decentralised Contexts

- To clarify decision-making systems in health management at the central, provincial and district levels.
- To improve management skills (information collection, information utilization, problem analysis, planning and monitoring for annual development planning, 5-year development planning, logistic planning and personnel planning) of managers for MOH, PHOs, and DHOs.
- To improve basic skills (record keeping, book keeping, information management) for management of MOH, PHOs and DHOs.

(5) To Implement Efficient and Effective Infectious Disease Control

- To strengthen the systems of infectious disease control, especially EPI, malaria and HIV/AIDS.
- To implement EPI more efficiently and effectively in conjunction with other PHC activities.
- To implement malaria control in conjunction with other PHC activities
- To improve skills in diagnosis and care/treatment of infectious diseases at district hospitals and health centres

(6) To Implement the PHC Approach to Strengthen District Health Systems

- To take the following preparatory steps for beginning the development of District Health Systems based on the PHC approach
 - To diffuse the PHC approach at the national, provincial and district levels, and
 - To establish flexible national guidelines and regulations for developing District Health Systems according to the PHC approach.
- At the same time, to make the following efforts at reforming existing vertical programmes, existing health centres, village-level RDFs, and district hospitals for preparing for the future development of district health systems based on the PHC approach.
 - To decentralise the planning and management of vertical programmes of EPI, malaria control, reproductive health, water and sanitation, and TB control to the district and, in some cases, to health centre levels,
 - To promote the horizontal integration of these health activities with other health activities at the district and health centre levels,
 - To actively promote activities of MCH, nutrition and health education at first in vertical ways, and then to integrate these activities into the District Health System covering health centres and villages,
 - To rationalise existing health centres and integrate them into the District Health System,
 - To promote village-level RDFs under the effective guidance of district health officers or health centre staff, and
 - To improve district hospitals so as to attract local people and to establish district hospitals/district health offices as the central bases of District Health Systems.

(7) To Operate Central and Provincial Hospitals Efficiently

- To increase the efficient use of financial and human resources at central and provincial hospitals by improving management so that the increased concentration of financial and human resources in central and provincial hospitals is avoided,
- To make effective use of the existing infrastructure and equipment of central and provincial hospitals by improving their maintenance systems and capacities of maintenance, and
- To encourage the private sector to invest and participate in hospital private hospitals in towns.

(8) To Increase the Availability and Affordability of Essential Drugs and to Promote Rational Drug Use

- To increase the availability and affordability of essential drugs by promoting Village-Level RDFs, as well as Health Facility-Based RDFs.
- To improve the affordability of essential drugs, by strengthening the PHO's capacity for drug procurement and management.
- At the same time, to prevent increasingly prevalent irrational drug use at all levels.
 - By improving the capacity of health workers, VHVs, village health providers and pharmacies to promote rational drug use.
(Regulating the use and sale of drugs by health workers, VHVs, village health providers and pharmacies would be possible measures for the next set of overall basic strategies.)
(Promotion of sustainable quality control of drugs in Lao PDR would a priority in the next set of overall basic strategies.)

PART V: PRIORITY PROGRAMMES

5.1 PRIORITY PROGRAMMES (LONG LIST)

60 programmes are identified based on key directions and possible measures set as frameworks for the health sector. Some programmes comprise several components or projects. A list of all programmes and programme components/projects are shown in Volume 2: Main Text. This list is called the Long List.

All listed programmes and programme components/projects in the Long List are recommended for implementation in order to realise the grand design of the Lao health system.

5.2 HIGHLY PRIORITISED PROGRAMMES

(9) Criteria for Selecting Very High and High Priority Programmes

Among identified programmes and programme components/projects, prioritisation has been done using the following criteria:

Criteria related to effectiveness in achieving goals

Efficiency: Efficiency in utilisation of resources (financial and human resources) to achieve goals/ objectives (Programmes that can improve efficiency in achieving equitable health services or quality health services get higher priority.)

Equity: Equity in accessibility to quality health services (paying attention to geographical and economic conditions, socio-cultural barriers, and gender aspects) (Programmes that can improve geographical accessibility, reduce socio-cultural barriers, and/or improve gender inequalities get higher priority.)

Quality: Quality of health services including the skills of health workers in providing those services (Programmes that can improve the quality of health services or of health workers get higher priority.)

Criteria related to practicality of implementing programmes

Precedence: Essential programmes which should be undertaken prior to other programmes, i.e. other programmes depend on them. (Programmes with higher needs of precedence get higher priority.)

Technical Feasibility: Technical difficulty in implementing programmes or getting positive results (Programmes of low technical difficulty get higher priority.)

Low Resource Requirement: Resource requirements for implementing programmes (Programmes of lower resource requirements get higher priority.)

Maturity: Maturity of programme ideas (for example, whether a programme was experimented as a pilot project or not) (Programmes of higher maturity get higher priority.)

(10) Definition of Very High Priority Programmes, High Priority Programmes and Priority Programmes

Very high priority programmes

The very high priority programmes are essential programmes to be initiated as initial steps within 5 years, in accordance with the overall basic strategies, to change/improve the existing situation of Lao health sector.

The very high priority programmes are selected from strategic perspectives, as well as from sector-wide perspectives. The selected very high priority programmes are called the Short List, shown in Table 5.1.

High priority programmes

The high priority programmes are programmes to be undertaken after the very high programmes are started, to raise effectiveness in achieving goals/ objectives, in parallel with the very high priority programmes.

High priority programmes are selected from sector-wide perspectives. The selected high priority programmes are shown together with very high priority programmes as the Medium List. See Table 5.2.

Priority programmes

Priority programmes are selected from sub-sector perspectives. It should be reconsidered whether they should be implemented, after all the very high and high priority programmes have been started.

Figure 5.1 Very High Priority Programmes and Initial Strategic Steps

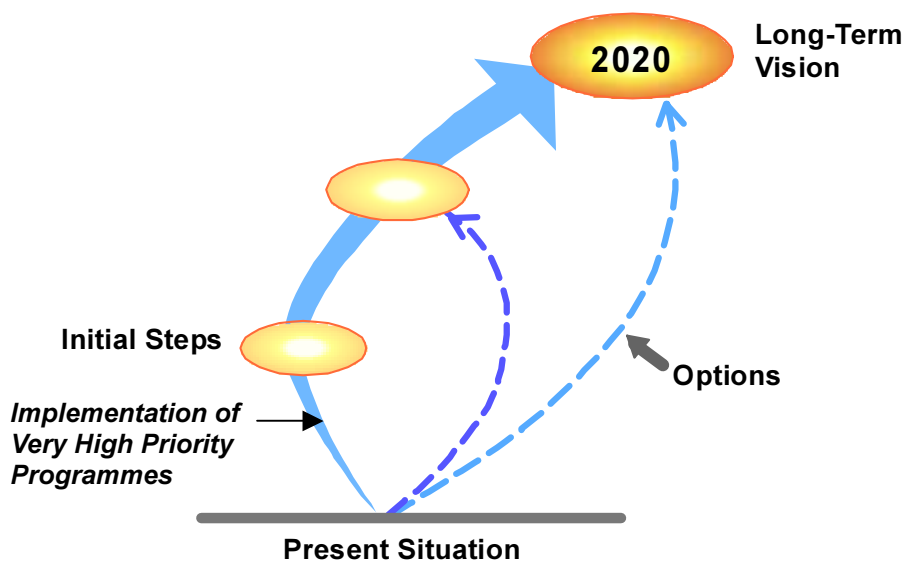


Figure 5.2 Selection of Highly Prioritised Programmes

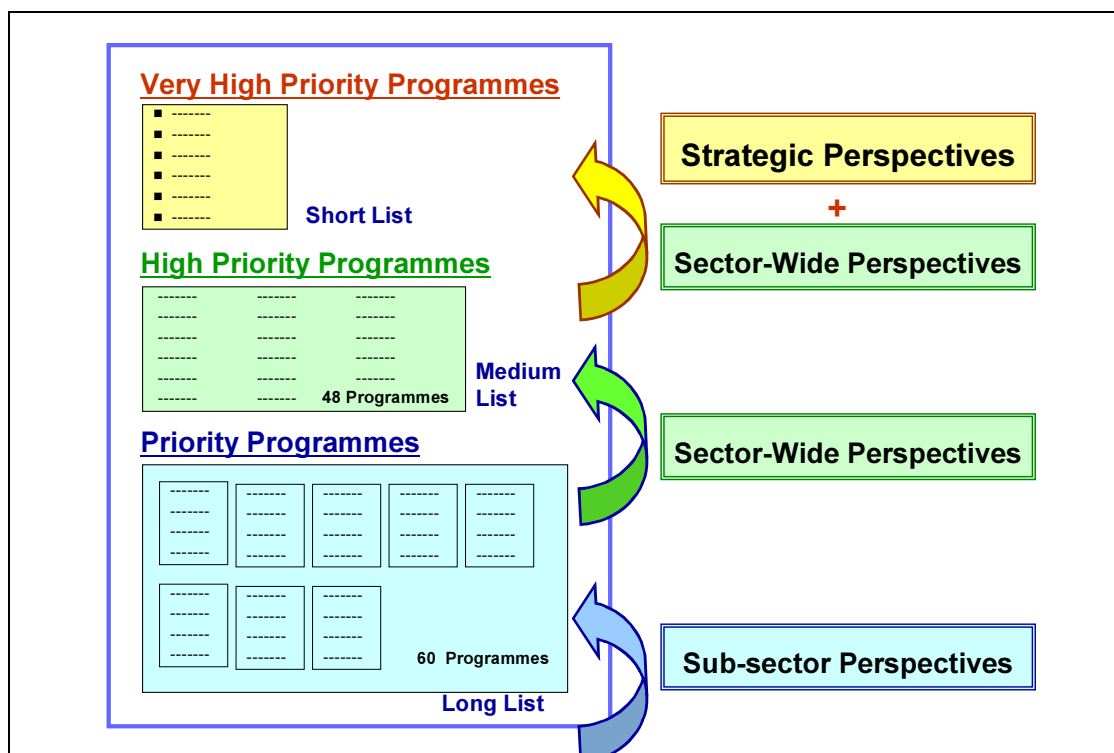


Figure 5.3 Very High Priority, High Priority and Priority Programmes

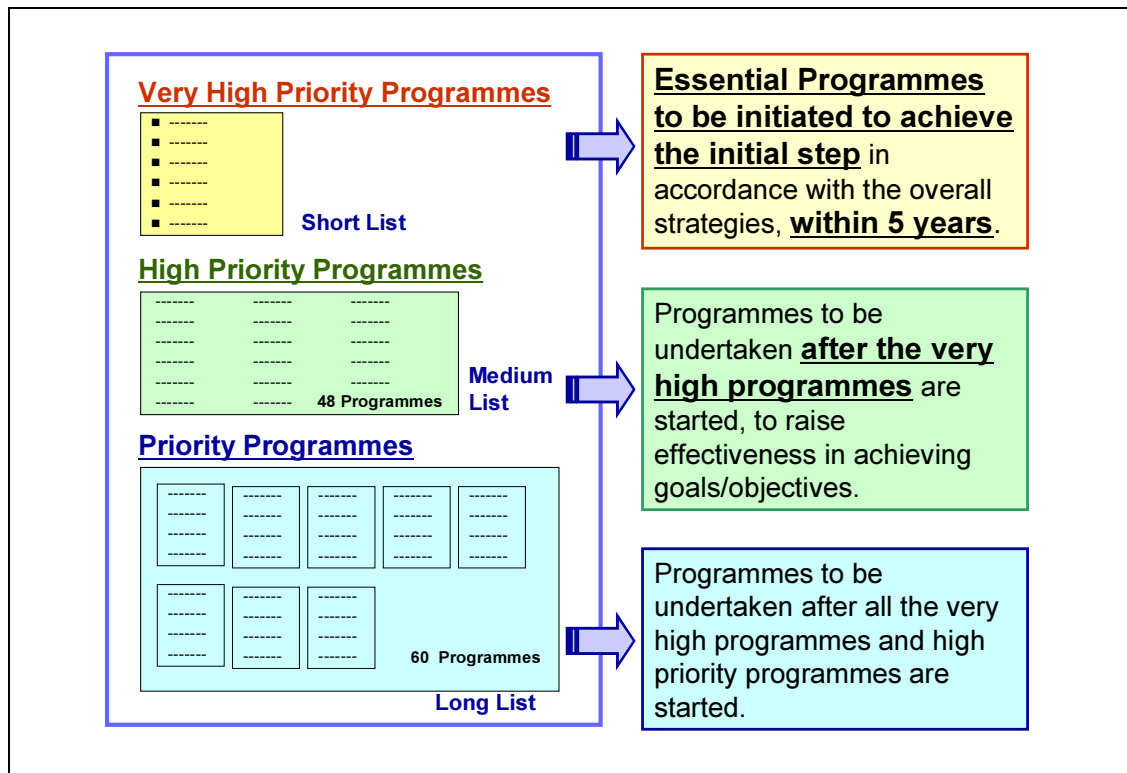


Table 5.1 List of Very High Priority Programmes (Short List)

PLANNING AND MANAGEMENT

- (1) PM-1 Sector-Wide Coordination Programme
- (2) PM-2 Capacity Building Programme for Health Management and Health Information System

HUMAN RESOURCES DEVELOPMENT

- (3) HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel
- (4) HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organization Structure of the Government Health Sector
- (5) HR-4 Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers
- (6) HR-5 Programme for Reformulating Nurse Education Policies
- (7) HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training
- (8) HR-10 Programme for Reformulating Medical Doctor Education Policies
- (9) HR-13 Textbook Development Programme for Nurse Education in Lao Language

HEALTH FINANCE

- (10) HF-1 Financial Management Improvement Programme for the Health Sector
- (11) HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

HEALTH EDUCATION

- (12) ED-1 Radio Broadcasting Programme for Health Education
- (13) ED-3 Programme for Promoting IEC Activities at District Hospitals

INFECTIOUS DISEASE CONTROL

- (14) ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres
- (15) ID-4 Programme for Integrating EPI and Other Health Services
- (16) ID-6 Programme of Strengthening Control of HIV/AIDS and STDs
- (17) ID-7 Programme for Strengthening Malaria Control and other PHC Activities

PRIMARY HEALTH CARE

- (18) PH-1 Programme for Supporting the Operationalisation of the “Policy of Primary Health Care”
- (19) PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach
- (20) PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

MATERNAL AND CHILD HEALTH

- (21) MC-1 MCH Networking and Coordination Programme
- (22) MC-2 Programme for Strengthening and Promotion of MCH
- (23) MC-3 Programme for Strengthening Family Planning

NUTRITION

- (24) NT-1 Programme of Developing a Core Organization for Providing Support and Oversight to Nutrition Activities
- (25) NT-3 Nutrition Information/Education Programme

HOSPITAL SERVICES

- (26) HS-1 District Hospital Improvement Programme
- (27) HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units
- (28) HS-3 Hospital Management Improvement Programme

MEDICAL LABORATORY TECHNOLOGY

- (29) ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine

ESSENTIAL DRUGS

- (30) DR-2 Rational Use of Drugs Programme
- (31) DR-4 Village-Level Revolving Drug Fund (RDF) Programme

Table 5.2 List of High Priority Programmes (Medium List)

PLANNING AND MANAGEMENT

- (1) PM-1 Sector-Wide Coordination Programme
- (2) PM-2 Capacity Building Programme for Health Management and Health Information System

HUMAN RESOURCES DEVELOPMENT

- (3) HR-1 Health Personnel Rotation System Programme
- (4) HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel
- (5) HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organization Structure of the Government Health Sector
- (6) HR-4 Programmes for Strengthening Regional and Provincial Education and Training Institutions for Health Workers
- (7) HR-5 Programme for Reformulating Nurse Education Policies
- (8) HR-6 Programme for Enhancing Communication Skills of Health Workers
- (9) HR-8 Continuing Education Programme for Health Workers
- (10) HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training
- (11) HR-10 Programme for Reformulating Medical Doctor Education Policies
- (12) HR-13 Textbook Development Programme for Nurse Education in Lao Language

HEALTH FINANCE

- (13) HF-1 Financial Management Improvement Programme for the Health Sector
- (14) HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

HEALTH EDUCATION

- (15) ED-1 Radio Broadcasting Programme for Health Education
- (16) ED-2 School Health Programme
- (17) ED-3 Programme for Promoting IEC Activities at District Hospitals

INFECTIOUS DISEASE CONTROL

- (18) ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres
- (19) ID-3 Programme for Developing Early Warning System for Outbreak of Infectious Diseases based on Working Diagnosis
- (20) ID-4 Programme for Integrating EPI and Other Health Services
- (21) ID-5 Programme for Improving Childhood Infectious Disease Control (integrated into IMCI)
- (22) ID-6 Programme of Strengthening Control of HIV/AIDS and STDs
- (23) ID-7 Programme for Strengthening Malaria Control and other PHC Activities
- (24) ID-8 Tuberculosis Control Improvement Programme

PRIMARY HEALTH CARE

- (25) PH-1 Programme for Supporting the Operationalisation of the “Policy of Primary Health Care”
- (26) PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach
- (27) PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

MATERNAL AND CHILD HEALTH

- (28) MC-1 MCH Networking and Coordination Programme
- (29) MC-2 Programme for Strengthening and Promotion of MCH
- (30) MC-3 Programme for Strengthening Family Planning
- (31) MC-4 Mother-Baby Friendly Hospital Programme
- (32) MC-6 MCH Training Programme for Village Health Volunteers (VHV) and Traditional Birth Attendants (TBA)

NUTRITION

- (33) NT-1 Programme of Developing a Core Organization for Providing Support and Oversight to Nutrition Activities
- (34) NT-2 Programme for Improving Nutritional Status of Prenatal/Lactating Mothers and Under-5 Children
- (35) NT-3 Nutrition Information/Education Programme

HOSPITAL SERVICES

- (36) HS-1 District Hospital Improvement Programme
- (37) HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units
- (38) HS-3 Hospital Management Improvement Programme
- (39) HS-5 Programme for Upgrading Provincial, Regional and Central Hospitals to Meet Minimum Standards

MEDICAL LABORATORY TECHNOLOGY

- (40) ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine
- (41) ML-4 Programme for Capacity Building of Medical Laboratory Technologists

ESSENTIAL DRUGS

- (42) DR-1 Programme for Strengthening Quality Check Systems of Drugs
- (43) DR-2 Rational Use of Drugs Programme
- (44) DR-3 Programme of Training Private Pharmacies’ Staff
- (45) DR-4 Village-Level Revolving Drug Fund (RDF) Programme
- (46) DR-5 Programme for Promoting Traditional Medicine at District Hospitals, Health Centres and Village Levels

GENDER

(47) GR-1 Programme for Mainstreaming Gender Issues in the Health Sector

HEALTH RESEARCH

(48) RR-1 Programme to Develop Capacities for Health Research

SUBSTANCE ABUSE

(49) SA-1 Programme to Develop Treatment Guidelines and Related Capacities for ATS with Perspective on Mental Health

Table 5.3 Relation between Overall Basic Strategies (1) and Very High Priority and Programmes

	Overall Basic Strategies (1)	Very High Priority Programmes
1	To Promote Sector-Wide Coordination at National, Provincial and District Levels	PM-1, MC-1, NT-1, ML-1
2	To Reform the Health Financial System and to Strengthen the Financial Management Capacity of MOH, PHO and DHO	HF-1, HF-2
3	To Improve the Quality of Health Worker Training and To Allocate and Motivate Well-Trained Health Workers in Districts and Health Centres	HR-2, HR-3, HR-4, HR-5, HR-9, HR-10, HR-13, ID-2, NT-3
4	To Build the System and Capacity of Health Management in Decentralised Contexts	PM-2
5	To Implement Infectious Disease Control Efficiently and Effectively	ID-2, ID-4, ID-6, ID-7
6	To Implement the PHC Approach to Strengthen District Health Systems	
	(6-a) To Promote the PHC Approach	PH-1, PH-2, PH-3
	(6-b) To Strengthen the Function of District Hospitals and District Health Office	PM-2, HS-1, ID-2
	(6-c) To Sustain Village-RDFs	DR-4
	(6-d) To Integrate and to Decentralise PHC Components (EPI, Other Infectious Disease Control, and Family Planning)	ID-4, ID-7, MC-3
	(6-e) To Strengthen PHC Components (MCH and Nutrition)	MC-2, NT-3
	(6-f) To Promote Health Education	ED-1, ED-3
7	To Operate Central and Provincial Hospitals Efficiently	HS-2, HS-3, ML-1
8	To Increase the Availability and Affordability of Essential Drugs and to Promote Rational Drug Use	DR-2, DR-4

Table 5.4 Relation between Overall Basic Strategies (2) and Very High Priority and High Priority Programmes

	Overall Basic Strategies (2)	Very High Priority Programmes	High Priority Programmes
1	To Continue Sector-Wide Coordination at National, Provincial and District Levels and to Promote Inter-Sectoral Coordination for Health Sector Development and Reform	PM-1, MC-1	-
2	To Continue and Strengthen the Reform of the Health Financial System and the Capacity Building of Financial Management of MOH, PHO and DHO	HF-1	-
3	To Improve the Quality of Health Worker Training covering not only Nurses, but also Medical Doctors and Other Paramedical, and to Continue the Allocation and Motivation of Well-Trained Health Workers in Districts and Health Centres	HR-2, HR-3, HR-4, HR-13, ID-2, NT-3	HR-1, HR-6, HR-8
4	To Continue the Capacity Building of Health Management in Decentralised Contexts	PM-2	-
5	To Strengthen Infectious Disease Control under District Health Systems	ID-2, ID-4, ID-6, ID-7	ID-3, ID-5, ID-8
6	To Implement the PHC Approach to Reconstruct Integrated District Health Systems (by re-integrating various PHC components under the District Health Systems, including the promotion of school health activities)		
	(6-a) To Promote the PHC Approach	PH-2, PH-3	ED-2
	(6-b) To Strengthen the Function of District Hospitals and District Health Office	PM-2, HS-1, ID-2	MC-4
	(6-c) To Sustain Village-RDFs	DR-4	-
	(6-d) To Integrate and to Decentralize PHC Components (EPI, Other Infectious Disease Control, and Family Planning)	ID-4, ID-7, MC-3	-
	(6-e) To Strengthen PHC Components (MCH and Nutrition)	MC-2, NT-3	MC-6, NT-2
	(6-f) To Promote Health Education	ED-1, ED-3	-
7	To Continue the Promotion of Efficient Operation of Central and Provincial Hospitals and to Upgrade the Service Level of Central and Provincial Hospitals (by conducting trainings of specialist medical doctors and improving laboratory technology)	HS-2, HS-3, ML-1	HS-5, ML-4

8	To Continue to Increase the Availability and Affordability of Essential Drugs and to Promote Rational Drug Use, and furthermore to Strengthen the System of Drug Quality Control	DR-2, DR-4	DR-1, DR-3, DR-5
9	To Promote Effective Participation of Informal Village Health Providers and Villagers' Participation in Health Sector Development and Reform	PH-2, PH-3	-
10	To Promote Gender Perspectives in Health Programmes	-	GR-1
11	To Promote Research to Get Policy Implications	-	RR-1
12	To Strengthen Curative Aspects (including Mental Health) of Drug Abuse	-	SA-1
13	To Strengthen Rehabilitation Services in Hospitals	-	HS-5

5.3 PRECEDENT PROGRAMMES AND EXPANSION PROGRAMMES

(1) Precedent Programmes

It is difficult to start all 31 very high priority programmes at the same time. Seven programmes are therefore to be implemented first, as shown below. These are the programmes to prepare the basic conditions for starting the reform of the health sector in Lao PDR.

PM-1 Sector-Wide Coordination Programme

This programme aims to start continuous coordination among MOH and health donors/NGOs. The programme will prepare the basic conditions for promoting the reform of the Lao health sector by all actors in the same direction.

HR-5 Programme for Reformulating Nurse Education Policies

This programme aims to emphasise the importance of the roles of nurses and to reform nurse education. The programme will prepare the basic conditions for improving the training of nurses and will contribute especially to health services at the health centre and community levels.

HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

This programme aims at standardising the RDF, user fee and exemption systems from the point of view of public services. The programme will prepare conditions for providing safe and properly priced drugs nationwide from hospital level to community level.

ID-4 Programme for Integrating EPI and Other Health Services

This programme will examine the technical and financial feasibility of the idea of integrating EPI and other health services. The programme will prepare the basic conditions to integrate various vertical programmes and to provide comprehensive health services based on the PHC approach at district level in the future.

PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach

This programme aims at providing flexible national guidelines and regulations regarding district health systems. The programme will prepare the basic conditions for developing district health systems based on the PHC approach in the future.

MC-1 MCH Networking and Coordination Programme

This programme seeks to facilitate the coordination and integration of the various maternal and child health care programmes. The programme will prepare the basic conditions for strengthening activities on MCH, which is currently one of the weaker areas in the Lao health sector.

NT-1 Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities

The objectives of this programme are to establish a focal point for nutrition activities within MOH. The programme will prepare the basic conditions for promoting activities on nutrition, which is another weaker area in the Lao health sector.

(2) Expansion Programmes

Among the very high priority programmes, the seven programmes identified below are to be implemented nationwide, aimed at making substantial progress towards achieving the initial step guided by the overall basic strategies (1). The Lao government must make continuous efforts to implement those programmes by allocating sufficient budgets for sufficient periods in order for the programmes to have a substantial impact.

PM-2 Capacity Building Programme for Health Management and Health Information System

This programme is aimed at building the capacities of MOH, PHOs and DHOs for health management and to improve the health information system. The programme will promote the fourth of the overall basic strategies (1).

HR-4 Programme for Strengthening Regional Education and Training Institutions for Health Workers

This programme tries to strengthen the functions of public health schools in the regions. The programme will promote the third of the overall basic strategies (1).

HF-1 Financial Management Improvement Programme for the Health Sector

This programme emphasises a reform of the health finance system at the national, provincial and district levels in order to utilise government budgets effectively and efficiently. The programme will promote the second of the overall basic strategies (1).

PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

This programme aims at strengthening the four components of a district health system: the district hospital-based services, outreach services, health centre-based services, and community-based activities. The programme will promote the sixth of the overall basic strategies (1).

MC-2 Programme for Strengthening and Promotion of MCH

This programme aims to expand the zone-zero strategy from immunisation to a package of integrated MCH services. The programme will promote the sixth of the overall basic strategies (1).

HS-1 District Hospital Improvement

This programme focuses on the development of District Hospitals as the core of the District Health System. The programme will promote the sixth of the overall basic strategies (1).

HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units

This programme aims to strengthen the national maintenance and property management systems, and to establish Provincial Maintenance Units for the more effective use of infrastructure and equipment. The programme will promote the seventh of the overall basic strategies (1).

PART VI: SUMMARIES OF VERY HIGH PRIORITY PROGRAMMES

PM-1 Sector-Wide Coordination Programme

PM-1 intends to start coordination among MOH and health donors/NGOs by conducting informal sharing of information, as well as by continuing national-level health forums. PM-1 also covers coordination efforts at the provincial level. The Department of Planning and Budgeting in the MOH should take the lead in this sector-wide coordination, with the support of a small group of donor/NGO people.

PM-2 Capacity Building Programme for Health Management and Health Information System

PM-2 is aimed at addressing the need for a more effective and efficient system of managing scarce resources for health. It proposes to equip selected key personnel at the central MOH and management teams of PHOs and DHOs with basic and useful management skills. It intends to develop a pool of MOH management experts who will be master trainers and facilitate systems improvement during initial and nationwide programme implementation. In the end, PM-2 will prepare the health system to do more with less.

HR-2 Programme for Improving Management, Allocation, and Motivation of Health Personnel

HR-2 aims at allocating more health personnel to the district level (district health offices, district hospitals and health centres) and developing a scheme to encourage high motivation towards their work, for an effective and efficient district health system. Programme components include: 1) formulation of health personnel distribution and allocation plan; 2) preparation of motivation scheme; 3) pilot project implementation and evaluation; and 4) full-scale implementation of motivation scheme and re-allocation of the health personnel.

HR-3 Programme of Reforming Job Descriptions and Titles of Health Personnel and Organisation Structure of the Government Health Sector

The main objectives of HR-3 are to ensure that health workers have a clear understanding of their own duties and a high sense of responsibility towards their work, and to increase organisational efficiency in the government health sector. The major components of the programme are 1) development of job descriptions, 2) reform of the organisation structure of the government health sector, and 3) establishment and implementation of the system to monitor the performance of health personnel.

HR-4 Programme for Strengthening Regional Education and Training Institutions for Health Workers

HR-4 tries to strengthen the three functions of public health schools in the regions: namely 1) pre-service training for nurses, 2) in-service training for health workers at the provincial, district and health centre levels, and 3) pre-service training of PHC workers for health centres.

HR-4 shall include technical assistance, physical development and equipment improvement, targeting all public health schools and nursing schools in Champasak province, Savannakhet province, Khammuane province, Vientiane province, Luangphabang province, and Oudomxay province.

HR-5 Programme for Reformulating Nurse Education Policies

HR-5 intends to facilitate the Lao health sector to emphasise the importance of the roles of nurses at the health centre and community levels as well as their independent and professional roles in hospitals. This change of emphasis shall be reflected in policy formulation and an action plan to improve nurse education and its actual implementation in public health schools and nursing schools in the regions and Vientiane Municipality.

HR-9 Programme for Improving Quality of Teachers for Health Worker Education/Training

The improvement of the quality of teachers is essential to improve the quality of pre-service training and in-service training of health workers. HR-9 includes 1) policy and action plan formulation to provide more education and training opportunities inside/outside the country for both the existing teaching staff and prospective teachers and trainers, and 2) actual implementation of the policy and action plan.

HR-10 Programme for Reformulating Medical Doctor Education Policies

HR-10 aims to review medical doctor education policies and to reform the education system for medical doctors in order to improve their quality. The action plan, which will be developed in HR-10, shall include 1) introducing new systems such as internships in hospitals, a licensing system, and continuing education, 2) promoting international and domestic learning and exchange programmes, and 3) encouraging the active participation of medical doctors in teaching and training health workers.

HR-13 Textbook Development Programme for Nurse education in Lao Language

HR-13 shall develop and publish textbooks in Lao mainly for pre-service nurses and PHC workers, and in-service health workers serving at provincial, district, and village levels. The programme will contribute to improving the efficiency of pre-service education and will enable pre- and in-service health workers, who have few opportunities and little time to study foreign languages, to learn by themselves in order to brush up their knowledge and skills.

HF-1 Financial Management Improvement Programme for the Health Sector

In order to improve the health financial situation in increased budget allocation to the health sector, adequate utilization of health government budgets and efficient utilization of allocated budgets, HF-1 emphasises a system reform and capacity building of budgeting and recording expenditure at the national, provincial and district levels. Based on this financial management improvement, HF-1 proposes the introduction of a simplified national health account system to the Lao PDR.

HF-2 Programme for Reforming the Revolving Drug Fund and User Fee Systems

HF-2 aims at standardising the RDF, user fee and exemption systems at health facilities, so that government budget allocated for exemption for the poor and collected user fees can be used properly and transparently at the health facilities. HF-2 also aims at standardising and strengthening the management system of RDFs by centralising drug supply and purchase through PHOs, in order to control the quality of drugs and to provide drugs at the same prices throughout each province.

ED-1: Programme for National Radio Broadcasting

ED-1 intends to develop radio programming as a vehicle for health messages, to be used in reinforcing behaviour change campaigns. This programme will also focus on the development of key health messages for creating health awareness for both Lao Loum and ethnic minority people. The programme implementation will be based on collaboration between Ministry of Health, Ministry of Information and Ministry of Education. Encouraging communities to listen to radio programmes through Community Learning Centre activities will also be considered.

ED-3: Programme for Promoting IEC Activities at District Hospitals

Aimed at improving the quality of health services in district hospitals, ED-3 will emphasise the promotion of IEC activities, including possibly advertising the potential of district hospitals in order to increase utilization. In addition, this programme will aim to reduce preventable infectious diseases in communities by organising outreach activities.

ID-2 Programme of Improving Skills in Diagnosis and Care/Treatment of Infectious Diseases at District Hospitals and Health Centres

ID-2 aims to provide in-service training on making working diagnosis and care/treatment for infectious diseases for health workers at the district and health centre levels. Working Diagnosis, using an approach by syndromes, appears to be the most appropriate strategy given available medical facilities at the district and health centre levels. Working Diagnosis does not imply sophisticated biological or paramedical test but requires a more advanced knowledge of clinical examination, semiology and epidemiology of the infectious diseases.

ID-4 Programme for Integrating EPI and Other Health Services

ID-4 aims at examining the technical and financial feasibility of this idea of integrating EPI and other health services by conducting case studies in selected provinces of different organisational capacities, and by implementing pilot projects in some provinces with advanced organisational capacities. Other health services might include health education (hygiene and nutrition) and monitoring village-level revolving drug funds.

ID-6 Programme of Strengthening Control of HIV/AIDS and STDs

Although HIV-AIDS prevalence appears to be limited in space (mainly urban areas) and circulating at a very low level within the entire country, Sexually Transmitted Diseases (STDs) have a high incidence and are of major public health concern. Because of the exceptionally low incidence of HIV/AIDS across the country, besides the benefit for HIV/AIDS of the STD programme, specific action also needs to be taken against a possible expansion of HIV among risk populations and areas. First of all, it is necessary to conduct a second-generation surveillance of HIV/AIDS and STDs for formulating necessary action plans. It is also a necessity to develop a comprehensive, sustainable communication strategy in order to reach groups at risk including service workers, young people, partners, drug addicts, migrants and tourists.

ID-7 Programme for Strengthening Malaria Control and other PHC Activities

Malaria critically affects the development process, having high rates of mortality and morbidity. There is severe anti-malarial drug resistance in Laos and malaria control needs to be addressed jointly with other countries at the regional level. In the last several years, a variety of donors/NGOs have assisted in malaria control programmes. ID-7 aims to continue to guide malaria control and prevention measures (community based and vector control) and to improve the treatment of malaria. ID-7 also pays attention to how to integrate malaria control with other PHC activities at the district and health centre levels.

PH-1 Programme Supporting the Operationalisation of the “Policy on Primary Health Care”

PH-1 takes the Primary Health Care Policy another step further towards full operationalisation in Lao PDR. Considering that the developmental approach of PHC is a paradigm shift from the welfare approach, it recommends a re-orientation of attitudes of decision-makers at the central MOH, PHO, and DHO as well as those of the provincial and district governors, after which the process of formulating the “MOH Strategic Plan to Operationalise PHC” commence.

PH-2 Programme to Develop and Adapt Flexible National Guidelines and Regulations for Strengthening District Health Systems based on the PHC Approach

PH-2 aims at supporting and facilitating the strengthening of District Health Systems based on the PHC approach by providing flexible national guidelines and regulations. The guidelines/regulations cover the following components of the District Health Systems: 1) District health offices and district hospitals, 2) District health committees, 3) Health centres and health centre networks, 4) VHVs/TBAs and VHV/TBA networks, 5) Village Health Committees, 6) Village Health Providers.

PH-3 Programme of Implementing the PHC Approach to Strengthen District Health Systems

The district is where the top and bottom meet, where policy becomes reality. Whereas PH-1 transforms the “Policy on Primary Health Care” into the “MOH Strategic Plan to Operationalise PHC”, and PH-2 lays down flexible national guidelines and regulations, PH-3 describes activities to actually strengthen the four components of a district health system: the district hospital based services, outreach services from the district level, health centre based services, and community-based activities of village health volunteers. It underscores the importance of rationalising and clarifying the organisation, improving management systems, and building capacities of staff to be generalists and take a holistic approach. It emphasises the empowerment of communities to take responsibility for their own health. PH-3 proposes the participation of NGOs or consultancy groups as catalyst of change in implementing PHC.

MC-1 MCH Networking and Coordination Programme

MC-1 seeks to facilitate coordination and, whenever possible, integration of the various maternal and child health care programmes internally within the Centre of Maternal and Child Health and the Ministry of Health and between MOH and donors. Venues for coordination will be created through the establishment of a functional network and the setting up of a coordination centre.

MC-2 Programme for Strengthening and Promotion of MCH

MC-2 aims to expand the zone-zero strategy from immunisation to a package of integrated MCH services at zone-zero facilities. This will be implemented in selected pilot areas where MCH services will also be actively promoted through an intensified antenatal care campaign with health workers going out of the facilities to communities to reach pregnant women. MC-2 also intends to improve and expand outreach services. A package of MCH services that can be delivered through the outreach programme will be developed including protocols and kits. Training of health workers before the implementation of the above stated activities is an essential component of the programme.

MC-3 Programme for Strengthening Family Planning

MC-3 intends to improve logistics management of Family Planning (FP) commodities and strengthen the capacity of the FP Programme to establish an adequate and steady supply of contraceptives. It also aims to improve the quality of services by improving the training of health workers on FP; reviewing and amending policy and procedures to facilitate the delivery of FP services; and finding ways to expand FP services by piloting the inclusion of contraceptives in the revolving drug fund and the inclusion of the injectable hormonal contraceptive method in MCH outreach.

NT-1 Programme of Developing a Core Organisation for Providing Support and Oversight to Nutrition Activities

The objectives of NT-1 are to establish a focal point for nutrition activities within the Ministry of Health and to create venues for the coordination of various nutrition activities.

NT-3 Nutrition Information/Education Programme

NT-3 intends to develop training curricula and train health workers and village volunteers. The training curriculum for health workers will focus on basic nutrition information and messages that will be useful in the delivery of MCH services. The village health volunteer training will cover information and messages on proper maternal and child nutrition and feeding.

HS-1 District Hospital Improvement

HS-1 focuses on the development of District Hospitals as the core of the District Health System. District Hospitals will be classified, and criteria for classification will be set. An Initial Standard for each type of District Hospital will be formulated, based on the identification of standards for health facilities at all levels. The Initial Package for upgrading District Hospitals to meet the Initial Standard will be prepared, and implementation will take place first in selected priority District Hospitals.

HS-2 National Programme for Strengthening the Maintenance System of Health Facilities by Establishing Provincial Maintenance Units

HS-2 emphasises the importance of proper property management and maintenance in order to make effective use of existing infrastructure and equipment. Main components of HS-2 are to strengthen the national maintenance and property management systems, and to establish a Provincial Maintenance Unit in each province to take care of all health facilities within the province. Training for the technical staff in Provincial Maintenance Units will be provided by the central level.

HS-3 Hospital Management Improvement Programme

In cooperation with its partners, the MOH has built, upgraded and equipped an extensive hospital network nationwide. It has organised off-site capacity-building programmes to enhance technical and, a few times, managerial skills of its personnel. HS-3 recommends on-site training for all members of the hospital management teams. To improve the efficient use of resources, HS-3 emphasises a combination of other factors: setting of standards; clarifying job descriptions; recognising best practices through the establishment of Minister's Awards; and the development of management systems.

ML-1 Programme for Strategy Formulation and Capacity Building for Health Technology-Based Medicine

ML-1 emphasises the importance of health technology-based medicine for improving the quality of health services. The concept of health technology-based medicine will be disseminated and the knowledge and skills of medical doctors and health technologists will be improved. Strategy and guidelines for Health Technology-Based Medicine will be formulated. Training of medical doctors and health technologists will be provided.

DR-2 Rational Use of Drugs Programme

Although the supply and availability of drugs has been greatly improved in the last several years, the irrational use of drugs has become prevalent by health workers at all levels of health facilities, as well as in communities. DR-2 aims to create conditions in which the rational use of drugs is promoted by preparing essential drug lists and treatment guidelines that are suitable for health workers of different levels, training health workers in terms of the rational use of drugs (potential danger of antibiotic drugs and injections) and training health workers on how to detect false or poor quality drugs.

DR-4 Village-Level Revolving Drug Fund (RDF) Programme

MOH has started a project to unify the RDF system and to expand village-level RDFs nationally, targeting all villages in remote areas (5,400 villages) by 2005. DR-4 intends to assess the progress of the implementation of the projects and redesign the system in order to improve the already begun village-level RDFs, to continuously support DHOs in management and monitoring, and to expand gradually to remoter areas.