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# A REVIEW OF HEALTH LEADERSHIP AND MANAGEMENT CAPACITY IN LAO PEOPLE'S DEMOCRATIC REPUBLIC



Technical summary

May 2011

by A. Asante, J. Hall & G. Roberts



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This report by Dr Augustine Asante and colleagues describes the current situation of health leadership and management capacity and issues that affect health management performance at the district level in Lao People's Democratic Republic (Laos or Lao PDR). It will be useful for developing policy recommendations for improving management and leadership performance in the country itself, or as an example or case study for other countries.

## Health sector overview

Laos has made significant progress in rebuilding the economy and improving its health situation, but the country still faces some health challenges. Malnutrition is a concern with some estimates suggesting that about 37% of children below five years of age are underweight.

The maternal mortality ratio is over 400 deaths per 100,000 live births – one of the highest in the Asia-Pacific region.

Access to health services remains limited especially for the rural majority.

The Sixth National Socio-Economic Development Plan 2006–2010 admits that the health sector and health service delivery system do not fully meet the requirements of the population, either in quantitative or qualitative terms.

Efforts are being made to meet the challenges, including the formulation of a National Growth and Poverty Eradication Strategy of which health is a vital component. The strategy reiterates the government's commitment to achieving the Millennium Development Goals (MDGs) and identifies improved access, equity, quality and strengthened capacity of the health workforce as key goals.

## Access and utilisation of health care

Access to health services is limited especially for people living in rural areas.

The maternal mortality ratio is also one of the highest in the Asia-Pacific region. For every 100,000 live births, more than 400 women die.

## Financing the health system

The Laos health system depends heavily on donor funding. In 2006, external sources and donors contributed to 52% of public health spending. This means that health programs are mostly managed vertically, which is from one location

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The challenges faced by Laos with regards to health management and leadership capacity and performance are similar to those faced by low- and middle-income countries elsewhere.

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centre, rather than different locations, even though attempts have been made to decentralise.

## Human resources for health

There are not enough health workers for the country's population. The ratio of health workers to people is approximately:

0.5 workers to 1,000 people (2009 figures)

but WHO recommends:

2.3 workers to 1,000 people.

There are also more health workers in urban areas. Note, health workers include doctors, nurses and midwives.

In 2009, the Lao PDR Ministry of Health employed 12,422 health workers. Of these workers, 58% were female and 16% were from other ethnic minority backgrounds. Less than 30% of the total health workforce included medical doctors, nurses or midwives with middle- and high- level education.

Overall health worker capacity is reportedly weak due to the poor quality of training. However, efforts are being made by the government to strengthen health worker education and increase training opportunities.

## Health management structure

The Laos health system is divided into three branches:

- health care
- prevention, promotion and disease control
- health management and administration.

The Laos health system has four levels: central, provincial, district and village.

A provincial health office plans, implements, supervises and monitors primary health care programs in each province.

## Number and distribution of managers

In 2009, there were a total of 1,296 health managers in the health system. Nearly 38% (or 486) of the managers were female.

It is not clear how many health managers work at the district level, but with 131 districts and each reportedly having a manager, there are likely to be at least a 100 or more district health managers.

## Competence of district health managers

The majority of district health managers reportedly lack skills in key areas such as financial management, human resource management and health information management. Managers are said to be mainly medical doctors or medical assistants who do not have management training.

In recent years, most of the 1,296 managers in the health system have reportedly received further education in public governance and administration, leading to master degrees (8), bachelor degrees (13), high diplomas (41), diplomas (154), certificates of completion (80) and participation in 45-day curriculums (812).

The Ministry of Health capacity building target for the year 2020 is for all health managers and leaders to have at least a bachelor degree, though it is not clear whether the bachelor degree will be in public governance and administration or other disciplines may be considered.

## Management working environment

There is evidence that the performance of district managers is affected because they are not clear about their role and responsibilities. Tackling this issue may improve the effectiveness with which district managers perform their duties, as well as enable provincial authorities to assess district manager performance in a better manner. A starting point for addressing this issue could be to develop well-defined job descriptions and procedure manuals for district health managers.

Another recognised problem in the health system is the lack of coordination between national and sub-national health plans. This is partly due to decentralisation and poor clarification of roles and responsibilities of provincial and district government. It affects resources available to district managers for activities such as supervisor visits. Without improvement of the decentralisation program and clarifying the authority of each level of government, it will be difficult to enhance the performance of district health managers.

## Functioning of management support systems

There is evidence of considerable vertical programs under the direct control of the central Ministry of Health in Laos. While vertical or centralised programs may be necessary in some instances, they often diminish the authority of district managers as local staff working on such programs are required to relate to program heads at the central level.

Working towards an integrated approach to service delivery may offer district managers the opportunity to make decisions and take control of health care provision in the

district. This will eventually improve management capacity to lead, monitor and evaluate health activities in the district.

## The socio-cultural context

The Government recognises the importance of addressing the issue of gender and ethnic-based discrimination. The Lao PDR Ministry of Health actively promotes equity in recruiting for management and leadership positions.

In 2009, about 38% of all health managers were female. In order to improve equity, the Ministry of Health aims to have 50% of female health workers, 35% of ethnic minorities and 1% of disabled personnel in management and leadership positions by 2020.

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## ABOUT OUR AUTHOR: Dr Augustine Asante

Dr Augustine Asante is the main author of this report. His co-authors are Professor John Hall and Dr Graham Roberts.

Augustine is a Research Fellow in Human Resource for Health Knowledge Hub at the University of New South Wales. He researches human resource issues in relation to health leadership and management. Augustine has a wide range of interests and experience in the public health field and specialises in health economics, policy issues, resource allocation, equity, global health, workforce migration and disadvantaged groups and communities. Augustine has worked in the Finance and Economic Planning Ministry of Ghana and has conducted research into non-communicable diseases.

The authors welcome all further **queries and feedback**:

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