

LAO PEOPLE'S DEMOCRATIC REPUBLIC
PEACE INDEPENDENCE DEMOCRACY UNITY PROSPERITY

MINISTRY OF HEALTH
COUNCIL OF MEDICAL SCIENCES

GOVERNMENT POLICY
TO SUPPORT RESEARCH ACTIVITIES
IN LAO P.D.R

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1. Introduction

Lao People's Democratic Republic (Lao P.D.R.) or Laos is a small land-locked country, extending in a north-south direction, sharing borders in the North with China and Myanmar, in the south with Cambodia, in the west with the Socialist Republic of Vietnam, and in the East with Kingdom of Thailand. Its land area is 236,800 square km, with a population of 5.2 million inhabitants, 18 provinces, including one prefecture and 1 special zone, 142 districts, 10,868 villages and 881, 596 households, 15% of the population is living in urban, and 85% in rural areas¹.

Because Lao P.D.R. has a very low population density, only 20 persons per square kilometre, and poor transportation networks, the provision of basic services is problematic for the government. Laos is a multi-ethnic country consisting of 49 ethnic groups divided into three main groups low land Lao 65.0%, upland Lao 22%, and highland Lao 13.0%; communication is therefore difficult due to both physical distance and language/socio-cultural barriers.

Since 1975, the government of Lao P.D.R. has concentrated its efforts mainly on territorial defence and infrastructure development for economic growth. However, after the government of Lao P.D.R. introduced a market-oriented economic reform in the mid 1980's, the government has changed its policies to give higher priority to the social services sectors, including education and health. In the year 2000, Laos has achieved substantial progress in people's health status; however, it still remains one of the worst in Asia. According to the National Health Survey 2000, the infant mortality rate 82 per 1000 live births (113 in 1995), under five mortality rate 106 per 1000 live births (142 in 1995), maternal mortality rate 530 per 100,000 live births (656/100,000 in 1995), and life expectancy at birth 59 years (61 years for females and 57 years for males (51 years, 52 for female and 50 for males in 1995)².

The government of Lao P.D.R. aims to improve human resources such as for education and for health as well as to get rid of least developed status by the year 2020³.

2. Government policy

Since 1992, research activities became one preoccupation of the country, thus national research policy has been developed by the Ministry of Sciences and Technology⁴.

On the other hand, in each resolution of Lao revolutionary party⁵; and in the most recent approved constitution of Lao P.D.R.⁶, of which was clearly stated about the research policy promotion and implementation, and human resources for research development in the country. In addition, water and water's resources law was promulgated since October 1996⁷.

Therefore, some research institutes have been established such as national institute of culture, research institute of sciences and technology and environment, research institute

of economy, council of medical sciences, national institute of public health, and national research council, who served as a stewardship body of research capacity building at the same time served as supportive research environment as well⁸.

Moreover, millennium development goals progress report jointly prepared by the government of the Lao P.D.R. and the United Nations country team in January 2004 under the goal 7-ensuring environment sustainability and in target 10 was clearly stated on halve, by 2015, the proportion of people without access to safe drinking water⁹.

So far, Lao national Mekong committee office to Lao P.D.R. is preparing to host 13th great Mekong sub-region Prime Ministers Meeting on 13-16 December held in Vientiane to discuss the government's priority plan, which surely will touch also on water resources management system in Mekong watershed¹⁰.

The Council of medical sciences of the ministry of health was established December 1989 by the Prime's minister decree to be an advisory body to the ministry of health on health research management and focal point for promoting and coordination of health research activities within and between countries. In addition, according to the training need in coordination with research activities conduction, thus, the national institute of public health has been established in October 1999, the merging research and training activities, and since 1992 become responsible body for the nine main work plans, and to date one of the six main work plans on health research management of the Ministry of Health¹².

The first and the second five-year health research master plans have been developed and implemented successfully (1992-1996, 1997-2001) aiming at the building of health research capacity in the country^{13, 14}. The third five-year national health research master plan (2002-2006)¹⁵ was developed according to the advocacy from the international conference held in Bangkok on 2000¹⁶ on health research for development in which urged the need for revitalization of health research towards a new paradigm, that means health research should be driving by equity, focusing on the needs and priorities of countries within an interactive regional and global framework¹⁶.

Therefore, the third five-year national health research master plan has clearly stated about the vision and mission stressing all parties concerned to develop an effective health research system in the country¹⁵, so far being implemented.

3. Some achievement in the field of the health research during the past ten years

1. Accomplishing the creating and translating handbooks, guidelines, and documents for research and health management training a total of 117 to support health research and training activities for health personnel and managers, including health sciences dictionary English – Lao first edition in Lao P.D.R., in addition with 103 research reports presented at national, regional, and global levels.

2. Training of health personnel for health research altogether 193 people, on an average 4-5 people per province, in which 28 people completed training of trainers.
3. Accomplishing research mission and conducting research projects under various priority topics altogether 127
4. Accomplishing supervision of three five year health research master plan (1992-1996, 1997-2001, 2002-2006), and conducting evaluation research of the first and the second five year health research master plans at the end of the 1996 and 2001
5. Conducting 10 research projects to promote the implementation of the National Drug Policy in co-operation with Food and Drug Department in both first and second phases technically and financially supported by SIDA.
6. Conducting National Health Survey and be one of 73 countries conducting World Health Survey, so far Health Research System Analysis and Knowledge Transfer and Exchange are being implemented supported by WHO
7. July 2002, the National Ethics Committee for health research was officially established and since then executing regularly their work

In addition, international network has been established since 1992, in collaboration with faculty of Public Health Mahidol University for research capacity building in Lao P.D.R. supported by IDRC-CANADA.

Since 1998, Lao-Vietnam-Lao Symposium in rotation on health research to promote the quality of preventive medicine, in December of 2002, the Council of Medical Sciences/National Institute of Public Health was hosting the first Lao-Vietnam-Cambodia Symposium, and in July 2004 the National Institute of Hygiene of SR Vietnam was hosted the second Vietnam-Lao-Cambodia Symposium, where Japanese, Thai scientists, and others international guests were also participated.

More over since 2003 CMS/NIOPH has been signing a MOU with Health System Research Institute of Thailand, IHD center school of medicine of Tokai University, Health System Development project with 3 research Institutes of Japan namely Research Institute for humanity and nature, Kyoto University, Nagasaki University Institute of Tropical Medicine, and Institute of Medical Center of Japan, Tokyo and recently a joint collaborative project to develop HSR curriculum with Hanoi School of Public Health, School of Public Health Université Libre of Bruxelles and Tropical Medicine Institute of Liverpool United Kingdom under the support of EU.

4. Values observation: strengths, weaknesses, and lessons learned

4.1 Strengths:

National policy, constitution, related laws are available, which are the green lights for research conduction and cooperation graciously; thus research skills of health staff had been improved and many of researchers could disseminate their research results at national and international levels, many health managers at different levels became more

supportive, increasing facilities for conducting health research, international organizations are willingly supporting research activities, in particular the first national health survey, world health survey, health research system analysis, knowledge transfer and exchange in Lao P.D.R. supported by WHO. Since 1997 health research methodology subject have been including to the curricula of teaching medical student at the faculty of medical sciences, National University of Laos, which paved the basic fundament for developing of human resources for research in the country.

4.2 Weaknesses:

- Lack of researchers both quantitatively and qualitatively
- Research environment and facilities were not enough for all provinces, some researchers thought, that research activities are additional jobs for them plus to their routine works, some staffs have been trained to be researchers, but moved to another job that did not related with research at all.
- Financial support for research both from internal and external sources are insufficient, most researches done in the past were driven to the interest of funding agencies
- Level of English language proficiency is an obstacle, because, researcher should know how to write research proposal for research funding, and no support from private sector
- Any research activities done in the area of water resources management system and sanitation due to lack of human resources for research and funding

4.3 Lessons learned

1. Issue to facilitate human development for research as well as for teaching, as well as for systematically conducting research with their own creativity basic of producing new knowledge utilization and management as well
4. Health departments, centers, schools, hospitals should be advocated and promote to conduct research as a management tool, as well as a tool for quality improvement at all levels
5. Decision-makers at all levels should pay importance by supporting research activities focusing on capacity building and strengthening both individuals institutional, and national levels

7. All research projects should passed through the council of medical sciences and the national ethic committee for health research for consideration, and officially approve, on the other hand is to avoid duplication of researches, on another hand is to ensure benefits and rights of research participants as well.

5. Conclusion and recommendations

Thanks to the policy, constitutions, and related laws available to support research promotion and activities in Lao P.D.R., and through the implementation of the first, the second, and being implementing the third five year national health research master plan, it is obviously noted that the research and training capacity skills has been gradually improved, which indeed helped to paving the solid fundament for its strengthening in the future. However, the number of human resources for research and trainers are still insufficient both qualitatively and quantitatively, moreover women's researchers and trainers are very limited to ensure gender aspects in health research and training filed.

The enabling environment to fostering research and training activities management is essential to be developed and strengthened in order to reach international standard. The widely of decision making, policy formulation, and planning on evidence based should be promoted on the one hand, and on the other hand, the widely utilization of research results and management should also be promoted. In addition, the validity and reliability of information, which should be systematically organized to become knowledge, also should be carefully undertaken.

Moreover, internal and international partnership in research and training should be continuously be developed and strengthened. Thus, the financial support from internal, external, and private sources should be increased, and should be aligned with the country need. Therefore, an urgent needs to develop qualified human resources for research and trainers at individuals, institutional, and national levels, thus to improve knowledge and skills in research and training activities management, including in the development of water resource management system in particular, and in general to promote the quality of works for the teaching, health services management contributing to poverty alleviation in the country, pushing the country to get rid of underdevelopment status towards equity in health, justice, sustainability, and development as well.

6. Challenges

6.1 General

As the joint meeting of WPACHR 19 and HRC/Abs held in KL Malaysia from 19-21 March 2003, meet consensus on the regional framework for health research to guide its research promotion control activities for a period of four years 2003-2007. Health research has underpinned the dramatic improvement in the life expectancy and the reduction in disability throughout life in developing and developed countries¹⁸.

Recently, health ministers around the world have been gathering at the ministerial summit, in conjunction with the global forum 8 for health research held in Mexico city

November 16-20, 2004 under the support of WHO and Mexico's Ministry of Health, aiming to promote the culture and practice of research, knowledge generation and its utilization as vital public goods to the attainment of health goals, the performance of health systems, and the vitality of a country's socio-economic development.

The Ministerial summit on health research and global forum for health research ended with two important documents namely: the Mexico statement on health research and the global forum 8 has issued health research for equity in global health statement. Thus, these two documents hopefully will serve to make the top policy makers at the global, regional, and national levels, responsive to the values of health research for equity in health care, for social justice and for sustainable development, thereby contributing to poverty reduction and the step-by-step improvement of the quality of life²⁰.

In order to fulfill 10/90 gaps stated by the commission on health research for development in 1990, the ministerial summit has recommended that governments in developing countries should invest 2% of national health expenditures for research, and at least 5% of their external assistance in the health sector for the same purpose¹⁹. There are important challenges for the next decade of health research. The values it upholds and the evidence it will offer should persuade policy makers to reaffirm their commitments to health research for development²⁰.

6.2 Specific

As a high proportion of the populations throughout the country suffer from diseases related to deficiencies in water resources management supply, and sanitation, some research in this areas should be created, developed, and strengthened in order to halve by 2015 the proportion of the population with sustainable access to an improved water sources to 80%, and the proportion of urban population with access to improved sanitation to 70%. In addition, Human Resources for Research for conducting water resources management system and sanitation research should be thoroughly developed, in addition technical and financial support for this purpose are utmost needed.

Key words: Health research, knowledge for better health, quality of life, sustainability, and development

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