



CAMBODIA • LAO PEOPLE'S DEMOCRATIC REPUBLIC • VIET NAM

# Lessons learnt from three Mekong countries

in implementing policies for  
the delivery of health services



World Health  
Organization

Western Pacific Region



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# Table of contents

<b>Acknowledgements</b> .....	iv
<b>Executive summary</b> .....	v
<b>1. Background</b> .....	1
<b>2. Method</b> .....	4
<b>3. Findings</b> .....	9
<b>4. Conclusion</b> .....	15
<b>5. Recommendations</b> .....	16
<b>References</b> .....	17
<b>Annexes</b>	
<b>Annex 1. Comparison of health outcomes and characteristics of health-care systems</b> .....	18
<b>Annex 2. List of research team members</b> .....	25

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# Executive summary

Cambodia, the Lao People's Democratic Republic and Viet Nam have achieved remarkable economic growth and social development over the last few decades. The health status of people in these countries has also improved to a large extent since 1980s. And while economic performance indicators, such as gross domestic product (GDP) per capita, are similar, these countries have had significantly different health sector input and outcomes.

To reduce disparities among the countries and accelerate health development by mutual learning, especially based on subregional cooperation, it is necessary to identify potential determinants of varied input and outcomes in the health sector. Aside from national policies and strategies, experiences in implementation and operational actions at the subnational level offer countries opportunities to learn from one another.

Based on this rationale, the objectives of this study were formulated to: (1) investigate the extent to which each country's respective health outcomes and health system input and process indicators are different; (2) identify the factors that potentially contribute to the performance of policy implementation at the subnational level; and (3) formulate a set of regional and county-specific recommendations that summarizes future steps that must be taken to improve policy implementation and narrow the gaps among countries.

The research method incorporated five steps: (1) formulation of an analytical framework; (2) selection of a policy; (3) data collection—literature review and field study; (4) data analysis; and (5) synthesis of findings. The research team was comprised of principal investigators, three country co-investigators, and WHO staff from the Regional Office of the Western Pacific and WHO country offices. The team worked together to develop the analytical framework, research design, and questionnaire and interview guides. The country teams piloted the interview guide and collected data from August 2012 to February 2013. Adapted from an analytical framework developed by Bhuyan, Jorgensen and Sharma (2010), this study formulated six dimensions that influence health policy implementation: (1) policy implementation structure; (2) leadership and advocacy; (3) stakeholder involvement; (4) resource mobilization and allocation; (5) operation and management; and (6) monitoring and feedback.

This study reveals the challenges in not only developing health policies at the national level, but also implementing these policies at the subnational level. The findings suggest that adequate economic and human resources are not always in place for effective policy implementation. Cambodia and the Lao People's Democratic Republic are spending less on health than Viet Nam and need to invest in increasing the number of qualified nurses, midwives and medical doctors at the district level.

All three countries are operating within decentralized health systems that require clearly defined institutional roles and responsibilities among national, provincial and local governments. The private sector and non-state providers are increasingly prominent in health service delivery, while the involvement and oversight of non-state service providers continue to be weak.

For successful policy implementation, the policy structure and implementation process should be clearly defined. Strengthening of the subnational health system—and the district health system in particular—by providing integrated primary health-care services should be highlighted. Multisectoral and multilevel coordination is essential in seamless implementation of policy at the subnational level. The wide dissemination of policy information, down to the grass-roots levels, is also important.

Leadership is crucial in implementing policies and should be developed through effective training and education. Policy structure to motivate effective leadership and enhance managerial skills needs greater consideration. Financial and nonfinancial incentives should be available to managers and staff working at the subnational level. Capacity-building, including for technical competence, is also of utmost importance for leaders and managers at the every level of policy implementation.

Based on the findings and consultations within the study team and with outside consultants, recommendations were derived for the governments and for WHO. Two recommendations are offered for governments in strengthening activities in support of policy implementation at the subnational level. First, the structure and function of the health system at the subnational level should be strengthened by providing integrated primary health-care services. Secondly, training should be offered to leaders and managers at the provincial and local levels to enhance their leadership, technical competence and managerial skills.

Two recommendations are offered for WHO. First, the Organization should increase its focus in assisting the Mekong countries in planning, implementing and monitoring national programmes and health system strengthening at the subnational level. Secondly, WHO should adapt its structure, function and role in supporting policy implementation at the subnational level to align also with the needs of Mekong countries at the national and subregional levels.

For both WHO and country governments, further collaboration among the Mekong countries is recommended for effective policy implementation at the subnational level and for development of human resources and affordable health financing. Mekong countries are encouraged to conduct further research on health policy studies, especially implementation at subnational level, to provide direction for improved health outcomes and universal health coverage.

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