



# Emerging challenges and solutions on faculty development of health professional institutes in Lao PDR

Present by:

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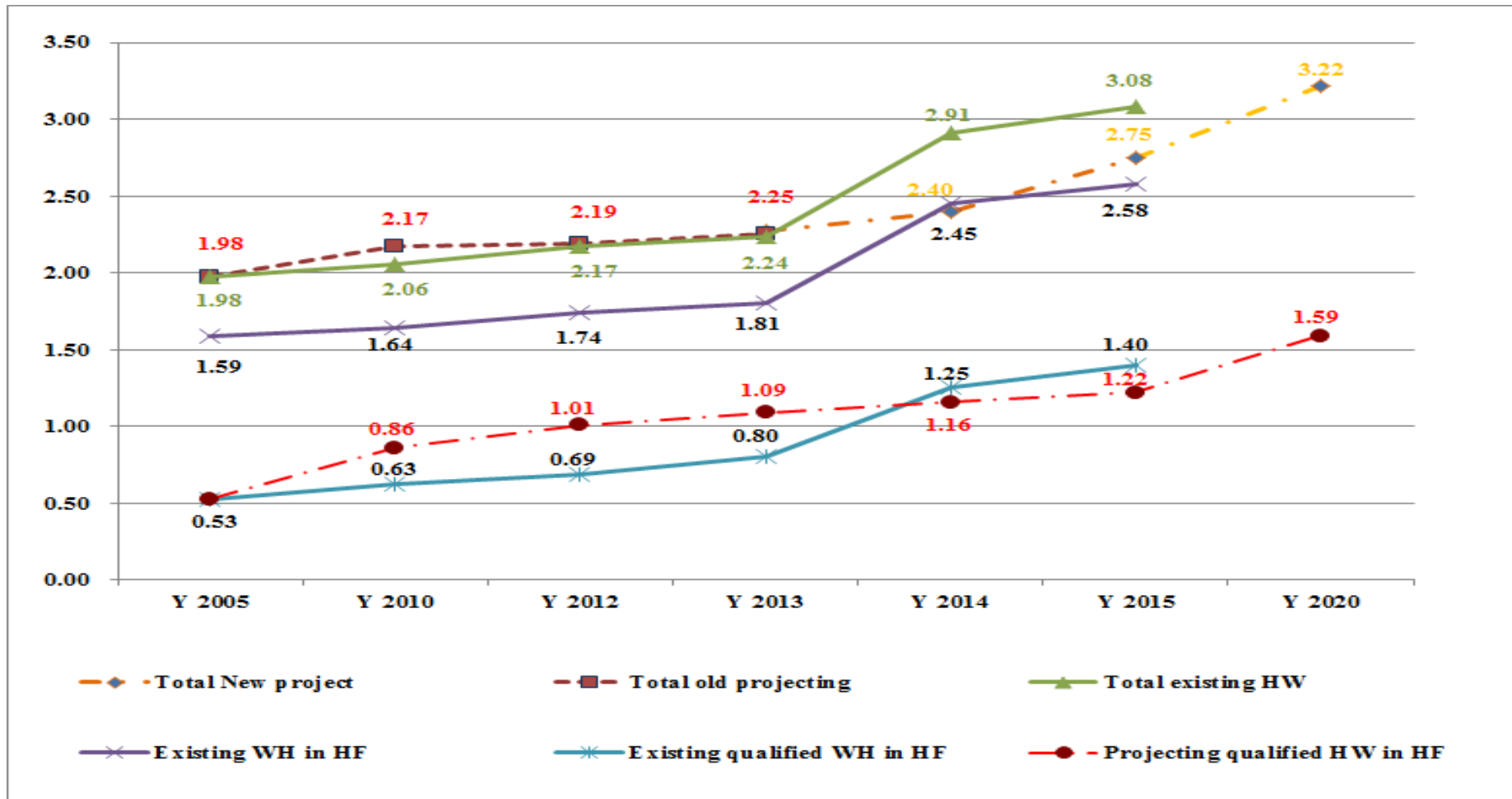


# Research team

- Pls:
  - Dr. Khampasong Theppanya
  - Dr. Ketsomsouk Bouppavanh
  - Dr. Sengdavy Xaypadith
- Co-Investigators:
  - Dr. Bouthavong Phengsisomboun
  - Prof. Arie Rotem
  - Dr. Outavong Phathamavong



# HRH progress in Lao PDR





# Priorities of the Health Personnel strategy

- Improving knowledge and skills of teachers including clinical preceptors in hospitals and other community and clinical settings;
- Improving student admission system to promote gender and ethnic equity and addressing the requirements of the e health system ;
- Reforming the curriculum to ensure focus on essential competencies in practice and adherence to national and regional standards;
- Developing quality systems for licensing of health personnel and accrediting training institutions.
- Improving the educational resources and facilities of training institutions ,including , clinical settings, laboratories, libraries , and teaching-learning facilities.





# Key objectives for educational reform

- Improve , governance, organisation and management
- Student intake managed
- Capacity for review and development
- Educational standards implemented
- Curriculum focus on required competencies
- National Educational centre established
- Clinical teaching improved
- Teacher performance improved



# Key objectives for educational reform

- Learning materials and resources available
- Essential equipment and logistic available
- Teaching and accommodation facilities
- Contribution to in-service education
- Active partnership with community and health services
- Attract sufficient funding and support
- Scholarly / Research contribution



# Progress

- Some progress has been made towards attainment of these objectives
    - Establishment of Educational Development Centre which is actively contributing to curriculum reform and faculty development in collaboration with development partners.
    - Faculty level review of curriculum and development of lesson plans
    - Investment in infrastructure in collaboration with development partners
    - Development of a system for quality improvement and implementation of quality standards (including licensing of graduates competencies in the near future)
- But it is recognised that the journey for improvement has just began and much more effort and investment is required to attain both quantitative and qualitative targets .



## Key Research Questions

- What new competencies health professional graduates and faculty members require to address the emerging national health priorities?
- What is the current profile and competence of faculty members to address these issues ?
- What are the priority competency gaps that must be bridged?
- What is being done to strengthen faculty capacity and are these faculty development activities adequate and effective?
- What priority actions should be taken to strengthen faculty capacity and address emerging requirements to transform the educational system?





## Study Objectives

- To describe the emerging country context and health needs of the population which demands new competencies in health professional graduates and faculty members.
- To identify and propose competencies for a "model graduate" and "model faculty member" in response to the emerging context and health needs of the population.
- To assess the current profiles and competencies of faculty members in selected samples of health professional institutes and assess the gaps in relation to the proposed faculty member's competencies.
- To assess faculty development activities, their adequacy and effectiveness in addressing faculty development gaps, in selected institutions.
- To identify and prioritize actions on faculty development in selected institutions



## **Study design and data collection**

- Literature and Documents reviews , including reports and official documents
- In-depth interviews with officials , informants and stakeholders using semi-structured questionnaires
- Focus group discussions with medical and nursing students and practitioners.
- Self administered questionnaire to faculty (Quantitative survey)
- Consultation workshops with officials and policy makers from Ministry of Health, Ministry of Education and Sport, Ministry of Planning and Investment, Provincial Public health offices, University of Health Science and colleges of health.



# Study implementation

This study consists of three stages :

- Identification of expected core competencies of model graduates and faculty members. (Objectives 1 & 2)
  - Starting with literature review of documents, interviews with key informants, and internal workshop among relevant stakeholders in the MOH to identify and finalize core competencies of model medical doctor and nurse, and medicine and nursing faculty members.
- Documentation of current profile and assessment the gap to drive newly proposed core competencies of the faculty (Objective 3 )
  - Review of documents, Focus groups and self-administered questionnaire survey for faculty members .
- Recommendation for roadmap to close the gaps (objectives 4 & 5)
  - In the selected institutes, in-depth interview of key informants . C
  - Consultation workshops among key stakeholders will be convened to review research findings and set priorities related to faculty development .





Lao People's Democratic Republic  
Peace Independence Democracy Unity Prosperity

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Ministry of Health  
National Institute of Public Health  
National Ethics Committee  
For Health Research (NECHR)

No. 071 NIOPH/NECHR

#### Approval Notice

xaypadith sengdavy  
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Phone: +85620 77590950

RE: " Emerging challenges and solutions on faculty development of health professional institutes in Lao PDR "

Dear Dr. xaypadith sengdavy,  
Members of the Ethics Committee of the Lao People's Democratic Republic (PDR) have reviewed and approved your research.

Please note the following information about your approved research protocol:

Approval period: Dec 2015 – Dec 2016

Approved Subject Enrollment: 357

Sponsor: Japan International Cooperation Agency

Implementing Panel/Project Investigator: Dr. xaypadith sengdavy

Please note that the Ethics Committee reserves the right to ask for further questions, seek additional or monitor the conduct of your research and consent process.

Vientiane Capital 18.1/JAN/2016...  
Director General  
National Institute of Public Health



ຮອງສາດສະດາຈານ ດຣ ກອງຊັບ ອັກຄະວົງ  
Assoc Prof Dr Kongsap AKKHAVONG

# Ethical approval





# Literature reviews



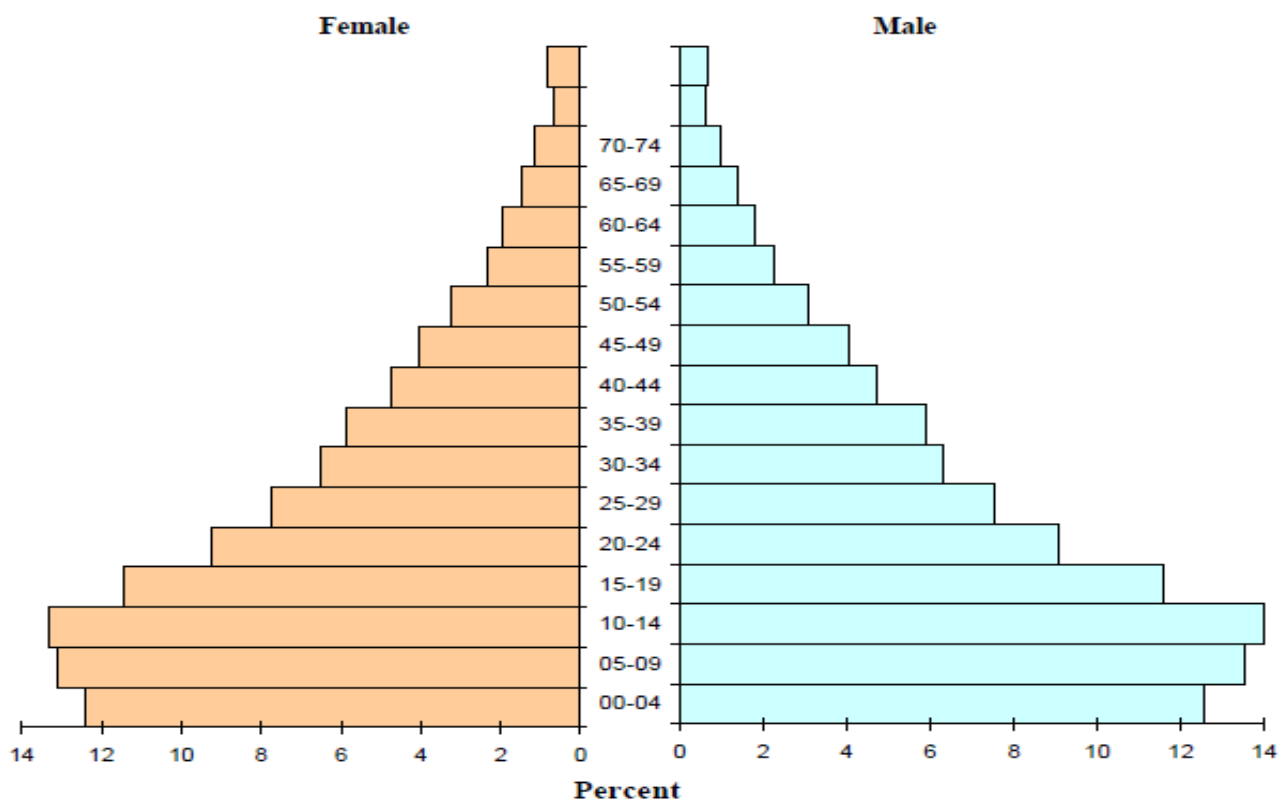
# Demographic information

- Total population in 2015 is 6.5 million with sex ratio of 101 to 100 (Census report 2015)
- Population growth declines to 1.45 from 2.08 in 2015 and 2005, respectively (Census report 2015)
- Life expectancy increases from 63years to 64years in 2005 and 2015 respectively.
- 67% of population are living in rural areas (with and without road access) (Census report 2015)
- 80% of population poorly access to public health facility, and 76% have limited access to clean water due to geographic condition (Census report 2015)
- School enrolment rate is 98.5% but survival rate to grade 5 is 78% (MOE, 2015)
- 23%-31% of population age between 15-24 years are illiterate (2014) (Population Situation Analysis, 2015)

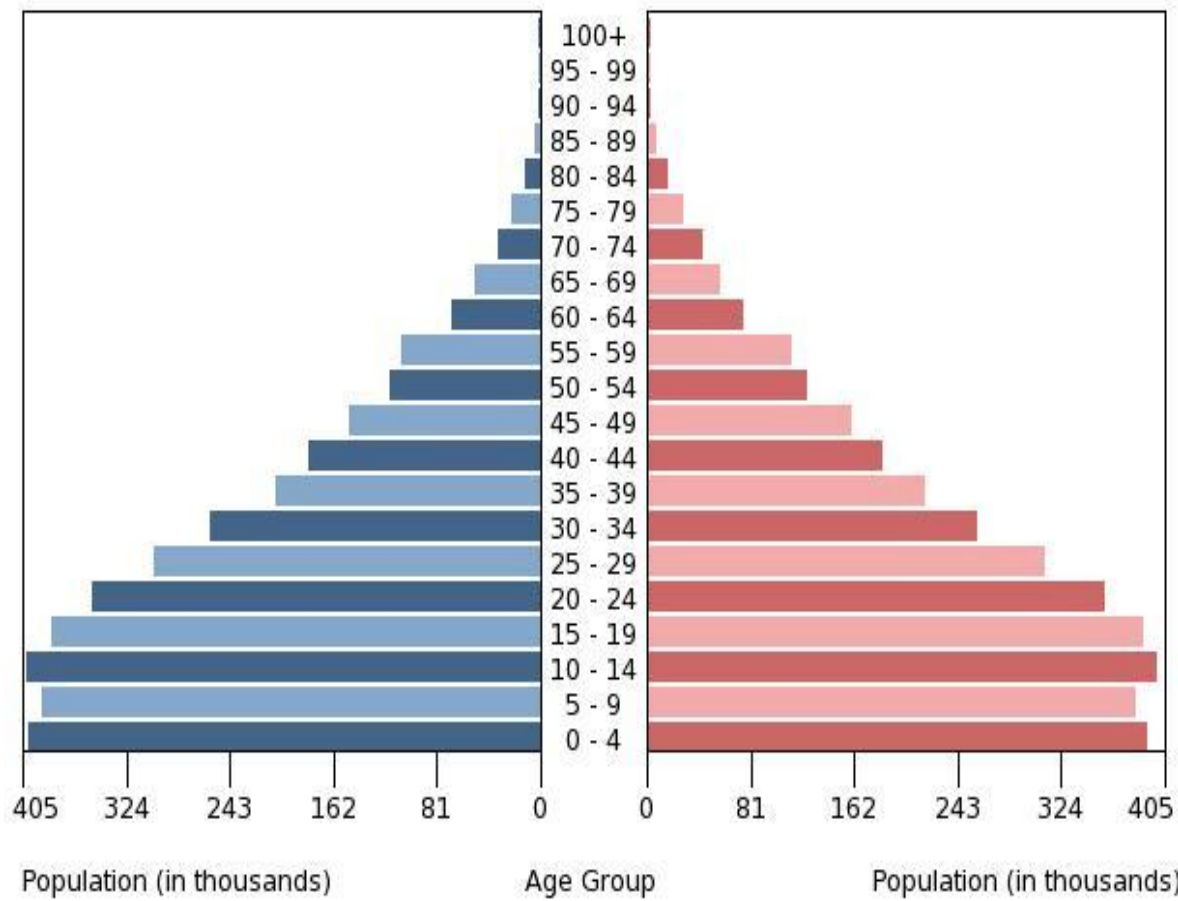


# Population distribution by age in 2005-2015

Lao Population Pyramid, 2005



Male Laos - 2015 Female





# National health agendas

- The 8<sup>th</sup> Five-years Health Development Plan 2016-2020
- Health Sector Reform Framework 2015 to 2025
- Universal health coverage by 2025
- Transition from MDGs to SDGs





# Targets of the 8<sup>th</sup> Five-years Development Plan

- Life expectancy: 71years
- MMR: 160
- U5 MR: 40
- IMR: 30
- Prevalence of U5 underweight and stunting: 20% and 32% respectively
- Access to water: 90%
- Household with latrine: 75%
- Community hospital with surgery service: >50%
- Small hospital with at least 1 high level Medical officer and 1 midwife
- Remote village with a Village Health Worker
- Health insurance coverage: 80%



# Millennium Development Goals (MOH report 2015)

- MDG1: off track on reducing underweight and stunting:
  - 27% and 44% of children aged below 5 years are underweighted and stunted, respectively (LSIS, 2012)
- MDG4: met national target but failed to achieve international target
  - U5MR=67; IMR=45.
  - Vaccine coverage – DPT-HepB3=66.3%; Measles=79.5%
- MDG5: has achieved in reducing MMR
  - MMR at 197/100,000 but still the highest in the region
  - Rate of SBA assisted birth was 53.9% and much lower among women from the poorest quintile households



# Millennium Development Goals

- MDG6:
  - Prevalence is low (0.29%) but percentage of ARV treatment (54.8%) is far behind a goal
  - Malaria cases and deaths declined but outbreak occasionally occur (in 2012) including drug-resistant malaria
  - TB incidence has declined but recent study showed many TB cases remain undiagnosed and untreated
- MDG7: Laos has achieved MDG target on safe water and sanitation
  - 76% access to drinking water but disparities between wealth quintiles
  - Open defecation is still high (38%)



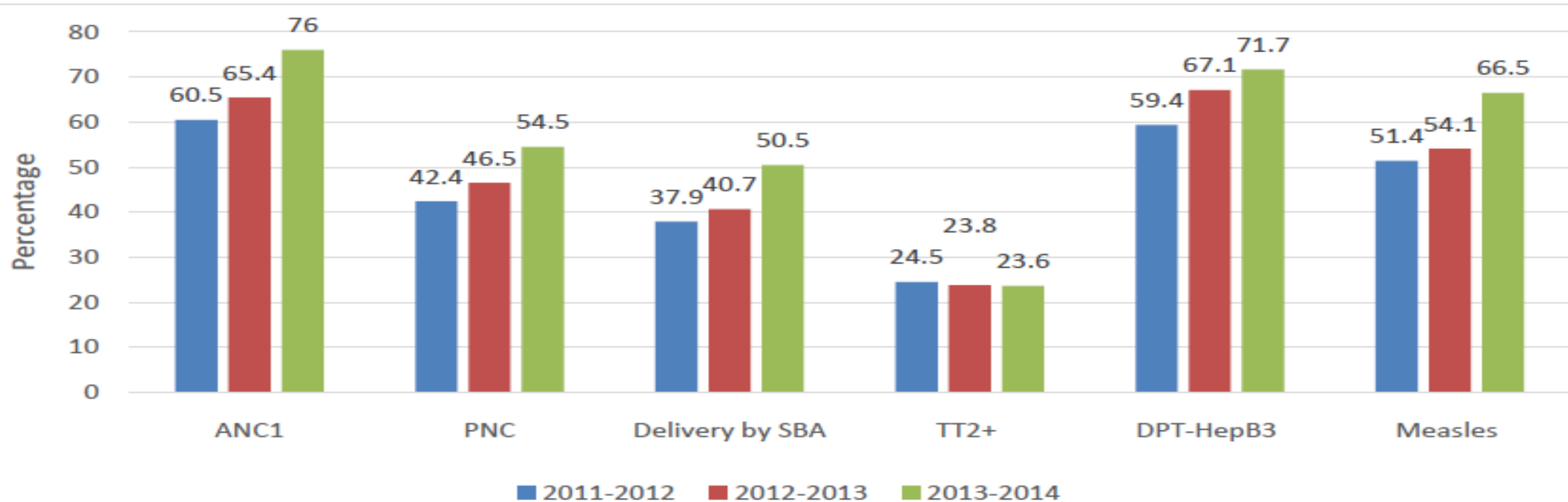
# ASEAN integration and socioeconomic change

- Migration of workforce including health workforce among the countries after ASEAN integration
- Lao GDP per capita in 2014 was US\$1,625, the 2<sup>nd</sup> lowest among ASEAN countries
- Poverty rate declined from 46% to 23% in 1993 to 2013, respectively (2 years ahead the MDGs target date)
- Agricultural sector remain the country's largest employer (app. 70%) while employment of non-agricultural sector is rapidly increased suggesting rural to urban migration
- Number of tourists increase from 3.8m to 4.2m in 2013 to 2014, respectively



# Preventive health (MCH) services (HMIS reports 2013-14)

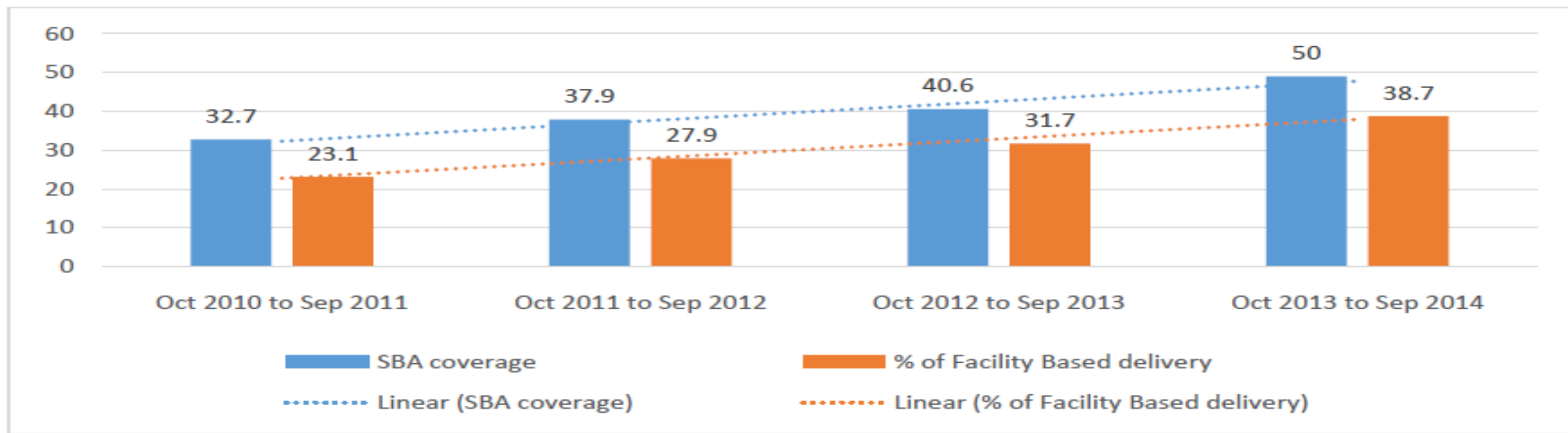
Figure 10- Coverage of MNCH program 2011-2014





# Births in health facility

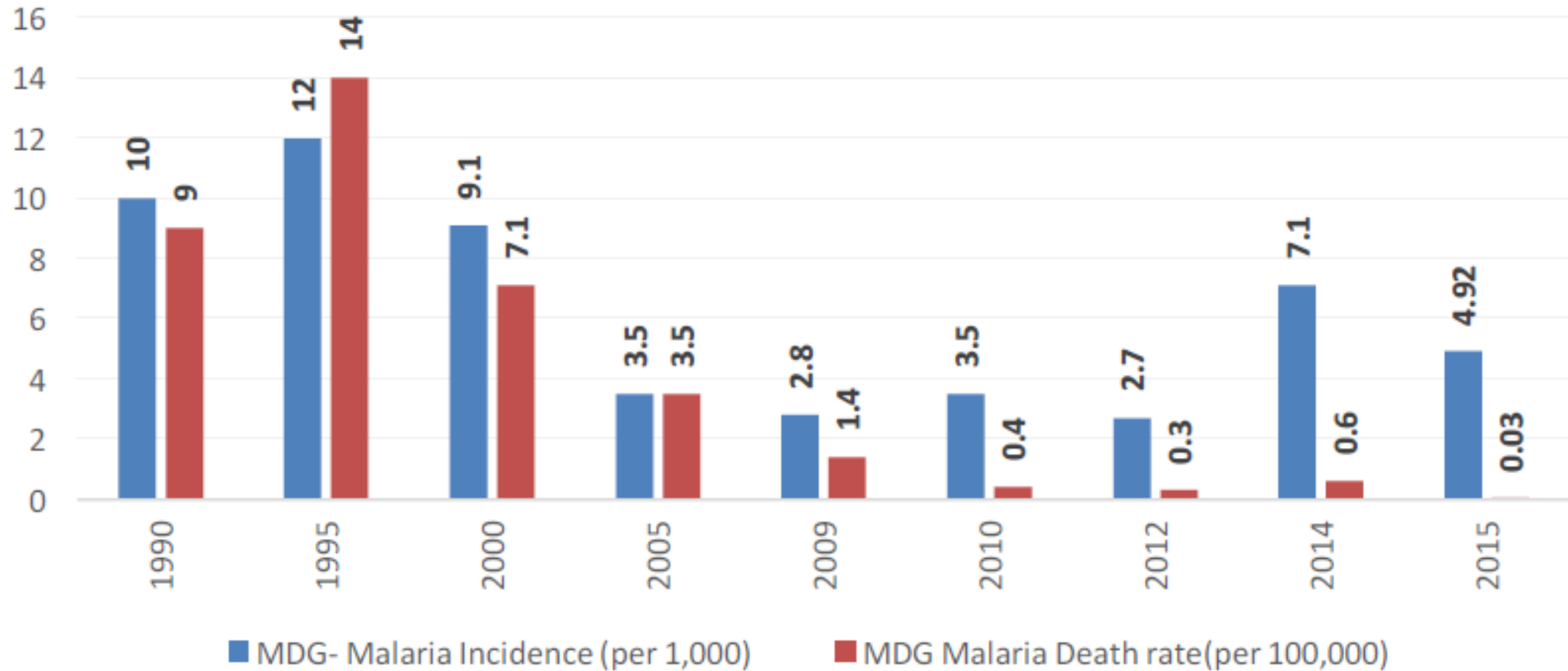
**Figure 14 – National SBA and Facility Based Delivery 2010 - 2014**



Source: DHIS2/HMIS report. MOH, 2014

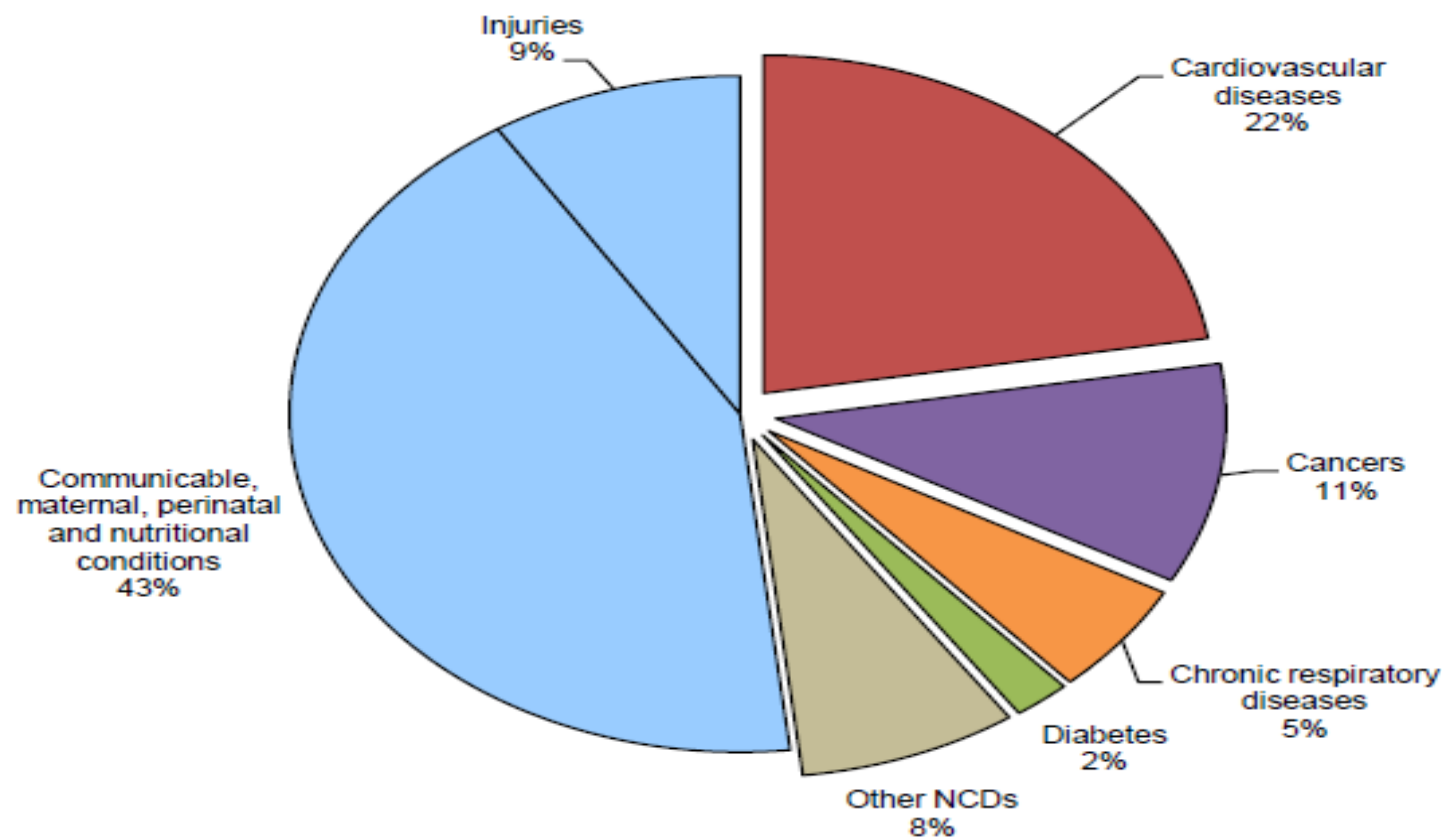


# Incidence and death rate of Malaria incidence



# Change in morbidity and mortality

Proportional mortality (% of total deaths, all ages, both sexes)\*



Total deaths: 46,000  
NCDs are estimated to account for 48% of total deaths.

Source: WHO 2014





# Road accident (Annual Statistic, 2014)

- Total number of accident of 5,635 cases
  - 3,451 serious injured persons
  - 1,302 severely injured persons
  - 1,052 deaths
- 67% of injured persons were younger than 25 years



# Professionalism and ethic

- Investigation is needed



# Core competencies of the Lao general practitioners

- Area1: Patient care
- Area2: Fundamental and basic medical knowledge including
- Area3: Clinical skills
- Area4: Interpersonal and communication skills
- Area5: Professional behavior and attitude
- Area6: Public health



## Area1: Patient care

- Provide care with responsibility and compassion regarding to medical procedure and practice on time with efficacy
- Provide health promotion and disease prevention
- Provide care with high quality, equity, justice and make it accessible to al





## **Area2: Fundamental and basic medical knowledge**

- Basic medical practice and being adaptable to advance medical practice;
- Basic science in medicine;
- Principle of general medicine;
- Conditions require for emergency care, common diseases, MCH including EmOC, ANC, PNC and family planning; and
- Health education, prevention, outbreak investigation, treatment of suffering and disability, rehabilitation and supportive treatment



## Area3: Clinical skills

- Systematic history taking and physical examination according to the instruction with respectful manner;
- Select the most appropriate and cost-effective diagnosis methods;
- Perform diagnosis and therapeutic management strategies applying evidence based medicine;
- Plan appropriate treatment based on current medical practices;
- Work with team, patient and families taking into account the culture difference for the best health outcome
- Apply advance technology for effective health services
- Manage patient with ethical manner including health promotion and prevention



## Area4: Interpersonal and communication skills

Demonstrate interpersonal and communication skill for effective information exchange and collaboration with patients, families and team. GPs are expected to:

- Effectively communicate with patients, families and public
- Effectively communicate with GP and other health professions, and health related agencies
- Best performance as team member or leader to provide health services



# Area5: Professional behavior and attitude

- Professionalism:
  - Form doctor-patient relationship
  - Demonstrate respect, compassion, trust, accountability, dependability and integrity
  - Be responsive to the needs of patients and society
  - Maintain patient confidentiality, and demonstrate and explain to patient to obtain consent for treatment
  - Adhere to institutional and professional standards and regulation for person, patient and public safety





# Area5: Professional behavior and attitude

- Medical ethics:
  - Provide care with compassion and respect for human dignity and rights
  - Uphold the standards of professionalism
  - Respect regulation and law for the best interests of the patient
  - Respect rights of patients, colleagues and other health professions
  - Continue study and apply advance scientific knowledge
  - Be able to select appropriate treatment method
  - Be responsible to involve in community development
  - Be responsible to provide care to patients
  - Support access to medical care for all people



## Conclusions: review

- Majority of population are children and adolescents living rural areas with difficulty in access to health service
- Despite remarkable health related achievement in MDGs, current statistic suggests the needs to continue effort reduce morbidity and mortality amongst women and children, and fighting against ATM
- Majority of morbidity in Laos causes by communicable diseases, however incidence suggests raising of non-communicable diseases and traumas due to road traffic accident
- Public health services are underutilized in particular by people living in rural areas and ethnic minority groups
- Socioeconomic change and integration with region would promote domestic and cross-border migrations of labor forces
- Socioeconomic development and advancement of medical technology suggests an increasing in medical demands -- (increase in medical shopping in aboard {no data})
- Professionalism and ethic, including patient satisfaction, should be investigated



## Next steps

- In-depth interview of key informants (not yet)
- Faculty members analysis (on-going)
- Construct model core competencies of GP and nurse based on collected evidence
- Construct model faculty members
- Gap analysis of model core competencies and faculty members with current competencies and faculty members
- Organize consultative workshop
- Finalize report