Policy and it implementation on medical device management in Laos.

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Introduction- country

• Lao PDR is a low income country and has the border with China, Vietnam, Myanmar, Thailand and Cambodia.
• The population is 6.2 million people (2011) with a per capita gross domestic product (GDP) is 1004 US$ (2011).
• Almost 35% of the population lives below the poverty line (2005),
The health care service is provided through:

- 5 central hospitals,
- 16 provincial hospitals,
- 130 district hospital and
- 862 health centre.
Health Status

- Lao PDR has made some significant progress in socio-economic development in the past 10 years.
- The crude death declines from 15.1 to 8.0 (during 1995-2010) and the life expectancy rose from 51 years to 65.
- However, the health status remains one of the lowest in Western Pacific Region.
• Because the Lao Government health spending is very low, less than 1% of GDP from 2004-2009.
• For that reason, why the medical equipment used in all healthcare facilities mostly are from the external funding including the donation.
problems

• Medical equipment represents a broad range of technical specifications because it comes from the different sources.
• a number of second-hand equipments are donated to hospitals.
• While some are still functional but a large number of these are not working due to missing parts, incompatible system or non-availability of parts or services.
On the other hand, Lao PDR didn’t have any policy, strategy or regulation on medical devices;
A very few personals working on medical devices (only two biomedical engineers and a few technicians who dealing with the maintenance in the whole country).
In 2003 the Ministry of Health requested WHO assistance in the formulation of policy on equipment management.

The goal of the Medical Equipment Management policy is:
- to improve the utilization and management of medical equipment in all health facilities throughout the country.
The strategy and Principles

1. The hospital-based approach:
   - establish and strengthen the medical equipment management system in hospital.
   - Promoting a rational and sound decision making process on medical equipment acquisition and acquisition through donation.
2. Networking of hospitals and other health facilities.
   - the consolidation of different health care facilities into a network
3. National Coordination

- coordinate and regulate of activities related to the equipment management system in the different areas and levels of the health system.
- The central office and health facilities shall provide technical, training, research and information support to strengthen equipment management practices in the different health facilities and local networks.
The Policy components focused on four areas:

- Medical Equipment Life Cycle,
- Human Resource Development,
- Medical Equipment Information System
- Management Structure.
The Policy Implementation

- a first pilot project so called “Medical Equipment Management Project” with the period of implementing for one and half year (MEMP) was established in 2004 in one provincial hospital (supported by Lux-Development).
- The successful of this pilot project leads to the establishment the second project 2006-2008 (supported by Jica).
Cont...

- A third project was established in 2009-2012, (supported by Lux-Development)
The Achievements

- A number of activities have been carried out during the last ten years;
- Many workshops are established,
- the number of biomedical engineers are increased from 2 (2003) to 7 (2012);
- more than 20 technicians were sent out for a long-term training in abroad while the on Job training or short term training were organized in the country.
an inventory of medical equipment has been done for the whole country.
Now, each provincial hospital has a maintenance team who can provide the maintenance not only to the provincial hospital but also to the district hospital and the health centers.
The maintenance is not limited only to medical equipment but it extends to cover the cold chain.

Now a new comprehensive policy (The health infrastructure and technology) is developed and will be approved soon.
Challenges

• A big step has moved forwards but the implementation of PMEM is still facing many challenges:
• No educational institution on biomedical engineering in Lao PDR.
• The top priorities of the Ministry of Health in the next few years are to reduce the mortality of child and mother therefore the human and the financial resources will be given to this priority strategy.
• The implementation reach only the provincial level, it needs to cover all level of health services.
Conclusion

- The implementation of the policy in the country with a limited resources needs a strong commitment of the decision maker at the different level.
- The human resources especially the biomedical engineers and the technicians play an important role in the successful of the implementation.
The Maintenance workshops
Trainings
Outreach activities
Thank you