Honorable Chair,
Distinguished Participants,
Ladies and Gentlemen,

First of all I would like to express our sincere thanks to the Symposium Organizing Committee for inviting us to this first global symposium on Health Systems Research. We highly appreciate the initiative and would like to express our best wishes for fruitful results. Coming from a small country having a quite special situation in many aspects, speaking on the state of the Art of health systems research and perspective in Asia are far beyond our dimension, it is why we just like to share with you what we are trying to do in practices by using the Health systems research for resolving our problems aiming to reach the best universal coverage and equity possible. If such sharing can be useful in certain way and aspects we can say that we had accomplished our small participation.

10 years after the Lao PDR Foundation in 1975, when the Renovation Policy began in mid 1986, despite significant progress in many fields, the country was still facing tremendous challenges reflected by post war extreme poverty associated with both burden of communicable and non communicable diseases, frequent epidemics outbreaks, very high maternal and infant mortality, while two thirds of the country infrastructure was completely destroyed by nearly 3 millions tons of bombs (1 ton per capita) during the many decade-long lasting war of which unexploded ordnance (UXO) are still remaining. Such dangerous and undesirable legacy combined with complete absence of medical infrastructure in the area, lack of qualified health human resources, lack of appropriate financing and consequently lack of essential drugs, medical equipment...had illustrated the extreme low level development and obstacles.

Facing such situation, facing all kind of immediate demand, with the spirit counting first on ourselves, basing on our traditional methodology of evidence based researches for transforming challenges in opportunities, for changing the passivity in initiative, for changing the uncertainty into conviction, promises and optimism, with humility but with firm and decisive determination we had undertaken rigorous researches which are in fact HSR by analyzing our real situation in order to find out how it was really: for example what are the possibilities and their reasons, what are the main obstacles with their causes and basing on such synthetic evaluation our tasks are to find out what are the most appropriate solutions and their concrete step by step for implementation. The researches are not only undertaken by the technical working group but also by the decision makers themselves at various level. Such researches had allow us to better understand our real situation, our real obstacles and our real possibilities and by the way our appropriate solutions and their steps. In such analysis we have always keep in mind that we need to strongly combine our own ownership, our
findings with the rich knowledge and experiences which exist in the treasury of whole mankind...through all our development partners (UN system organizations: WHO, UNICEF, UNFPA, UNDP, ADB, WB, FAO, COHRED, JICA, AFD,IRD, Luxembourg, IDRC, Karolinska I, WWC, USCDC...) for comparing, for completing, for simplifying, for integrating and for creating. It is with such honest and transparent way of working basing firmly and creatively on facts, basing on such scientific methodology that we have made our respective individual contribution through full independence, liberty and responsible thinking at the stage of discussions and researches and followed by our wise collective and harmonizing decision which is closer to the reality by integrating theory and practice. All such researches in the past had participated directly or indirectly to the progresses globally obtained in the sector. In practices the approaches can be one or multiple, partially or completely integrated in relation with each level of development: it can be by prevention first (IEC, WES, Birth spacing, immunization, micro nutrient supplementation, breast feeding...combined with other PHC activities implementation and expansion), it can be through the master plan elaboration, it can be by human resources development, distribution, employment and retention etc... At the beginning we can not be too selective because the need is integrated. Despite this integrated need we have to be selective by giving the highest priority to the most vulnerable namely the mother and child in the remotest areas of ethnic groups. Basing on such priority we need to make our decision for defining and determining correctly the most urgent, the most realistic priorities in order to be able to immediately bring to the most vulnerable, the most urgent and pertinent measure for alleviating their pain and needs. In the frame of the general policy of our government consisting to stop the slash burn and nomadic cultivation for rice and opium before, the objective is to resettle the profession and the habitat through the integrated rural development by taking 4 sectors as pillars (agriculture Œ forestry, communication, education and health), for responding to this expanded need, alongside with preventive activities we have to provide to the most vulnerable poorest and remotest groups very simple and not expansive village drugs kits consisting in essential drugs for curing the most expanded symptoms or diseases such as malaria, acute respiratory infections and diarrheal diseases combined with the training of TBA who are now replaced by more than 600 SBA. By implementing such decision, despite its imperfection the results were surprising, unexpected comparing to the distress existing before. This initial breakthrough had put us for researching the way to extend other forms of services with higher quality: the pertinent form are the drugs revolving funds at different level which require their proper control system for solving new emerging problems such as: Studies on private pharmacies had show evident expanded self medication, substandard or counterfeit drugs, amphetamine like or narcotics, these evidences had lead to imposing policy requesting a ratio of to the number of pharmacies (1 for 3000 people) and the qualification criteria for the operating pharmacist for the 3 categories private pharmacies, studies in public hospitals by using IRUD indicators, had show low and irrational prescribing and such evidence had conducd to drafting standard treatment guidelines, to establishing the drug therapeutic committee and at the end to drafting the new National Drug Policy in cooperation with SIDA and researchers from Karolinska Institute. In the frame of this National Drug Policy, human resources were trained and educated, pharmaceutical infrastructure were put in place, the traditional medicine
institute created, nearly 2000 private small pharmacies were allowed to provide their services, more than 30 drugs and medical instruments import and export companies were authorized and maintained, in country 2 state owned, 6 private or joint venture drug production small factories were permitted to produce most essential drugs, food and drug department was implementing their duty, the National Food and Drug Commission is playing their supervision, control and coordination role, quality food and drug control laboratory and tasks forces were created and operated since then. Brief, a whole pharmaceutical system was put in place and is growing up step by step for responding to the increasing needs of the people. Despite all that we had not yet been able to solve the gap which still exist between the increasing demand in one side and on the other the limitation of our supply.

More, as health is requiring numerous and integrated demands, the HSR cannot be limited to the pharmaceutical field it requires health system strengthening, it requires the health system renovation, industrialization and modernization, it requires health human resources development including the development of the University of Health Sciences, it requires sustainable health financing including the increases of the national budget at all level, it requires to shift from the out of pocket spending towards the health insurance schemes which in turn requires an universal coverage and unification for more capitation power, it requires better quality care through the organization strengthening at all levels: health centers level, district level, provincial level and central level, it requires a legal health system mechanism and regulation consistency, it requires an international mechanism for coordination. Responding to such integrated demands, through step by step, through field by field researches, with ownership, harmonization, alignment, results based for transparency, efficiency and accountability we had in coordination with our development partners established a sector wide coordination mechanism comprising 3 levels: technical working group, operational and policy level.

Other approaches can lead to the development by sector or by programs for example: evidence on quality of care had conduced to the important and ongoing reform of the hospitals by changing the financial mechanism for sustainability through hospitals restructuration (executive board establishment, clearer responsibility in the direction committee, establishment and operation of the stationary and mobile medical teaching unit by decentralization towards the district), modernization and industrialization of the infrastructure, of the way of providing the ethical, professional services supported by incentive or salaries basing on the patient choice or through qualification of providers or by results and by targeting mandatory universal coverage of all existing schemes of health insurance as tool for supporting the development of the Hospital-o Instituto Projecto University Complex by integrating theory and Practices, by linking the learning, the teaching, the educating, the research and the services and by taking the services as tool for measuring the quality of all formers components.

Through such researches and development, whole our health system is growing up and had acquired quality and consistency step by step reflected by comprehensive achievements and recognition internally and internationally.
Despite all these initial encouraging results, our way ahead is still long especially in terms of health human resources development and in terms of sustainable health financing for reaching the standard level. Next challenges require us to identify them one by one and step by step... Such infinite demands indicate that cooperation, alliance for joint Health System Researches are a must.

In conclusion, through our real practices, what we can say is: the HSR is indispensable for all in particular for the low income country like us in particular for the decision making level. The poorer we are, the less developed we are, the more we need quality researches or honest or evidence based or real scientific researches. It is clear that only such efficient researches which are closely linked with real demand have the capacity, the possibility, the power to allow us to obtain the best results, the most cost effective solutions.

Sure mechanical copy should be avoided, we need to be evidence based, we need to deeply digest real facts for being able to obtain innovation and creativity: the countries, the peoples, the situation, the degrees of development, the cultures are different. The solution cannot be the same.

**National perspective : Health 5 years plan 8 Priorities:**

- In the globalization times, located at the center of the GMS region, as an ASEAN member state, the Lao PDR is strongly influenced by the world powers balance,
- The national perspective is = Defined by both precious opportunities and huge challenges,
- Streamlining with the Government general policy and plan aiming to reduce the extreme poverty, to reach the MDGs by 2015 and to get out the Least developing country status by 2020
- Following the Government general development policy consisting to stop the slash burn- cultivation, to resettle the profession and the habitat through the integrated rural development by taking the agriculture-forestry, communication, education and health sectors as pillars for reducing poverty and inappropriate taboos...
- In the frame of the Developed or Group of Developed Villages in which the Healthy Model Villages with 8 PHC contents are an integrated part,
- With the mechanism consisting to transform the provincial level as strategic unit, the district level as planning and financing unit, the village level as the implementation units,
- Deeply recognizing the particularities of the Health Sector as an important part of the key factors for sustainable development,
- Basing on orientation prevention first as active and timely prevention at the source of the health problem aiming to protecting human body function and lifestyles as the core,
- Basing on the integration between prevention ant treatment ,basing on integration between modern and traditional medicine
- Following 8 priorities are refined in terms of comprehensive simplification, integration:
1st Priority package:

- Health system strengthening at the village level, at the health center level and at the district hospital level as the basic system linked with the strengthening of the Health Committee and the Mother and Child commission at various level
- Intensify and sustain Environment improvement: safe water, green and clean environment, sanitation (latrines) = (WES)
- Information, Education, Communications (=Health Literacy) covering all selected subjects of all sector of health in particular the 3 cleans (drink already boiled water, eat already cooked foods, use latrine and wash hand), STI and AIDS, tuberculosis, malaria and dengue prevention( IBN + early diagnosis, early treatment)... for changing inappropriate behaviors...
- Objectives: provide data, knowledge and capacities to the people for protecting and promoting their own health
- Offensive prevention at the sources of the potential of emergence of communicable and non-communicable diseases

2nd Priority package:

- Sustainable and efficient surveillance system
- Preparedness for facing Communicable diseases (emerging and reemerging) outbreaks or pandemics
- Preparedness for facing increasing Non Communicable Diseases
- Preparedness for facing Natural Disasters
- Preparedness for Nutrition activities (Cross Cutting)

3rd Priority package: core Mother, New born, Child Health Package comprising:

- Family planning (birth spacing or birth promotion following to the real situation) combined with STI and HIV-AIDS prevention
- ANC+ High Risk Case Early Detection and timely transfer
- Safe normal delivery by skilled birth attendance= for implementing Basic Emergencies Obstetrico Neonato Care +PNC
- Comprehensive Emergencies Obstetrico Neonatology Care capacities building for the inter districts hospitals + PNC
- Neonatology rescue+ exclusive Breast feeding at least 6 months
- More than 85% Immunization coverage for routine immunization, more than 95% for measles and tetanus eradication campaigns
- IMCI for most extended diseases: ARI, DD, malaria, seasonal flu, dengue fever...

4th Priority package: = Health System Renovation and Modernization = (Health System Reform)

- Upgrading quality care: in term of examination, diagnosis, treatment, resuscitation, rehabilitation with strong ethical quality
- Hospital restructuring or reform: executive board establishment and operation + clearer direction committee tasks division (staff management, medical management, financial management (marketing) + Medical Services Restructuration following the MTU scheme and the 10 MR + Renovation of medical regime of work: in particular surveillance, emergencies, inter discipline coordination and consultation, clinical history performance, disinfection, etiology...
death researches regimes and so on ... pharmacy procurement protocol and reporting , administrative regimes: income and expanses registration...

- **Hospital financial mechanism change for sustainability by budget increases at different level**
- **Expansion towards universal coverage and intervention of health insurance as support for sustainable health financing and new mother and child health promotion free of charge for the poorest families ...**
- **Increase incentives and salaries basing on capacities, on outcomes, performance or results,**
- **Health infrastructure renovation and modernization, introduction and utilization of appropriate modern technologies**

**5th Priority package:**

- Ensure foods and drugs quality, safety and security
- Transform the rich medicinal plants potential in goods, in money, in funds, in investment and in development (= shortcuts for reaching the regional and international level)
- In country quality and competitiveness of essential drugs production
- Close, comprehensive and efficient whole sale and import and retailed distribution
- Rational use of drugs avoiding auto medication as much as possible,
- Fight against non standard drugs, narcotics and amphetamine like
- Comprehensive operation of the food and drugs Control Tasks Forces.

**6th Priority package:** appropriate education, training, rational employment, efficient retention by appropriate policies in the hospitals and in the schools in particular at grass root level

- Step by Step Education and training of complete set of Human Resources for Health following the elaborated national strategic formation plan,
- Residency and internship as means for acquiring needed specialists and capacities building for TOT and teaching corps for the UHS central, regional and provincial
- HIPUC= is integration and modernization, competency decentralization for Hospitals, Institutes, Factory, Project and University towards provinces, districts, villages = it is the Integration of theory and practices = it is also the integration of the learning, the teaching, the research, the services and the decentralization of the HIPUC teams to the grass root level: villages or group of village and district hospitals and by taking the achievement of the implementation of the MNCH package as the core and in terms of or as criteria of capacities building for the districts and health centers staffs
- **Hospitals, University, Institutes, Factories infrastructure modernization through investments**

**7th Priority package:** Sustainable health financing:

- Budget increases + shifting of out pockets health expanses towards prepayment schemes through different existing health insurance + universal and compulsory health insurance for facing catastrophic care + equity funds for the poorest

**8th Priority package:** strong restructuration (right competency at the right place), rational distribution, appropriate retention by appropriate incentives, appropriate salaries
on performance or results based, legislation strengthening, strong mechanism adjustment and change, strong coordination (intra ministry, inter ministries, with the provinces, with the districts, with the villages linked with Development Partners (sector wide coordination mechanism) = Vientiane Declaration implementation in particular the ownership for receiver side, the harmonization for both sides, the alignment for the DPs side, the results based and the accountability strengthening for both.

The HSR is the spearhead of the our decision and action! It is the tool for us to overcome our difficulties, to overcome our underdevelopment, it is the most effective measure to build our capacities, brief our own ownership, our productivity, our efficiency, our results and our hard work.

It is the tool for integrating theory and practices and it is the basis for our policy. Sure we are still at the initial stage, we have not only to strengthen the HSR but more we have to sharpen it for even better results. It is the top priority of our common cooperation. We believe in its possibilities and potential.

With such believes we are convinced that we can advance and reach the MDGs by 2015.

With such conviction let us once again wish our Symposium full success.

Thank you !!!