

CHAPTER V

Conclusion

This chapter summarizes the study and suggests some solutions drawn from the analysis of this study to provide the basis for policy intervention directed at improving laboratory supply systems within Cambodian health care services.

1. Finding

The current system of laboratory supply in Cambodia appears to have many problems. The dual phenomenon regarding the resources can be summarized as inadequacy in the supply of reagents and equipment in the general programs laboratories which receive only government funding and the existence of the excess supplies for the laboratories under the national programs and some national hospitals which have extra support from donors. The excess supplies in many laboratories cause the drain on the resources for health by misuse of budget, in that the reagents and materials are over purchased and under utilized, and duplication of supplies leading to high cost in health expenditure.

The supplies of poor quality and outdated models of equipment affect the quality of performance of the laboratory services. The low salary of laboratory staff affect their professional moral and influences on the ability in providing effective services.

The above phenomena are the result of ineffective management of supply system, and the inefficiencies of the resource allocation, which is related to the work responsibility of many players in the government health financing system, the foreign donors, and the Ministry of Health (MoH) laboratory supply planners. There is a fragmentation of coordinating mechanism among these actors and inadequate communication between the suppliers and the operation staff at the laboratories, and also between the Ministry of Health and external providers. The fragmentation causes obstruction to the development process of laboratory services.

Resource allocation in laboratory supply have not been managed properly in the government system. The over control on financial allocation for health sector by Ministry of Economic and Finance has resented in problems on the allocation of budget for health sectors and lead to inadequacy of health supplies. The agreement on big capita spending is made at the government level. Investment on many projects are geared towards non-priority areas which eventually result in ineffectiveness. The significant high cost of the laboratory products influenced by the way government and economic planners manage and purchase supplies.

Moreover, there has been no comprehensive system in allocating resources for laboratory services. Thus, it creates a numbers of independent supply systems in which laboratory materials equipment are supplied by many different sources such as MoH, donors, hospital resources and individuals.

At present, the Ministry of Health CoCom and the CoCom laboratory subcommittee do not operate at an effective level due to many constraints. The laboratory policy actors do not respond well with their role in coordinating the laboratory services. The weakness in the leadership and conflicting opinions among the members reduces the opportunity to enforce effective laboratory supply standard and policy guidelines to develop the laboratory services, and this in turn causes failure in the supply management systems.

Separation of the laboratory services into the different types of programs has to the wasteful duplication of resources, that included budget-manpower, and difficulty in managing, monitoring standardization, and this is likely to produce unreliable reports on disease surveillance.

Regarding foreign aid assistance in laboratory services such as World Bank, Asian Development Bank, Japan international Agencies, European Union, and Agency for Technical Cooperation Germany (GTZ). Their coordination is generally poor, due to the high degree of independence on the part of donors in channeling the funds which drives the implementation activities of laboratory services to work for their own objectives. Donors are optional in practice and inappropriate for effective laboratory service. They encourage expanding the national programs laboratories that cause the increasing of lab supply. They also increase the cost by introducing expensive technologies, inappropriate equipment and isolate the program from the whole

laboratory system of the Ministry of Health. These practices hamper the proper and maximum utilization and effective use of the resources.

2. Recommendations

The following recommendations are drawn from the above findings:

- Managing the resources effectively is the most important criteria. The budget should be disseminated according to the real needs of each agency. In this regard the laboratory subcommittee should take proactive roles, act out the standard guideline, which is acceptable and applicable. Relevant criteria on the laboratory services development, especially the criteria on procurement and allocation from either internal or external resources. The MoH Coordination Committee (CoCom) should coordinate and facilitate to adopt the standard and the essential criteria for official and effective use in laboratory services. In addition, the single administration of laboratory services will be more easy to manage and control the laboratory supplies, Therefore, the CoCom should consider the proposal for integration of the laboratory structure
- The laboratory planners should put more effort in the implementation of supply policy and strong supervision activities in controlling the use of supplies (reagent and equipment) in all laboratory agencies. These planners

should play a key role in planning, procuring, allocating, and monitoring the proper use of the resources including inventory control.

- The budget allocation must be based on the actual identified in order to avoid the imbalance of supply resources allocated to different laboratories. Since the current supply system resulted in a lot of waste in the national program and inadequacies in general program, therefore, certain proportion of budget should be shifted from the agencies that usually have excess to those normally received inadequate supply. For example, at present the national programs receives a budget of 81 % from the total budget of the Ministry of Health, with this large percentage, the programs also receives budgetary contribution from donor agencies. On the other hand, the general program laboratory receives a budget from the Ministry of Health, with no contribution from donor agencies, and it amounts to only 34 %. So, the budget can be 40 –60 % instead of the current 80- 20%.
- The complicate MoH supply system with strict centralization of procurement and distribution from the central level, lead to inappropriateness of supplies. The MoH should consider reformation in management of supplies by developing assessment mechanism on the existing system and establish strategies for a change for example decentralization and enhance local control of decision-making and resources management at every level.

- At present donor agencies have the privilege of selecting the projects they propose to support and are independent in implementing these projects by their own plan and strategies. These are made possible because at present times the policy regarding donors role and the agreement on aid assistance is not clearly and effectively implemented. Hence it is suggested that the MoH Coordination Committee which already has a clear mission statement, should oversee and strengthen the role in monitoring and evaluating all the profound health activities carried out by the international aid agencies working in the health sectors.
- The CoCom should promote the policies and standard criteria on centrally managed donor programs by addressing the donor role in health services through MoH ownership of donors fund activities. This creates an effective avenue for donors to exit from the specific project by reducing the technical assistance, but still continuing financial support. Promote effective means for donors to fund recurrent costs such that both sides agree on the necessity, which can prevent ineffective investment of donors.
- From the analysis, the policy actors outside the MoH also influence the lab supply system. The over centralization of finance for health sectors lead to ineffective use of the government budget. In this case, the MoH should build

up its capacity to negotiate with the national funding agency and advocate to increase the resource flow for the health sector. The government should revise the policy of centralization with more flexibility on funding arrangements in order to facilitate essential expenditure adapting to the urgent and priority needs in the current health situation.

- The Ministry of Health should promote more dialogue with those at operational level for better understanding of the problems at the grass root level. For example, the information regarding decisions making of health trade investments with the supply stakeholder should be transferred to the government which inturn should be made use of to reduce the unusual high cost of laboratory supplies.
- All these suggestions will not have any impact in the performance of the present day laboratory services if the laboratory workers who are at grass root level lack of motivation. In other words if he or she is not reasonable paid they will not put in their maximum input in their performance. Therefore, their salary must be adequate. This can be achieved through supplementing with an extra payment. The present budgetary allocation of the government will not make this possible. Therefore, it is suggested that a large percentage of the User Fee should be allocated for this purpose. So the MoH should established the clear user fee system with equity incentives for health staff and ensure an

effective administration control. This requires a strong administration and management at the operation level. The collaboration and communication between the hospital administrators and the MoH officers is needed.