

CHAPTER 6

SUMMARY AND CONCLUSIONS

6.1 Summary

The study focused on the three main issues of health manpower in Vietnam.

6.1.1 Forecast of supply of health manpower

The supply of health manpower (doctors) for the overall health care system, and health manpower for the malaria control programme for the next six years were estimated in the study. The results showed that in the next six years, the supply of health manpower for the total health system may be in surplus, while the supply of health manpower for malaria control programme there may be in shortage. This is a warning for decision makers to have a policy to remedy the situation.

6.1.2 Relationship between allocation of health manpower and effectiveness of malaria control programme

The distribution of qualified health manpower is strongly related to the effectiveness of the malaria control programme, the ratio of doctors or assistant medical doctors/ population has affected the effectiveness of malaria control programme. Increase the number of doctors or the number of assistant medical doctors will lead to the reduction of morbidity and mortality rates and number of patients' visits. Increase the number of doctors or assistant medical doctors will lead to increasing number of patients protected.

Therefore, in order to increase the number of population protected and decrease mortality, morbidity rates, number of, one of the very important factors is the doctors or assistant medical doctors/ population ratio. As we have seen the supply forecasting situation of health manpower for the next six years, the number of doctors supplied for the malaria control programme in the next six years may be insufficient. In order to improve the situation, some actions that should be done include

continuing to provide assistant medical doctors (for substituting medical doctors) and some of incentive policy must be introduced to reallocate health manpower.

6.1.3 Some incentive policy options for reallocation of health manpower

It is not easy to allocate health manpower for malaria control programme or other "difficult" programmes such as leprosy, goitre control programmes because they are carried out in the mountainous, rural and other "difficult" areas. But if the government does not do anything to improve this situation, it might become worse. It is time to study the existing situation and find out some solutions to solve the problems of health manpower reallocation; otherwise, it might be too late.

That is why this study provided some policy options which could be of some help the policy maker to improve the management of health manpower by way of improving the effectiveness of malaria control programme and other specific programme as well.

6.2 Conclusion

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It is obvious that the distribution of qualified health manpower is related to the effectiveness of malaria control programme. Before carrying out this study, there may have been some doubt about this. But as the study has shown, the distribution of qualified health manpower has contributed significantly to the effectiveness of the malaria control programme.

The situation of supply of health manpower for the next six years will worsened because of certain disproportions between supply of the overall health manpower and that of the malaria control programme. So, the government should pay attention to this problem in order to improve the situation.

The allocation of health manpower (the doctors or assistant medical doctors/ population ratio) has affected the effectiveness of the malaria control programme in the North Mountain region of Vietnam and we can therefore understand that the allocation of health manpower has a relationship with the effectiveness of malaria control programme or other programmes in the whole country. It

means that the allocation of health manpower has affected the effectiveness of the health programme, so in order to make the health programme more effective, the allocation of health manpower should be considered as a very important factor which can affect the effectiveness of the health programme.

Some incentive policy options for reallocation of health manpower were provided, which can be applied to improve the situation of allocation of health manpower in order to make health programmes more effective.

6.2.2 Limitation of the study

Because the limitation of time and source of data, this thesis is just a methodological study, so there are no actual data available to test the proposed model and there are no actual empirical data calculated but only hypothetical calculation and analysis to identify problems and not to specify the particular points of the problem.

There are many other factors which can affect the effectiveness of the malaria control programme but as the sources of data and time were limited, the study only studied the distribution of health manpower.

6.2.3 Further study

In the future, we can extend the study to other health programmes with the same methods which are used in this study and other methods in order to meet the needs of health manpower in many health programmes with the lower manpower cost and more effective. In order to answer the strategic question of what approach should be taken to best make the malaria control programme more effective, there is a need to have more time and source of data which can be carried out in the future with the initiation of this study.

6.2.4 Possible benefit of the study

This study could be of some practical use as it can introduce ideas and information to policy makers of Ministry of Health, managers of Manpower Department of Ministry of Health, managers of malaria and other programmes to refer and operate more studies in order to apply the result of research into their work.

The expected outcome is that some policy options of the distribution and reallocation (incentive policy) of qualified health manpower to improve the effectiveness of the malaria control programme will be introduced to policy-makers for appropriate decision making.