Consider the following:

- Have there been any major changes in the organization recently?
- Have any new bodies been established or are in the process of being established? What is their role and importance in the new structure?
- Have any bodies such as other ministries e.g. labour, social welfare have been phased out or are in the process of being phased out?
- What major problems were associated with the earlier health system such as centralization, bureaucracy, inefficient management and administration, etc.
- What old problems persist? In addition, any new problems that are beginning to emerge such as poor coordination, absence of centers of authority, inefficient administration. Etc

What plans/expectations exist at present concerning future developments in the organization structure of the health care system?

MEETING WITH PLANNING DIVISION OR HEALTH PLANNING AGENCY OF THE MOH OR GOVERNMENT.

Planning, management, regulation and legislation

Describe the current approach to planning in terms of the following:

- Is there a national health planning agency for health or health services and is there a national health plan?
- What is the approach to capital planning such number and type of facilities and beds, etc?
- How is the planning of human resources carried out such as number of doctors and nurses required, deciding and negotiating new roles, functions and skills needed?
- What the main actors, institutional and contextual factors that influence decisions about resource planning? How is this linked with other types of planning?
- Are there health plans at the other levels? Are these related to the national health plan?
- Describe the process of policy development/planning/priority setting by different tiers and actors in the system (local government, health authorities, insurance funds, etc.? comment on their relative influence?

How effective is the formal planning system in setting priorities and implementing change? To what extent is, the planning process based on resources available instead of resources desired?

Regulation involves "the stipulation of various standards and their enforcement".

Describe regulatory activities in the following areas and the main bodies responsible:

- Pharmaceuticals
- Provision of high technology
- Registration and licensure of personnel
- Establishing standards for both public and private facilities
- Control over sickness funds
- Control over supply and training of health personnel
- Control over financing mechanisms such as hospital budgets, payment rates, levels of income, etc.

What is the prevailing thinking on the future development of planning for health and health care? Integrated systems? Contract based systems?

What are the mechanisms, if any, for citizens' participation in the planning and or management of the statutory system?

MEETING WITH DIRECTOR OF PUBLIC HEALTH, PHC AND LOCAL GOVERNMENT

Decentralization of the health care system

Defined as " as changing relations within and between a variety of organizational structures/bodies, resulting in the transfer of authority to plan, make decisions or manage public functions from the national level to any organization or agency at the sub-national level."

Takes various forms:

Deconcentration: passing of some administrative authority from central government office to local offices of central government ministries.

Devolution: passing responsibility and a degree of independence to regional or local government, with or without financial responsibility (raise and spend revenues). The bodies are generally independent of the central government with respect to their functions and responsibilities, unlike the case in deconcentration.

Delegation: passing responsibilities to local offices or organizations outside the structure of the central government such as quasi-public (NGO) organizations but with central government retaining indirect control

Ask how far, if at all, has the implementation of decentralization proceeded vis-à-vis the above definitions?
Describe the present situation concerning the implementation of decentralization policy in question.
Discuss the main problems that have been encountered in the process of decentralization in the following terms:

- Lack of high level support for decentralization
- Absence of centers of authority
- Lack of coordination among the centers of authority
- Decentralization to levels lacking administrative/financial capacity
- Absence of a regulatory framework for decentralization
- Absence of the necessary funds for decentralization

Describe current plans that may exist at present for future decentralization policies to be pursued? Explore if there are any proposal, legislation of early implementation phase?

MEETING WITH THE HUMAN RESOURCES DEVELOPMENT AND TRAINING DIVISION OR EQUIVALENT

Research, promotion and development

Synthesis of the research promotion and development activities related to health sector reform or other areas.
Linkages of research to development and review of national policies and improvement of practice.

MEETING WITH DIRECTORS OF PUBLIC HEALTH, CURATIVE CARE, DISEASE CONTROL, NURSING, ENVIRONMENTAL HEALTH, NUTRITION, MENTAL AND DENTAL HEALTH.

Health Care Delivery System

For each level of service, include provision of facilities, human resources and utilization of services.

Primary Health Care

Public Health Measures (government private and NGO)

- What are the principal problems?
- Describe the system of the provision of safe water and sanitation and coverage, financing and delivery
- Outline the main environmental problems? How the control functions are carried out? Who is involved and who enforces the regulations?
- How are disease control functions carried out? Who is involved and who enforces the regulations?
- What are the main KAP and lifestyle issues to be tackled?
- Describe the system of provision of health promotion activities, their coverage, financing and delivery?
- How are preventive services such as immunization, ANC, screening programmes, etc, organized?
- What main developments have taken place recently with respect to the above?
- Discuss the main challenges and issues.
- What reform plans if any are there at present regarding the future development of the public health services?

Primary Curative services

How are the PHC curative services organized? Describe the model of provision of primary health care curative services including the setting, nature of providers and functions considering the following

- Settings and models of provision - independent practitioners, group practice, health centers hospitals, etc.
- Public-private ownership mix
- Health care personnel involved such as VHCs, ancillary health workers and medical personnel
- Indicate role and functions of each category of health care personnel
- Are the PHC health providers employed or contracted?
- Provide an indication of the range of services provided at the primary health care level considering the following categories: general medical care, care of children,

minor surgery, rehab, family planning, obstetric care, perinatal care, dispensing of pharmaceuticals, certification, home-visits, preventive services and health promotion
- Type of PHC services offered by NGOs and international aid supported projects
- Types of non-allopathic health workers
- Types of "informal" health care providers

Comment on the geographical distribution of PHC facilities and practitioners
Explain the breakdown of patent contacts with different providers
Explain how the rural urban differentiation is determined
Explain if there are any socioeconomic differences between different types of user of health care.
Explain perceived differences in quality between different types of providers.
Is there direct access to secondary level care? What is the referral system? How well does it function? What are the costs associated with it? Who makes the choice for treatment?
Comment on quality of services and facilities including levels f patient satisfaction.
Describe any major changes that may have occurred recently and problems associated with current practices.
What expectations or reform plans are there regarding future developments.

Secondary and tertiary care

- How are secondary and tertiary care services organized? Describe the public-private mix of specialized ambulatory services and hospital services? Public, quasi-public and private for-profit and not-for-profit?
- How are specialized ambulatory services provided? Own practices, specialized polyclinics, OPDs etc?
- What are methods for providing specialized care under the statutory system? Direct employment? Contract services?
- Describe the main categories of hospitals, functions and distribution such as teaching, general, specialized, single specialty, etc?
- Discuss the public-private mix of ownership of hospitals and the extent of the unregistered facilities offering secondary care services.
- Discuss the geographical distribution of the secondary and tertiary health care facilities. Describe the age, state of repair and standard of equipment and facilities.
- Discuss the relationship between primary and secondary health care considering substitution policies for replacement of more expensive hospital facilities that may have been planned, the degree of cooperation between primary and secondary health care facilities and providers and possible imbalances between primary care and hospital care.
- Describe any major changes that may have occurred recently in this area in terms of distribution, role, functions and performance including the problems and challenges that have emerged, any economic differences and emergence for preference for alternative type of health care providers.
- Where does the coordination take place between the secondary and tertiary level services?
- What reform plans or expectations for change are there at present concerning future development of these areas?

Long term and family care

Outline the nature and availability and organization of community care services including setting and nature of providers considering:

- The principal providers of care for the elderly, mentally handicapped, disabled and long term sick.
- Existing links with the statutory health care system
- Methods of providing these services under the statutory system
- The public-private ownership mix of long term and day care facilities
- Access to these health care services giving indications of level of availability, adequacy and quality of services

Describe any major changes that have occurred, problems and challenges that have emerged and any future plans for reform

MEETING WITH DIRECTOR OF HUMAN RESOURCES OR MANPOWER DEVELOPMENT: Document required: **Manpower status and Civil Service Procedures, Manpower Development Plan, Establishment List of approved post, those filled and those not filled. Geographical distribution of manpower and by facility and by cadre or post.**

Human resources development

Discuss the level of provision and quality of the major cadres of health care personnel and their appropriateness. Also, describe the trends in terms of increase or decline in numbers.

Outline major issues regarding training of health and medical personnel in terms of the following:

- What has been the position of primary health care? What kind of training has been available to health workers on primary health care?
- Availability of management skills and relevant training programmes.
- Appropriateness of the geographical distribution of the medical and health personnel especially doctors and nurses.
- Is the distribution between the different cadres of health workers appropriate?
- What are the major problems that have emerged concerning training, management and quality of health care personnel?
- What are further training and development opportunities for private sector personnel?

Examine the human resources in terms of the following:

- Excessive numbers of specialized physicians
- Inappropriate nurse/physician ratio
- Medical unemployment
- Loss of public sector health workers to the private sector
- Lack of managerial skills
- Low educational attainment
- Low status of the health care profession
- Low productivity of the health personnel
- Low status of primary health care
- Low salaries

What policies, if any, have been instituted towards development of the human resources recently in terms of?

- Attempts to reduce or increase numbers of practicing physicians and how this was done?
- Efforts to upgrade existing or establishing new educational institutions and training facilities and in which areas, nursing, physicians, managers, auxiliary health workers, etc.
- Current policy on ancillary/auxiliary health workers
- Retraining of existing specialists

MEETING WITH DIRECTOR OF DRUG AND PHARMACEUTICAL CONTROL DIVISION/ DRUG ADMINISTRATION OR EQUIVALENT

Pharmaceuticals

Discuss levels of consumption of pharmaceuticals and any significant trends

Discuss the country's drug policies to improve cost-effective consumption of pharmaceuticals

- Is there an essential drug list?
- Is use of generic drugs promoted?
- Is there a positive or negative list of drugs (approved or disapproved by government)?
- Are there any efforts to influence prescribing practices of the informal and formal prescribers

Discuss the level and adequacy of supplies

Outline the organization of the pharmaceutical sector and the method of distribution to the public.

What are the public/private bodies involved in the distribution and the extent of government regulation?

What are the concerns about the nature of prescribing?

What reforms or expectations are there at present regarding future developments in pharmaceuticals?

MEETING WITH DIRECTOR OF HOSPITAL (CURATIVE CARE) SERVICES AND OTHER EQUIPMENT MAINTENANCE OR EQUIVALENT

Health care technology

- What controls (regulation, national plans, financial incentives to providers and consumers,) are there on new technology?
- Do these controls cover the public and private sectors?
- Comment on the effectiveness of these controls.
- Describe and comment on the adequacy of the supply and maintenance of the basic equipment in the public and private sectors

MEETING DIRECTOR OF FINANCE, MOH, MIN OF FINANCE RESPONSIBLE FOR MOH BUDGET, STAFF RESPONSIBLE FOR MOH ACCOUNTS IN THE ACCOUNTANT GENERAL'S OFFICE AND FROM THE OFFICE OF AUDITOR GENERAL

Health care finance and expenditure

Systems of finance and coverage

Taxation

Sources of finance

- Public: Taxes and Statutory Insurance
- Private: out-of-pocket; private voluntary insurance; private enterprises
- Other: NGO, charity, donations, etc
- External Sources: INGO, Bilateral, Multilaterals

If tax based, is it mainly from national, regional or local level taxes?

Is the financing based on "compulsory systems of finance" such as an obligatory public scheme or statutory insurance? Or is financing based on "voluntary financing systems" where a payment is left to the discretion of the individual such out-of-pocket payment, private insurance, etc.

Discuss the relative size of each category of financing and any changes that may have occurred in the recent years as well as the factors behind these changes.

If health care is primarily financed from taxation then:

- Which are the main bodies responsible for providing health care coverage?
- Extent of the population coverage, criteria for entitlement to health care (citizenship, residence, etc)
- Are there any excluded groups (intentionally or not)? If yes, how are these covered?
- Are there any changes in population coverage that have recently taken place, or are taking place? Are there any changes in population coverage planned or expected to take place

FINANCIAL RESOURCE ALLOCATION

Budget setting and resource allocation

Defined as any process by which financial resources flow from the government or third party payer through the health care organization (health facilities, programmes, providers, and units) to the individual provider.

- Examine how the health budgets are set.
- How major resource allocation decisions are made?
- What are provider payment mechanisms?

Consider the following:

- How is the size of the overall health budget determined?
- Who decides what is allocated to various programmes?
- How is funding allocated to different geographical areas?
- Are there nay formulae for resource allocation in use?
- What decisions on the health care budget are made at each level?
- How are capital investments funded and controlled?
- What changes have there been in the system of resource allocation in recent times?
- Are there any plans or thinking about changing the resource allocation system? Describe these and expected future developments.
- Construct a financing flow chart showing financing flows and service flows between consumer, third party and providers.

Payment mechanisms by source of finance

Payment of hospitals

Is it retrospective or full cost reimbursement?

Is it prospective?

- Fixed price without fixed quantity
- Fee for service or charge list
- Per diem fees or daily charge
- Case payment e.g. DRGs
- Budgets: global or line item?
- Do these budgets cover actual costs or is it historical incrementalism, or provision of inputs or by population covered, volume of bed days or volume of mix of cases.
- Salaries to health workers
- Mixed formulae (combination of the above)

Out-of pocket payments such as fees for service, fee per visit, fee per day, co-payments, pre-payment, advance payment

Payment of physicians and others

- Salaries to health workers
- Mixed formulae (combination of the above)
- Out-of pocket payments such as fees for service, fee per visit, fee per day, co-payments, pre-payment, advance payment

DIRECTOR OF SOCIAL SECURITY AND THE INSURANCE AGENCY IF THERE IS ONE

Insurance

Compulsory insurance

Does a compulsory insurance scheme exist? How is it organized? Describe the organization? Are these bodies public, quasi-public or private (for profit or not for profit)

Are there one or many schemes?

Is there freedom of choice of insurance scheme?

What are the criteria for entitlement and membership of the scheme?

- Are there any groups excluded? Why?
- Are individuals or groups allowed to opt out or join voluntarily?
- Are there any income limits above which individuals are not allowed to down?
- What provisions have been made for those who cannot pay? Does the government contribute? Are there special tax funded programmes to cover these people?
- Comment on changes in the coverage of the population that have taken place recently or are expected to take place?

Describe how the premiums are decided upon.

- Pay roll related?
- Progressive or fixed rates
- Special rates for certain categories
- Employer and/or employee contributions
- How are the contribution rates calculated (risk related, income related, community rating, etc.)
- Who determines the premium rates and what is the role of the government in this process?

Is there competition between the different insurance schemes?

What provisions are there for risk adjustment between different insurance funds?

Describe if there are any problems and any plans for reform.

Are there are other parallel health care systems providing services to staff and employees for other ministries? How has this challenged the national/compulsory health insurance system?

Voluntary insurance

How is the system/schemes organized? Is it private (profit or non-profit), quasi-public or public?

Are the services covered full on only those not provided by the statutory health system?

What proportion of the population takes out private health insurance? Is this proportion increasing? Why and since when?
How was voluntary health insurance established?

Meeting with MoH External Aid Coordinator (or division responsible for External Aid Coordination) and various Donors include WB, UN agnencies and bilateral donors

External sources of finance
Comment on the evolution of external sources of financing in terms of scale and form (loans, grants, other)
What are the channels through which these funds are provided?
Describe a breakdown of the funds in terms of bilaterals, multi-laterals, consortia, NGOs,
What are these funds generally used for in the health care system?
What proportion of the national health budget is supported through external sources?

Out-of-pocket payments
What forms do these out-of pocket expenses take?
- User fees determined by the government?
- Co-insurance? Pays a fixed portion
- Co-payment? Pays a fixed amount
- Deductible? Pay a certain amount before payments are made by third party.
- Informal payments at the health facility?

Describe the main cost sharing measures in addition to out-of-pocket expenses.

Changes in the systems of finance
If health care financing has changed recently to a social insurance system or a tax-based system, or to private and voluntary sources, describe the following:
- Reasons for this change and the problems that lead to this change
- What actions were taken to set up the new system?
- How far has implementation proceeded?
- What problems and obstacles have emerged in course of implementation?
- Is this intended to replace or supplement taxation sources?

Health care expenditure
Describe the health expenditure in terms of the following over a number of years?
- Value in current prices
- Share of the GDP
- Public share of total expenditure on health (%)
- Proportion of the budget that is derived from external sources

Health care expenditure by category over a number of years?
- Public (%)
- In-patient care (%)
- Pharmaceuticals (%)
- Investment (capital) (%)

Priority setting and rationing

Describe how priorities are set or rationing is carried out within the statutory health system in terms of benefit package provided. Consider the following:

- Have there been any reductions in the benefits package during recent years?
- What services have been excluded and why?
- What populations has this primarily affected?
- Describe the process by which priorities are set included where such actions are taken and by whom?

Meeting with Minister/ Deputy Minister, Directors of various divisions, Local Government, Civil Service, Planning Commission and other relavant to the issues

Health Care Reform

Determinants of Reform

Give a brief account of the main reasons underlying the initiation of health care reforms. What are the key aims of the reforms and what are they intended to achieve? What is the policy orientation?

Content of Reform and Legislation

Provide a chronology of the process and content of reform.
Provide a list of key policy proposals and legislation relating to health care system and reforms in a chronological order

Inter-relationship between reforms

To what extent have the reforms been planned in a piecemeal or integrated manner?
Does the reform process have a coherent set of related objectives? How were these developed?
Are there examples of conflict between the reform measures introduced?

Implementation and process of reform

What has been the role of the key actors and interest groups (see below) in the process of reform development and implementation?

- Health care providers (medical profession)
- Government and major political parties
- NGOs
- Research centers and organizations
- Financing organizations such as insurance organizations
- Population and consumer groups
- International aid organizations

What role have the international (multi and bilateral) organizations played in the process and initiation of reform?
Mention key events which may have a bearing on the process of change

- Pilot projects,
- Donor conditionalities,
- Passing of key legislation
- Administrative regulations
- Other

What are the constraints to implementation of reforms

- Proposal not passed into legislation
- Lack of political resources such as autonomy, stability, and consensus among the elite, support of stakeholders
- Lack of financial resources required to implement change and to run and sustain the new model
- Lack of managerial resources including skills and attitudes information systems, financial and other management systems
- Lack of technical resources in terms of capacity for technical analysis to evaluate alternatives and effects of policy change

What have been the approaches to making the changes in building capacity of staff, skills attitudes and management and support systems?

DIRECTOR OF PROGRAMME PLANNING MONITORING & EVALUATION AND SECTION

Monitoring and evaluation of reform

Process of monitoring and evaluation

Describe and comment on the routine and occasional methods and systems used to monitor reforms and evaluate their impact in terms of the following

- Health information systems
- Health systems research
- Monitoring and evaluation bodies

Monitoring and evaluation results

Describe the available information concerning the impact of the reforms

ADDITIONAL MEETINGS WITH MANAGERS OF DONOR FUNDED HEALTH PROJECTS SUCH AS

ADB'S HSDP,
TACIS HSFP,
GTZ'S RH PROJECT,
UNICEF'S BAMAKO INITIATIVE,
UNDP HEALTH PROJECTS,
VSO,
USAID AND OTHERS BILATERALLY FUNDED PROJECTS.

厚生科学研究費補助金（社会保障国際協力推進研究事業）
分担研究報告書

医療コンサルアプローチに関する研究

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研究要旨

我が国は、社会保障分野の国際協力においては、従前まで、個々のプロジェクトを想定しての限定的な開発調査に基づく無償資金協力及び技術協力を実施してきたのが現状である。

一方、欧米諸国や国連機関等は開発途上国全体の開発計画を策定し、その計画に基づき、個々のプロジェクトを実施してきている。さらに、近年、欧米諸国や国連機関等は、ドナー協調を指向し、その中においても、まず全体的な開発計画を策定し、その計画に基づき、個々の役割を分担し、プロジェクトを実施してきている現状にある。

我が国が今後、これら欧米諸国や国連機関等と協調して、あるいは、伍して、本件分野の国際協力を推進していくためには、現在のような一つのプロジェクトを想定しての限定的な開発調査に基づく個々のプロジェクトの実施から、欧米等と同様な手法でのアプローチが必要不可欠であるが、そのためには我が国が独自に「全体的な開発計画」を策定し提案していくことが必須条件となってくる。

本研究においては、社会保障分野の国際協力の中核となる保健医療分野の国際協力を題材に「全体的な開発計画」、すなわち、開発途上国の「国家保健医療総合計画」策定のための手法を研究することとする。

A. 研究目的

本研究においては、国家保健医療総合計画策定手法の「マニュアル」とその手法を簡便に利用するための「テンプレート」（様式）を完成させることを目的とする。本研究により完成されるマニュアルとテンプレートを活用することにより、和製の「国家保健医療総合計画」の策定が可能となり、ドナー協調型支援において、右総合計画を各国に提案していくことにより、我が国のプレゼンスとイニシアティブを発揮することができるばかりでなく、個々のプロジェクトの検討においても、当該国全体の保健医療の現状から問題点の把握、解決方策の提言、将来計画の想定といった総合的な取組みが可能となり、従前に比して、より効果的な支援の実施が可能となる。また、従前まで限定的な開発計画のみが実施されてきた背景には我が国の保健医療分野コンサルタントの育成が立ち遅れていたことは否定できないが、本研究の成果である国家保健医療総合計画策定の「マニュアル」と「テンプレート」の提供が右コンサルタント育成の特効薬になり、ひいては、効果的な保健医療分野支援の実施につながることが期待される。

B.研究方法

第１年度に策定した計画策定手法案を上記の先進国の研究事例により改訂し、より現実的なマニュアル及びテンプレートを

策定する。

倫理面への配慮

本研究は倫理的事項に抵触する事項がないことから、倫理面への配慮の必要はないと思量された。

C.研究結果

第1年度に策定した計画策定手法案を上記の先進国の研究事例により改訂し、別紙の「保健医療総合開発計画策定のためテンプレート案（策定見本）」を策定した。

D.考察

本研究は3ヵ年を通じて、国家保健医療総合計画策定手法の「マニュアル」とその手法を簡便に利用するための「テンプレート」（様式）を完成させることを目的とし、第1年度における開発途上国の国家保健医療総合計画の研究及び計画策定手法原案（マニュアル案及びテンプレート案）を策定及びその後の開発途上国（バングラデシュ）の現地調査を通じて、仮案の適合性の検討を受けて第2年度は世銀、国連開発計画、USAID等の保健医療総合開発計画策定手法を比較検討し、昨年度策定した原案を発展させた保健医療総合開発計画策定のためテンプレート案（策定見本）を策定した。

開発途上国の「国家保健医療総合計画」の策定は途上国自身が行うというよりも、世銀等の国際機関、USAIDなどドナー諸国の援助機関による技術協力によって為されることが多いと言える。これは、いわば、グローバルスタンダードともいうべきもので、欧米のドナー諸国、国連機関等は、ほぼ同様な形での計画策定をしていると言える。

一方、我が国の政府開発援助で実施してきた過去の保健医療分野国際協力においては、このようなアプローチは皆無であると言ってよく、欧米諸国が実施している計画策定が全体的な包括的なものであるのに対して、日本のそれは、限定的なものであるという評価が国際社会の中では成り立っているといえよう。日本の場合、対象国の全体に対して開発計画を策定するのではなく、より具体的な無償資金協力や技術協力プロジェクトを想定して、それに関わる事項のみを調査するといった手法であることが昨年度の研究によって、明らかになっている。国際社会はこのような日本のアプローチが国際社会の中で異質であると感じていると同時に援助国のコーディネーション、いわゆる、ドナー協調に日本が積極的に参加することを期待していることが昨年度の調査研究でも明らかになっているが、今年度、開発途上国に対する聞き取り調査の結果、以下の点が開発計画策定に関連し、開発途上国が関心を有していることが判明した。

1　長期及びセクター全体に関わる計画の必要性
2　開発の基本方針の確定
3　主体性の確保

今回、策定したテンプレート原案は欧米各国が開発調査を実施する際にどのようなことを調査するのかをまとめるとともに、その策定の方針に関連し、上記の開発途上国の関心事項をももりこんだものである。

E.結論

本研究により完成されるマニュアルとテンプレートを活用することにより、和製の「国家保健医療総合計画」の策定が可能となり、ドナー協調型支援において、右総合

計画を各国に提案していくことにより、我が国のプレゼンスとイニシアティブを発揮することができるばかりでなく、個々のプロジェクトの検討においても、当該国全体の保健医療の現状から問題点の把握、解決方策の提言、将来計画の想定といった総合的な取組みが可能となり、従前に比して、より効果的な支援の実施が可能となる。

また、従前まで限定的な開発計画のみが実施されてきた背景には我が国の保健医療分野コンサルタントの育成が立ち遅れていたことは否定できないが、本研究の成果である国家保健医療総合計画策定の「マニュアル」と「テンプレート」の提供が右コンサルタント育成の特効薬になり、ひいては、効果的な保健医療分野支援の実施につながることが期待される。

今年度において、策定された「要領」及びテンプレート原案が既に現状のわが国の保健医療協力における各種開発計画の策定に役立つことから、広く配布し、活用を促すこととしたい。

F. 健康危険情報

無

G. 研究発表

1　論文発表

無

2　学会発表

無

H. 知的財産権の出願・登録状況（予定を含む。）

1　特許取得

無

2　実用新案登録

無

3　その他

無

保健医療総合開発計画策定のためのテンプレート案

Terms of Reference for Health Master Plan for Mongolia

By Ministry of Health, Mongolia

SUMMARY OF REQUEST FOR THE TECHNICAL ASSISTANCE

1 PROJECT TITLE

Development of Health Master Plan for Mongolia

2 PROJECT LOCATION

Ulaanbaatar, Mongolia

3 REQUEST AGENCY

Ministry of Health, Mongolia

4 TYPE OF ASSISTANCE

Development Study, Health Master Plan for Mongolia

5 OBJECTIVES

From the mission statement

TOR

1 Background

From the mission statement

2 Necessity for the study (rationale)

From the mission statement

-Prospective

-Continuity of process

-Project against process back drop

3 Present situation of health sector in Mongolia

3.1 Situation anarysis

3.1.1 Regional statement

- Health Structure
- Declining economic situation and de facto decentralization
- High cost of existing operating system
- Double burden of disease
- Numerous vertical systems with a strong focus on hospital care
- Inadequate and inefficient investment
- Declining quality of life
- Started health reforms focus on primary health care
- Clinical and management training
- Policy analysis and advocacy capacity
- The decline in GDP impacted adversely on public health expenditures
- Life expectancy
- Maternal mortality
- Infant mortality
- A rising incidence of infectious diseases
- An increasing prevalence of STDs
- Continuing high rates of abortion
- Presidential edicts remain the major vehicle for policy change
- Laboratories are antiquated, with old equipment and protocols and a chronic lack of reagents
- Treatment protocols require updating to meet WHO standards

- Pharmaceuticals shortages, poor pharmaceutical, vaccine management and procurement practices

3.1.2 General background of Mongolia

- Geography – Map
- Government - Structure
- Economic – Government Expenditures
- Demography – Population Charts
- Climate
- Ethnicity Groups
- Other Transition
- Unique Features
    - Size
    - Vast size scattered
    - Severe climate
    - Transition
    - High literacy rate
    - Rapid changes in government structure
    - New government

3.1.3 Health sector

1) Funding Health Sector

- % GDP
- % Government expenditure
- Trends
- Types of funding
- Proportion for curative/preventive.
- System of funding the Health Sector, including Decentralization.

2) Demography

- Standard: UNFPA
  UNICEF
  National Statistical Handbook 2000
- Young population 10%<35 yrs
- High rate of Urbanization
- Scattered population

- Gender difference: women more educated than men

3) The rest of the situation analysis according to the *Checklist*

4) Decentralization

5) Planning Framework of the
   - Work Action
   - Aimag-level Action
   - Sector/Line ministry Action Plan and Input/timing and support to Health Sector Action Plan
   - Integrate all levels

4 Over-arching principles and objectives of the study

4.1 Over-arching principles

- Strengthening integrated primary health care
- Disease prevention and the promotion of wellness
- Citizen involvement
- Integration of primary health care
- Regional synergy
- Working at both the grass roots and policy levels
- Flexibility
- Success case of specific diseases

4.2 Review of Present situation

4.3 Formulation of a Health Master Plan

4.4 Feasibility Study

Results Framework, goal and inception report will be developed.

5 Scope of the Study

5.1 Study Area

The study will be carried out nation wide.

5.2 Collection of General Data

Collection of general data will be done through documents review and observation of report, surveys, interviews and etc.

Reference: National Health Plan, National Planning Guidelines, National Development Plan, UN/WB Sectoral Reviews, UNICEF/UNFPA Situation Analysis, UNICEF Master Plan of Operations, other reviews by bilateral donors and NGOs, National Policy Documents:

National Statistical Report; MOH Annual reports over last five years: National Health Plan, Morbidity and Mortality data: OPD and Inpatient data:

Manpower status and Civil Service Procedures, Manpower Development Plan, Establishment List of approved post, those filled and those not filled. Geographical distribution of manpower and by facility and by cadre or post.

5.3 Tasks for developing of the Health Master Plan

- Technical
- Management Task – organization
- Financial – Resource Envelop
- Political – Decentralization Committee Tasks
- Environmental
- Risks – Macro. Transition, Staff charges, Rapid changes in government
- Donor Coordination

5.4 Schedule for the Study

The total study period shall be 15 months from commencement of the feasibility study.

5.5 Reports

5.5.1 Inception Report (IR)

IR should review TOR & current status and propose detailed plan of action. 30 copies of IR in English to be submitted one month before end of feasibility study.

5.5.2 Progress Report (PR)

PR should include project analysis, project progress since the start of the project, project planning for the next reporting period. 30 copies of PR in English to be submitted 6 months after since the start of the project.

5.5.3 Draft Final Report (DFR)

DFR will consist of overall objectives, approach employed or used detail achievement of each objective, list of outputs in terms of report, materials and etc. as required by the objectives, conclusion, recommendations and future direction. 30 copies of DFR in English to be submitted within 14 months since the start of the project.

5.5.4 Final Report (FR)

FR shall be modified based on the comments on the DFR by related entities of the study. 50 copies of FR in English and Mongolian to be submitted at the end of the project.

6 Study Structure

Following is the proposed member shall be involved in the study and the roles of each members.

1) Ministry of Foreign Affairs

MOFA should serve as the official entity between Mongolian Government and Government of Japan for the technical cooperation with regard to the development of Health Master Plan.

2) Ministry of Health

MOH will serve as the official counterpart to the Japanese study team for implementing the development of Health Master Plan project. The role of MOH will be;

- To establish their task force that will be work with Japanese study team,
- To devise mechanism for incorporating participation of the various actors in the health sector,
- To Establish appropriate planning mechanism within the Ministry to facilitate development of the Health Master Plan,
- To establish coordinating mechanism for donor inputs,
- And to provide necessary logistics, office support, materials and resources in accordance with the MOU between Mongolian Government and Government of Japan for the technical assistance.