

of reagents

- Treatment protocols require updating to meet WHO standards
- Pharmaceuticals shortages, poor pharmaceutical, vaccine management and procurement practices

3.1.2 General background

- Geography – Map
- Government - Structure
- Economic – Government Expenditures
- Demography – Population Charts
- Climate
- Ethnicity Groups
- Other Transition
- Unique Features
 - o Size
 - o Vast size scattered
 - o Severe climate
 - o Transition
 - o High literacy rate
 - o Rapid changes in government structure
 - o 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 Statistics
- 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 XX 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. XX copies of IR in English and XXXX to be submitted one month before/after XXXX

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. XX copies of PR in English and XXXX to be submitted XX 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. XX copies of DFR in English and XXXX to be submitted within XX 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. XX copies of FR in English and XXXX 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 XXXX 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 XXXX Government and Government of Japan for the technical assistance.

7 Undertakings of the Both Governments

7.1 Undertakings of the XXXX Government

- 1) To provide counterpart to work with the Japanese study team members.
- 2) To provide suitable secretariat service.
- 3) To provide suitable office room(s) and necessary furniture to the Japanese study team
- 4) To bear necessary costs of water supply, electricity
- 5) To provide the Japanese study team with available data, information, documents, maps, photographs and other related to the study.
- 6) To assist in carrying out supplementary survey
- 7) To exempt from any duties and other imposition to the members of Japanese study team themselves and their personnel effects and necessary equipment imported for the study.
- 8) To arrange meeting as required between the study team and various entities concerned.
- 9) To be assist of the study team whenever necessary and possible.

7.2 Undertakings of the Japanese Government

- 1) To dispatch to the XXXX the study team consisted of the suitable experts
- 2) To provide technical transfer to the XXXX counterparts

8 Claims against the Japanese Study Team

The XXXX Government shall bear claims, if any arise against member(s) of the Japanese study team resulting from, occurring in the course of or otherwise connected with the discharge of their duties in the implementation of the study, except when such claims arise from gross negligence or willful misconduct on the part of the members of the study team.

9 Counterpart agency / coordinating body

The MOH shall act as a counterpart agency to the Japanese Study team and also as a coordinating body in relation with other governmental and non-governmental

organizations concerned for the smooth implementation of the study.

テンプレート 3 : ヘルスマスタープラン策定のためのロードマップ

Kingdom of Cambodia
Ministry of Health

Road Map for the Design of
The Health Sector Strategic Plan for 2003-2007
and proposed budget

Core Group Revised Document, 25 January 2002*

Step 1:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|---|---|---|----------------------------------|--|---|---------------|-----------------|
| To agree on priority issues and strategic options | Health priority issues, strategies, indicators, and implications framework document | Core Group All line departments National Programs PHDs, MEF, Planning, NGOs and others | September 2001 - January 2002 | - Central Consultative Meeting - Provincial Consultative Meeting - First Health Strategy National Workshop | Two senior short term consultants for 3 weeks working with Core Group | - | |

Step 2:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|---|--|---|----------------------|---|---|---------------|-----------------|
| To agree on the basic package of services and service delivery strategy | A matrix of health priorities and health service delivery strategy with indicators of outcomes | Consultative Group Health Service Delivery Working Group (HSD) Core Group | January - April 2002 | - Meetings and discussions with Consultative Group(Think Tank) - Meetings and discussion of assigned Working Groups, - Compiling all proposed packages of service delivery strategies - 2nd National workshop to agree on draft strategies, outcomes and implications | - WHOx1 full timex3months -WHO: HEnk Bekedam, 1/2day per week -USAID -WHO, Dr Hun CHhun Lyx2days per week -UNICEF, Thor Rasoka 1 day per week Core Group | | |

Step 3: (now in parallel to step 2)

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|--|---|---|----------------------|---|--|---------------|-----------------|
| To develop supportive strategies (financing, HRD, behavioral change, quality improvement) for the delivery of health sector strategy | A series of supportive strategies concerning institutional development, finance, human resource development, behavioral change and quality improvement with indicators and implications | <p><u>Health Financing (HF)</u>: Dept. of Finance, HETF, Planning Dept, MEF</p> <p><u>Human Resource Development and Management (HRDM)</u>: HRD, Nursing Schools, RTCs, Univ. of Med. Science, NIPH</p> <p><u>Quality Improvement (QI)</u>: Planning Dept, NIPH, HRD, Hospital Dept, National Programs, BCC:</p> <p>National Center for Health Promotion Preventive Medicine National Programs Core Group</p> <p><u>ID</u>: Senior Management Key MOH Depart. National Programs Ministries involved</p> | January - April 2002 | <ul style="list-style-type: none"> - Meetings and discussion with working groups - Think Tank - Incorporate identified supportive strategies with the identified packages of health service delivery -- -strategies for drafting the overall health sector strategic plan | <p>Financing: Existing / In-country TA</p> <p>Training: In-country / STC x 1 month</p> <p>Quality Improvement: STC x 1 month</p> <p>IEC: STC x 1 month</p> <p>Senior in Country & external STC's with Core Group</p> | U | |

Step 4:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|--|------------------------------------|---|----------|--|----------------|---------------|-----------------|
| To draft the overall sector strategic plan | Draft health sector strategic plan | <ul style="list-style-type: none"> - MoH/Core Group - Consultant(s) | May 2002 | <ul style="list-style-type: none"> - Compile and incorporate all outputs from previous steps - Present internal drafts to the MoH's Top Senior Management for comment by mid June - Present to Provincial Directors, Heads of National Programmes, CoCom, and Consultative Group for comment by mid of May - Produce 1st official draft | MoH Senior STC | | |

Step 5:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|--|-----------------------------------|--|-----------------|--|---------------------------------------|---------------|-----------------|
| To develop medium-term expenditure framework | Medium-term expenditure framework | WG of 8 persons from Finance Dept Health Economic Task Force Ministry of Economy and Finance representative And Partners | April-June 2002 | - Identify MTEF based on the draft strategic plan - Submit for comments and approval from the MoH | Short Term Consultant and existing TA | | |

Subtotal: USD 16,000

Step 6:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|--|---------------------------------------|------------------------------|-----------|--|--|---------------|-----------------|
| To finalize health sector strategic plan in Kmer and English | Health Sector Strategic plan Document | Core Group, MoH and Partners | July 2002 | -Formally submit to Minister and Top Management -Mars of production strategic plan document | Senior STC A STC 3 Weeks USD 12,000 | | |

Step 7:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Proposed Funder |
|--|---|--|------------------|---|--|---------------|-----------------|
| To develop: a) a consolidated revised annual report that will reflect annual operational plan and budget; b) Toolkit for monitoring and evaluation | 1. Revised Planning cycle 2. Consolidated annual operational plan for 2003 | Planning Department with the Core Group Finance Department, all Budget Management Centers and Partners Planning Department with the Core Group | July-August 2002 | -Identify all components for annual operational plan based on the strategic plan -Discussion between Core Group, MoH, and Partners - Submit for comment and approval from Minister/Top Management | Existing TA Finance advisors STC 3 Weeks | | |

Step 8:

| Objective | Output | Who | When | Activities | TA need | Cost Estimate | Funder |
|---|---|------------|--------|--|------------|---------------|--------|
| To disseminate Strategic Plan, MTEF, M&E Toolkit and consolidated annual plan | Wide knowledge & understanding of the document with the 4 volumes and leaflet | Core Group | August | -Produce publicity material including summary and video - Dissemination workshops and press conference -Other distribution | Senior STC | | |

Check list for Health Situation Analysis

The following is list of questions by area that would guide the data and information gathering for the forthcoming Mongolia Mission 27th January 2001. The list of questions is based on the expanded checklist. It would be preferred if the Director responsible for Strategic Planning and Management or equivalent and one or two of the senior staff participate during all meetings connected with the administration of the following questions.

General Objectives of the Mission are:

1. Describe the situations and evaluate policies
2. Identify problems and diagnose causes
3. Suggest specific studies to further the analysis
4. Contribute to policy design
5. Propose strategies for solutions
6. Develop a template for preparing a Master Health Plan

MEETING WITH DIRECTOR OF PLANNING COMMISSION (OR EQUIVALENT) AND STAFF

Economic, political and socio-cultural context

Briefly highlight and comment on the broader factors that are considered as important influence on health systems/sector structure and reform such as geography, road system, level of literacy, trends in public expenditure, government policies such as decentralization, privatization, public administration and civil service reform

Economy

Recent trends in GDP, inflation, import, exports, terms of trade, national deficit, international debt, aid flows and performance of the other sectors such as agriculture and industry, fiscal policy, monetary policy, international trade, exchange policy, public sector employment, labour markets, and investment strategies, etc.

Political factors

Description of current government, stability in terms of length of stay in power, underlying basis of power and extent of consensus or dissent, extent of democracy and social participation, important stake-holders such as strength of the medical establishment, relevant current admin or political reforms

Social and Cultural

Predominant nature of family and kinship, traditional role of men and women, main ethnic groups and extent of cohesion, dominant philosophy with respect to the health system,

Demography

Population size and growth rates, age and sex structure of the population, trends and projections, geographical distribution of the population, significant migration trends and patterns, trends and projections

Document that would be useful: **National Health Plan, National Planning Guidelines, National Development Plan, UN/WB Sectoral Reviews, UNICEF/UNFPA Situation Analysis of Master Plan of Operations:**

MEETING THE NATIONAL STATISTICAL SERVICE AND THE HEALTH AND MANAGEMENT INFORMATION SYSTEM DIVISION OF THE MOH.

Health Status

Overview of the health status using routinely measured indicators such as Infant Mortality rate, Under five mortality rate, maternal mortality rate, prevalence of chronic malnutrition, 10 major causes of illness, geographical patterns of illness, socio-economic patterns of these causes, and 10 major causes of morbidity, trends and patterns in these indicators.

Documents that would be needed: **National Statistical report; MOH Annual reports over last five years: National Health Plan, Morbidity and Mortality data: OPD and Inpatient data:**

MEETING WITH THE MOH PLANNING AND MONITORING DIVISION OR EQUIVALENT

Health System Components, trends and reforms

Aim:

To obtain an overview of the existing health system, its structures, actors and their interactions
To identify and comment on key problems

Capture the purpose, evolution and progress of recent, on-going and planned changes to include

- If changes have occurred in recent years, what these changes have entailed
- Explain the present changes that are taking place
- If changes planned for the future, explain what these are expected to be
- An account of the major problems associated with the health care system and the implementation of change with emphasis on making a distinction between planned reforms and reforms that have actually taken place

Organization and management

Many health systems are pluralistic: A health system could be defined as “systematic arrangement of various resources, with designated responsibilities and special channels of communication and authority intended to attain certain objectives which is to ultimately promote and protect peoples’ health.”¹

Organization of the health system

Structure of statutory health care system:

1

Adapted from Draft Common Framework for Country Profile on health sector reform. SEARO, New Delhi

- Obtain an organizational chart depicting the administrative structure of the statutory health system.
- Include the main bodies responsible for financing, planning, administrating, regulating and providing statutory health services.
- Should NOT only be an organogram of the MOH
- Describe the geographical and administrative tiers with the system such as national health system, national insurance, sickness funds, etc.

Include the following indicating their functions in terms of financing, planning, regulation, provision etc.

- MOH; other ministries such as finance and government agencies
- Social insurance agencies
- Regional and local governments
- Public enterprises
- Separate projects operated through the MOH or other public agencies supported and monitored by international agencies such as WB
- Professional groups

Structure of the private health care system

Provide a description of the component of the formal and informal private health care system and include the following:

- Registered private-for-profit practitioners, hospitals, nursing homes, pharmacies and other providers, where they are and who they serve
- Official or unofficial “out of hours” private practice by public sector doctors and health workers
- Private and voluntary insurance organizations
- Registered private not-for-profit providers such as missions, NGOs, voluntary health service providers, where they are and who they serve
- Representative bodies of registered private providers
- Unregistered private providers such as drug sellers and unlicensed practitioners; where they are who they serve.
- Traditional and non allopathic practitioners
- Non-providing voluntary organizations such as pressure groups with a focus on the health sector

Public-private sector linkages and recent organizational reforms

Give a brief indication of the inter-relationship between the public and private sectors, how the private sector is influenced through regulation, incentives and tax breaks. Include the scale, reasons for and consequences of unofficial arrangements such as moonlighting by public sector doctors.

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 patient 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 of 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