Islamic Republic of Afghanistan

Ministry of Public Health

NATIONAL HEALTH POLICY 2005-2009
AND
NATIONAL HEALTH STRATEGY
2005-2006

A policy and strategy to accelerate implementation

TABLE OF CONTENTS

NATIONAL HEALTH STRATEGY 2005-2006: A STRATEGY TO ACCELERATE IMPLEMENTATION

3. NATIONAL HEALTH STRATEGY LOGICAL FRAMEWORK

National health policy objectives and outcomes 2005-2009
National health strategy objective and planned outputs 2005-2006
Strategies, outputs, indicators towards achievement, strategic actions, priority for resource allocation, and lead responsibility

ANNEXES TO THE NATIONAL HEALTH POLICY AND STRATEGY

Annex A. Ministry of Public Health organisational chart, central level
Annex B. Ministry of Public Health statement on security and access to health care
Annex C. Managerial coordination within Ministry of Public Health
Annex D. Ministry of Public Health Vision for Health 2004-2014
Annex E. Ministry of Public Health Working Principles and Definition of Terms

NATIONAL HEALTH POLICY 2005-2009:
A POLICY TO ACCELERATE IMPLEMENTATION

EXECUTIVE SUMMARY

Afghanistan is a post conflict country in transition whose political system is in the process of being determined. This health policy with its 'first time' elements described below was developed based upon the Ministry of Public Health's expressed core values of: Right to a healthy life; Greater equity; Concern for women, children and other socially disadvantaged groups; and Tackling poverty by being pro-rural. The health policy presented in this document re-enforces the strong perception of the Ministry of Public Health as a reformer.

The government's Public Investment Programme 2004 highlighted the need for **'Accelerated implementation through concerted and focused action'**. We recognised that this was particularly important in the health sector where much has been written and formulated but even more remains to be done on implementation to ensure the delivery of quality primary and hospital health services throughout all of Afghanistan.

For the first time in Afghanistan during the development of our national health policy we have:

- Analysed the health context, developed processes for policy formulation, involved a wide variety of stakeholders and agreed the most important health priorities
- Placed greater emphasis on evidence based decision making that reflects both Afghan and international information and experiences
- Revised the Mission Statement of the Ministry of Public Health to better reflect the achievements in establishing new foundations and in developing the health sector in the post conflict period 2002-2004
- Based this new health policy on the considerable knowledge and experience of many senior Afghan health personnel resulting in a focus on 18 priorities for accelerated implementation
- Turned the 18 priorities into a national health strategy with 18 strategies, including more detail on strategic actions, outputs and responsibilities to close the gap between policy and implementation
- Focussed on accelerating the implementation of health care services for all, including the essential package of hospital services and basic package of health services.

We are committed and have the will to implement this national health policy. We ask all our other stakeholders to join us in this important work.

H E Dr Sayed Mohammed Amin Fatimie
Minister of Health
April 2005

Acknowledgements
The development of this new national policy and strategy started when Dr. Sohaila Seddiq was Minister of Health. Her Technical Deputy Minister Dr Ferouzudeen Feroz initiated and facilitated the decision making related to the work, which was implemented under the direction of Dr Stanekzai, Executive Director, Policy and Planning Directorate in the Ministry of Public Health. In January 2005 this process was taken forward immediately by Dr Faizullah Kakar, newly appointed Deputy Minister for Policy, Planning and Preventive Health Services. Formulating this policy and strategy has involved many staff of the Ministry at central and provincial levels. Many other Afghan and international stakeholders have also contributed to the development of the policy and will play a key role in implementation. They include a number of NGOs, UN and its agencies, EC, World Bank, Asian Development Bank and other donors. Stephanie Simmonds, DFID UK supported consultant to top management in the Ministry of Public Health, played a valuable role in helping guide the processes. To everyone, a big thank you.

1. INTRODUCTION

Post-conflict context

In Afghanistan in December 2001, after 23 years of war, there was extreme poverty, insecurity, political instability, appalling infrastructure and large gender disparities. Now, in this still early post-conflict phase, these contextual issues are being addressed but the challenges to success are enormous. Especially in the light of the lack of social and human capital, absence of government income through taxation or natural resources, the transitional status of the political system and relatively little international aid. All these are adding to the complexity of health sector development.

An extensive analysis of the Afghan health situation, together with proposed policies, priorities and strategies, was published in early 2002, called: **Master Plan for Reconstruction and Rehabilitation of the Health Situation in Afghanistan 2002-2006**. This work was coordinated by the present Minister for Public Health, Dr SM Amin Fatimie, with support from the World Health Organization. Subsequently a revised, shorter version was published in October 2004, which advocated the need for a stronger and more systematic approach to developing national health policies for Afghanistan.

Managerial Processes for National Health Development

To achieve this planning the World Health Organization recommends the Managerial Processes for National Health Development. This is a systematic process for national health planning that starts with policy formulation, choice of priorities and definition of main goals. This is then followed by health planning to formulate the most appropriate strategies, including the delivery of high priority health services and programmes. It also includes defining the responsibilities of the Ministry of Public Health and other partner organisations, establishing the programme activities and tasks to be achieved, allocation of the required human and financial resources, agreeing time frames for implementation, and setting in place procedures for monitoring and evaluation. It is thus a framework for delivering more detailed programming, budgeting and implementation.

Evolution of National Health Policy 2005-2009 and National Health Strategy 2005-2006

In February 2002 within the context of the Transitional Islamic State of Afghanistan the then Ministry of Public Health developed a comprehensive interim health policy. Then in August 2002 to help to close the gap between health policy and implementation an interim health strategy for 2002-2004 was produced. This was finalised in February 2003. This interim strategy focused on laying the foundations for equitable, accessible, quality health care through strategic planning, management and actions that made the best use of limited resources. It set priorities and also stated what should be achieved by end 2004.

To a great extent the foundations for recovery were gradually put in place. So, by mid 2004 it was generally agreed that the ministry needed to focus more on accelerating the implementation of health care services, especially in underserved rural areas.

The process involved in developing both the new national policy and strategy started in July 2004 and was coordinated by the ministry's Policy and Planning Directorate. A working group was formed with ministry staff from all departments and there were two technical advisers supported by DFID, UK Government.

Stakeholder participation in policy and strategy development
The process of policy analysis particularly emphasised stakeholder involvement. Provincial health directors for example, were involved through their quarterly coordination meetings in Kabul and in key provinces. The Provincial Health Coordination Committees provided feedback on important issues. Other national and international stakeholders had opportunities to make comments and inputs at various stages through formal and informal meetings and by responding to questionnaires, priority setting exercises and commenting on drafts of this document.

Summary of policy and strategy content
This national health policy is a guide to the overall context within which all health and health related work for accelerating implementation should be developed and implemented over the next five years, 2005-2009. The choice of a time frame of five years for this new national policy reflects the more stable and wider context within which the Ministry of Public Health is now functioning. As a health policy should not go into detail, a new national health strategy has also been produced which is further described below and towards the end of this document. The policy and strategy have been agreed with the following three important factors in mind:

- The formation of a new government following agreement on the new Afghan Constitution in 2004
- The 2004 Public Investment Programme
- To ensure a close link existed between the development of the new health national policy and strategy and that of the next National Budget

The new national health policy 2005-2009 gives the:

- Mission Statement, Values and Working Principles of the Ministry of Public Health
- National Health Policy goal, objectives, priorities and outcomes
- Policy statements on each of the 18 policy priorities

A new organisational chart for the ministry at central level has also been produced (see Annex A). This reflects both the new policy context and also recent guidelines on the organisation of each ministry in government from the Independent Administrative Reform and Civil Service Commission (IAR-CSC).

The new national health strategy gives the direction and scope of work for two years, 2005-2006 within the framework of the national health policy. The strategy helps answer the question ‘how are we going to successfully achieve the policy?’

The new national health strategy states the:

- National health strategy objective and 5 planned outputs
- Critical success factors, conditions, risks and assumptions
- 18 strategies, based on the 18 priorities given in the national health policy, which give both ‘what’ is going to be done and ‘through’ what mechanism each of the strategies will mainly be implemented
- Outputs to be achieved for each strategy with appropriate indicators of achievement to facilitate for example, review and/or a mid term evaluation
- Strategic actions to help implement the strategies
- Priorities among the 18 strategies for resource allocation
- Allocation of responsibility each strategy within the ministry

During the period 2005-2009 there will be two national health strategies, one for 2005-6 and one for 2007-9. This is because considerable uncertainty exists around future funding for the health sector, including implementation through contracting out primary and hospital services to non-government organisations. The current donor agreements for support end in 2006 and there may need to be different ways of working from 2007 onwards. In addition, in the rapidly changing post conflict environment in Afghanistan a period of five years is too long a time frame for only one strategy.

2. HEALTH AND DEVELOPMENT

The poverty context

Years of conflict have taken a devastating toll, as measured by dramatic drops in human, social and economic indicators. Addressing poverty, lack of income and limited access to opportunities, is therefore a human development top priority in Afghanistan. Table 1 compares some key poverty and related indicators with neighbouring countries.

Table 1. Selected indicators for poverty, vulnerability and risk in Afghanistan

	GDP per capita (US$) (2002)	Life expectancy at birth (years) (2002	Human poverty index (2002)	Gender development Index (2002)	Population without access to improved water source (%) (2000)	Literacy rate Total (2002)
Afghanistan	190	44.5	59.3	0.300	60*	28.7*
Pakistan	408	60.8	41.9	0.471	10	41.5
Iran	1,652	70.1	16.4	0.713	8	77.1

*****2003

Source: Afghanistan National Development Report 2004: Security with a Human Face Challenges and Responsibilities. UNDP, 2004

Millennium development goals

Most countries signed up to the millennium development goals (MDGs) in 2000 but many of the goals are currently thought not to be achievable especially in health, mainly due to lack of international financial investment. This is certainly true for Afghanistan but there are also other important factors such as insufficient numbers of female health workers and security problems. See the statement on security and access to health care in Annex B. Table 2 gives the current level of the relevant health MDGs and the target for 2015.

Table 2. MDG health targets for Afghanistan

MDG	Current level	Target 2015
Reduce child mortality	Under 5 mortality rate: 260 per 1,000 Infant mortality rate: 165 per 1,000	Under 5 mortality rate: 90 per 1,000 Infant mortality rate: 55 per 1,000
Improve maternal mortality	Maternal mortality ratio:	Maternal mortality ratio:

	1,600 per 100,000	400 per 1,000
Combat HIV/AIDS, malaria and other diseases	Polio: 10 Malaria: 16% of population at high risk TB: 321 cases per 100,000	Polio: 0 cases Malaria: 8% of population at high risk TB: 48 cases per 100,000

Source: MDG Report Afghanistan, 2004, UNDP

Afghanistan's Public Investment Programme

This national health policy and strategy have been developed within the framework of the Constitution of Afghanistan 2004, the Public Investment Programme 2004 and the National Development Framework 2002. The 2004 Public Investment Programme reinforces the focus on the three pillars outlined in the National Development Framework, namely development of human capital, physical infrastructure and good governance. Health falls within the human capital pillar. A key priority in The Public Investment Programme is the need to expand the delivery, coverage and quality of both basic health services and hospital services. In addition, many other cost effective interventions need further development.

The Public Investment Programme calls for strengthening and accelerating implementation throughout government, since it acknowledges that '**Implementation will make or break Afghanistan's reconstruction efforts'**. Put another way specific to the health sector, it is 'how' well Afghanistan implements its health programmes that is important. Success will come by focusing on the most important priorities and by implementing services both efficiently and effectively in cooperation with development partners. This will increase the chances of being successful. If implementation is unfocussed, fragmented and non-participatory it is most likely to fail to achieve a successful level of implementation.

The Public Investment Programme also mentions that while implementation strategies will vary across sectors, reflecting specific circumstances, there will be key common elements including making use of the Priority Restructuring and Reform (PRR) facility to accelerate ministerial reforms. PRR is led by the Independent Administrative Reform and Civil Service Commission (IAR-CSC) and focuses on organisational reforms linked to performance based salary supplementation for civil servants. The Ministry of Public Health is closely involved in this process.

3. HEALTH ACHIEVEMENTS AND CURRENT CHALLENGES

Health Achievements

There have been impressive post conflict achievements during 2002-04 by the Ministry of Public Health in the five following areas: information gathering, disease prevention, health reforms, donor coordination and physical construction (see Table 2). In all these areas decision making has, to the extent possible, been evidence based and involved stakeholders through mechanisms such as working groups, task forces, committees, workshops, forums and at the most senior level of the ministry, through the Executive Board (see Annex C).

The increasingly pro-active leadership of the Ministry has resulted in it being widely considered to be one of the most progressive and reform-minded Afghan ministries. It has acquired the trust of other Afghan ministries, international donors, multilateral agencies and non-governmental organisations.

Table 2. Summary of Ministry of Public Health main achievements 2002-04

Information gathering

- National health resources assessments
- Studies on maternal mortality, nutrition status, and national mortality and injury
- Assessments on hospitals, national cold chain, food security and livelihoods studies.

Disease prevention

- Millions of children vaccinated against measles and polio. Coverage >95%
- Millions of children receive vitamin A biannually. Coverage >85%
- About 4 million child bearing aged women vaccinated for tetanus. Coverage >95%

Health reform

- Interim health policy and health strategy formulated, including individual programmes
- Basic package of health services implemented
- Essential package of hospital services developed
- Achieved Priority Reform and Restructuring Status by the Government
- Annual budget feeding into National Budget
- 10 year costing exercise with Ministry of Finance
- Restructuring and reorganisation of the Ministry
- Terms of reference formulated for all Ministry departments and staff
- Improved Ministry senior level decision-making by establishing new Executive Board, with Management Executive Forum to strengthen communication between departments and new Technical Advisory Group for evidence based decision making.
- Revised health and management health information system (HMIS)
- Provincial planning workshops held in all provinces

Donor and other coordination

- Established Consultative Group for Health and Nutrition to coordinate work across ministries and among donors
- National Technical Coordination Committee to coordinate all NGOs and other agencies implementing health care
- Coordination Committees of Provincial Health Directors held quarterly in Kabul.

Physical construction

- Within the framework of a protocol on construction and sites selected by communities, 138 health facilities have been renovated
- 107 facilities have been constructed.

Current Challenges Facing the Ministry of Public Health

This new national policy and strategy focuses on accelerating the implementation of essential, basic services at all levels of the health sector. To successfully do this, both new and existing challenges have to be dealt with. Rigorous, focussed health policy and planning has to be performed in the following three areas:

- Implementing health services
- Reducing morbidity and mortality
- Institutional development.

In addition, there are also three different situations requiring particular strategic approaches for people living in areas which are:

- Not currently covered by any health services
- Underserved districts with poor access to health services
- Suffering from the emergency withdrawal or collapse of contracted out services.

The Ministry of Public Health faces many challenges in ensuring the most efficient mechanisms for delivery of health services. The Ministry will retain responsibility for managing and delivering services in a few provinces through the so-called Ministry of Public Health Strengthening Mechanism (MoPH-SM). However, health services in many other provinces and districts have been contracted out to NGOs.

In the near future it is highly likely that the ministry will need to accept more direct responsibility for health services as about 30-40% of the population now live in areas that are either underserved or not served at all. However, only about 60% of the population live in areas covered by health services, with many of these services presently contracted out to NGOs. In the longer term the ministry will also need to take into account the following possibilities:

- Reductions in external donor funds for contracting NGOs
- Increasing demands on central government funds
- Return of many hospitals to direct ministry control
- Rising expectations in the population for access, quality and range of services
- More services provided by private medical services in the main urban centres.

4. LEADERSHIP BY THE MINISTRY OF HEALTH

Mission for Health 2004-2014

In April 2004 the Cabinet of the Transitional Government of Afghanistan requested all government ministries to submit their vision for the next ten years. The Ministry of Public Health's vision can be summarised briefly as:

'Better health for all Afghans in order to contribute to economic and social development' (See Annex D for more details).

For the five year period of this national policy the Mission of the Ministry of Public Health is as follows:

Ministry of Public Health Mission Statement 2005-2009

The Mission of the Ministry of Public Health, Islamic Republic of Afghanistan, is commitment to ensuring the accelerated implementation of quality health care for all the people of Afghanistan, through targeting resources especially to women and children and to underserved areas of the country, and through working effectively with communities and other development partners.

Values of the Ministry of Public Health 2005-2009
Values and principles embody the essential ideals of the Ministry of Public Health and offer a moral and ethical code that guides decision making to achieve success. Values are also useful in communicating the reasoning behind decision-making. The following values are believed in by the Ministry of Public Health, all of which are equally important:

- Right to a healthy life
- Compassion
- Honesty and Competence
- Equity
- Pro-rural

Working Principles of the Ministry of Public Health 2005-2009
The above values are incorporated into the following seven working principles, which are moral rules or strong beliefs intended to guide the every day work of the entire ministry. A further explanation and definition for each of the principles can be found in Annex E. Each of the following principles is equally important and they are not presented in any priority ranking:

1. Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual.
2. Making evidence based decisions.
3. Ensuring equitable access to, and provision of, quality, basic, essential health services.
4. Being honest, transparent and accountable.
5. Improving the effectiveness, efficiency and affordability.
6. Giving priority to groups in greatest need especially women, children, the disabled and those stricken with poverty.
7. Promoting healthy lifestyles and discouraging practices proven to be harmful

Promotion of Sector Wide Development
The Ministry of Public Health is the national steward for the health sector in Afghanistan. It is interested, therefore, in the principles of partnership and collaboration with all stakeholders sector wide and in having as complete a picture as possible of who is doing what, where and why in the health sector. Besides staff working in health facilities and professional associations, this includes communities, private not-for-profit and for-profit organisations, bilateral and multilateral agencies, the UN organisations, academia and research organisations. This stakeholder involvement is to make the best use of limited resources in working towards achieving equitable and sustainable improvements in health. This sector wide development approach is seen as the first possible step towards adopting a sector wide approach (SWAp) and the pooling of all resources.

The following are examples of how the Ministry of Public Health is working towards more effective partnerships:

- Greater advocacy of the ministry's priorities with Ministry of Finance
- Getting engaged more in governments' broader civil service and budget initiatives and reforms
- Using the strengths and comparative advantages of its partners
- Ensuring that the ministry and its partners are focussed on the same goals
- Being pro-active with donors and guiding them to input selectively to the ministries' priority programmes
- Constructive dialogue with the private-for-profit sector

- Strengthening coordination and other collaboration mechanisms

5. NATIONAL HEALTH POLICY 2005-2009

National Health Policy Goal, Objectives and Priorities
The following national health policy goal, objective and priorities describe the overarching course of actions required of the Ministry of Public Health for the next five years. This policy has been developed as part of a process of policy development that included reviewing the following:

- Progress in achieving the planned outputs in the interim health strategy 2002-2004
- Present need for incremental changes in health policy
- Future possibilities for bringing about health sector changes
- Experience of working with different stakeholders
- Availability of necessary economic and other resources
- Challenges identified for more effective implementation country wide

National Health Policy Goal 2005-2009

Develop the health sector to improve the health of the people of Afghanistan, especially women and children through implementing the basic package of health services and the essential package of hospital services as the minimum of health care to be provided at each level of the health system.

National Health Policy Objectives 2005-2009
Reduce the high levels of mortality and morbidity by:

- Improving access to quality emergency and routine reproductive and child health services
- Increasing the coverage and quality of services to prevent and treat communicable diseases and malnutrition among children and adults
- Strengthening institutional development and management at central and provincial levels to ensure the effective and cost-efficient delivery of quality health services
- Further developing the capacity of health personnel to manage and better deliver quality health services

National Health Policy Priorities
In order to achieve the Health Policy goal and objectives the Ministry has identified 18 priorities that it needs to focus on. These are shown in Box 3 and are further elaborated upon as strategies in the National Health Strategy 2005-2006 which is presented later in this document. Of the 18 priorities, 9 are considered to be top priority and marked with an asterisk (*) in Box 1.

Box 1. National health policy priorities 2005-2009

*Top priority

Implementing health services
*Implement the basic package of health services
*Implement the essential package of hospital services
*Establish prevention and promotion programmes
Promote greater community participation
Improve coordination of health services
Strengthen the coverage of quality support programmes

Reducing morbidity and mortality
*Improve the quality of maternal and reproductive health care
*Improve the quality of child health initiatives
*Strengthen the delivery of cost effective integrated communicable disease control programmes
Reduce prevalence of malnutrition, increasing access to iodised salt and micronutrients, and increase exclusive breast feeding

Institutional development
*Promote institutional and management development
*Strengthen human resources development, especially of female staff
*Strengthen health planning, monitoring and evaluation
Develop health financing and national health accounts
Strengthen provincial level management and coordination
Continue to implement PRR
Establish quality assurance
Develop and enforce public and private sector regulations and laws

National Health Policy Outcomes

It is expected that by focusing the health policy on accelerated implementation this will result in the following five outcomes:

- Maternal mortality ratio reduced by half, from 1,600 to 800
- Infant mortality rate reduced by a quarter, from 139 to 105
- Under-five mortality rate reduced a quarter, from 257 to 190
- Prevalence of acute malnutrition among children under five years of age is lowered to less than 5%
- Results of health care feeding into policy and resource allocation decision making, and quality management

In the following three sections - implementing health services, reducing morbidity and mortality and institutional development - the national policy commitments are stated for individual programme areas within the policy framework and covered by the national policy goal, objectives and priorities. Policy statements have been derived from Ministry of Public Health policy and/or strategy documents, such as those for particular subjects like malaria and nutrition. These documents are available in the ministry's resource centre.

6. IMPLEMENTING HEALTH SERVICES

1. Policy Statement on Health Services

The Ministry of Public Health is committed to the equitable provision of cost effective, quality interventions through efficient and effective health services. Currently there are two service delivery mechanisms, the Ministry of Public Health strengthening mechanism (MoPH-SM) and contracting out to NGOs. These will be rigorously evaluated and other mechanisms will also be explored.

The Ministry of Public Health will further develop medium and long term policies and strategies to plan strategically for at least three different situations:

- Geographical areas where there are no government health services
- Populations living in underserved areas
- Emergency withdrawal or collapse of contracted out services.

The Ministry is exploring payment exemption strategies for the poor. Meanwhile, the following public health interventions and clinical care will be provided free of charges to any citizen of Afghanistan: immunisation, maternal delivery, antenatal care, family planning, treatment of TB, and nutrition interventions. In the future when antiretrovirals for HIV/AIDS are needed these will also be provided free.

Contracting Out Mechanisms

Currently there are five donors supporting contracting out: World Bank, Asian Development Bank, USAID, EC, and KFW. Various mechanisms are used by these donors to contract NGOs. For example, the Ministry of Public Health is responsible for contracting NGOs competing for World Bank funds, the Asian Development Bank and USAID have each tasked an NGO to undertake the process, and the EC undertakes this work itself.

The contracting managed by the Ministry on behalf of World Bank is for funds currently valued at US$37 million in support of service delivery for all areas in eight provinces. The current World Bank support ends September 06. For World Bank contracting there is a bidding process with selection made based on quality and cost criteria, and funds are awarded on a lump sum basis. The contracts have varying time frames with the longest three years. Some of the other donors support contracting based on districts.

2. Primary Health Care and Basic Package of Health Services

Policy statement

The Ministry of Public Health will ensure that all the principles of primary health care, especially community participation, intersectoral collaboration, prevention, and the use of appropriate technology, will be implemented countrywide.

As a top priority the Ministry of Public Health will focus on mobilising the human and financial resources necessary to accelerate the implementation of the basic package of health services, work towards the most effective, efficient ways to ensure sustainability of services, and further develop the equitable availability of the basic package, especially for women and children.

Basic package of health services
The development of a basic package of health services (BPHS) was one of the 12 priorities in the Interim Health Strategy 2002-2004. Preparatory planning was completed in March 2003 and BPHS became the official policy of the Ministry of Public Health. As a result of subsequent experience it was further revised in the latter half of 2004.

The BPHS has two main objectives:

- To provide a standardised package of basic services which forms the core of service delivery in all primary care facilities
- To promote the redistribution of health services by providing equitable access, especially in underserved areas.

The main components of the BPHS are outlined in Box 2 below.

Box 2. Components of the basic package of health services

Maternal and newborn health
- Antenatal, delivery and postpartum care; Family planning; Care of the newborn

Child health and Immunisation
- EPI (routine, outreach and mobile); Integrated management of childhood illness

Public nutrition
- Micronutrient supplementation; treatment of clinical malnutrition

Communicable diseases
- Control of tuberculosis and malaria

Mental health
- Community management of mental problems; health facility based treatment of outpatients and inpatients

Disability
- Physiotherapy integrated in PHC services; Orthopaedic services expanded in hospitals

Supply of Essential Drugs

3. Essential Package of Hospital Services

Policy statement
The Ministry of Public Health is committed as a top priority to ensuring the provision of a comprehensive referral network of secondary and tertiary hospitals that provide as a minimum the essential package of hospital services within the framework of agreed set standards to improve clinical and managerial performance.

Essential package of hospital services
The development of a package of essential hospital services was one of the 12 priorities in the Interim Health Strategy 2002-2004. Planning was completed in February 2004 when the essential package of hospital services (EPHS) became official policy of the Ministry of Health.

Hospitals are facing major challenges in the post conflict environment, including the lack of equitable access to hospital services, concentration of financial resources and health

workers at hospitals, lack of standards for both clinical patient care and hospital management, scarcity of management skills, and lack of medicines, equipment and supplies. The development of this essential package addresses these challenges.

The EPHS has three main objectives:
To identify a standardised package of defined clinical, diagnostic and administrative services for district, provincial, regional and national hospitals.
To provide a guide for the Ministry, NGOs and donors on how the hospital sector should be staffed, equipped and provided with drugs for the defined set of services at each level
To promote a health referral system that integrates the BPHS with the hospitals.

A summary of the EPHS is presented in Box 3 below:

Box 3. Standardised provision of services to be offered by hospitals

District hospital:
30-75 beds, serving population of 100,000-300,000 in 1-4 districts
Basic surgery, medicine, obstetrics and gynaecology, paediatrics, mental health, dentistry, plus support services for nutrition, pharmacy, physiotherapy, laboratory, radiotherapy and blood bank

Provincial hospital:
100-200 beds
All the above clinical and support services, plus rehabilitation services and infectious disease control

Regional hospital:
200-400 beds
All of the above plus surgery for ENT, urology, neurology, orthopaedics, plastic surgery; And medicine to include cardiovascular, endocrinology, dermatology, lung and chest, oncology, forensic medicine
A greater variety and more developed support services

4. Community Participation

Policy statement
The Ministry of Public Health is committed to increase the role of communities in actively participating in the management of their local health services through developing strong, active participatory links with shura (community committees).

5. Information, Education, Communication and Behaviour Change

Policy statement
The Ministry of Public Health will initially focus on IEC/BC issues related to the basic package of health services and to the priority promotion and prevention programmes. Various methods will be used depending on factors such as the target group and the current level of awareness or knowledge about a particular issue.

6. Essential Medicines

Policy statement
The Ministry of Public Health is committed to: 1) ensuring the accessibility, availability, safety, efficiency, effectiveness and affordability of medicines; and 2) having a functional drug quality control laboratory at the central level.

7. Support Services

Policy statement
The Ministry of Public Health will aim to have quality support services that are equitable, affordable and sustainable, including those for laboratory services, blood safety, referral, pharmaceuticals, equipment and medical supplies. It will establish capacity for the maintenance of facilities, equipment and transport.

7. REDUCING MORBIDITY AND MORTALITY

8. Reproductive and Maternal Health

Policy statement
The Ministry of Public Health is committed to ensuring that development partners deliver the different components of reproductive health as an integrated package. In maternal health the Ministry of Public Health is committed to increase accessibility of mothers and women of child bearing age to quality reproductive health services including antenatal care, intrapartum care, routine and emergency obstetric care and post partum care, counselling and modern family planning services through skilled birth attendants working with community and other health workers.

9. Child and Adolescent Health

Policy statement
The Ministry of Public Health is committed to significantly reduce child mortality, morbidity and disabilities and improve child growth and development by introducing integrated management of childhood illnesses (IMCI) and enhancing the control of vaccine preventable diseases. Issues in adolescent health will particularly address potential public health problems such as smoking and communicable diseases, such as sexually transmitted infections and HIV/AIDS. In addition, puberty related issues will be raised. All these adolescent issues will be mainly addressed through school health programmes, which initially will focus on raising awareness among teachers.

10. Communicable Diseases

Policy statement
The Ministry of Public Health will, as a priority, better control communicable diseases especially malaria, tuberculosis, and HIV through strengthening the management of integrated, cost-effective interventions for prevention, control and treatment. The prevention and management of outbreaks will also be strengthened further through

raising public awareness and responding more rapidly through the disease early warning system.

11. Nutrition

Policy statement
The Ministry of Public Health is committed to reducing malnutrition of all types, including micronutrient deficiency diseases, through integrated and coordinated programming. In collaboration with development partners the ministry will take the lead in preventing, identifying, and reducing malnutrition. In addition, the ministry will promote food, land nutrition security for all by adopting a public nutrition approach involving multisectoral interventions that address the underlying causes of malnutrition, including food insecurity, poor social environment, and inadequate access to health services. This work will be undertaken, for the most part, through the basic package of health services and a close link with food security analysis.

12. Health Promotion and Prevention

Policy statement
The Ministry of Public Health will, as a top priority, have promotion and prevention programmes in collaboration with other relevant ministries that address key emerging public health problems, such as illicit drugs and their use, smoking, HIV/AIDS, blindness, and road traffic accidents. The Ministry will enhance strengthen its capacity to address chronic conditions, especially the problem of substance abuse as illicit drug control is a top priority of government, cardiovascular disease and diabetes, through the development and implementation of comprehensive programmes covering prevention, treatment, care and rehabilitation.

13. Disability, Accidents and Injuries

Policy statement
The Ministry of Public Health is committed to ensuring that the disabled and those injured through accidents at home, work or by traffic will have access to relevant health care when needed. The ministry, in collaboration with other relevant ministries, will develop a policy on disability once the results and recommendations of a survey on prevalence and needs have been announced. In collaboration with the police, Ministry of Transport and other relevant ministries, the Ministry of Public Health will develop, implement and enforce laws and regulations to reduce risks of accidents, especially road accidents.

14. Mental Health

Policy statement
The Ministry of Public Health will work with the social and other sectors to develop a flexible range of integrated mental health support and care services at all levels of the health system. Particular attention will be given to post traumatic counselling through the training of more community mental health workers and psychologists and their placement in accessible community health facilities.

15. Surveillance of Diseases and Health Risks

Policy statement
The Ministry of Public Health is committed to develop and maintain an effective and efficient surveillance system for certain diseases and health risks and to respond in a timely manner to health emergencies.

8. INSTITUTIONAL DEVELOPMENT

16. Organisation and Management of the National Health System

Policy statement
The Ministry of Public Health is committed, as a top priority, to organising and managing the national health system to reduce inequity and improve efficiency, effectiveness, quality and accountability at all levels. The core functions of the Ministry of Public Health can be seen in Box 4. Decentralisation and delegation will be enhanced in order to have more responsive and efficient health systems and services. Delegated powers will be used with transparency and according to norms of good governance.

Box 4. Core functions of the Ministry of Public Health at different levels of the health system.

Ministry of Public Health central level
Leadership, stewardship sector wide
Development of a strategic, regulated, accountable, transparent organisation
National health and disease policies, strategies and plans
Human resources capacity development and technical support
Annual planning, monitoring and evaluation cycles
Contracting and monitoring of contracted services
Regulation and legislation
Setting standards and guidelines
Sector wide coordination
Management of financial resources

Provincial level
Assessment of health and managerial needs
Setting and reviewing progress towards achieving targets
Annual planning, monitoring and evaluation cycles
Monthly management work plans
Implementation of health care and services
Supervision and guidance
Sectoral and intersectoral coordination
Referral system

District level
Assessment of local health and managerial needs
Weekly management work plans
Implementation of health care and services
Supervision and monitoring
Coordination of health providers

Health centre level
Weekly management work plans
Implementation of health care and services
Outreach services
Community participation

Community level
Outreach to households
Community participation

17. Health Financing

Policy statement
The Ministry of Public Health will coordinate closely with Ministry of Finance on the National Development Budget, development of different mechanisms to improve total public expenditure from internal and external resources, developing alternative health financing schemes that protect the poor and on developing a medium term expenditure framework.

The ministry will also undertake health advocacy to increase funds and resources to the health sector; ensuring spending is in line with priorities and coordinated across sectors; strengthening transparency in the allocation of financial resources and financial management; strengthen coordination of different sources of funding; monitor different mechanisms to finance the delivery of health services such as contracting for their cost-efficiency and acceptability; and work to obtain more relevant baseline information, including on household expenditure on health care.

18. Human Resources Development

Policy statement
The Ministry of Public Health is committed as a top priority to using a comprehensive approach to human resources development when addressing the issues of how to produce, deploy and retain an appropriately trained health workforce with the right skill mix who can deliver affordable and equitable packages of health services as the basis for health care. The selection, training, deployment and retention of female staff is particularly important to the ministry.

19. Health Planning, Information, Monitoring and Evaluation

Policy statement
The Ministry of Public Health is committed to enhance evidence-based, bottom-up and participatory strategic planning in all levels of the health care system. As a priority emphasis will initially be given to developing: annual, costed business plans in all departments, strengthening the links and communication channels between the different levels of the health systems, and to ensuring that recommendations from research and practical experiences are incorporated into policy formulation and health planning.

As part of having quality strategic planning the ministry will ensure the availability, coordination, distribution and use of accurate, reliable, user-friendly health information in the design, implementation, monitoring and evaluation of health services and other related activities. Annual monitoring, evaluation and planning cycles will be developed at

national and provincial level. A system will be developed to ensure that checks are in place for the accuracy of information. In addition a particular emphasis will be placed on ensuring that reliable baseline data is obtained for various initiatives, when for example, starting the quality assurance work.

20. Provincial Level Strengthening

Policy statement
The Ministry of Public Health is committed to strengthening the health service management capacity of the provincial level, including the decentralisation of operational responsibilities and authorities to provincial level. This will be achieved through various mechanisms, such as the implementation of PRR and of MoPH-SM, more effective functioning of provincial health coordination mechanisms and of donor focal points, quarterly provincial health directors' meetings in Kabul where issues such as delegation can be addressed, and the effective functioning of the Provincial Health Liaison Department at central level.

21. Quality Assurance

Policy statement
The Ministry of Public Health is committed to introducing a culture of quality throughout the organisation and especially in health facilities through leadership and by setting good examples in day-to-day work. The ministry will develop and utilise more quality standards. The first priority is to improve the culture in public sector facilities and in those contracted out to NGOs. Work will initially focus on changing for the better the attitudes of staff towards patients and clients and on the development and use of user-friendly quality management and quality clinical care tools. As part of improving quality of care the ministry will also develop a programme to change the expectations of clients about the need for numerous different types of drugs when feeling sick. At a later stage the ministry will also work on quality issues with the private-for-profit sector, especially pharmacies and drug sellers.

22. Coordination of Partner Organisations

Policy statement
The Ministry of Public Health works is committed to working in partnership with other stakeholders such as NGOs, the UN agencies especially WHO, UNICEF and UNFPA, bilateral donors, EC, World Bank, Asian Development Bank and the private sector. Effective coordination is seen as important by the Ministry and various formal and informal mechanisms will be sustained. The Ministry will also encourage stronger donor coordination particularly when undertaking assessment and planning missions and for support to particular health priorities such as maternal health.

23. Public Health and Private Sector Law and Regulation

Policy statement
The Ministry of Public Health will focus on reviewing, developing and enforcing relevant legal and regulatory instruments that govern health and health related work in order to safeguard the public and in particular to ensure quality of clinical services. The 2004 Constitution encourages the development of the private sector. The Ministry will develop

constructive relationships with private and non-government health care providers and ensure that laws and regulations are adhered to.

24. Emergency Preparedness

Policy statement
The Ministry of Public Health is committed to develop and institutionalise a comprehensive health preparedness plan at national and provincial levels and to allocate appropriate resources in order to be able to respond to natural and man made emergencies in an effective and timely manner. This work will be undertaken in close collaboration with other ministries.

25. Environmental Health

Policy statement
In collaboration with other relevant government ministries and departments the Ministry of Public Health will increase awareness and understanding of potential adverse health consequences of environmental factors such as poor water supplies, lack of adequate sanitation facilities, inadequate rubbish disposal and collection particularly plastic bags, health facility waste, poor food handling and hygiene, and high levels of air pollution. Various mechanisms will be used to raise awareness and understanding, including during Cabinet meetings, through inter-ministerial meetings and through the media. The ministry will develop an environmental health policy and strategy that defines where and how it can be most effective in preventing illness due to adverse environmental factors. It will also develop and distribute guidelines on good environmental health practices.

26. Health Research

Policy statement
The Ministry of Public Health is committed to encouraging relevant, useful research that can assist evidence based decision making and the formulation of new policies, strategies and plans. The priority is for national led health systems research in collaboration with international bodies. The research should be related to the many reforms the ministry is introducing. Reforms such as the institutional development of the ministry, service delivery, the financing of health services, the education and training of health personnel, and the development of a quality culture.

27. Procurement and Logistics

Policy statement
The Ministry of Public Health will establish and use a standard procurement, stocking and logistics systems that are internationally recognised to enable the ministry to undertake international contracting, bidding, stocking and transportation.

28. Construction and Maintenance

Policy statement
The Ministry of Public Health will ensure that any newly constructed health facilities are well designed, are built at an affordable cost and meet the needs of patients and staff. A maintenance programme will be developed and implemented.

29. Information Technology and Communications

Policy statement
The Ministry of Public Health is committed to establish, maintain and further develop an affordable, useful and functioning communications network, using modern information and technology systems at both national and provincial levels. Specifically this will be guided by the need to improve decision making.

NATIONAL HEALTH STRATEGY 2005-2006:

A STRATEGY TO ACCELERATE IMPLEMENTATION

EXECUTIVE SUMMARY

The Ministry of Public Health made outstanding progress during the period immediate post conflict and the first strategy, the Interim Health Strategy 2002-2004, was all about laying the future foundations for equitable, accessible health care in our country. This is why we are now at the stage of being able to focus on accelerating the implementation of quality health services to cover more of the Afghan people.

This National Health Strategy 2005-2006, developed closely with that of the new National Health Policy 2005-2009, is intended to help answer the question 'how are we going to successfully achieve the policy?' Hopefully, the processes used to develop both the national policy and this strategy will go a long way in helping close the gap between policy and implementation.

The strategy is not intended to be prescriptive. It is important that provinces and districts decide the priority rating of the 18 strategies and adapt their strategic actions to the current situation in their places of work. It is important, however, that all decisions and actions should feed into the successful implementation of the National Health Policy if the best results and outputs are to be achieved.

We would like to thank everyone for their hard work in helping us develops the national strategy and get ready to implement, and successfully achieve, the strategies.

H E Dr Sayed Mohammed Amin Fatimie
Minister of Health
April 2005

NATIONAL HEALTH STRATEGY OBJECTIVE AND STRATEGIES 2005-2006

1. INTRODUCTION

Strategic development in support of implementing the National Health Policy 2005-2009

In order to support the implementation of the national health policy this national strategy goes into more detail on what needs to be done, the direction and scope of work, over the next two years. This will help ensure that day-to-day decisions fit in with long term interests, the policy of the ministry. And is part of developing a strategic environment within the ministry that encourages people to look at what is happening now in the context of where the ministry wants to go, what it aims to achieve.

Within the framework of the national policy, a strategic objective is presented with 5 planned outputs. In the strategic logical framework there are outputs, indicators towards achievement, and strategic actions, for each of the 18 strategies. Also shown is priority ranking for resource allocation and who has the lead responsibility for taking each strategy forward.

However, a strategy should not give detail on activities. These should be covered in an annual plan developed at each level of the health system, in six monthly plans and monthly work plans by individual departments or and/units. Nor does this strategy give detailed information on financial allocations. This is to be found in the annual budget.

Within the five year period of the national health policy 2005-2009 there will be two national health strategies, this one for 2005-6 and one for 2007-9. This is mainly because there is great uncertainty around future funding for implementation of health services through contracting out. The current donor support ends 2006 and there may need to be different ways of working 2007 onwards. But it also reflects the rapidly changing post conflict environment where five years is too long a period for a strategy. Flexibility and opportunities for change are needed within a shorter time frame. There will be a mid-term review of this strategy early 2006.

The funding to implement this strategy will be by the government and different agencies contributing technical and financial assistance. Several different mechanisms will be used, including through the national budget, grants and donor budgetary support. Loans are not permitted in the health sector. The Ministry of Public Health will ensure consistency between donor contributions and the health policies, priorities and strategies.

National Health Strategy Objective

The national health strategy objective can be seen in Box 1.

Box 1. National health strategy objective

To implement the national health policy priorities through strategic decision making and planning, and effective and efficient day to day work. And in doing so successfully achieve the planned outputs and contribute to achieving the national health policy objectives and outcomes.

National planned outputs 2005-2006

By the end of 2006 the ministry intends to achieve the following 5 outputs:

- 34 provincial and 55 district hospitals providing 24 hour emergency obstetric coverage
- From national baselines as of January 2005: EPI coverage increased by 15%; reduction of prevalence of malaria by 15% and polio transmission stopped
- Prevalence of acute malnutrition or wasting is reduced to 5% for all children less than five years of age
- Increased efficiency and effectiveness of the Ministry of Health at all levels and in particular at provincial level
- Better patient care especially obstetric care

2. EIGHTEEN NATIONAL HEALTH STRATEGIES

The 18 priorities listed in the National Health Policy 2005-2009 have been turned into strategies. As with the priorities in the national policy the strategies are grouped into the 3 areas of: Implementing health services, Reducing morbidity and mortality, and Institutional development. The 18 strategies each state what is going to be done and the main mechanism for implementation to ensure successful achievement. The strategies are:

Implementing Health Services

1. Extend coverage of the basic package of health services through mobilising additional human and financial resources and strengthening the delivery of quality, effective, efficient health services.
2. Strengthen the coverage and implementation of the essential package of hospital services through mobilising additional financial resources and improving hospital management.
3. Develop and implement at least three prevention and promotion programmes through inter-ministerial collaboration.
4. Lay the foundations for greater community participation through developing links with local shura.
5. Further strengthen the coordination of health services through ensuring better communication between the different levels of the health system and the effective and efficient functioning of provincial health coordination meetings.
6. Increase the coverage of quality support services through mobilising resources and strengthening health plans, systems and implementation.

Reducing Morbidity and Mortality

7. Improve the quality of maternal and reproductive health care through strengthening the delivery of care, especially emergency obstetric and gynaecological care and of routine reproductive health services.

8. Improve the quality of child health interventions through introducing integrated management of childhood illnesses (IMCI) and enhancing the control of vaccine preventable diseases.
9. Strengthen the management of cost effective integrated communicable disease control programmes through capacity building and effective guidelines and supervision.
10. Ensure effective delivery of nutritional interventions through the basic package of health services and social marketing.

Institutional Development

11. Further strengthening institutional and management development through clarifying roles and responsibilities, encouraging team work, and increasing delegation at all levels of the health system.
12. Further strengthen human resources development, especially of female staff through quality basic training and continuing education in parallel with further development of human resource planning and retention strategies.
13. Further develop health planning, monitoring and evaluation through: enhancing evidence-based, bottom-up and participatory strategic planning at all levels of the health care system; the availability of accurate, user-friendly baseline and other information; and regular planning, monitoring and evaluation cycles.
14. Further develop health financing through increasing the flow of funds to the health sector, especially for health and hospital services, ensuring spending is in line with priorities, monitoring different mechanisms to finance the delivery of health services and developing an integrated budgeting and planning system.
15. Further strengthen provincial level work by developing the leadership skills and knowledge of PHDs, increase delegation and decentralisation, and undertake monitoring and evaluation to see whether the provision of health care is responsive and efficient.
16. Ensure effective implementation of PRR through efficient performance appraisal and human resource support systems.
17. Introduce and develop a culture of quality assurance through setting good examples in day-to-work and the development and use of a ministry quality processes covering service delivery, clinical care and health management.
18. Develop health reform related regulations and laws for the public and private sectors by mobilising and using technical and other resources and developing processes for effective enforcement.

Critical Success Factors

In achieving the strategy objectives there are a number of critical factors that can influence how well they are implemented, including the need for:

- Strong political will and commitment
- Visible and effective leadership and stewardship
- Ownership of the strategy among managers at all levels of the health system
- A corporate culture that includes team work
- Additional human and financial resources
- Strong human and financial resource planning and management

Necessary Conditions

In addition to the above critical factors, there are a number of conditions necessary for successful implementation of this strategy. The key ones are:

- All stakeholders to be committed to the values and working principles of the Ministry of Public Health
- Development partners to work within the framework of the strategies and their desired outputs
- Continued emphasis on building capacity in human and financial resources
- Development of a learning environment and a strong institutional memory
- Involvement of many health workers at community and districts levels in deciding ways to implement strategy priorities and necessary programme activities
- Good links between strategic planning and activities and budgeting through the formulation of annual business plans
- Increased delegation of managerial authority to provincial and district levels in order manage more effectively and efficiently at local levels
- Better integration between vertically organised interventions and programmes
- Availability of improved baseline information on health risks, diseases, and management and financial issues
- Use of best practice tools and guidelines in all aspects of services during implementation.

Risks and Assumptions to Strategy Implementation

A number of risks to successful implementation have been identified during the development of this strategy. To the extent possible they need to be monitored, minimised and managed during implementation. This is because a number of factors can seriously hinder the successful achievement of the best written strategies. The risks outlined in Box 2 below are some of the most important ones. The Ministry of Public Health has also identified various assumptions which are also shown in Box 2. These assumptions will be an important part of the monitoring and evaluation process when assessing the rate of progress towards achievement of the outputs.

Box 2. Risks and assumptions

Risks to strategy implementation:
Poor macroeconomic growth resulting in no increase in the government allocation to health sector
Stopping of support by international organisations due to security problems
Insufficient numbers of women trained as female health workers
Lack of sustainability of PRR and its salary supplementation component
Health salaries not included in PRR do not rise leading to salary between workers
Attitudes of health personnel towards clients fail to improve
Health staff fail to take actions to improve quality of available health services

Assumptions underlying strategy implementation:
Economic growth and continuity of national and international financial resources
Stability of the political situation spreads out from Kabul to much of the country
Continued willingness by Ministry of Public Health to undertake reforms
Effective decision making mechanisms continue
Useful coordination forum continue
Continued transparency about all financial incomes and expenditures
Continued management performance and needs-based human resource management

NATIONAL HEALTH STRATEGY LOGICAL FRAMEWORK 2005-2006

National health policy objectives 2005-2009	Outcomes 2005-2009
Reduce the high levels of mortality and morbidity by: ➢ Improving access to quality emergency and routine reproductive health services ➢ Increasing the coverage and quality of services to prevent and treat communicable diseases and malnutrition among children and adults ➢ Strengthening institutional development and management at central and provincial levels to ensure the effective and cost-efficient delivery of quality health services ➢ Further developing the capacity of health personnel to manage and better deliver quality health services	➢ Maternal mortality ratio reduced by half, from 1,600 to 800 ➢ Infant mortality rate reduced by a quarter, from 139 to 105 ➢ Under-five mortality rate reduced a quarter, from 257 to 190 ➢ Prevalence of acute malnutrition among children under five years of age is lowered to less than 5% ➢ Results of health care feeding into policy and resource allocation decision making, and quality management
National health strategy objective 2005-2006	**Planned national outputs 2005-2006**
To implement the national health policy priorities through strategic decision making and planning and effective and efficient day to day work and in doing so achieve the planned outputs and contribute to achieving the national health policy objective and outcomes	34 provincial and 55 district hospitals providing 24 hour emergency obstetric coverage From national baselines as of January 2005: EPI coverage increased by 15%; reduction of prevalence of malaria by 15% and polio transmission stopped Prevalence of acute malnutrition or wasting is reduced to 5% for all children less than five years of age Increased efficiency and effectiveness of the Ministry of Health at all levels and in particular at provincial level Better patient care especially obstetric care

Strategies	Outputs	Indicators towards achievement	Strategic actions	Priority for resource allocation	Ministry of PH Lead responsibility
Implementing Health Services 1. Extend coverage of the basic package of health services through mobilising additional human and financial resources and strengthening the delivery of quality, effective, efficient health services.	Improved coverage All MoPH-SM & contracted out districts/provinces implementing the full BPHS	100% coverage in those districts/provinces covered by MoPH-SM and contracting out by December 05 & overall coverage in the country increases by 10% by end 06	Finalise & implement fundraising strategy Confirm baseline of implementation of basic package as of January 05 Develop guidelines & other management tools for outreach	Top priority	Director,
2. Strengthen the coverage and implementation of the essential package of hospital services through mobilising additional financial resources and improving hospital management.	Improved coverage Improved obstetric care More effective management of hospitals	70% district hospitals, 60%f provincial hospitals & 30-40% regional hospitals each fully implementing their relevant package of hospital services by end 06 Standards to improve clinical & managerial performance being fully implemented in 55 district hospitals by end 06 Selected options	Finalise & implement fundraising strategy Review & strengthen referral system especially for emergency obstetric care Examine all possible options for strengthening the management of hospitals generally in the country & specifically in MoPH-SM provinces & in the 3 hospitals in Kabul	Top priority	Director,

		implemented for effective management of hospitals in MoPH-SM provinces & 3 hospitals in Kabul by end 05	addressing maternal & child care		
3. Develop and implement at least three prevention and promotion programmes through inter-ministerial collaboration.	Programmes developed & implemented on illicit drugs & their use, HIV/AIDS, & cardiovascular disease	Evidence of delegated authority in the MoPH-SM provinces & 3 hospitals in Kabul Programmes developed by end 05 Raised public awareness in 3-4 major cities by end 06	Mobilise resources Obtain baseline information on the 3 issues Raise awareness & get commitment through interministerial and other partnerships Develop relevant policies, plans & guidelines Develop guidelines for the training of community health workers & their supervisors	Top priority	Director,
4. Lay the foundations for greater community participation through developing links with local shura.	Strengthened link between health centres & shura in all districts covered by MoPH-SM & contracting out	Donation of land by community for health facility Community health workers chosen by	Develop system at provincial & central levels for monitoring rate of development of community participation		Director,

		shura &receiving in-kind contributions from the community Health &health related issues discussed in last two meetings of shura and issues raised with health workers Increased knowledge of community about health and disease risks, especially related to immunisation, pregnancy & healthy practices such as hand washing			
5. Further strengthen the coordination of health services through ensuring better communication between the different levels of the health system and the effective and efficient functioning of provincial health coordination meetings.	Improved coordination of health services	Existence of minutes of provincial health coordination meetings Feedback & advice on content of minutes by central level to provincial level received on regular basis	Review functioning of provincial health committee & extent of ownership of terms of reference Decide how capacity for writing minutes will gradually be transferred from donor focal point to staff of provincial health department		Director,
6. Increase the coverage of	Increased availability	Central level	Strengthen plans &		Director,

quality support services through mobilising resources and strengthening plans, systems, and implementation.	of supplies & functioning equipment & efficient maintenance programme	laboratory functioning effectively & efficiently especially with regard to food & drug quality control Central & provincial level blood banks able to perform all necessary tests. collect blood safely & store blood safely Relevant health facilities can fully implement basic package of health services as all necessary supplies & functioning equipment in place Central level radiology institute maintaining all radiology equipment at central & provincial level	systems to ensure efficient & cost-efficient procurement & management of supplies, facilities & transport Develop & implement effective, efficient & cost-efficient facilities & equipment maintenance service Develop relevant training & continuing education programmes for all support services		
Reducing Morbidity and Mortality 7. Improve the quality of maternal and reproductive health care through strengthening the delivery of care, especially emergency	24 hour coverage of emergency obstetric care in hospitals & routine availability of all components of	Increased number of deliveries by skilled birth attendants Increased attendance	Review baseline & increase in numbers of female health workers Ensure continuing	Top priority	Director,

obstetric and gynaecological care and of routine reproductive health services.	reproductive health services in 100% of MoPH-SM & contracted out districts/provinces	at antenatal clinics Increase in TT2+	education programme & supervision system in place		
8. Improve the quality of child health interventions through introducing integrated management of childhood illnesses (IMCI) and enhancing the control of vaccine preventable diseases.	IMCI implemented country wide by 06 EPI coverage increases by 50% from baseline in each MoPH-SM & contracted out district/province	IMCI guidelines available in 100% of MoPH-SM & contracting out districts/provinces by end 05 Rational use of antibiotics evident Proper case management of ARI, CDD, & malnutrition	Agree baseline figure for EPI coverage as of January 05	Top priority	Director,
9. Strengthen the management of cost effective integrated communicable disease control programmes through capacity building and effective guidance/supervision.	Integrated communicable disease control programmes functioning in x% of districts and y% of provinces	Functioning nutritional surveillance system Evidence based decision making about feeding programmes	Agree how to best implement communicable disease interventions	Top priority	Director,
10. Ensure effective delivery of nutritional interventions through the basic package of health services and social marketing.	Reduction of prevalence of acute malnutrition More than 90% of	Health personnel at health centre & community levels know about key nutrition facts such as	Briefly review current nutritional status & other nutrition related information from data available in the		Director,

	households countrywide have access to iodised salt Increased prevalence of exclusive breastfeeding for infants 0-6 months from about 30% to over 60%	breastfeeding, need for iodised salt, & health risks associated with malnutrition Outbreaks of scurvy controlled & prevented	nutritional surveillance system & health information system & agree baselines		
Institutional Development 11. Strengthened institutional and management development through re-clarifying roles and responsibilities, encouraging team work, and increasing delegation at all levels of the health system.	Evident that central and provincial level departments functioning efficiently and effectively	Review undertaken at all levels of the health system by individual departments etc by end March 05 and where necessary, revised mission statements, roles, job descriptions, organizational charts etc available by end April 05 Evidence of management development including delegated authority	Review roles and functions, lines of accountability, decision making foci, & team working within MoPH, between MoPH and contracted NGOs and between MoPH and other development partners	Top priority	Director,
12. Further strengthen human resources development, especially of female staff through quality basic training	Increased number of female staff working especially on essential maternal &	70% of comprehensive health centres, 50% of district hospitals &	Ensure training & education programmes are well coordinated	Top priority	Director,

and continuing education parallel with further development of human resource planning and retention strategies.	child health issues Strengthened human resource planning & management to reduce mal-distribution of staff	80% of provincial hospitals have full female staff capacity by end 06	Review options for retention strategies		
13. Further develop health planning, monitoring and evaluation through: enhancing evidence-based, bottom-up and participatory strategic planning at all levels of the health care system; the availability of accurate, user-friendly baseline and other information; and regular planning, monitoring and evaluation cycles.	National HMIS fully implemented National M&E system agreed and ready for implementation	All provincial health departments developed annual plans by mid 05 Pilot M&E implemented by mid 05 & evaluated end 06	Review options for national M&E system & decide which ones to pilot in which provinces Develop tools to implement pilot approaches to M&E	Top priority	Director,
14. Further develop health financing through: increasing the flow of funds to the health sector especially for health and hospital services; ensuring spending is in line with priorities; monitoring different mechanisms to finance the delivery of health services; and developing an integrated budgeting and planning system.	Increased flow of funds to health sector Integrated planning & budgeting	More funds flow to MoPH for its management Useful information being generated about different financing mechanisms Departments at central level better able to contribute to	Finalise and implement fundraising strategy Develop a system to monitor different mechanisms to finance the delivery of health services such as contracting for their cost-efficiency & acceptability Develop format for		Director,

		process of developing MoPH annual budget	annual departmental business plans		
15. Further strengthen provincial level work through; developing the leadership skills and knowledge of PHDs; increasing delegation and decentralisation; the monitoring and evaluation of whether the provision of health care is responsive and efficient.	Effective functioning of the provincial management team	Regular, efficient, & useful provincial health coordination meetings Annual plans developed & used 50% provincial health offices separate from hospitals	Develop and implement capacity building programme for provincial health team Raise funds to establish provincial health offices outside hospitals Establish training centers & communication centers		Director,
16. Ensure effective implementation of PRR through efficient performance appraisal and human resource support systems.	Effective management of health services	PRR completed in 34 provinces by end 05	Examine how to further strengthen HRD directorate to undertake PRR related work including communication with Civil Service Commission		Director,
17. Introduce and develop a culture of quality assurance through setting good examples in day-to-work and the development and use of a ministry quality process covering service delivery,	Health providers show interest in changing for the better their attitude towards patients/clients	Resources mobilized for quality assurance work by mid 05 Quality assurance defined and quality assurance cycle	Mobilise resources to undertake quality assurance work and ToR developed for work Examine ways to best strengthen work on		Director,

clinical care, and health management.		(continuous process) described, in a document Evidence that proposed quality standards and other tools are based on (international) research and local experience. Priority standards developed by mid 06	quality assurance at each level of the health system Decide how to, & obtain key baseline information on service delivery, patient care & health management Mobilise resources to undertake work		
18. Develop health reform related health regulations and laws for the public and private sectors through mobilising and using technical and other resources and developing processes for effective enforcement.	1-2 new priority laws and/or regulations developed and processes for ministry/government approval & enforcement ready	More technical & other resources available by mid 05 Decision about current situation & next steps briefly summarised in document by mid 05 1-2 priority new health reform related regulations and/or laws identified by mid 05	Determine relevance of any existing laws & regulations & decide next steps Mobilise technical & other necessary resources		Director,

Annex A. Ministry of Health organisational chart, central level

Annex B. Ministry of Health statement on security and access to health care

Transitional Islamic State Afghanistan
Ministry of Health, Office of the Minister of Health

7 August 04

Commanders: PRT and ISAF
Cc. Office of President Karzai
Embassies
Health aid stakeholders

Position paper: Security and access to health care

One of the top priorities of the Ministry of Health is to urgently extend the delivery of health services, especially in rural and other underserved areas. This is primarily to address the seriously high rates of maternal and child mortality and morbidity.

The Government of Afghanistan is very appreciative of the many international and local efforts in the health sector to address the high levels of illness and other problems. However, it has become increasingly clear that there is a serious security problem in those areas of the country where Provincial Reconstruction Teams, ISAF and/or any other special international military forces get involved in health and health related work, and where aid agencies are also working.

Work by the military or reconstruction teams such as the running of health clinics, the digging of wells and the distributing of leaflets promising aid for information is posing a serious threat to the lives of aid workers. The distinction between aid workers and soldiers/reconstruction teams has become fatally blurred. Sadly, most recently demonstrated in the killing of Medecins sans Frontieres workers and the decision of the Nobel peace prize-winning organisation to leave Afghanistan.

The Ministry of Health does not have the resources to take over the delivery of health care when an aid agency has to suddenly pull out for security or other reasons. Thousands of women and children in particular will lose access to vital health services.

We therefore see a crucial need to differentiate, to draw a line, to ensure a clear separation between the work of the aid community and that of PRT/ISAF/other special military forces. Before any international or local organisation can undertake health and health related work in Afghanistan it has to sign a Memorandum of Understanding with the Ministry of Health. Such a memorandum reflects discussions with senior management on where the organisation will work, what it will provide, and how it will go about it.

It is the position of the Ministry of Health that no individual, organisation, or other group or team can undertake health or health related activities in Afghanistan without the prior permission of the ministry headquarters, Kabul. We ask everyone to please respect this.

Annex C. Position paper on coordination Updated January 05 from February 03

Islamic Republic of Afghanistan
Ministry of Public Health
Position paper on coordination

What are the main aims of the Ministry of Health in coordination?
We have determined that our main aims in coordination are:

- To demonstrate leadership and stewardship of the health sector to all stakeholders
- To ensure the effective and efficient use of the limited resources, avoid duplication and waste of resources and work towards sustainability of the ministry as an organisation, and the of health system
- To enhance sector wide health development – involve all stakeholders whether in the public sector, private-not-for-profit, private-for-profit, or international agency
- To benefit from the comparative strength(s) of each agency

The definition of 'coordination' as applied to the Ministry of Public Health
There are many interpretations of the word 'coordination'. It means different things to different people. And so in order to help ensure that there is a common understanding in the health sector of what is meant by 'coordination' the ministry has developed the following definition:

> The Ministry of Health is in the driving seat for coordination sector wide in health in Afghanistan and intends that coordination is any activity formal or informal, at any level of the health system, undertaken by recipients in conjunction with donors and other development partners, individually or collectively, which ensures that external and internal inputs to the health sector enable the health system to function more effectively, and in accordance with priorities, over time.

Various mechanisms
The coordination mechanisms in the table below give an indication of our approach. The process of informal discussions and formal meetings that result in effective and efficient coordination are very important to the ministry.

At the central level the Policy and Planning Directorate is responsible for external coordination. Any international or local organisation wanting to undertake health and health related work has to sign a Memorandum of Understanding with the ministry.

Level of the health system	Type of coordination mechanism
Central level	Inter-ministerial committees Consultative Group Health and Nutrition (CGHN) National Technical Coordination Committee (NTCC) Executive Board (Top/senior management) Management Executive Forum (Senior/middle management) Task forces and Working groups
Provincial level	Inter-sectoral committees Provincial Health Coordinating Committee (PHCC) Management meetings
District level	Management meetings
Health centre level	Management meetings
Community level	Shura (Traditional forum)

Annex D. Ministry of Health Vision for Health 2004-2014

Transitional Islamic State of Afghanistan
Ministry of Health

7 April 04

Vision for Health in Afghanistan 2004 - 2014

What is the vision of the Ministry of Health?
It is that in 10 years better health will contribute to economic and social development.

By better health the Ministry of Health means that:

- There will be significantly reduced mortality among women, infants, and children under five years of age.
- The incidence of communicable diseases, especially of malaria and tuberculosis, will be at lower levels than now, and there will be fewer epidemics.
- The nutritional status of children will be much improved.

In addition:

- We will have effective programmes for the prevention of chronic diseases such as HIV/AIDS and heart disease.
- There will also be information and education programmes about lifestyle issues such as smoking and road traffic accidents that really help people decide to change their ways.
- The reduced mortality and incidence of disease will contribute significantly to helping achieve the relevant global millennium development goals.

How will we achieve all this?

- We will have effective, efficient, quality, sustainable basic health services distributed equitably throughout the country, especially in the rural areas.
- We will have well functioning hospitals, all of which will be able to do caesarean operations at any time of the day or night.
- We will have the right health workers, in the right place, in the right numbers, at the right time, with the right skills.
- We will make the best use of financial and other resources, with spending in line with priorities and coordinated across sectors.
- We will have a Ministry of Health that is a strong steward of both the public and private health sectors, is transparent with good governance, and has evidence based policies and priorities. There will be effective and efficient health systems that will ensure a well functioning public sector institution.

Is the vision really realistic, is it achievable?
The Ministry of Health believes it is.
Why? Because:

- The Ministry of Health is an achiever. Within the relatively short time frame since the establishment of the transitional government, the ministry has gained a reputation of being dynamic and of being increasingly in the driving seat with strong leadership, and a strategic vision. It also has a reputation of being good to work with. It has excellent relationships with development partners.
- The ministry is currently laying the foundations for the vision outlined above. This is being done within the framework of an interim health strategy 2002-2004. The strategy gives the mission and values of the ministry, values such as right to a healthy life; equity; women, children and other vulnerable groups; and pro-rural. And it clearly states the priorities that must be addressed if we are to improve the health of our people. The interim health strategy also says what should be achieved by end 2004, in other words has planned outputs, within the context of health outcomes for the period 2002-2006.
- One recent example of how well focussed Ministry of Health is, is that it put in two bids for Priority Reform and Restructuring (PRR) status and was successful. The first of the two bids was for provincial level strengthening. The first ministry to focus on the provincial level rather than central level, and a good reflection of its pro-rural value.
- Reforms are being implemented incrementally within the strategic framework, while capacity is being developed especially through on-the-job learning. And the ministry is developing a management culture that guides implementation through continually asking itself: What are doing? How are we doing it? What are the successes and constraints? What factors are contributing to them?

Do we have any constraints or challenges?
There are constraints and some of them are serious and will take time to deal with. For example:

- There are very few female health workers.
- Training females is going to be a real challenge because of the low literacy rates.
- It will take time to empower health service clients, particularly poor women, to have a say in the delivery of health services. For example, about the opening and closing times of clinics, or the need to reduce out-of-pocket expenditure to prevent households sliding even further into poverty.
- There are few commitments to long term funding, and funds pledged take an age to come in the form of a project or programme ready for implementation.
- Finally, improved health is not just the result of health services. The country needs substantial, effective investment in other sectors such as education, water and sanitation, employment and housing.

The vision that the Ministry of Health has outlined in this document will contribute to the improved health of our people. The Ministry is committed to the vision and has the will to implement it.

Annex E. Working Principles and Definitions of the Ministry of Public Health

The first part of this annex explains or defines what each of the seven working principles of the Ministry of Public Health actually means. Thereafter other definitions are given in alphabetical order.

Seven working principles, Ministry of Public Health

8. Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual.
9. Making evidence based decisions.
10. Ensuring equitable access to, and provision of, quality, basic, essential health services.
11. Being honest, transparent and accountable.
12. Improving the effectiveness, efficiency and affordability.
13. Giving priority to groups in greatest need especially women, children, the disabled and those stricken with poverty.
14. Promoting healthy lifestyles and discouraging practices proven to be harmful.

Brief explanation of the seven principles

1. Treating all people with dignity, honesty and respect and considering healthy life as a basic right of every individual.
The Ministry of Public Health reaffirms its commitment to treat all people with dignity and respect and to ensure this fundamental attitude is present in every Afghan professional in their dealings with patients, the public and colleagues

2. Making evidence based decisions.
The Ministry of Public Health seeks to ensure that sound and appropriate decisions are made by patients, clinicians, managers and policy makers in all elements of planning, delivery and receipt of health services. This means all health services and related activities must be monitored and evaluated.

3. Ensuring equitable access to, and provision of, quality, basic, essential health services
Provision of good quality health services will be based upon need for the services. The Ministry of Public Health will further promote equity in the distribution of resources and health services between provinces, between primary and secondary care and between rural and urban areas.

4. Being honest, transparent and accountable
All interactions and transactions between patients, health workers, the community, the public, the ministry of public Health and suppliers must be open, of the highest standard of integrity, and stand the scrutiny of review.

5. Improving the effectiveness, efficiency and affordability.
Maximum benefit should be received from the use of scarce health resources-human, financial, drugs and supplies, facilities and equipment. Health services must also be affordable for the community if they are to be accessible.

6. Giving priority to groups in greatest need especially women, children, the disabled and those stricken with poverty.

The Ministry of Public Health is committed to targeting health services to those in greatest need by increasing the opportunities for women, children, the disabled and those living in poverty to access health services which will improve their health.

7. Promoting healthy lifestyles and discouraging practices proven to be harmful.
The Ministry of Public Health is committed to providing more effective health information and education to assist all members of the community to reduce illness and lead healthier lifestyles as part of a healthy society. It will also introduce legislation top ban unhealthy or harmful medical practices, drugs and habits.

Other definitions of terms

Annual and monthly work plans
A yearly agenda of work that indicates all major activities ranked in order of priority, and tells us what is needed to achieve locally planned outputs and targets at each level of the health system. This is required by the Independent Administrative Reform and Civil Service Commission (IAR-CSC) in Afghanistan. The sum total of the work should contribute to achieving the national level strategies. When government and agency financial allocations are included a work plan is sometimes renamed 'business plan'. When financial planning is possible covering a 2-3 year period a separate document is often produced called a medium term expenditure framework.
A monthly work plan is a management tool that can help us work more effectively and efficiently in each health facility and department. It details the work to be done during the month and allocates time objectives and responsibilities. The results should be discussed at a staff meeting when the work plan for the next month is also agreed. Sometimes individuals make their own weekly work plans.

Capacity building
One of the key aims of capacity building is to try and achieve sustainability. By capacity building the Ministry of Public Health means the development of organisational, managerial, and technical abilities, attitudes, relationships and values that enable individual staff, groups such as departments, committees and teams, and the ministry as an organization to become more effective and efficient. We are working towards becoming a sustainable institution that achieves results through strategic work - working on a day-to-day basis within the longer-term context of strategies and planned outcomes and outputs.

Chronic conditions
Health problems that persist over time and require some degree of health care management. Examples include cardiovascular disease, cancer, diabetes, depression, and increasingly HIV/AIDS is also being termed a chronic condition. The prevalence of chronic conditions is rising worldwide because of increased longevity, urbanisation, unhealthy lifestyles, and the spread of smoking.

Cost-effective public health interventions
Interventions that if implemented well, can substantially reduce the burden of disease in populations, especially among the poor, and do so at a reasonable cost relative to results. Examples of interventions include maternal health and safe motherhood, family planning, integrated management of childhood illnesses, immunization, school health interventions, malaria case management and selected preventive measures e.g.

impregnated bed nets, treatment of tuberculosis, selected non communicable diseases and injuries, and tobacco control.

Evaluation
Evaluation is attributing value to an intervention by gathering reliable and valid information about it in a systematic way, and by making comparisons, for the purposes of making more informed decisions or understanding causal mechanisms or general purposes. An evaluation process links planning and monitoring to evaluation and one of the basic principles is continuously questioning: what are doing and how? should/could we be working differently in order to be successful?

Health management
Undertaking all work effectively and efficiently to help achieve goals, outcomes, outputs and objectives. Management functions include: setting priorities, planning, monitoring and evaluation, coordination, resource management, and human resource or personnel management. Management tools include delegation, management by objectives, staff meetings, and work plans. Effective management = doing the right job. Efficient management = doing the job right.

Health policy
The health policy of a government is its' guide to the overall context within which all health and health related work should be developed and implemented within a set time frame.

Health policy statement
A concise interpretation of the national health policy or a concise statement of the policy for a specific subject e.g. human resource development, malaria etc.

Health reform
Reform is all about change. Health reform can be a major programme including for example, organizational, financial and human resources reform. Or be about a very specific aspect of change such as the way hospitals are managed. Key challenges encountered by decision makers as they seek to reform their health system include political/social pressures, scarce resources, funding the system or element of the system equitably and sustainably, allocating resources effectively, delivering care efficiently, and the management of the change process.

Health strategy
A health strategy is the direction and scope of work in the health sector during a specific period, often 3, maximum 5 years. A strategy helps answer the question 'how are we going to successfully achieve the policy'? It outlines how all stakeholders can contribute to improving and sustaining the health of the people of the country. A strategy should reflect strategic thinking, leadership, a wide consultative process, evidence based decision-making, and responsible management.

A strategy does not give detail on activities. These should be covered in an annual business/work/operational plan developed at each level of the health system. Nor should it give detailed information on financial allocations. This should be in a medium term expenditure framework. But a strategy should reflect some thinking about priorities and on matching resources to the changing environment.

Health system(s)
A health system comprises all the organisations, institutions and resources that are devoted to producing health actions and outcomes. Health systems are constituted, on the one hand, by a system of care whose goal is to correct health problems, prevent their appearance and address their consequences. On the other hand, they are formed by a system whose goal is to promote the health of populations.

Indicators
Indicators are measures for checking on progress towards achieving outcomes and outputs. They can be quantitative and/or qualitative, have a time frame, and may highlight geographical and/or target groups. Indicators should relate to those aspects of care or organisational/management issues which staff can alter.

Institutional development
Refers to the process and content of change in institutions. The term process covers 'how' change is achieved and the term 'content' refers to 'what' is to be achieved.

'How' concerns change management or organization development, e.g. how need for change is identified and accepted; how change programmes are designed and agreed, and how implementation is organized. 'What' relates to the changes that are to be made, e.g. redefining objectives of new human resource policies.

Ministry of Public Health strengthening mechanism (MoPH-SM)
The strengthening of the delivery of health services by the ministry, currently in 3 provinces, and supported by World Bank.

Outcomes
Outcomes are the real or visible effect of decision-making and practice. They should relate to crude rates of adverse events in the population (these give the best indication of the size of a health/disease problem) or when qualitative relate to issues that are system wide. Outcomes are usually assessed after a 5 year period.

Outputs
Outputs are the direct qualitative or quantitative results of actions. They can be produced within a very short time frame. They are usually in the form of tangible products such as guidelines, manuals, workshops or policy papers or can be intangibles such as increased managerial competencies or changed behaviour.

Contracting out
Contracting an agency e.g. a non governmental organisation, to deliver health services in a given area (district/provincial) of the country with authority to manage systems and personnel, including hiring and firing, setting salaries and prices with agreement to ensure outcomes based on health policy framework of the government.

Contracting in
Contracting in management from an agency to run government health services in a given area (district/provincial) within civil service rules and regulations to ensure outcomes based on the health policy framework of the government.

Private sector
The part of the economy of a country that is not under the direct control of the government. There are a number of different players in the private sector in many countries. These can be summarized as: private-for-profit, private not-for-profit, and informal sector. Health policy and strategy need to cover the private provision of services and private financing, as well as state funding and activities, in other words be sector wide (see definition below). Only in this way can health systems as a whole be orientated towards achieving goals, outcomes and outputs that really do make a difference, for the better, to the health of the population in the country. Good stewardship (see definition below) helps ensure such an approach.

Public sector, and Public health
In most countries 'public sector' refers to services funded and managed by/within national government systems.
Public health is defined as the science and art of preventing disease, prolonging life and promoting health through organized efforts of society. Public health is concerned with the health of populations/communities as opposed to the health of individuals. Major public health functions include:

- Monitor trends in diseases, identify explanations, propose and monitor interventions, and support the development of comprehensive, integrated programmes to deal with them
- Communicable disease control and environmental health
- Managing public health crises
- Promoting/provision of cost effective interventions to specific groups e.g. immunization
- Health promotion
- Research

Quality management, and Quality prevention and care
Quality management is the degree of excellence of a service or a system in meeting the health needs of those most in need at the lowest cost, and within limits, directives and/or regulations. This means looking at issues including equity, accessibility, effectiveness, efficiency, appropriateness and responsiveness. Baselines for quality include: setting national and local level standards, clinical audit, legal rights, and in many countries a patient's charter, patient ombudsman, and a tribunal for patients' rights comprised of ordinary citizens.

Quality prevention and care is measured to a great extent by clinical audit. To move towards higher quality prevention and care, more and better information is commonly required on existing provision, on the interventions offered and major constraints on service implementation. Local and national risk factors need to be understood. Information on numbers and types of providers is a basic requirement. An understanding of provider attitudes and practices and on client utilisation patterns is also needed so that policy makers know why the array of provision exists, as well as where it is going.

Regulation
A rule, ordinance or law by which conduct is ensured at established standards.

Sector wide
Sector wide means all institutions, organizations, and agencies, whether public, private, local or international, formal or informal, within the health sector.

Sector-wide approach (SWAp)
Refers to formulating policy and managing all agencies and organisations, both public and private, with a common strategy and mutually agreed management arrangements including the pooling of financial resources. Ghana and Bangladesh have adopted a SWaP in the health sector.

Sector-wide management (SWiM)
Similar to a SWaP but main difference is no pooling of financial resources. Cambodia has adapted SWaP to SWiM

Stewardship
Stewardship encompasses the tasks of defining the vision and direction of health policy, exerting influence through regulation and advocacy, and collecting and using information.

Strategic options
Broad directions to be chosen based on analysis of what is feasible, has high potential to attain the goal, outcomes and targets, and is within available resources.

Strategic thinking
The ability to differentiate between short and long term thinking and strike a balance between the two. This needs to be a continuous process; even when implementing a policy or strategy, future planning cannot be neglected. A good strategist looks at what is happening /being done now in the context of where they want to go, they react positively to problems, can inspire and motivate people, and communicate well.