

MINISTRY OF HEALTH INSTITUTIONAL DEVELOPMENT PLAN

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT: “THE FLAGSHIP PROJECT”

MARCH 2009



MINISTRY OF HEALTH INSTITUTIONAL DEVELOPMENT PLAN

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT: “THE FLAGSHIP PROJECT”**

MARCH 2009

CONTRACT NO. 294-C-00-08-00225-00

This publication was produced by Chemonics International, Inc and partners for review by the United States Agency for International Development.

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development nor the United States Government.

CONTENTS

| | |
|---|-----|
| Section I: Introduction..... | 5 |
| Section II: Institutional Development Plan Approach..... | 6 |
| Section III: Challenges to Implementing Institutional Development... .. | 9 |
| Section IV: Institutional Development Plan..... | 11 |
| Annexes: | |
| Annex A: Priority Reforms and Interventions..... | 87 |
| Annex B: Linkages between the Institutional Development Plan and the National Strategic Health Plan..... | 89 |
| Annex C: MoH IDP Focal Teams..... | 101 |
| Annex D: Institutional Development Plan Workshop Working Group Composition..... | 103 |

ACRONYMS

| | |
|---------|---|
| BCC | Behavior Change Communication |
| BPH | Bahraini Pediatric Hospital |
| BZU | Bir Zeit University |
| CE | Continuing Education |
| CHW | Community Health Worker |
| CME | Continuing Medical Education |
| CQI | Continuous Quality Improvement |
| CSR | Corporate Social Responsibility |
| CVA | Cerebrovascular Accident |
| EMS | Emergency Medical Services |
| ER | Emergency Room |
| EWAS | Emergency Water and Sanitation Project |
| GP | General Practitioner |
| HIS | Health Information System |
| HMIS | Health Management Information System |
| HR | Human Resources |
| ID | Institutional Development |
| IDP | Institutional Development Plan |
| IT | Information Technology |
| JCI | Joint Commission International |
| LLU | Loma Linda University |
| M&E | Monitoring and Evaluation |
| MoH | Ministry of Health |
| NHI | National Health Insurance |
| NHSPSPC | National Health Policy and Strategic Planning Council |
| NICU | Neonatal Intensive Care Unit |
| NSHP | National Strategic Health Plan |
| OJT | On-the-Job Training |
| OPD | Outpatient Department |
| PHC | Primary Health Care |
| PI | Performance Improvement |
| PICU | Pediatric Intensive Care Unit |
| PMC | Palestine Medical Complex |
| PRDP | Palestinian Reform and Development Plan |
| QI | Quality Improvement |
| RFA | Request for Application |
| RFP | Request for Proposal |
| SOP | Standard Operating Procedure |
| SOW | Scope of Work |
| TA | Technical Assistance |
| TOP | Training of Practitioners |
| TOT | Training of Trainers |
| TRG | Training Resources Group |
| UNRWA | United Nations Relief and Works Agency |
| UPL | Unified Procurement Law |
| USAID | United States Agency for International Development |

SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations (NGOs), and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

One of the Project's priorities is to support the MoH in implementing reforms needed for quality, sustainability, and equity in the health sector. To initiate this process, the Project supported the MoH in conducting a rapid and comprehensive needs assessment of the health sector¹. The purpose of the assessment was to identify the strengths and weaknesses of the health system, and prioritize areas for intervention that support the Palestinian National Strategic Health Plan. See Annex A for the list of technical areas and key interventions identified by the assessment.

The results of the assessment were organized into 18 priority areas for reform. The Ministry of Health team used these priority areas as the basis for drafting a comprehensive Institutional Development Plan (IDP) for Palestinian health sector reform and development. During a workshop in Jericho on March 5 and 6, 2009, forty MoH staff worked together to further develop and refine the action plans, and to prioritize activities for completion over the initial six-month period. Each team presented the revised plans to the Minister, Deputy Minister, and other MoH staff. The IDP is presented in Section IV.

The IDP translates the recommendations of the needs assessment into implementable action to be managed by the Ministry of Health. It also serves as a reference of all the priority areas that the Flagship Project will focus on during the lifetime of the project and can be a useful tool for donor coordination as well.

¹USAID/Flagship Project, *Health System Assessment Report*, (December 2008).

SECTION II: INSTITUTIONAL DEVELOPMENT PLAN APPROACH

The Institutional Development Plan (IDP), presented in Section IV, outlines the institutional development and technical assistance interventions that will be supported by the Flagship Project over a five-year period, in coordination with other donors as appropriate, to strengthen the capacity of the MoH. The IDP is based on the findings of the needs assessment² carried out by the MoH in November and December of 2008. The health system assessment revealed a number of priority areas for reform by the Ministry of Health. During a workshop chaired by the Minister and Deputy Minister of Health on November 25, 2008, the MoH assessment team discussed the health system's needs and priorities as a whole, identified areas of mutual concern, and developed a more targeted list of priority areas for reform. During subsequent discussions of that list, the MoH assessment team highlighted the following key areas for reform:

| Module ³ | Priority Area |
|---------------------|---|
| 1 | Create a center of excellence at the Palestine Medical Complex |
| 2 | Develop a health information system |
| 3 | Support implementation of the new Health Insurance Program |
| 4 | Design and implement a continuous education program for health professionals |
| 5 | Create and implement a relicensing system for health professionals |
| 6 | Design and implement a health facility accreditation program |
| 7 | Improve performance management |
| 8 | Strengthen service delivery and clinical guidelines |
| 9 | Improve coordination of stakeholders. |
| 10 | Support passing and implementation of the Health Commodities Procurement By-laws |
| 11 | Improve clinical MoH primary care system |
| 12 | Improve the quality of clinical services in the Palestinian MoH hospital system |
| 13 | Improve health communications services |
| 14 | Support MoH emergency departments and emergency preparedness |
| 15 | Training and fellowship program in health administration and management for the public sector |
| 16 | Improve community-based health services |
| 17 | Improve medical waste management |
| 18 | Introduce and implement a comprehensive M&E approach and system |

The Institutional Development Plan highlights the most tangible and realistic interventions needed to respond to the above-mentioned eighteen areas.

To develop the plan, the Flagship team designed a template to illustrate the overall framework, and helped compile needed information for the planning process to support a coherent approach in presenting the IDP. The template was organized around planning elements such as strategic objectives, the Project's results framework, linkages between the priority area and health sector reform process, anticipated results, intervention strategy, and timeframe.

The MoH adopted a holistic approach to the planning process that focused on developing a comprehensive and well-integrated IDP which links to priorities in the National Strategic Health Plan (NSHP) and the Palestinian Reform and Development Plan (PRDP), especially those priorities under the health quality improvement program. The IDP interventions are complementary and supportive of the objectives of both the NSHP and the PRDP. (See Annex B for linkages between the IDP and the NSHP).

² USAID/Flagship Project, *Health System Assessment Report*, (December 2008).

³ The number assigned to each Module does not reflect a prioritized order.

In addition to ensuring consistency with other MoH planning documents, linkages between IDP Modules are highlighted in order to pinpoint areas where coordinated interventions are most useful. This avoids duplication of interventions and maximizes utilization of human, financial, and material resources.

Since both the framework and Institutional Development Plan promote a comprehensive and well-integrated approach to reform, the IDP also highlights several cross-cutting issues that impact implementation in each programmatic area. These include promoting good governance, institutionalizing reform, and strengthening public confidence in health services through improved communication, private sector involvement, and gender equity — all which affect quality of care.

Good governance is critical to ensuring meaningful and sustained reform and entails having the political will and commitment to encourage, promote and take practical decisions to bring about change. In addition, the reform process cannot be sustainable without an institutional framework that has broad-based support and ownership within the Ministry at all levels. Strengthening communication between the Ministry of Health and the general public is critical to building trust in the health system. Another aim of the IDP is to institutionalize a transparent and open process by which the MoH communicates its reforms, progress, and impact on the quality of care to the public. Likewise, feedback mechanisms by which the public communicates its needs to the MoH should be institutionalized.

The private sector will be involved through corporate social responsibility (CSR) and creating partnerships with non-governmental organizations (NGOs), professional groups, educational facilities, private health care providers, and businesses. Examples of partnerships with the private sector could include working with private companies to develop innovative and cost efficient strategies (for e.g. new services that remove and effectively decontaminate waste materials from the health facilities), donations towards the health care fee subsidies, and with professional associations to develop innovative ways to train health care providers and monitor the quality of services delivered. The importance and promotion of gender equity as a human resource requirement will be addressed to ensure that women and men have equal access to employment (recruitment, deployment), training, continuing education opportunities, and equitable reimbursement, to respond to the needs of the Palestinian people with sensitivity and respect.

The Deputy Minister of Health appointed ID focal teams from within the different departments of the MoH to facilitate and lead the implementation of the IDP (see Annex C with the list of focal team members and corresponding priority areas). The Flagship Project worked closely with the MoH staff to further refine the draft IDP during a two-day workshop on March 5 and 6, 2009. The focal teams were arranged into seven working groups (see Annex D for the working groups). The working groups reviewed and modified the IDP to prioritize activities for implementation in the following six months. The IDP presented in Section IV of this document is the result of the workshop and represents the commitment of the MoH to implement the reform activities outlined.

The composition of the working groups at the IDP workshop, which brought together diverse MoH staff, expertise, and opinions, resulted in an integrated MoH Institutional Development Plan that addresses the totality of health system reform. It also emphasized the importance of cooperation and coordination within the MoH and with stakeholders, and promoted a culture

of transparency and openness. The process also provided an important opportunity for district and clinical level staff to be actively involved in the planning process and decision making.

The IDP will be reviewed on an annual basis to track progress and to make adjustments when needed to ensure timely and realistic achievement of the anticipated milestones and results.

SECTION III: CHALLENGES TO IMPLEMENTING THE INSTITUTIONAL DEVELOPMENT PLAN

This section highlights some of the challenges anticipated by the Ministry of Health in implementing institutional development.

1. *Resistance to change.* The Ministry has been very supportive of reform efforts to date. However, as the reform process moves forward, resistance to the needed changes may arise. Some of the factors that may affect acceptance of change include perceived shifts in power or authority, particularly, in the context of centralized decision-making in the Ministry. Political instability may also cause many staff to take a “wait and see” approach before fully committing to the health reform agenda.

Successful implementation of the IDP will require continued engagement with and active participation from district and clinical level staff, as well as personnel from the central MoH, during the reform process. Approaches will be developed to encourage those in senior positions to trust and allow staff at all levels to be given a share of responsibility and authority in the health reform process.

2. *Capacity of supporting institutions.* It became evident during the health system assessment and preliminary discussions regarding the IDP that some institutions that play a central role to health reform may not share the commitment, vision, or priorities for reform that the MoH is interested in pursuing. This poses a challenge to the MoH which needs to work with these institutions in order to fully implement the reforms.

3. *Uncertainty of MoH financial resources over the next few years.* Without solid assurances that the needed resources will be available on a timely basis, MoH staff may not be willing or able to commit long-term to the interventions required by the health reform process to improve and sustain quality of services.

4. *Timeframe Constraints.* The capability of the Ministry to undertake multiple, significant, and simultaneous reforms of this magnitude should be taken into consideration. Even when MoH staff are willing to make changes, additional training and technical assistance may be needed to develop the skills and capacities to implement reform. There are high expectations, and the timeframe may be ambitious for a nascent system that needs strong oversight and a detailed implementation plan to make broad institutional changes. The MoH will need to carefully review the priorities identified in the IDP and consider adjusting and developing a schedule to phase in health reforms over time.

5. *Restrictions on mobility.* Due to closures and roadblocks in the West Bank, mobility is a challenge for Ministry staff. This factor can impact the timeliness of the IDP interventions.

6. *Skepticism of the public towards the quality of MoH services.* Discussions have indicated that the public is skeptical about the commitment and capacity of the MoH to improve the quality of care. It is critical to engage in effective communication between the MoH and the Palestinian public to demonstrate progress achieved through successful implementation of the IDP in the effort to change the public’s opinion about quality of health care.

7. *The humanitarian crisis in Gaza.* As mentioned above, the Ministry of Health and health sector operates within an environment of chronic uncertainty and conflict, and emergencies such as the current crisis in Gaza are unfortunately not uncommon. These frequent emergencies test the resilience of the health system. When an emergency occurs, the tendency among the MoH and donors alike is to refocus all resources to humanitarian and emergency response, setting aside the longer-term development and reform initiatives and goals. This can contribute to the stagnation of the health system reform process.

SECTION IV: INSTITUTIONAL DEVELOPMENT PLAN

This section presents the eighteen modules of the Institutional Development Plan.

Module 1: Develop a Center of Excellence at the Palestine Medical Complex

Linkages with the National Strategic Health Plan: Strategic Objectives: 1.9, 3.2, 3.3, and 4.2.

Why: The long-term objective of the Palestine Medical Complex (PMC) is to serve as a “Center of Excellence” in the West Bank that will inspire the rest of the Palestinian health system to provide the highest quality service in a complementary fashion. The MoH will operationalize the PMC in a manner that promotes good governance and transparency in health, equitable and quality services in care, social participation, and cost-effectiveness.

Elements in the Reform Process Addressed: By providing technical assistance and capacity-building support to the PMC, the MoH can then guarantee improvements in equity, access, efficiency, quality, and sustainability, which can then be emulated across the West Bank and Gaza.

Results of Intervention: The establishment of a health center of excellence at the PMC.

Component & Deliverable⁴:

Component 1: Health Sector Management and Reform.

Component 2: Clinical and Community-Based Health.

Workplan Objective⁵:

Objective 1: Improve Good Governance and Management Practice in the Palestinian health sector . Task 1.1.1: Strengthen the capacity of the MoH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian Health Sector.

Objective 2.1: Improve the quality of essential clinical services for the Palestinians. Task 2.1.2: Strengthen Quality Improvement systems within Palestinian institutions to deliver better secondary care.

Expected Result: Strengthen capacity and performance of Palestinian health sector institutions (this priority area is a cross-cutting activity that will respond to several results in the framework across the three components).

⁴ Components and deliverables for each Module were derived from the Flagship Project Annual Draft Workplan.

⁵ Please refer to the Flagship Project Draft Workplan.

Module 1: Develop a Center of Excellence at the Palestine Medical Complex (PMC)

| Activity | Time Frame | | Responsibility | Comments |
|--|-----------------|------|--|---|
| | Month | Year | | |
| 1. Create and promote a mission/vision statement for the PMC and each individual institution within the PMC | March-September | 2009 | Minister of Health/Flagship /Loma Linda University (LLU) | |
| 2. Form an activation team | March-September | 2009 | Minister of Health/Flagship /LLU | |
| 3. Develop a detailed plan that the activation team will follow: - Identify systems, policies, guidelines - Recruitment - Procuring - Renovating | March-September | 2009 | LLU/Minister of Health/Flagship | LLU will develop the plan |
| 4. Evaluate and assess Joint Commission International (JCI) accreditation standards for the PMC institutions (decide whether to use them as the gold standard) | June-July | 2009 | Minister of Health/Flagship/LLU | Link to Module #6: Design & implement a health facility accreditation program |
| 5. Establish and develop governance and leadership for the PMC (education for a functioning board, hiring the right people, mentoring process) 5.1 Board of Trustees: - Develop criteria for board members - Establish term limit - Develop roles and responsibilities, including fundraising duties | September | 2009 | Minister of Health/Flagship/LLU | Link to Module #15: Training & fellowship program in health administration & management program for the public sector |

| | | | | |
|---|---------|-------------------------------------|--|--|
| - Form the board | | | | |
| 5.2 Develop by-laws for the PMC | | | | |
| 6. Establish an appropriate and transparent cost-recovery system for the PMC to include: patient fees, donor support and hospital expenses | TBD | Minister of Health/ Flagship/LLU | Link to Module #3: Support implementation of the new Health Insurance Program | |
| 7. Develop a master plan for patient flow for the PMC including: assessment and evaluation of length of stay, appropriateness of admissions, tertiary care outside of Palestinian and PMC hospital services | TBD | Minister of Health/ Flagship/LLU | | |
| 8. Develop and establish a transparent HR management system for the PMC (system of employment, job descriptions for key positions) | TBD | Minister of Health/ Flagship/LLU | Link to Module #15: Training & fellowship program in health administration & management program for the public sector | |
| 9. Develop and acquire appropriate medical technology and equipment for the PMC | Ongoing | Minister of Health/ Flagship/LLU | Link to Module #7: Improve performance management | |
| 10. Develop and establish a pharmaceutical and medical supply system for the PMC | TBD | Minister of Health/ Flagship/LLU | Link to Flagship Project Component 3 (Procurement) | |
| 11. Develop and integrate the following PMC support services: - Pharmaceutical services - Radiology - Clinical laboratory - Health information management/medical records - Information systems (computers, staff) - Nutritional services | TBD | Minister of Health/ Flagship/LLU | Link to Flagship Project Component 3 (Procurement) Link to Module #2: Develop a health information system Link to Module #4: Design & implement a continuous education program for health professionals Link to Module #5: Create & implement a relicensing | |

| | | | |
|---|------------|---|---|
| <ul style="list-style-type: none"> - Facilities management & engineering - Biomedical engineering - Medical library and learning resource center | | | <p>system for health professionals</p> <p>Link to Module #8: Strengthen service delivery & clinical guidelines</p> |
| <p>12. Staff development and education training</p> | <p>TBD</p> | <p>Minister of Health/ Flagship/LLU</p> | <p>Link to Module #4: Design & implement a continuous education program for health professionals</p> <p>Link to Module #5: Create & implement a relicensing system for health professionals</p> |
| <p>13. Continuous Quality Improvement (CQI)</p> | <p>TBD</p> | <p>Minister of Health/ Flagship/LLU</p> | <p>Link to Module #7: Improve performance management</p> |
| <p>14. Review and assess current medical waste management program</p> | <p>TBD</p> | <p>Minister of Health/ Flagship/LLU</p> | <p>Link to Module #18: Improve medical waste management</p> |

| | | | |
|--|-----|-------------------------------------|---|
| Bahrain Pediatric Hospital (BPH) & Sheikh Zayed Emergency | | | |
| 1. Establish a realistic opening date for the BPH | TBD | Minister of Health/ Flagship/LLU | |
| 2. Identify and meet MoH standards for hospital licensure | TBD | Minister of Health/ Flagship/LLU | Review in light of #6: Design & implement a health facility accreditation program |
| 3. Establish a hospital activation and implementation team | TBD | Minister of Health/ Flagship/LLU | |
| 4. Conduct a “mock” hospital patient care day with actors as patients to test and verify all processes and systems | TBD | Minister of Health/ Flagship/LLU | |
| 5. Submit for consideration BPH clinical services: NICU, PICU, maternity, and general pediatrics | TBD | Minister of Health/ Flagship/LLU | |
| 6. Establish appropriate physician and nurse to patient ratios | TBD | Minister of Health/ Flagship/LLU | |
| 7. Identify and collaborate with existing pediatric residency training program | TBD | Minister of Health/ Flagship/LLU | Link with Module #15: Training & fellowship program in health administration & management program for the public sector |
| 8. Assess and evaluate current nursing staff educational level | TBD | Minister of Health/ Flagship/LLU | |
| 9. Integrate and implement appropriate telemedicine systems in the following areas: - Patient consultations | TBD | Minister of Health/ Flagship/LLU | Link with Module #2: Develop a health information system Link with Module #4: Design |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> - Continuing professional medical education - On-site in-service orientation and training - Administrative leadership & development - Flagship Project management | | | <p>& implement a continuous education program for health professionals</p> <p>Link with Module #7: Improve performance management</p> <p>Link with Module #15: Training & fellowship program in health administration & management program</p> |
|--|--|--|--|

Module 2: Develop a Health Information System

Linkages to the National Strategic Health Plan: Strategic Objective 1.10, 2.3, 5.3, and 5.4.

Why: Developing a health information system is a cross-cutting issue that affects the entire health system. However, developing a health information system goes beyond just the procurement and installation of software and equipment. MoH staff stressed the importance of building its capacity to utilize data for management, planning, and informed policy formulation. Establishing a comprehensive and integrated health information system will allow this to happen.

Elements in the Reform Process Addressed: The development of a comprehensive health information system will address the various elements of efficiency, equity, access, highest quality, and sustainability.

Results of Intervention: A health information system is in place and utilized by the MoH and health sector at large to aid in the management, planning, and informed policy formulation that will lead to better service delivery and public satisfaction.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the Public Sector.

Workplan Objective:

Objective 1: Improve good governance and management practices in the Palestinian health sector.

Expected Result: Improve management practices within the MoH network.

Module 2: Develop a Health Information System (HIS)

| Activity | Time Frame | | Responsibility | Comments |
|---|------------|------|---|---|
| | Month | Year | | |
| 1. Review of the current status at the MoH in the following areas: - Patient Medical Records - Available Hardware and software - Computer literacy among MoH staff | March | 2009 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | This should include carrying out workshops with the staff at the MoH (decision makers and end users) to decide on what indicators they need to be incorporated in the data collection process |
| 2. Create draft feature list for HIS, system specifications and infrastructure | March | 2009 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |
| 3. Issue the HIS RFP | April | 2009 | Director of Health Information Center/ Director of Health Information-Insurance/MoH IT Department /Flagship | The RFP will outline the detailed deliverables and exact implementation time frame |
| 4. Evaluation of submitted proposals and selection of firm | August | 2009 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |
| 5. Implementation of HIS development | September | 2009 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship/HIS subcontractor | |
| 6. Developing project coordination mechanisms and architecture | December | 2009 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |

| | Time Frame | | |
|--|-------------------|---|--|
| 7. Develop requirements, and detailed design and testing | March 2010 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |
| 8. Data conversion and integration, and acceptance testing | June 2010 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |
| 9. Documentation and training, pilot test and implementation | September 2010 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |
| 10. Roll out of HIS in phases | December 2010 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |
| 11. Support and maintain new system | December 2011 | Director of Health Information Center/Director of Health Information-Insurance/MoH IT Department/Flagship | |

Module 3: Support Implementation of the New Health Insurance Program

Linkages to the National Strategic Health Plan: Strategic Objectives 1.8, and 2.2

Why: The development of an efficient and modern Health Insurance Program (HIP) will strengthen the MoH's ability to generate much-needed revenues to sustain the program and finance health services. It will also help the MoH to ensure that enrolled citizens receive better quality health services. This task constitutes an integral part of the MoH three-year strategic plan.

Elements in the Reform Process Addressed: The lack of an efficient and transparent HIP is undermining the task of creating a vibrant health financing system, a key determinant of health system performance in terms of equity, efficiency, and quality. In addition, reforming the health insurance system will improve cost recovery thereby advancing sustainability of the health finance system. Moreover, the reform should advance better health conditions for the enrolled population.

Results of Intervention: Strengthened financial viability of the HIP will foster the MoH's ability to generate revenues to sustain the program. Better quality and efficiency in services will be provided to the enrolled population.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the Public Sector.

Workplan Objective:

Objective 1: Improve good governance and management practices in the Palestinian health sector.

Expected Result: Improved governance in the Palestinian health sector.

Module 3: Support Implementation of the Health Insurance Program (HIP)

| Activity | Time Frame | | Responsibility | Comments |
|---|-------------|------|---|---|
| | Month | Year | | |
| 1. Analysis of cost of services by the MoH and other health service providers | March-April | 2009 | General Directorate of Health Insurance/Flagship/Consultant | |
| 2. Specify the package of services to be included/excluded in the HIP (basic package of health services) | June | 2009 | General Directorate of Health Insurance | The activities outlined in this plan contribute to develop a service provision/purchasing strategy, which is a crucial step to drafting the by-laws and implementing the HIP |
| 3. Develop actuarial link between contributions, covered risks, and the cost of the health benefits package | August | 2009 | General Directorate of Health Insurance | |
| 4. Identify and develop the HIP network of service providers | TBD | | General Directorate of Health Insurance | The MoH team committed to completing these activities in the upcoming six months; however actual implementation of the following activities will be linked to the passing of the health insurance law |
| 5. Support the development of core business functions, including beneficiary relations and provider relations | TBD | | General Directorate of Health Insurance | |
| 6. Set up HIP transparent and accountable management and financial system | TBD | | General Directorate of Health Insurance | |

| | Time Frame | | |
|---|-------------------|---|--|
| 7. Develop claim system and processing | TBD | General Directorate of Health Insurance | |
| 8. Support development of system for fees collection, beneficiary enrollment, and management | TBD | General Directorate of Health Insurance | |
| 9. Conduct willingness to pay study based on formulated Health Insurance Program | TBD | General Directorate of Health Insurance/Flagship/Consultant | |
| 10. Test the HIP for sustainability | TBD | General Directorate of Health Insurance/Flagship/Consultant | |
| 11. Draft and implement HIP by-laws | TBD | General Directorate of Health Insurance | |
| 12. Establish rules and lines of responsibilities between MoH, HIP and health service providers | TBD | General Directorate of Health Insurance | |
| 13. Develop contracting system with service providers based on performance and standard set of criteria | TBD | General Directorate of Health Insurance | |
| 14. Contract service providers based on performance and standard set of criteria | TBD | General Directorate of Health Insurance | MoH may need to renegotiate current contracts based on the revised costing |
| 15. Implement the Health Insurance Program | TBD | General Directorate of Health Insurance | Link with communications and determine education/awareness campaign on new HIP |

Module 4: Design and Implement a Continuous Education Program for Health Professionals

Linkages to the National Strategic Health Plan: Strategic Objective: 4.3

Why: It is essential that the workforce (including both health professionals and care providers) have opportunities to access resources and programs in order to continuously update their knowledge and skills so as to remain technically competent to perform the jobs/tasks that they are assigned to perform. This priority area is a prerequisite and linked to the priority area of creating a system to relicense health professionals. It is also linked to the priority area of performance improvement.

Elements in the Reform Process Addressed: Establishing a system that provides opportunities for continuous learning/updating of knowledge and skills that addresses issues of access and equity of providers to continuous learning, efficiency in accessing the continuous learning opportunities, improved quality of care, and putting in place a sustainable system to provide continuous learning

Results of Intervention: Organizational structures in place to offer different kinds of continuous learning opportunities, processes to motivate and enable health professionals and care providers to engage in continuous learning resulting in technically competent work force.

Component & Deliverable:

Component 2: Clinical and Community-based Health. Deliverable 5: Continuing Education Program for Primary Health Care providers.⁶

Workplan Objective:

Objective 2.1: Improve the quality of essential clinical services for Palestinians with application to both primary and secondary care settings. Task 2.1.1: Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services. Task 2.2.2: Strengthen the capacity of Palestinian health institutions to effectively use communication strategies to promote healthier and safer behaviors.

Expected Result: Strengthened capacity of health institutions to deliver clinical services.

⁶ No deliverable specified for professionals and health care workers in secondary care settings- have reworded deliverable to include both primary and secondary settings.

Module 4: Design and Implement a Continuous Education (CE) Program for Health Professionals

| Activity | Time Frame | | Responsibility | Comments |
|--|------------------|------|--|--|
| | Month | Year | | |
| 1. Establish a database for recording all health cadres including their qualifications, training received and related activities | March-September | 2009 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Flagship | Linked to Module #5: Create & implement a relicensing system for health professionals Linked to Module #15: Training & fellowship program in health administration & management for the public sector |
| 2. Design and implement the “training passport” | April | 2009 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Flagship | A training passport is a booklet in which trainees document their completed trainings |
| 3. Identify appropriate professional associations, universities, organizations to engage in offering CE programs for health professionals and care workers | March-April | 2009 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Flagship | Important to establish communication link between 1) counterpart General Directorate of Higher and Continuing Health Education and 2) Licensing and Accreditation Unit |
| 4. Design the CE program building on successful experiences in country and in other countries | July | 2009 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Flagship/Partners | This will include selecting target populations and topics for CE training |
| 5. Release RFA/RFP to solicit the services of local organizations to provide CE training | August-September | 2009 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Flagship | Refer to Annex: <i>CE Framework</i> for details of RFA/RFP. Provide guidance to organizations responding to the RFP |

| | Time Frame | | |
|---|----------------------------|--|--|
| 6. Evaluate proposals and award grant to successful bidder | October-November 2009 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Flagship/Partners | |
| 7. Work with selected organization to build the capacity of their trainers, faculty members, tutors, and clinical professionals to plan, manage, and evaluate training programs | December-January 2009/2010 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Flagship/Partners | |

Annex: Continuing Education Framework

Assessment Process:

- Develop a base-line assessment tool to identify gaps in knowledge, attitude, skills, and practice among all health professionals and care providers.
- Prioritize CE needs for all cadres of health professionals and care providers identified by the assessment.
- Identify and assess the MoH's existing CE programs to determine if programs respond to the needs of the health care system and the learner.
- Contact local universities to review and determine the availability and progress in developing e-learning and distance learning programs for health professionals and other groups as well as reviewing the quality of existing CE programs for health professionals.
- Identify available local trainers, their specialties and contact information to determine who could offer CE training.

Planning:

- Identify purpose and objectives of the needed programs for CE.
- Define content areas of CE programs based on the needs assessment.
- Identify target audience (e.g., health professionals physicians (GP and Specialists), Nurses, Midwives, Pharmacists, Lab Technicians, X-Ray Technicians, Physiotherapists, Community Health Workers, etc).
- Identify the needed type of learning activities including courses/workshops/seminars/e-Modules for all health cadres.
- Identify expected outcomes of the CE programs that will affect performance of health care system and patient outcomes.
- Develop a HIS system to document participation in training activities by learner and by facility/by health directorate. Include information in both a paper system (trainer record) and electronically including training topic, duration of course/workshop offering, performance achieved, whether or not a course is accredited, original copy of the course completion certificate, number of training courses attended, etc.
- Liaise with the MoH and Minister of Higher Education to recognize/accredit programs as needed to respond to the requirements of the health care system and update the health professionals' knowledge.
- Develop the capacity of MoH staff to take the lead in conducting CE training programs
- Develop in-service training framework to be implemented in MoH health facilities.
- Consider ways of involving health care professionals and care providers from the NGOs and the private sector in CE program organized by MoH.
- Utilize prerequisites for trainees to enroll in CE program offerings:
 - Licensed health professionals or care provider
 - Working in the department where upgrading of skill is needed and will return to the same department
 - History of working in the department and achievement of a certain level of competency and motivation to continue study in this particular area related to the work

Implementation:

- Implement CE program for all health cadres and care providers based on the designed schedule.
- Identify pre-approved local and international universities, professional associations, private sector groups to address and contact to implement CE programs in MoH health facilities.
- Implement in-service on-the-job training within the MoH facilities using different accredited and approved CE programs.
- MoH and implementing institutions will monitor the quality of the programs that are offered and follow up the implementation of the CE programs in the departments and participating organizations.

Evaluation:

- Set guidance for MoH to support and follow up with health professionals and care providers who have participated in CE programs to ensure return to the MoH facility and application of knowledge gained through training.
- Review performance and determine if person can be promoted based on the new knowledge and new skills acquired during the training.
- Ensure that the MoH provides incentives to trainees who have successfully completed the training.
- Design e-learning Modules/new courses/workshops/seminars Modules to respond to the health care system needs.
- Support research or survey activities to measure the impact of the training on the health facilities' performance and responsiveness to the health system needs.
- Evaluation (post-training requirements and guidance) for trainees who participated in CE programs.
- Review requests for transfer and/or resignation from the department that sent the participants after 6 months (period of time needs to be determined depending length of the training).
- Train other staff on new knowledge and skills gained during training.
- Conduct workshop or sessions on gained knowledge to transfer knowledge to other departments.
- Disseminate knowledge/skills acquired by writing papers or updating or developing job aides related to the skills participants have acquired.

Module 5: Create and Implement a Relicensing System for Health Professionals

Linkages to the National Strategic Health Plan: Strategic Objective 5.2.

Why: The development of an objective, credible, practical and sustainable system that both supports the continuous professional development and relicensure of all Palestinian health professionals is critical to ensure that a technically competent workforce is maintained to provide quality care according to international best practices.

Elements in the Reform Process Addressed: Establishing a system to relicense health professionals addresses issues of quality of services provided by technically competent staff, efficiency, and sustainability of a system for continuous learning.

Results of Intervention: Organizational structure to implement relicensure program, and process developed to enable health professionals to engage in professional development. Process developed to review documentation submitted by health professionals to apply for relicensure. Health workforce engaged in a process of continuous professional development.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 4: Palestinian Health Facility Accreditation Program.

Workplan Objective:

Objective 1: Improve Good Governance and Management Practices in the Palestinian Health Sector. Task 1.1.1: Strengthen the capacity of the MoH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian health sector.

Expected Result: Improved management practices within the MoH network.

Module 5: Create and Implement a Relicensing System for Health Professionals

| Activity | Time Frame | | Responsibility | Comments |
|--|------------|------|---|--|
| | Month | Year | | |
| <p>1. MoH relevant departments: Ministry of Education and Higher Education, Civil Service Diwan– discuss purpose of program, determine scope of relicensure program (cadres to be included: Physicians, Specialized doctors, General Practitioners; Dentists, Pharmacists, Nurses & Midwives, Health workers, and Para-medicals) and incentives to participate (both financial and non-financial) and whether a phased process of voluntary relicensing that eventually transitions to mandatory requirements might be useful</p> | March | 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship | This priority should be linked to areas related to training and continuous education |
| <p>2. Come to consensus on a strategy to promote awareness about the need for such a program with all relevant parties</p> | April | 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship | Link with communications and determine when to promote awareness |

| | Time Frame | | |
|---|-------------------|---|--|
| 3. Discuss and define the roles and responsibilities of the Palestinian Health Council and the different professional associations in reviewing and approving CE courses and report recommendations to MoH/Licensing & Accreditation Unit | May-June 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship | Follow up on work being done with Bir Zeit University (BZU) to compile and review the current legislation related to licensing and relicensing procedures and requirements |
| 4. Design the licensing and relicensing system in coordination with the CE program and in cooperation with relevant ministries and institutions | January 2010 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship | Based on the results of the assessment being conducted by BZU |
| 5. Establish selection criteria for the institutions that will participate in the new system | February 2010 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship | |
| 6. Develop a Health Management Information system (HMIS) to track licensure/relicensure of participating health professionals | April 2010 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners | Link with Module #2: Develop a health information system -identify categories for inclusion -Contact IntraHealth for system that might be available to adapt |

| | Time Frame | | |
|---|---------------------------|--|---|
| 7. Develop a promotion strategy by the MoH with the various professional associations to disseminate standards for each organization | February-March 2010 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners | Link with Module #13: Improve health communication services |
| 8. Disseminate information on the new system for health professionals and all relevant parties | June-July 2010 | General Directorate of Higher and Continuing Health Education/ Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners | |
| 9. Form a committee that will review the selected options: course/seminar/workshop offerings (objectives, content, instructor, and teaching/learning process) for each cadre and validate (accredit) that the course offering meets preset standards | January-September 2010 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship/Partners | |

| | Time Frame | | |
|--|-------------------------|--|---|
| <p>10. Implement the options agreed upon in order to have the CE options accessible for all health professionals</p> <ul style="list-style-type: none"> - Identify and develop learning Modules with tests that are appropriate for the needs of the different cadres of health professionals - Establish a series of learning centers with 4-5 computers, internet connections and guidance about the websites to access the e-learning Modules and how to use the computers (1 for each health directorate and hospital) | <p>January 2011</p> | <p>General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners</p> | <p>Work closely with participating MoH departments and determine contributions from each to implement this activity</p> |
| <p>11. Identify and encourage hospitals, professional associations, and universities to offer courses that meet the standards set by the approving body for the different health cadres and cost recovery plans</p> | <p>January 2011</p> | <p>General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners</p> | |

| | Time Frame | | |
|---|-------------------|--|---|
| <p>12. Identify international organizations that will “twin” with Palestinian institutions who could offer continuing education opportunities for health professionals</p> | <p>Ongoing</p> | <p>General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners</p> | <p>Twinning between international organizations and Palestinian institutions will encourage exchange of expertise, lessons learned, and best practices in continuing education. It will provide an opportunity for international experiences to be adopted within the Palestinian context</p> |
| <p>13. Recognize/acknowledge and disseminate a list using a variety of channels (media, newspapers) of those professionals who have participated in the process of updating their knowledge and have met requirements for relicensure</p> | <p>Ongoing</p> | <p>General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners</p> | |

Module 6: Design and Implement a Health Facility Accreditation Program

Linkages to the National Strategic Health Plan: Strategic Objective 5.2.

Why: The development of an objective, externally validated, transparent accreditation process represents a commitment to quality care by all stakeholders (MoH, management and staff of health facilities) and informs the community that quality care is provided at a particular facility.

Elements in the Reform Process Addressed: Developing a health facility accreditation program addresses the elements of **efficiency** (institutions identified as providing quality care), assures that minimum standards of **quality** are adhered to; enhances **access** (expands the reach of quality programs; and supports **sustainability** (develops policy, human and financial resources, and the technical capability to continue the accreditation program).

Results of Intervention: An organizational structure in place to implement accreditation program, standards adapted, process to prepare staff and institutions to participate, surveyors trained. Accredited health facilities and a system are in place to continue this process.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 4: Palestinian Health Facility Accreditation Program.

Workplan Objective:

Objective 1: Improve Good Governance and Management Practices in the Palestinian Health Sector. Task1.1.1: Strengthen the capacity of the MoH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian Health Sector.

Expected Result: Improved governance in the Palestinian health sector.

Module 6: Design and Implement a Health Facility Accreditation Program

| Activity | Time Frame | | Responsibility | Comments |
|---|------------|------|---|--|
| | Month | Year | | |
| 1. Interview the Licensing and Accreditation Unit to understand current mandate, system and future directions, scope of program, financial and non-financial incentives, and structure. Review the accreditation readiness tool with the unit. | March | 2009 | MoH/Licensing & Accreditation Unit/Flagship | Flagship will share a draft assessment tool with the MoH to review |
| 2. Identify key MoH staff, and representatives from NGO health service providers, UNRWA, and the private health sector to participate in developing the accreditation system | March | 2009 | MoH/Licensing & Accreditation Unit /Flagship | |
| 3. Ensure that the review being done by BZU (of regulations, laws, procedures) reveals any legislation related to accreditation and licensing | March | 2009 | MoH/Licensing & Accreditation Unit | |
| 4. Review existing standards of care from accreditation institutions (consider adopting JCI standards for accreditation) | March | 2009 | MoH/Licensing & Accreditation Unit/Flagship | |
| 5. Conduct study tour to Jordan and Lebanon to compare and contrast two different accreditation approaches in Jordan and Lebanon: one using JCI standards to accredit the King Hussein Hospital and the other developing in-country processes for accrediting hospitals | June | 2009 | MoH/Licensing & Accreditation Unit/Flagship/Flagship Consultant | Establish clear and transparent selection criteria for the staff visiting to ensure that what they learn will be transferred to their peers Study tours should include private and public accredited institutions |

| | Time Frame | | |
|---|-------------------|---|--|
| 6. Develop and pilot test standards to conduct accreditation of facilities and agree on passing scores (critical standards) | July 2009 | MoH/Licensing & Accreditation Unit/Flagship | |
| 7. Test the pilot accreditation program at the PMC | June-July 2009 | | Link with Module #1: Create a center of excellence at the Palestine Medical Complex |
| 8. Prepare a report on the findings from the accreditation readiness assessment | July-August 2009 | MoH/Flagship/Consultant | |
| 9. Establish consensus on process to accredit institutions (with inputs, timeline, and commitments) from MoH & other stakeholders including who is responsible | September 2009 | MoH/Flagship/Consultant | |
| 10. Define the structure (roles and responsibilities) of entity to conduct accreditation process: a) standards for accreditation; b) surveyor training; c) data analysis and report preparation | TBD | MoH/Flagship | |
| 11. Identify and begin preparing facilities to participate in accreditation process (Establish teams, review standards) | TBD | MoH/Flagship/Consultant | Need to have two paths simultaneously occurring: preparing institutions for accreditation and developing process for accreditation |
| 12. Prepare surveyors to conduct accreditation | TBD | MoH/Flagship/Consultant | Link with Module #7: Improve performance management Workshop |
| 13. Conduct institutional accreditation surveys | TBD | MoH/Flagship/Consultant | Cost: prepare surveys, transportation, consultant |
| 14. Analyze data from institutional surveys | TBD | MoH/Flagship | |

| | Time Frame | | |
|--|-------------------|--------------|---|
| 15. Prepare institutional feedback plan based on collected data | TBD | MoH/Flagship | |
| 16. Conduct awards ceremony for facility staff and promote awareness to community of the quality of care provided at the “recognized” facility | TBD | MoH/Flagship | Link with communications and public awareness |

Module 7: Improve Performance Management

Linkages to the National Strategic Health Plan: Strategic Objectives 2.1, 2.3, 4.1, 4.2, 4.5, 5.1, 5.2, and 5.6.

Why: Performance management is fundamental to ensuring high quality health services. The provision of new performance management approaches and tools will result in a more motivated staff with a clear understanding of their jobs, establishment of peer support at the clinical practice level, and trained supportive supervisory staff to provide clinicians the guidance that they need to perform their jobs. The focus of performance management will be introduced at the central, district, and facility levels.

Elements in the Reform Process Addressed: Strengthening performance management practices at both the central and district level will address issues of efficiency of the system, quality of services provided, and sustainability of the changes introduced.

Results of Intervention: System change from audit/inspection to supportive supervision, motivated staff, decentralization of responsibility from central level to strengthened facility responsibility; establishment of a sustainable process to continuously review and improve care provided, and improved clinical services.

Components & Deliverables:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the Public Sector.

Component 2: Clinical and Community-Based Health. Deliverable 4: and Component 2/Task 2.1.2, Deliverable 3: Integrated Quality Improvement (QI) programs for delivery of PHC and hospital services.

Workplan Objectives:

Component 1.1: Strengthen the capacity of the MoH to implement reform needed for improved quality, sustainability, and equity in the Palestinian Health Sector.

Component 2.1: Improve the quality of essential clinical services for Palestinians.

Expected Results: Improved management practices within the MoH network of facilities and improved clinical and community-based health services.

Module 7: Improve Performance Management

| Activity | Time Frame | | Responsibility | Comments |
|--|-----------------|------|---|---|
| | Month | Year | | |
| 1. Review and update the mandates for all directorates, departments, and units within the Ministry | March-September | 2009 | General Directorate for Planning | The General Directorate for Planning will conduct this review in coordination with all relevant parties within the Ministry |
| 2. Develop a financial and non-financial performance-based incentive system for MoH staff | March-September | 2009 | General Directorate for Continuing Education | |
| 3. Develop and implement leadership training and capacity building program for all management levels | March-September | 2009 | General Directorate for Continuing Education | Link with Module #15: Training & fellowship program in health administration & management for the public sector |
| 4. Develop staff performance evaluation for the Ministry staff | March-September | 2009 | General Directorate for Finance and Administration/General Directorate for Continuing Education | Link with Module #18: Introduce & implement a comprehensive M&E approach & system |
| 5. Activate/implement new referral system between the PHC facilities and hospitals | March-September | 2009 | General Directorate for PHC and hospitals | Link with Module #11: Improve clinical MoH primary care system Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system |
| 6. Determine feasibility to introduce improved performance management practices using a top-down and bottom up approach (simultaneously) | TBD | | MoH/Flagship | |

| | Time Frame | | |
|--|------------|--------------------------|---|
| <p>7. Central Level: confirm with the MoH which concepts of performance management and new approaches and tools to be included in the leadership program:</p> <ul style="list-style-type: none"> - supportive supervision - job descriptions - feedback about performance - Quality Improvement (QI) teams at facilities - cycle of continuous performance review - rewarding of staff - update training of staff - identification of performance gaps - tools to resolve problems at facility level | TBD | MoH/Flagship | <p>Link with Module #15: Training & fellowship program in health administration & management program for the public sector</p> <p>Ensure that key issues to strengthen performance management are included and appropriate representation at central, district and facility level are included in the Management Leadership Program</p> |
| <p>8. Develop and implement series of workshops for Health Administration & Management training</p> | TBD | MoH/Flagship/Partner TRG | Equipment: web-based instruction, workshop training equipment, and workshop materials |
| <p>9. Develop practical assignments for central and district level staff to support improved performance management at central, district, and facility level</p> | TBD | MoH/Flagship/Partner TRG | |

| | Time Frame | | |
|--|------------|-------------------------|--|
| <p>10. Facility level approach: Conduct preparatory meetings with MoH/Quality Directorate and Performance Improvement (PI) staff and other stakeholders to understand their process and approaches to improving quality at the facility level</p> | TBD | MoH/Flagship | Identify department unit and lead counterpart(s) to work with on performance management and improvement at district and facility level for both PHCs and hospitals |
| <p>11. Identify examples of successful QI and PI methods/approaches to build a QI process at the facility level (e.g. decentralizing responsibility to facility level to review quality of services provided). Summarize positive experience and lessons learned from applying the methods/approaches to improve quality/performance improvement</p> | TBD | MoH/Flagship | |
| <p>12. Develop training materials to support supervisory teams at district level to introduce different methods of performance review and improvement</p> | TBD | MoH/Flagship/Consultant | |

| | Time Frame | | |
|--|------------|--------------------------------|---|
| <p>13. Implement training of supportive supervisory teams at district level to introduce different methods of performance review and supportive supervision.</p> | <p>TBD</p> | <p>MoH/Flagship/Consultant</p> | <p>Confirm initial districts and facilities to participate in training (determine criteria for introducing in phases (for example, a PHC with large volume of utilization or one hospital/district)</p> <p>Examples of training methodology include:</p> <ul style="list-style-type: none"> - self assessment (access to care, physical environment, client-provider-community relationships, management (facility review), and technical competency of the providers (individual review) - medical chart review by provider and peers for accuracy and completeness - seeking client feedback about care received - coaching/mentoring and establishment/fostering effective team functioning |
| <p>14. Establish supportive supervision teams at district level and facility teams and provide support to facility teams</p> | <p>TBD</p> | <p>MoH/Flagship</p> | |

| | Time Frame | | |
|---|-------------------|-------------------------|--|
| 15. Link PI at facility to training and monitoring the application of standards and protocols by staff following development of primary, secondary and OPD clinical operational protocols – (post-training follow up at the site) | TBD | MoH/Flagship | Link with Module #8: Strengthen service delivery & clinical guidelines |
| 16. Determine if feasible to organize review of clinical care to achieve particular indicators using QI methods | TBD | MoH/Flagship | <p>Examples might include:</p> <ul style="list-style-type: none"> - maintaining/improving immunization coverage - decreasing anemia for children and pregnant women - increasing the use and effectiveness of postpartum care - early detection/management of diabetes - early detection/screening and management of hypertension/CVA - early detection/screening for specific kinds of cancer (breast and cervical) |
| 17. Analyze and summarize identified performance gaps from the health facility improvement plans quarterly (once the process has been established). | TBD | MoH/Flagship Consultant | |

| | Time Frame | | |
|--|------------|---------------------------------|---|
| 18. Identify the type of interventions to respond to the identified performance management gaps (e.g., training (OJT and formal), mobilization of resources, clear job descriptions, and incentives (non-financial and financial)) | TBD | MoH/Flagship | Classify performance gaps |
| 19. Present categorized performance gaps that have been categorized to donor coordination committee to seek consensus on who can provide TA and other resources to resolve problems. Assign responsibility to monitor implementation of TA | TBD | MoH/Flagship | Link with Module #9: Improve coordination of stakeholders |
| 20. Develop monitoring plan to track improvements in facility performance | TBD | MoH/Flagship/partner | Link with Module #18: Introduce & implement a comprehensive M&E approach & system |
| 21. Evaluate changes in performance management at central, district, and facility level | TBD | MoH/Flagship/partner/consultant | Link with Module #18: Introduce & implement a comprehensive M&E approach & system |
| 22. Recognize facilities that have achieved certain criteria for improved performance | TBD | MoH/Flagship | Link with Module #6: Design and implement a health facility accreditation program |
| 23. Continue roll out of strengthened performance management to other facilities | TBD | MoH/Flagship | |

Module 8: Strengthen Service Delivery and Clinical Guidelines

Linkages to the National Strategic Health Plan: Strategic Objectives 1.4, 1.7, 4.1, and 5.3.

Why: It is extremely important to strengthen service delivery and clinical guidelines because one of the MoH's principle objectives is improving quality of services and this can be achieved by evidence-based practices and compliance with the protocols by well-trained health professionals.

Elements in the reform process Improvements in this area will positively impact access, efficiency, quality, and sustainability.

Results of Intervention: Standardization of practices and applied evidence-based health actions which will lead to improve the quality of services provided.

Component & Deliverable:

Component 2: Clinical and Community-Based Health. Deliverable 3: Develop package of essential primary care services for each level at the MoH.

Work plan Objective:

Objective 2.1: Improve the quality of essential clinical services for the Palestinians. Task 2.1.1: Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services.

Expected Result: Strengthened capacity of health institutions to deliver clinical services.

Module 8: Strengthen Service Delivery and Clinical Guidelines

| Activity | Time Frame | | Responsibility | Comments |
|---|------------|------|--------------------------|---|
| | Month | Year | | |
| 1. Form committees from MoH, NGOs, UNRWA and the representatives of private sector to review, update and adapt protocols and guidelines, including related patient education materials | March | 2009 | General directors of MOH | Link with Module #9: Improve coordination with stakeholders Link with Module #13: Improve health communication services |
| 2. Develop chart/framework that identifies the protocols that are needed, the availability and quality of existing protocols, and current staff preparedness to use the necessary protocols | March | 2009 | General directors of MOH | |
| 3. Develop process and timeframe for updating protocols | December | 2009 | General directors of MOH | This should include establishing standardized policies and procedures to explain how national clinical guidelines are developed, formatted, officially approved, revised, updated, and disseminated |
| 4. Develop a simple guide to use to simplify and standardize the protocols | December | 2009 | General directors of MOH | Recommended to be in one-page format |
| 5. Printing of new and reprinting of old protocols | March | 2010 | General directors of MOH | |

| | | | |
|--|-----------------------|---------------------------------|---|
| <p>6. Protocols should be distributed both to MoH clinics and hospitals as well as to NGOs, UNRWA and private sector</p> | <p>March 2010</p> | <p>General directors of MOH</p> | <p>Link with Module #11: Improve clinical MoH primary care system Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system Link with Module #9: Improve coordination of stakeholders</p> |
| <p>7. Conduct training on all agreed upon protocols, including the private sector</p> | <p>March 2010</p> | <p>General directors of MOH</p> | <p>Link with Module #11: Improve clinical MoH primary care system Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system Link with Module #9: Improve coordination of stakeholders</p> |

Module 9: Improve Coordination of Stakeholders

Linkages to the National Strategic Health Plan: Strategic Objectives 2.4 and 5.5.

Why: Strengthening the capacity of the MoH to coordinate stakeholders (citizens, NGOs, private sector, international agencies, and the donor community) will ensure that long-term health sector priorities are addressed, that the regulatory role of the MoH is strengthened, and that there is greater predictability of resources to finance MoH development goals.

Elements in the Reform Process Addressed: Support the MoH to be more responsive in terms of creating a better health system as this function touches all of the health system performance indicators of equity, access, efficiency, quality and sustainability.

Results of Intervention: Strengthened coordination among health sector stakeholders including health care recipients, providers and financers.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the public sector.

Workplan Objective:

Objective 1: Improve good governance and management practices in the Palestinian health sector.

Expected Result: Improved governance in the Palestinian health sector.

Module 9: Improve Coordination of Stakeholders

| Activity | Time Frame | | Responsibility | Comments |
|---|------------|------|--|--|
| | Month | Year | | |
| <p>1. Strengthen the capacity of the National Health Policy and Strategic Planning Council (NHSPC) as a mechanism to enhance the MoH capacity to engage and integrate NGOs, private sector partners, and stakeholders in policy formulation, planning, and service provision. (To be checked with the Minister for proper instruments)</p> <p>2. Establish mechanisms to engage and solicit public participation in health policy formulation and decision-making</p> | March | 2009 | International Cooperation Department/Minister's Office/Health Policy and Planning Department/Flagship/Consultant | <p>Link with Module #3: Support to the new Health Insurance Program</p> |
| | March-May | 2009 | MoH/Flagship/NGOs | <p>This would entail establishing cooperation with NGOs advocating for citizen participation and representation (unions and syndicates)</p> <p>Link to Module #16: Improve community-based health services</p> |

| | Time Frame | | |
|--|--------------------------|---|--|
| <p>3. Strengthen the capacity of the International Cooperation Department and Health Policy and Planning Department at the MoH to coordinate donor interventions in the health sector</p> <p>3.1 Develop the existing database in the International Cooperation Department to include all data about international assistance</p> <p>3.2 Link the database with the Ministry of Planning's database to increase cooperation and increase the access to information</p> <p>3.3 Collect information from other Ministries' departments regarding other projects funded and provide to the International Cooperation Department</p> <p>3.4 Establish a specialized unit within the International Cooperation Department to collect data and information about NGO-funded projects</p> | <p>March-August 2009</p> | <p>International Cooperation Department/ Health Policy and Planning Department/MoH/ Flagship/Consultant</p> | |

| | Time Frame | | |
|---|--------------------------|--|--|
| <p>4. Strengthen the role of the health sector working group in supporting Ministry of Health strategies at the Health Sector Working Group.</p> <p>4.1 Review the mechanism of health sector working group work to recommend improvements.</p> <p>4.2 Set up mechanisms to establish funding baskets to finance comprehensive projects (joint projects)</p> <p>4.3 Improve the Ministry's capacities for direct implementation of international funds including the funds management</p> | <p>March-August 2009</p> | <p>International Cooperation Department/Minister Office/Health Policy and Planning Dept/Flagship</p> | |

Module 10: Support Passing and Implementation of the Health Commodities Procurement By-laws

Linkages to the National Strategic Health Plan: Strategic Objectives 2.3, 2.4, and 5.2.

Why: The Health Commodities Procurement By-laws will be specific to the procurement of health commodities for MoH. The current General Supplies Law is problematic because it does not accept international competitive bidding and delays responses in case of emergency situations. As a result, there is no public procurement entity, no standard bidding documents, and no consistent record keeping or archiving of procurement documentation. These factors contribute to high prices for procurements which lead to frequent shortages in stocks and lack of competitive bidding which affects accountability and good management and financial practices.

Elements in the Reform Process Addressed: These by-laws will ensure **equity** due to the competitive bidding which gives local and international companies equal opportunities to participate in the bidding process. They will also ensure **access and quality** through the availability of health commodities in all health facilities with high quality and best prices, which supports the right of the patients to receive the services without breaking the treatment cycle. The implementation of these by-laws will also ensure the **efficiency and sustainability** of the procurement process. These by-laws will support comprehensive health commodities management (clear specifications, precise estimation of needs, goods receiving, and storage and distribution practices, etc).

Results of Intervention: The implementation of this Module and training the relevant staff working in departments related to these by-laws will result in: reduced health commodities shortages, better estimation of quantities procured, having best and reasonable and competitive prices, efficient and high quality procurements, better management of the drug cycle which at the end will result in patient trust, convenience, and satisfaction.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the public sector.

Work plan Objective:

Objective 1: Improve good governance and management practices in the Palestinian health sector. Task 1.1.1: Strengthen the capacity of the MoH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian Health Sector.

Expected result: Improve management practices within the MoH network.

Module 10: Support Passing and Implementation of the Health Commodities Procurement By-laws

| Activity | Time Frame | | Responsibility | Comments |
|--|-------------------|------|--|---|
| | Month | Year | | |
| 1. Form a joint MoH/Flagship health commodities procurement legislation committee | March | 2009 | MoH/Flagship | |
| 2. Develop terms of reference for this committee, including review and comment on the existing manuals taking into consideration the strengths and weaknesses, using the General Supplies Law (1998) as a main reference | March-April | 2009 | MoH Committee/Flagship | Preparing a national policy on pharmaceuticals that promotes protection of public health will facilitate the development of new by-laws |
| 3. Review other NGO/international manuals such as WHO, World Bank or other manuals in neighboring countries recommended by the committee in order to incorporate previous best practices into the Health Commodities Procurement By-laws | May | 2009 | MoH Committee/Flagship | |
| 4. Draft the new by-laws. | May-September | 2009 | MoH Committee/Flagship/ Consultant/Legal Affairs Unit | |
| 5. Conduct workshop to review the new by-laws with other stakeholders | September-October | 2009 | MoH/Flagship/other stakeholders | Link to Module #9: Improve coordination of stakeholders |

| | Time Frame | | |
|--|-------------------|-------------------|--|
| 6. Submit the final draft of the Health Commodities Procurement By-laws for final review. Incorporate comments and obtain final approval from the cabinet. | November 2009 | Minister's Office | |
| 7. Design training for the newly approved procurement by-laws. | TBD | MoH/Flagship | |
| 8. Establish regulations, procedures and SOP's to implement the procurement by-laws | TBD | MoH/Flagship | |
| 9. Develop a training plan on how to implement the new legislation | TBD | MoH/Flagship | |
| 10. Conduct training sessions (TOT and TOP) for the relevant procurement staff as designated by the MoH | TBD | MoH/Flagship | |

Module 11: Improve Clinical MoH Primary Health Care System

Linkages to the National Strategic Health Plan: Strategic Objectives: 1.4, 1.7, 1.9, and 3.1.

Why: Improving clinical PHC services results in better quality of initial and preventive health care, prevents inappropriate use of secondary care resulting in increased client satisfaction, a healthier population, and decreased health care costs.

Elements in the Reform Process Addressed: Improving clinical PHC services will increase **accountability and leadership** by the MoH, showing a commitment to respond to community needs and the need to improve the quality of services provided. The MoH will be implementing evidence-based standards that are internationally accepted, thereby improving their **credibility**. These standards should apply to all primary health care, private, MoH, UNRWA, and NGO clinics and facilities. The MoH will ensure **financial sustainability** because it will designate part of its budget to support and sustain PHC programs.

Results of Intervention: Providing a package of quality services at the primary care level that comply with national standards and respond to community needs.

Component & Deliverable:

Component 2.1: Improve the quality of essential clinical services for the Palestinians.

Deliverable 3: Develop package of essential primary care services for each level at the MoH.

Deliverable 4: Integrated Quality Improvement program for the delivery of essential package of PHC services.

Deliverable 5: Continuing education program for PHC providers.

Deliverable 6: Other deliverables as specified in the MoH development plan for PHC.

Work plan Objective:

Objective 2.1: Improve the quality of essential clinical services for the Palestinians. Task

2.1.1: Strengthen the capacity of Palestinian health institutions to deliver a quality package of essential primary care services.

Expected Result: Strengthened capacity of health institutions to deliver clinical services.

Module 11: Improve Clinical MoH Primary Health Care (PHC) System

| Activity | Time Frame | | Responsibility | Comments |
|--|------------|------|-------------------------|---|
| | Month | Year | | |
| 1. Select between 15-20 PHC clinics to be upgraded from level I to Level II clinics; from Level II - III clinics; and improving level III clinics | March | 2009 | PHC General Directorate | Clinics could be from all the districts or from some of them |
| 2. Review human resource needs for reclassified and upgraded PHCs (i.e. hiring more GPs, specialized doctors, nurses, laboratory technicians, pharmacists, and others) | October | 2009 | PHC General Directorate | |
| 3. Provide the needed clinical equipment for the selected PHC clinics and train the staff how to use them, including emergency equipment | December | 2009 | PHC General Directorate | |
| 4. Create a maintenance system at the PHC directorate and train engineers on equipment maintenance | January | 2010 | PHC General Directorate | |
| 5. Provision of guidelines, protocols and job aids | March | 2010 | PHC General Directorate | Link with Module #8: Strengthen service delivery & clinical guidelines |
| 6. Provide training on use of guidelines, protocols and job aids | May | 2009 | PHC General Directorate | |
| 7. Develop orientation protocol for the new employed staff | December | 2009 | PHC General Directorate | |
| 8. Train the new staff on PHC services and rotate them to various departments | March | 2010 | PHC General Directorate | Link with Module #15: Training & fellowship program in health administration & management program for the public sector |

| | Time Frame | | | |
|--|-------------------|------|-------------------------|---|
| 9. Strengthen the health information system, including referrals and counter-referrals | September | 2009 | PHC General Directorate | Link with Module #2: Develop a health information system |
| 10. Develop and implement a performance improvement system to continuously review and improve quality of services | May | 2009 | PHC General Directorate | Link with Module #7: Improve performance management |
| 11. Improve supportive supervision approach including supervisory tools | September | 2009 | PHC General Directorate | Link with Module #7: Improve performance management |
| 12. Improve community participation and strengthen the relationship with the community to identify health problems, develop creative solutions, and mobilize resources | March-April | 2009 | PHC General Directorate | Link with Module #16: Improve community-based health services |
| 13. Renovation and/or physical expansion of clinics | | | PHC General Directorate | MOH with other USAID funded project (EWAS Program) |

Module 12: Improve the Quality of Clinical Services in the Palestinian MoH Hospital System

Linkages to the National Strategic Health Plan: Strategic Objectives: 1.7, 1.9, 3.2, and 5.6.

Why: Effective and appropriate care at each level results in increased patient satisfaction, better health outcomes, and efficient use of MoH financial resources.

Elements in the Reform Process Addressed: The MoH's **accountability and leadership** will be strengthened through increased commitment to respond to community needs and to improve the quality of services provided. The MoH will be implementing **credible** evidence-based standards that are internationally accepted. These standards will be **applicable** to all secondary health care, private hospitals MoH, UNRWA and NGOs. This will also include the re-rationalization of bed distribution throughout the country. The MoH should designate part of its budget to **support and sustain** the program.

Results of Intervention: A package of quality services at the secondary care level is provided which complies with standards and supports an effective network that is responsive to the community needs

Component & Deliverable:

Component 2.1: Improve the quality of essential clinical services for the Palestinians.

Deliverable 3: Integrated Quality Improvement program for the delivery of hospital services.

Deliverable 4: Fellowship training and visiting professors program to support improved quality of MoH hospitals.

Work plan Objective:

Objective 2.1: Improve the quality of essential clinical services for the Palestinians. Task

2.1.2: Strengthen Quality Improvement systems within Palestinian institutions to deliver better secondary care.

Expected Result: Strengthened capacity of health institutions to deliver better secondary care.

Module 12: Improve the Quality of Clinical Services in the Palestinian MoH Hospital System

| Activity | Time Frame | | Responsibility | Comments |
|---|------------|-----------------|------------------------------|--|
| | Month | Year | | |
| 1. Revise the existing Master Plan and draft new ones for hospitals where needed | April | 2009 | Hospital General Directorate | Recommendation external consultant to initiate discussions in April |
| 2. Strengthen capacity of human resources (trained staff: GPs, nurses and supportive staff) | March | 2009 Ongoing | Hospital General Directorate | Link with Module #7: Improve performance Management Link with Module #5: Create & implement a relicensing system for health professionals Link with Module #4: Design & implement a continuous education program for health professionals Link with Module #15: Training & fellowship program in health administration & management program for the public sector |
| 3. Update and develop guidelines, protocols, and job aids | March | 2010 | Hospital General Directorate | Link with Module #8: Strengthen service delivery & clinical guidelines Link with Module #11: Improve clinical MoH primary care system |

| | Time Frame | | | |
|---|--------------------------------|------|------------------------------|--|
| 4. Provide training on protocols | March | 2010 | Hospital General Directorate | Link with Module #8: Strengthen service delivery & clinical guidelines Link with Module #15: Training & fellowship program in health administration & management program for the public sector Recommended long term and short term specialties training courses |
| 5. Provide training in hospital management and administration | September | 2009 | Hospital General Directorate | Link with Module #15: Training & fellowship program in health administration & management program for the public sector |
| 6. Introduce Performance Improvement approach in each hospital to identify problems and match them with local solutions | September | 2009 | Hospital General Directorate | Link with Module #7: Improve performance management |
| 7. Develop work plan for each facility | April (initiation of activity) | 2009 | Hospital General Directorate | |
| 8. Provide needed equipment, and train staff how to use it | Ongoing | | Hospital General Directorate | |
| 9. Create a maintenance system at the hospital directorate and train engineers on equipment maintenance | January | 2010 | Hospital General Directorate | |
| 10. Provide needed furniture | December | 2009 | Hospital General Directorate | Furniture lists will be provided by May 2009 |
| 11. Improve the health information system, including referrals and counter referrals | TBD | | Hospital General Directorate | Link with Module #2: Develop a health information system |

| | Time Frame | | |
|---|-------------------|------------------------------|---|
| 12. Establish and strengthen referral and discharge follow-up systems for better continuity of care | TBD | Hospital General Directorate | |
| 13. Improve supportive supervision approach including supervisory tools | September 2009 | Hospital General Directorate | Link to Module #7: Improve performance management |
| 14. Improve medical waste management and personal safety procedures and practices | TBD | Hospital General Directorate | Link to Module #17: Improve medical waste management |
| 15. Renovation and/or physical expansion | June 2009 | Hospital General Directorate | Coordinate with the USAID EWAS Program |
| 16. Re-rationalization of bed distribution according to population needs | March 2010 | Hospital General Directorate | Also see Activity 1, developing a Master Plan for hospitals |

Module 13: Improve Health Communications Services

Linkages to the National Strategic Health Plan: Strategic Objectives 1.1, 1.2, 1.3, 1.4, and 1.5.

Why: Behavior change communication (BCC) strategies using interpersonal, mass media, and other methodologies can enhance the impact of clinical and community-based health service delivery. Knowledge, beliefs, attitudes, and skills at the community and household levels shape behavior which can have a profound influence, whether positive or negative, on the health status of individuals.

Elements in the Reform Process Addressed: Accountability and responsibility for population health will be promoted. In addition, transparency and equity elements will be addressed because all community personnel will receive health awareness knowledge. The community will participate in identifying health needs and in changing behavior.

Results of Intervention: A sustainable BCC program will be operating at the MoH health facilities. Institutional capacity will be strengthened in the health education and promotion department of the MoH to create tangible, measurable, and sustainable health outcomes through an effective BCC program.

Component & Deliverable:

Component 2.1: Improve the quality of essential clinical services for the Palestinians.

Deliverable 3: Fifteen BCC Modules targeting key health knowledge and behaviors of the Palestinian population developed.

Workplan Objective:

Objective 2.2: Support delivery of a quality package of community-based health promotion and disease/injury prevention services.

Expected Result: Strengthen communication capacities of health institutions.

Module 13: Improve Health Communications Services

| Activity | Time Frame | | Responsibility | Comments |
|---|------------|------|--|---|
| | Month | Year | | |
| 1. Review and update existing MoH and national BCC programs in coordination with the National Committee of Health Education | April-May | 2009 | MoH Health Education Department/Flagship | |
| 2. Develop 15 BCC (3-4 per year) Modules targeting key health knowledge and behaviors of the Palestinian population while taking into consideration the MoH health system assessment findings | Ongoing | | MoH Health Education Department/Flagship | <p>Link with Module #7: Improve performance management</p> <p>Link with Module #8: Strengthen service delivery & clinical guidelines</p> <p>Link with Module #11: Improve clinical MoH primary care system</p> <p>Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system</p> |
| 3. Finalize the selection of 3-4 BCC Modules for 2009 | March | 2009 | MoH Health Education Department/Flagship | The list of Modules identified |
| 4. Introduce the appropriate indicators for each of the Modules selected for monitoring and evaluation purposes | April-June | 2009 | MoH Health Education Department/Flagship | Link to Module #18: Introduce & implement a comprehensive M&E approach & system |

| | Time Frame | | |
|--|-----------------------|--|--|
| 5. Build the capacity of related professionals in community health education skills, as needed | Ongoing | MoH Health Education Department/Flagship | Link to Module #16: Improve community-based health services Link to Module #15: Training & fellowship program in health administration & management program for the public sector |
| 6. Produce and procure public awareness campaigns and materials such as posters, boards, TV spots production | August-December 2009 | MoH Health Education Department/Flagship | |
| 7. Launch BCC Modules activities, using media to transfer knowledge to public | Ongoing | MoH Health Education Department/Flagship | |
| 8. Follow up and supervise the implementation of the BCC activities | August on-going | MoH Health Education Department/Flagship | |
| 9. Follow up and evaluate the BCC activities implementation | January 2010 on-going | MoH Health Education Department/Flagship | To measure the effectiveness and the impact of the BCC activities on quality improvement |
| 10. Conduct a survey or research to measure the impact of the public awareness activities on community health status | TBD | MoH Health Education Department/Consulting firm/Flagship | |

Module 14: Support MOH Emergency Departments and Emergency Preparedness

Linkages to the National Strategic Health Plan: Strategic Objectives: 1.10, 3.3, 4.6, 5.3, and 5.7.

Why: The strengthening of the MoH emergency departments and emergency preparedness will enhance the MoH's capacity to respond to the emergency health needs of the population. This will also improve survival rates and decrease the risk of long-term disability following injuries and other medical emergencies. All interventions at this level should be coordinated with other service providers who deliver most of the pre-clinical and pre-hospital emergency services.

Elements in the Reform Process Addressed: This intervention will increase access to health services to more segments of the population and make high quality emergency services available to all clients. Emergency care provided to all citizens will be more equitably dispersed. In addition, health professionals will be held accountable in implementing standards of care and applicable guidelines.

Results of Intervention: Patient satisfaction from emergency health services will be increased. An injury surveillance system will be operating in all MoH emergency rooms. New standards and guidelines of emergency care will be implemented at the clinical practice level. Quality of care in emergency rooms will be improved. A trainer Network will provide new knowledge and skills to emergency room staff to keep the standards of care at the highest level.

Component & Deliverable:

Component 2: Clinical and Community-Based Health.

Deliverable 3: Fellowship training and visiting professors program to support improved quality of MOH emergency services.

Deliverable 4: Other deliverables as specified in the MOH IDP for emergency services.

Workplan Objective:

Objective 2.1: Improve the quality of essential clinical services for Palestinians. Task 2.1.3: Strengthen the capacity of Palestinian health institutions to provide quality emergency care services.

Expected Result: Strengthened capacity of health institutions to deliver clinical services.

Module 14: Support MOH Emergency Departments and Emergency Preparedness

| Activity | Time Frame | | Responsibility | Comments |
|--|------------|-----------------|--|---|
| | Month | Year | | |
| 1. Conduct a national situational analysis and needs assessment for the existing activities in emergency rooms for MoH and other stakeholders. (building infrastructure, equipment, documents such as practice guidelines, emergency management health information system and triage system) | March | 2009 | Flagship/MOH Emergency Directorate | Involve all service providers Link with Module #1: Create center of excellence at the Palestine Medical Complex Link with Module #9: Improve coordination with stakeholders |
| 2. Unify all protocols and guidelines for emergency care | March-May | 2009 | Flagship/MOH Emergency Directorate | Link with Module #8: Strengthen service delivery & clinical guidelines All stakeholders' existing protocols to be adjusted and unified Integrating the PHC, ER, and EMS |
| 3. Develop mandatory training prerequisites for all emergency room professionals, and other positions (technicians, community health workers, etc) | July | 2009 Ongoing | Flagship/MoH Emergency Directorate/PHC Directorate | Link with Module #15: Training & fellowship program in health administration & management program for the public sector Mandating training prerequisites for all stakeholders |

| | | Time Frame | | |
|----|--|-------------------|-----------------|--|
| 4. | Unify and implement the National Emergency Preparedness Plan with stakeholders | October | 2009 Ongoing | Flagship/MoH Emergency Directorate Building on the existing independent emergency plan in coordination with relevant stakeholders |
| 5. | Procure emergency equipment based on the needs and unify nationally | March | 2009 Ongoing | Flagship/MoH emergency directorate/PHC directorate All equipment must be unified according to the services provider at a national level. Training on maintenance, application, results and interventions should be consistent with established protocols |
| 6. | Introduce fellowship training and visiting rotations | August | 2009 | Flagship/MoH Emergency Directorate Link with Module #4: Design and implement a continuous education program for health professionals Fellowship should be considered for neighboring countries (Jordan, Dubai, Egypt). Visiting should also be done as rotations to other districts in the West Bank |
| 7. | Develop supervision and monitoring system and provide continuous technical support | January | 2010 Ongoing | Flagship/MoH Emergency Directorate Link with Module #18: Introduce & implement a comprehensive M&E approach & system External body to audit and follow up on quality assurance, control, and improvement |

| Time Frame | | | |
|---|--------------------|------|--|
| 8. Revitalize the emergency health information system in MoH hospitals. Nationally implement proper documentation for Patient Care Report | January Ongoing | 2010 | <p>Flagship/MoH Emergency Directorate/PHC Directorate</p> <p>Link with Module #2: Develop a health information system</p> <p>Standardize and unify templates for patient care documentation templates</p> <p>Implement Patient confidentiality HIS</p> |

Module 15: Training and Fellowship Program in Health Administration and Management for the Public Sector

Linkages to the National Strategic Health Plan: Strategic Objectives: 4.1 and 4.2.

Why: Health administration and management are fundamental to ensuring high quality health services. Training and system reform to introduce new standards and approaches are critical to address issues affecting the work force such as poor motivation, emigration of highly trained personnel, sporadic updates of professional knowledge, and heterogeneous educational preparation of senior professionals at all levels (central, district, facility).

Elements in the Reform Process Addressed: Strengthening performance management practices at all levels addresses issues of efficiency of the system, quality of services provided, sustainability of the changes introduced by capacity-building for staff, equity of services by assuring that patients are treated with respect and competently, and access to services.

Results of Intervention: Trained and motivated staff that are applying new approaches to manage, motivate and retain MoH personnel and standardize care practices.

Component & Deliverable:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the Public Sector.

Workplan Objective:

Objective 1: Improve Good Governance & Management Practices in the Palestinian Health Sector. Task 1.1.1: Strengthen the capacity of the MoH to implement reforms needed for improved quality, sustainability, and equity in the Palestinian health sector.

Expected Result: Improved management practices within the MoH network.

Module 15: Training and Fellowship Program in Health Administration and Management for the Public Sector

| Activity | Time Frame | | Responsibility | Comments |
|--|------------|------|--|--|
| | Month | Year | | |
| 1. Confirm who in the MoH is the designated department/employees responsible and committed to improving health administration and management | March | 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship | Identify other priority areas in the IDP that need to be included in the Leadership Management Program (e.g. performance improvement, finance, supportive supervision, health facility management, etc.) |
| 2. Identify and review the administrative guidelines at the MoH and update if needed | April-May | 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship | |

| | Time Frame | | |
|--|-----------------------------|---|--|
| <p>3. Convene a group to discuss the key management issues to be addressed and develop an overall training program with a defined purpose, key issues to be addressed, expected outcomes of the program and criteria for participation. Consider such criteria that foster participation of a diverse range of personnel to support decentralization –e.g., representation of central, district, and facility level leaders, different departments within the MoH, different disciplines (medicine, nursing, community health). Explore the possibility of having a recognized academic or professional institution provide certificate of learning.</p> | <p>March-April 2009</p> | <p>General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship</p> | <p>Link to Module #1: Create a center of excellence at the Palestine Medical Complex Link with Module #7: Improve performance management Link with Module #11: Improve clinical MoH primary care system Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system</p> |
| <p>4. Identify the essential attitudes, knowledge and skills needed to implement and sustain effective management practice (incentives, knowledge and skills update, need for feedback and appraisal of performance, team building, job descriptions)</p> | <p>April-May 2009</p> | <p>General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship</p> | |

| | Time Frame | | |
|---|---------------------|--|---|
| 5. Draft and approve the final selection criteria for trainers and trainees | April-May 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship | |
| 6. Prepare a final training plan that supports the MoH training plan | May 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners(TRG) | |
| 7. Design a ToT training package | May-June 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners(TRG) | |
| 8. Implement the ToT training package | July-August 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship/Partners(TRG) | The idea of the ToT is to create a training capacity at the MoH that will continue to exist beyond the project period |

| | Time Frame | | |
|---|-------------------|--|--|
| 9. Trainees who successfully passed the ToT implement the training for other MoH staff | September 2009 | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/ Flagship/Partners(TRG) | |
| 10. Provide technical assistance on assignments through a process of mentoring (using techniques such as e-mail and a web-site for posting questions/comments), review progress on completing assignments, and brainstorming about challenges encountered | Ongoing | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/ Flagship/Partners(TRG) | |
| 11. Evaluate the impact of the staff leadership program on health care management practices | Ongoing | General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/ Flagship/Partners(TRG) | |

Module 16: Improve Community-Based Health Services

Linkages to the National Strategic Health Plan: Strategic Objectives 1.1 and 1.2.

Why: Optimal health outcomes can only be achieved through a combination of clinical and community-based interventions. Establishing a dynamic and continuous interaction between health facilities and the communities they serve assures relevant and responsive health programs and actively mobilizes the participation and resources of the community.

Elements in the Reform Process Addressed: Strengthening community health services through a creative and dynamic process of working with both the MoH and the community will address issues of equity, access, efficiency, quality, and sustainability.

Results of Intervention: Strengthened capacity of the MoH to work with communities (staff trained, equipment procured), new processes in place (Champion Communities), increased community satisfaction and participation in resolving health and other factors affecting the health of the community, strengthened technical and professional capacities of Community Health Workers in community mobilization, basic clinical services, and patient education.

Component & Deliverable:

Component 2: Clinical and Community-Based Health. Deliverable 2: 5-year ID Workplan for improved community health services.

Workplan Objective:

Objective 2.2: Support delivery of a quality package of community-based health promotion and disease/injury prevention services. Task 2.2.1: Strengthen the capacity of Palestinian health institutions to provide effective outreach services in partnership with local communities for improved health and safety outcomes.

Expected Result: Improved community outreach services.

Module 16: Improve Community-Based Health Services

| Activity | Time Frame | | Responsibility | Comments |
|---|-------------|------|---|---|
| | Month | Year | | |
| <p>1. Confirm who in the MoH is the designated department/counterpart responsible and committed to improving community health services through conducting meetings and interview with relevant departments</p> | March | 2009 | PHC department's units/ MOH/Flagship | Explore if there is an interest or need to establish a technical working sub-committee (thematic committee) for this area |
| <p>2. Identify and assess existing models in WB/G for Community Health Worker (CHW) programs and other types of dynamic community-health facility partnerships through:</p> <p>2.1 Review current programs (including training, certification, standards and protocols, scope of practice, etc.) by visiting and interviewing different health providers</p> <p>2.2 Review local studies and research about the topic</p> | March-April | 2009 | PHC department's units/ MOH/Flagship | |

| | Time Frame | | |
|---|------------------------------------|-----------------------------------|--|
| <p>3. Introduce the model of the “Champion Communities” approach to strengthen the participation of members of communities including CHWs to work together with health care institutions (address priority health concerns and mobilize community participation) through the following sub-activities:</p> <p>3.1 Prepare training package about community – based health programs including the trainer’s handbook and participants guide</p> <p>3.2 Conduct TOT targeting MOH identified trainers (health educators, nurses, physicians, senior CHWs)</p> <p>3.3 Conduct training for the field staff in the targeted communities</p> | <p>April-June</p> <p>2009</p> | <p>MOH/ PHC departments’ unit</p> | <p>This activity should be linked with standards, training, and certification programs</p> |
| <p>4. Start implementing the community – based health program through the following sub-activities:</p> <p>4.1 Identify communities based on the selection criteria developed by the MOH / PHC department</p> <p>4.2 Conduct participatory rapid assessment for communities and the health facilities</p> <p>4.3 Form local clinic-community committees in the targeted communities</p> | <p>March-September</p> <p>2009</p> | <p>PHC/MoH/Flagship</p> | <p>Suggested name for committee: the Local Health Parliament</p> |

| | Time Frame | | |
|--|--------------------------|---------------------|--|
| <p>5. Monitor and evaluate the implementation of the “Champion Communities” process and determine how to extend the model to other communities through the following sub-activities:</p> <p>5.1 Client satisfaction improvement (to be measured by client exit interview)</p> <p>5.2 Clinic–community linkages (to be measured by health facility assessment tool)</p> | <p>March</p> <p>2009</p> | <p>MOH/Flagship</p> | |
| <p>6. Identify and document success stories to promote awareness of “healthy” communities through stories, communicating through media, working with journalists, and conducting workshops.</p> | <p>TBD</p> | | |
| <p>7. Institutionalize the process of “Champion Communities” through the following sub-activities:</p> <p>7.1 Developing training package on community-based health program</p> <p>7.2 Training a cadre in the MOH on “Champion Communities”</p> | <p>TBD</p> | <p>MoH/Flagship</p> | |

Module 17: Improve Medical Waste Management

Linkages to the National Strategic Health Plan: Strategic Objective 1.3.

Why: There is not a clear and well-developed medical waste management system nor a comprehensive medical waste strategy at the national level. Roles and responsibilities of various authorities are not defined. There is an absence of specific legislation, regulation, and standards, coupled with a lack of coordination among different authorities and stakeholders. All of this contributes to pollution and a lack of safety for patients and staff in health facilities. Establishing an organized medical waste management system, as well as having well-trained and qualified staff, will improve both the quality of services and the safety of personnel, patients and the environment.

Elements in the Reform Process Addressed: Medical Waste Management contributes to improving the clinical and community –based health services at the primary and secondary levels. This will tackle quality of the services, sustainability of the good work, and equity between all the beneficiaries receiving high-level and safe services.

Results of Intervention: A well functioning medical waste management system with clear and strict rules and regulations and qualified, trained staff that adhere to the protocols will result in a better quality of services in the Palestinian health facilities with less hazard and better protection of both patients and staff. This will also help to maintain a clean environment and reduce the number of people including children whose health and safety might be negatively impacted due to poor disposal methods of medical equipment, supplies, and medicines.

Component & Deliverable:

Component 2: Clinical and Community-Based Health. Deliverable 3: Develop package of essential primary care services for each level at the MoH and Integrated Quality Improvement program for the delivery of hospital services.

Component 3: Procurement Support for Health and Humanitarian Assistance. Deliverable 3: Medical waste management assessments for the MoH and each beneficiary NGO. Deliverable 4: Medical waste management technical assistance and mitigation plans for the MoH and each beneficiary NGO. Deliverable 5: Annual medical waste management monitoring report for each organization.

Workplan Objective:

Objective 2.1: Improve the quality of essential clinical services for Palestinians. Task 2.1.2: Strengthen Quality Improvement systems within Palestinian institutions to deliver better secondary care. Task 3.1.1: Provide essential health commodity inputs to support successful implementation of ID work plans under the Flagship Project.

Expected Result: Improved clinical and community-based health services and strengthened capacity of health institutions to deliver clinical services.

Module 17: Improve Medical Waste Management

| Activity | Time Frame | | Responsibility | Comments |
|--|------------|------|--|---|
| | Month | Year | | |
| <p>1. Establish a national working group (stakeholders, including private sector) under the supervision of MoH to define and characterize the current medical waste management practices and situation, including the type of waste and estimation of risk to people and the environment. Define better technologies for waste management</p> | April-May | 2009 | MoH/Flagship/Stakeholders/NGOs/ Private sector | Link with Module #9: Improve coordination of stakeholders |
| <p>2. Analyze, review and report the findings of the following:</p> <ul style="list-style-type: none"> - Interventions from other stakeholders - Current practices regarding medical waste disposal and comparison of treatment technologies. (e.g. incineration, autoclave, microwave, chemical disinfection) - Available protocols, guidelines, policies, and regulations | April-June | 2009 | MoH/Flagship/Stakeholders | Link with Module #9: Improve coordination of stakeholders |
| <p>3. Conduct short relevant studies to complement existing research to design a new management system for medical waste</p> | June-July | 2009 | MoH/Flagship/Stakeholders | Link with Module #9: Improve coordination of stakeholders |

| | Time Frame | | |
|--|---------------------------------|----------------------|--|
| <p>4. Based on the findings of the previous action points:</p> <ul style="list-style-type: none"> - Define the geographic and technical scope of operation (nation-wide vs. directorate, hospital vs. clinic, etc.) - Define the appropriate technology for the treatment of medical waste which fits the geographic and technical scope for intervention - Work on new regulations and by-laws if needed | <p>August-December 2009</p> | <p>MoH/Flagship</p> | <p>Link with Module #8: Strengthen service delivery & clinical guidelines</p> <p>Link with Module #11: Improve clinical MoH primary care system</p> <p>Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system</p> |
| <p>5. Palestine Medical Complex: find creative solutions for some aspects of medical waste management that has not been addressed by the existing system</p> | <p>June-July 2009</p> | <p>MoH/ Flagship</p> | <p>Link with Module #1: Create a center of excellence at the Palestine Medical Complex</p> |
| <p>6. Procure the new technologies for effective waste management (autoclaving, micro disinfection) and other the needed equipment and supplies to effectively segregate, handle, collect, and treat the different types of waste safely and effectively</p> | <p>January-March 2010</p> | <p>MoH/Flagship</p> | <p>Link with Flagship Component on Procurement</p> |

| | Time Frame | | |
|--|----------------------------|--------------------------------|--|
| <p>7. Train the relevant staff during each activity phase</p> | <p>Ongoing</p> | <p>MoH/Flagship/Consultant</p> | <p>Link with Module #7: Improve performance management</p> <p>Link with Module #11: Improve clinical MoH primary care system</p> <p>Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system</p> <p>Link with Module #15: Training & Fellowship Program in Health Administration & Management for the Public Sector</p> |
| <p>8. Develop awareness campaigns and work with NGOs and private sector to promote understanding and utilization of new technologies and procedures for effective medical waste management</p> | <p>January Ongoing</p> | <p>MoH/Flagship/NGOs</p> | <p>Link with NGOs and Community</p> <p>Link with Module #16: Improve community-based health services</p> <p>Link with Module #13: Improve health communications services</p> |

| | Time Frame | | |
|--|-------------------|--------------------------------|--|
| 9. Work with private sector to design cost recovery programs to collect waste and establish recycling programs | TBD | MoH/Flagship/Private sector | Link with private sector working group |
| 10. Institutionalize and implement the new legislations, by-laws, regulations, and protocols | TBD | MoH/Flagship/NGOs/Stakeholders | Link with Reform and Improve Clinical Services |

Module 18: Introduce and Implement a Comprehensive M&E Approach and System

Linkages to the National Strategic Health Plan: Strategic Objectives 4.1, 5.2, and 5.4.

Why: Monitoring and evaluation (M&E) plays a critical role in understanding, demonstrating, and communicating results, using data for decision-making, and guiding management. An efficient M&E system is fundamental to ensure successful outcomes. It is a management tool to monitor the progress of planned activities and to strategically guide decision-making and resource allocation.

Elements in the Reform Process Addressed: Strengthening the M&E system will address issues of efficiency of the system and enable health service delivery to be more results-oriented, participatory, manageable and practical by providing data that are useful for management and linked to planning processes.

Results of Intervention: An institutionalized, effective, and sustainable monitoring and evaluation system with the processes and tools in place to ensure improved collection and quality of health information and data for decision-making, planning, supervision, and management.

Components & Deliverables:

Component 1: Health Sector Management and Reform. Deliverable 3: Health Administration and Management Program for the Public Sector.

Work plan Objectives:

Objective 1.1: Strengthen the capacity of the MoH to implement reform needed for improved quality, sustainability, and equity in the Palestinian Health Sector.

Expected Result: Improved management practices within the MoH network of facilities.

Module 18: Introduce and Implement a Comprehensive Monitoring and Evaluation (M&E) Approach and System

| Activity | Time Frame | | Responsibility | Comments |
|---|-------------|------|---|---|
| | Month | Year | | |
| <p>1. Develop annual plan based on a standardized M&E logical framework/system that specifies purpose, type of data to be collected, indicators, and tools needed to manage the collection, analysis and use of the M&E data</p> | March-April | 2009 | Department for Internal Monitoring and Inspection | The Department for Internal Monitoring and Inspection identified certain areas where they might need capacity strengthening and technical assistance, including: human resources with relevant specialties, a computerized M&E database, clarification of their mandate (whether it includes M&E for the Ministry). This needs to be further elaborated with the legal department at the MoH. |
| <p>2. Confirm the following with MoH:</p> <ul style="list-style-type: none"> - logical framework/system for elements to include in the M&E system - approach to M&E analysis and communication - assumptions - indicators - data source and collection methods - baselines and targets - responsibility of staff - quality control - analysis and reporting - data storage and information technology | April | 2009 | MoH/Flagship | <p>Link with the Department of Health Policy and Planning</p> <p>Link with Module #2: Develop a health information system</p> <p>Link with Module #7: Improve performance management</p> |

| | Time Frame | | | |
|---|-------------------|------|---------------------------------|---|
| 3. Develop and test a model of the system to monitor and evaluate performance of the MoH | May | 2009 | MoH/Flagship/Consultant | Link with Module #7: Improve performance management |
| 4. Review the results of tested model to determine what is missing and how well the instructions guided users. Revise instructions and procedures as needed | June | 2009 | MoH/Flagship/Consultant | |
| 5. Develop and implement series of workshops/training for M&E system and practices | July-September | 2009 | MoH/Flagship/Consultants | |
| 6. Support Annual M&E Plan review and dissemination/communication of results | TBD | | MoH/Flagship | |
| 7. Support the routine development of Annual M&E Plans beginning in 2010 | TBD | | MoH/Flagship | |
| 8. Evaluate changes in performance management at central, district, and facility level | TBD | | MoH/Flagship/partner Consultant | Link with Module #7: Improve performance management |
| 9. Continue roll out of strengthened M&E system and practices | TBD | | MoH/Flagship | |

Annex A: Priority Reforms and Interventions

| Technical Areas | Key Interventions |
|-------------------------|--|
| Overall | <ul style="list-style-type: none"> To establish and maintain a fully functional Palestine Medical Complex in Ramallah. The complex will be receiving strong priority attention from the Ministry of Health. The Flagship Project will provide the Ministry of Health with needed assistance to ensure that this complex will be transformed into a center of excellence. The center will serve as the major national health services facility and a catalyst to emulate best practices in management and provision of quality health services. |
| Governance | <ul style="list-style-type: none"> Finalize and issue the Public Health Law corresponding rules and regulations. Raise the MoH capacity to utilize data in management, planning and informed policy formulation by developing and maintaining a modern information system. Strengthen the capacity of the National Health Policy and Strategic Planning Council (NHPSPC) as a mechanism to enhance the MoH capacity to engage and integrate NGOs and private sector partners and stakeholders in policy formulation, planning and service provision. Establish mechanisms to engage and solicit citizens' participation in health policy formulation and decision-making. See relevant sections on the health insurance law and the pharmaceutical procurement laws. |
| Finance | <ul style="list-style-type: none"> To issue and implement the proposed government health insurance law. The MoH needs to design a careful plan to finance the non-salary operating and maintenance costs of the recurrent budget to ensure quality service provision. Initiate a dialogue with national and international stakeholders to agree on a minimum set of dependable resources over the next five years to make effective use of the available limited resources. The MoH needs to adopt and implement an efficient accounting system to monitor and track outstanding revenues and payments. Increase revenues through fines on health threatening products and from hazardous behaviors to finance preventive care program. Allocate more resources to preventive care and primary health care to reduce late diagnosis and future high treatment costs of diseases. Encourage dialogue and support initiatives demonstrating corporate social responsibility or public/private partnerships. Implement rigorous criteria and guidelines for prioritizing referral treatment including means and modes of purchase of services outside MoH, avoid duplication and carryout cost effective analysis. Develop capacity within the MoH to be strategic in procurement of drugs, equipment, and supplies. |
| Health Service Delivery | <ul style="list-style-type: none"> Foster coordination of service quality provided by NGOs, private sector, and UNRWA. Standardized administrative and operational policies and procedures for MoH hospitals and clinics which respond to new patient's emerging needs. Establish mechanisms to receive and process feedback from patients about quality of care received. Upgrade primary health care clinics by shifting certain PHC clinics from Level I to Level II in accordance with Palestinian MoH criteria. Moreover, shifting certain Level II clinics to Level III and improvement of Level III clinics. |

| | |
|----------------------------|---|
| | <ul style="list-style-type: none"> • Review PHC professionals' job descriptions and consider the feasibility of task shifting of staff responsibilities to increase the quality of PHC services provided at each level. • Establishment and implementation of strengthened referral and discharge follow-up systems for better continuity of care between primary health care and secondary health care. • Encourage new approaches to understand the underlying risk factors and management interventions associated with congenital diseases and genetic disorders. • Review PHC programs to focus on pregnant women with anemia and children with anemia, postpartum care and reproductive health care needs of post-menopausal women. • Review PHC programs to expand non-communicable and cancer prevention awareness. • Provide training programs in hospital management and administration. • Installation of medical waste management systems and personnel safety procedures and practices. • Installation of a computerized information system with networking inside and between hospitals and with the central management units at the MoH. • Installation of computerized systems to manage patients' admission, records, appointments, external clinics, etc. • Establishment of an integrated Quality Improvement Program for delivery of hospital services. |
| Human Resources | <ul style="list-style-type: none"> • Update, standardize and enforce Palestinian standards for licensing, certification and accreditation of human resources and facilities in the health sector. • Develop and maintain a modern HR database at the MoH. • Improve and modernize the archiving and retrieval of documents systems at the MoH. • Update recruitment, hiring, transfer, promotion and placement regulations and procedures at the MoH. • Provide supervisors with training on supportive supervision and managing staff performance. • Develop continuous education programs including residency schemes and encourage the health staff to participate in and reward them for it. • Initiate ongoing leadership training for managers in the health sectors. |
| Pharmaceutical Management | <ul style="list-style-type: none"> • To issue the pharmaceuticals procurement law, write, and implement corresponding regulations. • Adopt and implement a drug procurement plan that includes efficient mechanisms for drug pricing, quality assurance and distribution. The plan should encourage national pharmaceutical production. |
| Health Information Systems | <ul style="list-style-type: none"> • Developing a comprehensive health information system. All MoH staff participants highlighted this as essential, as it is a crosscutting issue that affects the entire health system. However, developing a health information system goes beyond just the procurement and installation of software and equipment. MoH staff stressed the importance of building its capacity to utilize data for management, planning, informed policy formulation and decision-making. Establishing a comprehensive and integrated health information system. |

Annex B: Linkages between the Institutional Development Plan and the National Strategic Health Plan

MINISTRY OF HEALTH SYSTEM ASSESSMENT LINKAGES WITH NATIONAL STRATEGIC HEALTH PLAN OBJECTIVES

| National Health Strategic Plan | Needs Assessment Module * |
|--|--|
| Strategic Objective 1 – Achievement of best possible outcomes from health care services | Governance – 1.2 Finance – 1.8 Health Service Delivery – 1.1, 1.3, 1.4, 1.5, 1.7, 1.9, 1.10 Human Resources – 1.9 Pharmaceutical Management – 1.9 Health Information Systems – 1.10 |
| Strategic Objective 2 – Ensure sustainable financing of health care services | Governance – Finance – 2.1, 2.2, 2.3, 2.4 Health Service Delivery – 2.3 Human Resources – 2.3 Pharmaceutical Management – 2.4 Health Information Systems – 2.3 |
| Strategic Objective 3 – Efficient and effective infrastructure for provision of health services | Governance – Finance – Health Service Delivery – 3.1 (establish/equip PHC), 3.2 (waste management) 3.3 Human Resources – Pharmaceutical Management – Health Information Systems – |
| Strategic Objective 4 – Ensure adequate and appropriate human resources | Governance – Finance – Health Service Delivery – 4.1, 4.2, 4.3, 4.5 Human Resources – 4.2, 4.3, 4.4, 4.5 Pharmaceutical Management – Health Information Systems – |
| Strategic Objective 5 – Effective policy making, planning, and management | Governance – 5.1, 5.5, 5.6 Finance – 5.3, 5.6 Health Service Delivery – 5.1, 5.2, 5.3, 5.6 Human Resources – 5.2 Pharmaceutical Management – Health Information Systems – 5.3, 5.4 |

* USAID/Flagship Project, *Health System Assessment Report*, (December 2008). Numbers refer to the National Health Strategic Plan Strategic Objectives

MINISTRY OF HEALTH IDP LINKAGES WITH NATIONAL STRATEGIC HEALTH PLAN OBJECTIVES

| Strategic Objective 1 – Achievement of best possible outcomes from health care services | | | | |
|--|---|-------------------|--|--------------------------------|
| 1.1 | Raised awareness toward health issues and healthy practice | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Advocacy and awareness campaign through mass media | 13 | Improve health communication services | |
| | Unified protocols for health education and health promotion for use in health facilities and school health programs | 13 | Improve health communication services | |
| | Build capacities of health workers, including community volunteers | 16 | Improve community-based health services | |
| 1.2 | Enhanced communication and public confidence in health system | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Improve Public Relations unit | 13 | Improve health communication services | |
| | Raise awareness and ownership of local community on health care system | 13 & 16 | Improve community-based health services Improve health communication services | |
| | Public campaigns and customer satisfaction surveys | 13 & 16 | Improve community-based health services Improve health communication services | |
| 1.3 | Improved public health control programs | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Water control | | | |
| | Drivers safety thru medical check ups | | | |
| | Prohibit smoking in public and private institutions | 13 | Improve health communication services | |
| | medical waste management | 17 | Improve medical waste management | |
| | food control program | | | |
| | Vectors control program | | | |
| | Supervise industries to prevent occupational risks, consumer protection, environmental hazards | | | |
| | Molecular biology program | | | |
| | Quality assurance of pesticides, poisons, hygiene, pharmaceuticals, water, food | | | |
| | Screening genetic diseases; continuing PKU and TSH programs | | | |
| 1.4 | Comprehensive primary health care | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Immunize children | 11 | Improve clinical MoH primary care system | |
| | Ensure PHC services with personnel and equipment needed | 11 | Improve clinical MoH primary care system | |

| | | | | | |
|------------|---|--|-------------------|---|--------------------------------|
| | Implement MCH clinical protocols | | 11 8 | Improve clinical MoH primary care system Strengthen service delivery and clinical guidelines | |
| | Improve cervical cancer screening | | 13 | Improve health communication services | |
| | Improve breast cancer screening | | 13 | Improve health communication services | |
| | Expand clinics providing Reproductive Health services | | 11 | Improve clinical MoH primary care system | |
| | Rehabilitate delivery rooms in 6 hospitals | | | | |
| | control sexually transmitted diseases | | 13 | Improve health communication services | |
| | control avian flu | | | | |
| | control tuberculosis | | | | |
| | control zoonoses | | | | |
| 1.5 | School Health program | | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Improve school health program | | 13 | Improve health communication services | |
| 1.6 | Community mental health program | | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Develop community mental health program | | | | |
| 1.7 | Curative services at secondary and tertiary levels | | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Improve diagnosis, treatment, and rehabilitation of acute and chronic patients, including rational use of drugs and essential drug list | | 11 12 | Improve clinical MoH primary care system Improve the quality of clinical services in the Palestinian MoH hospital system | |
| | Implement guidelines and protocols for prevalent diseases and for referral system and appropriate utilization of day care vs. ordinary admissions | | 8 | Strengthen service delivery and clinical guidelines | |
| | Rationalize beds distribution according to population needs | | 12 | Improve the quality of clinical services in the Palestinian MoH hospital system | |
| 1.8 | Control number and expenditure of services purchased out of MoH facilities | | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Purchase of services out of MoH according to new developed priority criteria | | 3 | Implement the new Health Insurance Program | |
| 1.9 | Efficient and effective support services | | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |

| Strategic Objective 2 – Ensure sustainable financing of health care system | | | |
|---|---|-------------------|--|
| 2.1 | Ensure health services receive adequate funding | IDP Module | Activity/Action Steps |
| | Advocate government and PLC to raise health share of budget | 7 | Improve performance management |
| | | | |
| 2.2 | Increase population coverage of health insurance system | IDP Module | Activity/Action Steps |
| | Develop health insurance system (health insurance package; insurance fees payment) | 3 | Implement the new Health Insurance Program |
| | Prepare blueprint for national body for health insurance | 3 | Implement the new Health Insurance Program |
| | | | |
| 2.3 | Promote managerial capacities of all units through decentralization and on-the-job training | IDP Module | Activity/Action Steps |
| | Develop decentralization of financial decision-making/planning | 7 | Improve performance management |
| | Develop supervisory role of procurement and financial departments according to law of logistics and commodities | 10 | Support passing and implementation of the health commodities procurement by-laws |
| | Establish National health Account | | |
| | Train employees on public financial management | 7 | Improve performance management |
| | Computerize administrative units and network them | 2 | Develop a comprehensive and integrated health information system |
| | | | |
| 2.4 | Rationale health expenditure | IDP Module | Activity/Action Steps |
| | Implement guidelines for referrals | | |
| | Avoid duplication of health services | 9 | Improve coordination of stakeholders |
| | Cost effectiveness analysis of services and commodities purchased | | |
| | Develop drugs procurement and bidding procedures | 10 | Support passing and implementation of the health commodities procurement by-laws |
| | Encourage national pharmaceutical production and utilization, ensuring GMP standards | | |
| | | | |
| 2.5 | Revenues from fines on hazardous products and behaviors to finance preventive care programs | IDP Module | Activity/Action Steps |
| | Allocate to preventive care funds collected from fines | | |
| | | | |

| Strategic Objective 3 – Efficient and effective infrastructure for the provision of health services | | | |
|--|---|-------------------|---|
| 3.1 | Improve primary health care infrastructure | IDP Module | Activity/Action Steps |
| | (various) | 11 | Improve clinical MoH primary care system |
| 3.2 | Improve secondary and tertiary infrastructure | IDP Module | Activity/Action Steps |
| | (various) | 12 | Improve the quality of clinical services in the MoH hospital system |
| | | 1 | Create a center of excellence at the Palestine Medical Complex |
| 3.3 | Effective emergency services | IDP Module | Activity/Action Steps |
| | Upgrade emergency services (% of ambulances replaced) | 1 | Create a center of excellence at the Palestine Medical Complex |
| | | 14 | Support MoH emergency departments and emergency preparedness |

| Strategic Objective 4 – ensure adequate and appropriate human resources | | | |
|--|--|-------------------|---|
| 4.1 | Institutionalize quality improvement program | IDP Module | Activity/Action Steps |
| | | | Responsible – MoH/Donor |
| | Build capacities of QID and health professionals in quality issues | 15 | Training and fellowship program in health administration and management for the public sector |
| | Develop SOPs to improve operational procedures | 7 | Improve performance management |
| | Implement clinical guidelines | 8 | Strengthen service delivery and clinical guidelines |
| | Introduce performance indicators and quality of work as routine tool for service evaluation according to HR database | 18 | Introduce and implement a comprehensive M&E approach and system |
| | Build capacities of health professionals in quality management and knowledge of quality standards | 15 | Training and fellowship program in health administration and management for the public sector |
| | Support health research on effectiveness and efficiency of health sectors, including cost analysis | | |
| 4.2 | Adequate number and competencies of human resources | IDP Module | Activity/Action Steps |
| | | | Responsible – MoH/Donor |
| | Review, update, and implement Human Resources Development Plan | 7 15 | Improve performance management Training and fellowship program in health administration and management program for the public sector |
| | Develop training program based on HRD plan | 1 | Create a center of excellence at the Palestine Medical Complex |
| | Build capacities of Kuwaiti hospital | | |
| | Train and educate 250 HR inside and outside Palestine | 15 | Training and fellowship program in health administration and management program for the public sector |
| | Provide scholarships | 15 | Training and fellowship program in health administration and management program for the public sector |
| | Construct/equip educational Al Watani Hospital | | |
| | Construct Ibn-Sina college | | |

| 4.3 | Improve standards of health training and continuing education | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
|------------|---|-------------------|--|--------------------------------|
| | Develop accreditation systems of health education programs | 4 | Design a Continuing Health Education program. | |
| | Coordinate and cooperate with academic institutions in Total Quality management (TQM) | | | |
| 4.4 | Develop incentive system to attract and maintain technical personnel in public health system | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Develop and implement incentives system associated with performance | | | |
| 4.5 | Updated and implemented job descriptions | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Update and implement job descriptions for different HR identified | 7 | Improve performance management | |
| 4.6 | Effective emergency services | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Upgrade emergency services (staff of emergency services attended certified upgrading courses) | 14 | Support MoH emergency departments and emergency preparedness | |

| Strategic Objective 5 – Effective policy making, planning and management | | | |
|---|---|-------------------|---|
| 5.1 | Strengthen MoH capacity in health policy making and strategic planning | IDP Module | Activity/Action Steps |
| | Develop capacity of health policy and planning unit | 7 | Improve performance management |
| | | | |
| 5.2 | Strengthen regulation and coordination function of MoH | IDP Module | Activity/Action Steps |
| | Develop database which includes all health care providers and monitors activities | 18 | Introduce and implement a comprehensive M&E approach and system |
| | Improve licensing system of health services and health personnel, including drug registration process and price controls | 5 10 | Create a Relicensing System of Health Professionals Support passing and implementation of the health commodities procurement by-laws |
| | Create consensus on need for accreditation system for health institutions | 6 | Design a Health Facility Accreditation Program |
| | Strengthen supervisory role to minimize malpractice and introduce risk management system | 7 | Improve performance management |
| | Improve industries and workplaces with regard to prevention of occupational risks, consumer protection, and environmental hazards | | |
| | | | |
| 5.3 | Appropriate procedures and processes implemented at all levels of health care facilities | IDP Module | Activity/Action Steps |
| | Knowledge and practices development in health information system and managerial skills | 2 | Develop a comprehensive and integrated health information system |
| | Utilize guidelines and protocols for diagnosis and treatment of most prevalent acute and chronic diseases | 8 | Strengthen service delivery and clinical guidelines |
| | Introduction of triage system in emergency rooms | 14 | Support MoH emergency departments and emergency preparedness |
| | Develop and introduce guidelines for referral, including purchase of services from outside MoH | | |
| | Develop non-communicable disease control program thru guidelines on diagnosis, treatment, monitoring, and rehabilitation | | |
| | | | |

| 5.4 | Provide valid, accurate, relevant, and timely data for decision making at all levels of system | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
|------------|---|-------------------|---|--------------------------------|
| | Develop HIS at hospitals and PHC facilities | 2 | Develop a comprehensive and integrated health information system | |
| | Develop unified national list of health indicators | 18 | Introduce and implement a comprehensive M&E approach and system | |
| | Develop National health information Center for health data and improved surveillance system, inclusive of occupational diseases | 2 18 | Develop a comprehensive and integrated health information system Introduce and implement a comprehensive M&E approach and system | |
| 5.5 | Strengthened coordination and integration between different health care providers | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Develop the cooperation and integration mechanisms between different health care providers | 9 | Improve coordination of stakeholders | |
| 5.6 | Master plan for hospital beds and facility distribution and utilization | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Planning and financing according to services utilization | 7 | Improve performance management | |
| | Plan for maintenance, upgrading, and replacing main equipment according to priority criteria | 12 | Improve the quality of clinical services in the Palestinian MoH hospital system | |
| 5.7 | Disaster preparedness and contingency plan | IDP Module | Activity/Action Steps | Responsible – MoH/Donor |
| | Update disaster preparedness and management plan | 14 | Support MoH emergency departments and emergency preparedness | |

**MoH Institutional Development Plan
List of Modules**

| # | Priority Area |
|----|---|
| 1 | Create a center of excellence at the Palestine Medical Complex. |
| 2 | Develop a comprehensive and integrated health information system. |
| 3 | Implement the new Health Insurance Program. |
| 4 | Design a Continuing Health Education program |
| 5 | Create a Relicensing System of Health Professionals |
| 6 | Design a Health Facility Accreditation Program |
| 7 | Improve performance management |
| 8 | Strengthen service delivery and clinical guidelines |
| 9 | Improve coordination of stakeholders |
| 10 | Support passing and implementation of the health commodities procurement by-laws |
| 11 | Improve clinical MoH primary care system |
| 12 | Improve the quality of clinical services in the Palestinian MoH hospital system |
| 13 | Improve health communications services |
| 14 | Support MoH emergency departments and emergency preparedness |
| 15 | Training and fellowship program in health administration and management for the public sector |
| 16 | Improve community-based health services |
| 17 | Improve medical waste management |
| 18 | Introduce and implement a comprehensive M&E approach and system |

ANNEX C: MoH IDP FOCAL TEAMS

| Module | Name(s) | Post Title |
|---|--------------------------|---|
| 1. Create a center of excellence at the Palestine Medical Complex | 1. Dr. Anan Masri | Deputy Minister |
| | 2. Ms. Aisha Mansour | Minister's Office |
| | 3. Dr. Fathi Abumoghli | Minister of Health |
| 2. Develop a health information system | 1. Mr. Omar Abu Arquob | Director of Health Information |
| | 2. Mr. Ali Helew | Director of Health Information - Insurance |
| | 3. Ms. Omayya Abu Shanab | Director, I. T. Department |
| 3. Support implementation of the new Health Insurance Program | 1. Mr. Samer Jaber | Director of Health Economics |
| | 2. Mr. Nabeel Idrees | Deputy General Director of Insurance |
| | 3. Dr. Waddah Ba'ba | Director General |
| 4. Design and implement a Continuous Education Program for Health Professionals | 1. Dr. Said Hammouz | Director General of Continuous Health Education |
| | 2. Dr. Khaled Masri | Director of Human Resources Development |
| 5. Create and implement a Relicensing System for Health Professionals | 1. Dr. Kamal Al-Wazani | Director of Licensing and Accreditation Unit |
| | 2. Mr. Moheb Abo Zant | Director – Licensing and Accreditation Unit |
| | 3. Ms. Tasbeeh Nori | Director – Licensing and Accreditation Unit |
| | 4. Dr. Rania Shahin | Director General of Pharmaceuticals |
| | 5. Ms. Najat Dweikat | Head of the Nursing Unit |
| 6. Create and implement a health facility accreditation program | 1. Dr. Husam Jouhari | Director of Al Watani Hospital |
| | 2. Dr. Said Sarahneh | Director of Hebron Hospital |
| | 3. Dr. Husam Tanib | Director of Tulkarem Hospital |
| 7. Improve performance management | 1. Dr. Ghaleb Abu Baker | Director General of Health Policy and Planning |
| | 2. Dr. Khaled Masri | Director of Human Resources Development |
| | 3. Dr. Samer Hamidi | Director of Pharmaceutical Policies |
| 8. Strengthen service delivery and clinical guidelines | 1. Dr. Asad Ramlawi | Director General of PHC/Public Health |
| | 2. Dr. Intisar Alem | Director of Health Research |
| | 3. Dr. Mahmoud Slayyeh | Tulkarem Hospital |
| 9. Improve coordination of stakeholders | 1. Dr. Qasem Maani | Director of International Cooperation Unit |
| | 2. Ms. Maria Aqra | Director of International Relations |

| Module | Name(s) | Post Title |
|---|------------------------|---|
| 10. Support passing and implementation of the Health Commodities Procurement By-laws | 1. Mr. Rezeq Othman | Director of Procurement Unit |
| | 2. Ms. Razan Hindeyi | Director of Contracts and Tenders |
| | 3. Mr. Ibrahim E'lian | Director of Medical Equipment |
| 11. Improve clinical MoH primary care system | 1. Dr. Bassam Abo Madi | Director of Salfit Primary Health Directorate |
| | 2. Dr. Mohammad Rizeq | Health Director of Bethlehem District |
| | 3. Ms. Ilham Shamasneh | Director of Nursing in the Directorate of the Primary Health Care |
| 12. Improve the quality of clinical services in the Palestinian MOH hospital system | 1. Dr. Naim Sabra | Director General, West Bank Hospitals |
| | 2. Mr. Ammar Sbouh | General Directorate of Hospitals |
| | 3. Dr. Husam Jouhari | Director of Al Watani Hospital |
| | 4. Mr. Imad Zaki | Director of Nursing in the Directorate of Hospitals |
| 13. Improve health communications services | 1. Ms. Lubna Sawalha | Director of Health Education |
| | 2. Mr. Fakhri Ali | Director of Public Relations |
| 14. Support MoH emergency departments and emergency preparedness | 1. Dr. Mohamed Eideh | Director General of Emergency |
| | 2. Dr. Khaled Qadri | Director of Nablus Primary Health Directorate |
| 15. Training and fellowship program in health administration and management for the public sector | 1. Dr. Said Hammouz | Director General of Continuous Health Education |
| | 2. Dr. Khaled Masri | Director of Human Resources Development |
| 16. Improve community-based health services | 1. Dr. Hatem Jaber | Head of Occupational Health Division |
| | 2. Dr. Jawad Betar | Director of Chronic Diseases |
| 17. Improve medical waste management | Mr. Ibrahim Ateya | Director of Environmental Health |
| 18. Introduce and implement a comprehensive M&E approach and system | 1. Dr. Samer Hamidi | Director of Pharmaceutical Policies |
| | 2. Dr. Jihad Bedawi | Director of Investigation Unit |

Annex D: MoH Institutional Development Plan Jericho Workshop Team Composition

| Group # | Priority Area & Module # | Project team members | MoH Team Members |
|---------|---|--|--|
| 1 | <ul style="list-style-type: none"> Create a center of excellence at the Palestine Medical Complex. (Module 1) | Taroub, Fadi, Bashir and Hadeel | Dr. Fathi Abumoghli Dr. Anan Masri Ms. Aisha Mansour |
| 2 | <ul style="list-style-type: none"> Develop a health information system. (2) Support implementation of the new Health Insurance Program. (3) Support passing and implementation of the health commodities procurement by-laws. (10) | Nadera, Faisal, Yasir, Imad, and Ra'ed | Mr. Omar Abu Arquob Mr. Ali Helew Mr. Samer Jaber Mr. Nabeel Idrees Mr. Rezeq Othman Ms. Razan Hindeyi Mr. Ibrahim E'lian Ms. Omayya Abu Shanab Dr. Waddah Ba'ba |
| 3 | <ul style="list-style-type: none"> Design and implement a Continuous Education Program for Health Professionals. (4) Create and implement a Re-licensing System of Health Professionals. (5) Training and fellowship program in health administration and management for the public sector. (15) | Nasser, Wafa, Thar'a, and Waseem | Dr. Said Hammouz Dr. Khaled Masri Dr. Kamal Al-Wazani Mr. Moheb Abo Zant Ms. Tasbeeh Nori Dr. Rania Shahin Ms. Najat Dweikat |
| 4 | <ul style="list-style-type: none"> Design and implement a Health Facility Accreditation Program. (6) Improve performance management. (7) Introduce and implement a comprehensive M&E approach and system. (18) | Ziad, Tasneem and Maha | Dr. Husam Jouhari Dr. Said Sarahneh Dr. Husam Tanib Dr. Ghaleb Abo Baker Dr. Samer Hamidi Dr. Jihad Bedawi |

| Group # | Priority Area & Module # | Project team members | MoH Team Members |
|----------------|---|---|---|
| 5 | <ul style="list-style-type: none"> Strengthen service delivery and clinical guidelines. (8) Improve clinical MoH primary care system. (11) Improve the quality of clinical services in the Palestinian MOH hospital system. (12) | Daoud, Damianos, Dina, Fadiyah and Crissy | Dr. Asad Ramlawi Dr. Intisar Alem Dr. Mahmoud Slayyeh Dr. Bassam Abo Madi Dr. Mohammad Rizeq Ms. Ilham Shamasneh Dr. Naim Sabra Mr. Ammar Sbouh Mr. Imad Zaki |
| 6 | <ul style="list-style-type: none"> Improve health communications services. (13) Support MoH emergency departments and emergency preparedness. (14) Improve medical waste management. (17) | Hazem, Hanna and Noor | Ms. Lubna Sawalha Mr. Fakhari Ali Dr. Mohamed Eideh Dr. Khalid Qadri Mr. Ibrahim Ateya |
| 7 | <ul style="list-style-type: none"> Improve coordination of stakeholders. (9) Improve community-based health services. (16) | Randa, Wafa S. and Nisreen | Dr. Qasem Maani Ms. Maria Aqra Dr. Hatem Jaber Dr. Jawad Betar |