

MINISTRY OF HEALTH INSTITUTIONAL DEVELOPMENT PLAN

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT: "THE FLAGSHIP PROJECT"

MARCH 2009



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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 Link to Module #7: Improve performance management
9. Develop and acquire appropriate medical technology and equipment for the PMC	Ongoing	Minister of Health/ Flagship/LLU	Link to Flagship Project Component 3 (Procurement)
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 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>
12. Staff development and education training	TBD	Minister of Health/ Flagship/LLU	<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>
13. Continuous Quality Improvement (CQI)	TBD	Minister of Health/ Flagship/LLU	Link to Module #7: Improve performance management
14. Review and assess current medical waste management program	TBD	Minister of Health/ Flagship/LLU	Link to Module #18: Improve medical waste management

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:	TBD	Minister of Health/Flagship/LLU	Link with Module #2: Develop a health information system
- Patient consultations			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>
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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		
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 Paramedicals) 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	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
2. Come to consensus on a strategy to promote awareness about the need for such a program with all relevant parties	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) 	January	2011	General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship/Partners	Work closely with participating MoH departments and determine contributions from each to implement this activity
<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>	January	2011	General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship/Partners	

	Time Frame		
12. Identify international organizations that will “twin” with Palestinian institutions who could offer continuing education opportunities for health professionals	Ongoing	General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship/Partners	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
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	Ongoing	General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/ Licensing and Accreditation Unit/Flagship/Partners	

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 Link with Module #7: Improve performance management
12. Prepare surveyors to conduct accreditation		TBD	MoH/Flagship/Consultant	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>
8. Develop and implement series of workshops for Health Administration & Management training	TBD	MoH/Flagship/Partner TRG	Equipment: web-based instruction, workshop training equipment, and workshop materials
9. Develop practical assignments for central and district level staff to support improved performance management at central, district, and facility level	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		
13. Implement training of supportive supervisory teams at district level to introduce different methods of performance review and supportive supervision.	TBD	MoH/Flagship/Consultant	<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
14. Establish supportive supervision teams at district level and facility teams and provide support to facility teams	TBD	MoH/Flagship	

	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	Examples might include: <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</p> <p>Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system</p> <p>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</p> <p>Link with Module #12: Improve the quality of clinical services in the Palestinian MoH hospital system</p> <p>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		
1. 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, private sector partners, and stakeholders in policy formulation, planning, and service provision. (To be checked with the Minister for proper instruments)	March	2009	International Cooperation Department/Minister's Office/Health Policy and Planning Department/Flagship/Consultant	Link with Module #3: Support to the new Health Insurance Program
2. Establish mechanisms to engage and solicit public participation in health policy formulation and decision-making	March-May	2009	MoH/Flagship/NGOs	This would entail establishing cooperation with NGOs advocating for citizen participation and organizations with large representation (unions and syndicates) Link to Module #16: Improve community-based health services

	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>	March-August 2009	International Cooperation Department/ Health Policy and Planning Department/MoH/ Flagship/Consultant	

	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>	March-August 2009	International Cooperation Department/Minister Office/Health Policy and Planning Dept/Flagship	

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 Ongoing	2009	Hospital General Directorate	<p>Link with Module #7: Improve performance Management</p> <p>Link with Module #5: Create & implement a relicensing system for health professionals</p> <p>Link with Module #4: Design & implement a continuous education program for health professionals</p> <p>Link with Module #15: Training & fellowship program in health administration & management program for the public sector</p>
3. Update and develop guidelines, protocols, and job aids	March	2010	Hospital General Directorate	<p>Link with Module #8: Strengthen service delivery & clinical guidelines</p> <p>Link with Module #11: Improve clinical MoH primary care system</p>

	Time Frame		
4. Provide training on protocols	March 2010	Hospital General Directorate	<p>Link with Module #8: Strengthen service delivery & clinical guidelines</p> <p>Link with Module #15: Training & fellowship program in health administration & management program for the public sector</p> <p>Recommended long term and short term subspecialties training courses</p>
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 2009 (initiation of activity)	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 2009	MoH Health Education Department/Flagship	
9. Follow up and evaluate the BCC activities implementation	January on-going 2010	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	<p>Involve all service providers</p> <p>Link with Module #1: Create center of excellence at the Palestine Medical Complex</p> <p>Link with Module #9: Improve coordination with stakeholders</p>
2. Unify all protocols and guidelines for emergency care	March-May	2009	Flagship/MOH Emergency Directorate	<p>Link with Module #8: Strengthen service delivery & clinical guidelines</p> <p>All stakeholders' existing protocols to be adjusted and unified</p> <p>Integrating the PHC, ER, and EMS</p>
3. Develop mandatory training prerequisites for all emergency room professionals, and other positions (technicians, community health workers, etc)	July Ongoing	2009	Flagship/MoH Emergency Directorate/PHC Directorate	<p>Link with Module #15: Training & fellowship program in health administration & management program for the public sector</p> <p>Mandating training prerequisites for all stakeholders</p>

	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 2010 Ongoing	Flagship/MoH Emergency Directorate/PHC Directorate	<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			
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.	March-April	2009	General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship	<p>Link to Module #1: Create a center of excellence at the Palestine Medical Complex</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>
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)	April-May	2009	General Directorate of Higher and Continuing Health Education/Directorate of Human Resources and Development/Licensing and Accreditation Unit/Flagship	

	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		
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	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
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: 2.1 Review current programs (including training, certification, standards and protocols, scope of practice, etc.) by visiting and interviewing different health providers 2.2 Review local studies and research about the topic	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>	April-June	2009	MOH/ PHC departments’ unit	This activity should be linked with standards, training, and certification programs
<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>	March-September	2009	PHC/MoH/Flagship	Suggested name for committee: the Local Health Parliament

	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 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		
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	April-May	2009	MoH/Flagship/Stakeholders/NGOs/ Private sector	Link with Module #9: Improve coordination of stakeholders
2. Analyze, review and report the findings of the following: <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
3. Conduct short relevant studies to complement existing research to design a new management system for medical waste	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 that fits the geographic and technical scope for intervention - Work on new regulations and by-laws if needed 	August-December	2009	MoH/Flagship	<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>	June-July	2009	MoH/ Flagship	<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>	January-March	2010	MoH/Flagship	<p>Link with Flagship Component on Procurement</p>

	Time Frame				
7. Train the relevant staff during each activity phase	Ongoing			MoH/Flagship/Consultant	<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>
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	January	Ongoing	2010	MoH/Flagship/NGOs	<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		
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	March-April	2009	Department for Internal Monitoring and Inspection	<p>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> <p>Link with the Department of Health Policy and Planning</p>
2. Confirm the following with MoH: <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 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 (NHSPSC) 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

	Construct Maintenance workshop			
	Construct Central stores			
	Construct Central blood bank and lab			
	Construct Dorms for doctors/nurses (Jericho)			
	Extend MoH HQ (Nablus)			
	Equipment and furniture for central training unit (WB)			
	Equipment and furniture for Qalqilia hospital			
	Equipment and furniture upgrades (WB & G)	1 11 12	Create a center of excellence at the Palestine Medical Complex Improve clinical MoH primary care system Improve the quality of clinical services in the Palestinian MoH hospital system	
	extend Central Public health Lab			
	improve dentistry services			
1.10	Effective organization of emergency services	IDP Module	Activity/Action Steps	Responsible – MoH/Donor
	Upgrade emergency services (unified protocols and MIS dispatch extended to all emergency stations)	2 14	Develop a comprehensive and integrated health information system Support MoH emergency departments and emergency preparedness	

Strategic Objective 2 – Ensure sustainable financing of health care system				
2.1	Ensure health services receive adequate funding	IDP Module	Activity/Action Steps	Responsible – MoH/Donor
	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	Responsible – MoH/Donor
	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	Responsible – MoH/Donor
	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	Responsible – MoH/Donor
	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 of on hazardous products and behaviors to finance preventive care programs	IDP Module	Activity/Action Steps	Responsible – MoH/Donor
	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	Responsible – MoH/Donor
	(various)	11	Improve clinical MoH primary care system	
3.2	Improve secondary and tertiary infrastructure	IDP Module	Activity/Action Steps	Responsible – MoH/Donor
	(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	Responsible – MoH/Donor
	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	
		7	Improve performance management	
	Develop SOPs to improve operational procedures			
	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			
	Build capacities of Kuwaiti hospital	1	Create a center of excellence at the Palestine Medical Complex	
	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	Responsible – MoH/Donor
	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	Responsible – MoH/Donor
	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	Responsible – MoH/Donor
	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	Develop a comprehensive and integrated health information system	
		18	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

Clearance page for the *Palestinian Health Sector and Reform and Development Project: “The Flagship Project” Ministry of Health Institutional Development Plan (IDP)* prepared by Chemonics International Inc. and the MoH.

USAID

WBG Mission Health	E. Drabant	Clear _____	Date _____
WBG Desk	S. Borodin	Clear _____	Date _____
ME LPA	R. Marshall	Clear _____	Date _____
ME TS Health	J. Mason	Clear _____	Date _____

Cc: P. Stephenson, USAID/W GH/PRH/RTU

Cc: M. Matthews, USAID/W GH/PRH/RTU