

Summary Report on the Assessment of MoPH Institutional Capacity

This summary report contains the main findings of the assessment of the institutional capacity of the Afghan Ministry of Public Health (MoPH).

1. Governance

- The MoPH has a five-year National Health Strategy (2016-2020). This strategy shows that the MoPH has clear vision and mission statements, and pursues specific priorities and objectives to achieve them. The National Health Strategy has been formulated in accordance with the health sector agenda outlined in the National Unity Government's five-year self-reliance strategy, namely the Afghanistan National Peace and Development Framework (ANPDF). Besides, the relevant Sustainable Development Goals (SDGs) and the unfinished work of the Millennium Development Goals (MDGs) have been considered in the development of the National Health Strategy. The strategy also builds on the National Health Policy (2015-2020). It includes six key strategic areas: (1) governance; (2) institutional development; (3) public health; (4) health services; (5) human resources for health; and (6) monitoring and evaluation, health information, learning, and knowledge/evidence-based practices. All these strategic areas have planned results and outputs to implement. Empirical observation indicates that the MoPH annual action plans have been designed on the basis of the National Health Strategy. This strategy has been circulated among all MoPH directorates and staff members.
- The MoPH organisational structure (*tashkil*) follows the National Health Strategy. It includes 7,431 staff members in the centre and 6,951 in the provinces. In addition to the official organisational structure, the MoPH has employed 4,796 project staff members in various areas in the centre and provinces, according to figures provided by its Human Resource Directorate. The MoPH organisational structure contains specific hierarchy and monitoring and evaluation in such a way that each deputy minister, general director, or director supervises four to eight directorates or sub-directorates, fitting international standards and management principles. According to international standards, one director should not manage over seven or eight departments.
- During the last several years, the MoPH has, in cooperation with international donor agencies, formulated credible policies and procedures to develop its plans and guide its activities. On the one hand, this has built the MoPH policy development capacity; on the other hand, it has contributed to the formulation of key policies for the MoPH. The National Health Policy, the five-year National Health Strategy, the National Strategy on Human Resources for Health and other documents highlight the MoPH capacity to develop policies and strategies.
- Overlaps among the MoPH directorates and between the MoPH and external agencies are a major challenge. Some examples include overlap among the MoPH Postgraduate Medical Education, Human Resource, and Curative Medicine Directorates in the accreditation of specialised training for medical doctors; overlap between the MoPH Environmental Health Directorate and Kabul Municipality; overlap between the Internal Audit Directorate and the Monitoring and Evaluation Directorate; overlap and duplication between the International Relations Directorate and the Aid Coordination

and Health Systems Strengthening (HSS) Directorate; and overlap between the National Medicines and Health Products Regulatory Authority (NMHRA) and the Health Legislation Implementation Ensuring Directorate. For instance, the Presidential Decree no. 22 has transferred to the NMHRA the mandate to supervise both pharmaceutical facilities and pharmaceutical affairs, creating an overlap with the Health Legislation Implementation Ensuring Directorate.

- The MoPH leadership has shared all policy and legislative documents with all the directorates, but a number of staff members do not have full awareness about them. This evaluation shows that some staff members do not read through these documents.
- As observed, the MoPH has adopted a decentralised decision-making approach. In most cases, the minister has delegated authorities to the deputy ministers, general directors and other directors. The minister and his/her deputies are in touch with all directors in the centre and provinces and involve them in the decision-making processes. The deputy ministers, general directors, directors and advisors get together in a 45-member Executive Board for the MoPH leadership meetings and decisions are finalised following discussion and consensus-building. Once finalised, the decisions are sent to all the MoPH departments for action. Additionally there is a system in place to follow up on the implementation of the Executive Board decisions, and this is ensured by the minister's office of chief of staff. Nevertheless, a number of MoPH directorates in the centre and provinces complained about the decision-making process, stating that their opinions have not been considered and in some cases valued in the process. On the one hand, this has weakened the commitment and accountability of the staff members towards collaborative action; on the other hand, precise and practical decisions have not been taken, because on-the-ground problems and challenges have not been specified.
- Inadequacy of M&E staff, lack of regular monitoring of the management of the health system, issues related to hygiene in hospitals and clinics in the centre and provinces, and lack of addressing the problems of hospital staff and patients have undermined the health sector.
- In most provinces, health services are provided by national and international non-governmental organisations (NGOs) according to the existing regulations. The health sector will be paralysed if the donor agencies end their contributions.

The consolidation of the opinions of the MoPH directors and staff members in the centre and provinces as per the assessment form shows that of four points, the MoPH receives three points in the governance area, indicating an intermediate level of capacity in this area.

2. Administration

- During the last several years, the MoPH has, in collaboration with international donor agencies, procured some information technology (IT) tools for its departments in the centre and provinces. However, this assessment indicates that a large number of the MoPH staff members in the centre and provinces complain about computers being out of order due to lack of maintenance, lack of antivirus software update, unstable

Internet connectivity, and lack of other IT equipment. Many IT tools have become non-functional due to improper use and lack of upkeep, disrupting day-to-day activity. For example, the Department of Public Health in Ghor province complains about computers being out of order because of lack of antivirus software and of Internet connection. This has presented the MoPH with challenges in the area of e-governance. The challenges affect not only the IT area but also other areas. Hospital technical and medical equipment are either outdated (over 20 years) or recently purchased but are not operational due to lack of professionals and of maintenance. In addition, some hospital machinery provided by donor agencies is not being used for lack of professionals.

- The results of the evaluation of the MoPH capacity show that three regional/national hospitals and five provincial hospitals face major challenges in providing health services to the people due to lack of advanced healthcare equipment. In spite of receiving adequate financial resources from national and international donor agencies in the health sector, the regional/national and provincial hospitals lack advanced medical equipment, professional health personnel, and adequate pharmaceuticals, causing most patients to go abroad for medical treatment.
- Lack of sufficient space (appropriate physical building) for MoPH-related departments and units especially in regional/national and provincial hospitals is a key challenge. To mention some examples, empirical observations show that two to three staff members work on a single desk in a number of offices within the MoPH headquarters; in Indira Gandhi Children's Hospital, three to four patients are hospitalised on one bed, making disease communication a possibility; and the building of the Malalai Maternity Hospital, built several decades ago for the then population, does not fit Afghanistan's current population especially present-day Kabul population, causing many problems for medical doctors, nurses and clients. Lack of proper hygiene in hospitals has negatively affected the provision of health services to the people across the country.





- Over 50 per cent of medical examinations are done out of hospital due to lack of advanced laboratories in the public health system. This adversely impacts the provision of health services to the people.
- The MoPH has used different methods and implemented various activities to raise public awareness and reach out to the people on the national and provincial levels. These activities are performed in collaboration with national and international institutions in diverse health areas in the centre and provinces and include the production, use and dissemination of brochures, magazines, public information leaflets, TV spots and advertisements, radio broadcasts, online publishing and other media of mass communication.
- MoPH administrative procedures have been sent to all its central and provincial offices, but staff awareness about and the implementation of these procedures have been problematic especially on a provincial level, calling for increased awareness-raising and capacity-building for the staff. These procedures have been devised in a way that is intelligible for the staff, but there are problems particularly in the provinces. There has been no to rare systematic monitoring on the implementation of these procedures and other administrative documents. Implementation results are seldom followed up, according to MoPH staff members in the centre and provinces.
- The MoPH has simplified a series of complicated and complex administrative and professional processes. As examples, one could mention the simplification of processes such as the opening of inpatient hospitals, quality control of food, the establishment of detergent and pharmaceutical companies, the launch of private pharmacies and the transfer of pharmacies. However, empirical observation indicates that the MoPH processes are still complicated. For instance, the process of centrally organised provincial procurement and the process to develop health legislation such as the handling of legal medical cases take two to three months' time.

- The MoPH filing system is not good due to space shortage. As observed during this assessment, there are issues related to filing system not only in the central but also in the provincial directorates. As a result, cases are not coded, listed and computerised. Instead, the classic, old filing system continues to be used, causing a waste of time especially in cases of urgent need.

The consolidation of the opinions of the MoPH directors and staff members in the centre and provinces as per the assessment form shows that of four points, the MoPH receives three points in the administration area, indicating an intermediate level of capacity in this area.

3. Financial Management

- The MoPH development budget for the fiscal year 1396 (2017/2018) is USD 183,297,000, of which USD 76,360,000 has been spent by the seventh month of the year 1396 (September/October 2017), indicating 42 per cent of budget execution. This is while the MoPH had executed 26 per cent of its budget in the first six months of the previous fiscal year 1395 (2016/2017). As such, these figures show an increase of 16 per cent in budget execution, compared to the last year. The MoPH development budget covers the three programmes of infrastructure development, health services provision and administrative affairs. Besides, the MoPH ordinary budget for the fiscal year 1396 is AFN 4,039,800,840, of which AFN 2,693,137,987 has been spent by 26 Sunbula 1396 (17 September 2017), indicating 66 per cent of budget execution.
- The development budget is managed by the MoPH leadership, the Ministry of Finance (MoF) and the projects in accordance with the relevant policies.
- In terms of centre-provinces coordination in budgeting and expenditures, the MoPH budgeting is a decentralised process in such a way that its Directorate of Policy and Planning sends the MoF-prepared ordinary and development budget forms to all the provinces. Each province then creates its ordinary and development budgets and sends them to the centre for consolidation. Once the central and provincial budgeting is consolidated, the forms are sent to the MoF. Some needs are unfortunately declined by the MoF because of budgetary constraints.

The consolidation of the opinions of the MoPH directors and staff members in the centre and provinces as per the assessment form shows that of four points, the MoPH receives three points in the financial management area, indicating an intermediate level of capacity in this area.

4. Procurement Management

- As observed during the evaluation, the MoPH has a clear procurement plan that has been developed in coordination with the relevant directorates based on the MoPH strategy and programmes. Each directorate prepares its procurement plan according to specific forms and sends it to the Procurement Directorate for follow-up and consolidation. The MoPH procurement plan includes the procurement of the required materials, medicines, commodities, stationery, construction affairs and other services in the centre and provinces. To manage the MoPH procurement process, procurement

for projects funded by the Afghan Government is managed in accordance with the applicable rules and regulations of the Afghan Government. The MoPH Procurement Directorate created a Grants and Contracts Management Unit (GCMU) in the year 1395 (2016/2017) in order to improve and accelerate the procurement process. Supported by the MoF Policy and Procurement Directorate and international institutions such as the United States Agency for International Development (USAID) and the World Bank (WB), the GCMU is responsible for coordinating and advising on procurement and managing contracts. The GCMU primary goal is therefore to manage contracts, provide procurement services and facilitate coordination between the MoPH and donor agencies with a view to creating transparency and improving the procurement process. The monitoring of the implementation of the procurement plan is conducted by the MoPH leadership and other relevant authorities such as the MoF.

- The entire procurement process is administered pursuant to the Procurement Law and the Rules of Procedure for Public Procurement in coordination with the National Procurement Authority (NPA) and the MoF. This assessment shows that the MoPH procurement plan is developed by its Procurement Directorate in coordination with all MoPH directorates. Although the Procurement Directorate stressed the timely procurement of all the required materials and commodities, a number of directorates especially regional/national and provincial hospitals complain about the lengthy procurement process as well as the low quality of the purchased equipment. According to them, the recommended commodities and equipment are not timely provided as per the procurement plan.
- The awareness and capacity of the procurement staff is good, as the MoF, the MoPH and other institutions have conducted specific programmes to enhance their awareness about and develop their capacity in procurement process.
- In terms of professional capacity in the MoPH Procurement Directorate, one should add that the GCMU, which is part of the Procurement Directorate, manages the biggest procurement contracts of the MoPH and is staffed by experienced professionals. But, of the remaining 43 staff including the director and the sub-directors, 9 have BA degrees, 4 have upper high school diplomas and 30 are high school graduates. This shows the low capacity of the Procurement Directorate from a professional perspective. The MoPH needs further specialised and professional capacity for administering its big and vital projects in the health sector.

The consolidation of the opinions of the MoPH directors and staff members in the centre and provinces as per the assessment form shows that of four points, the MoPH receives two points in the procurement management area, indicating a primary level of capacity in this area.

5. Programme or Project Management

- During the last several years, the MoPH has, in cooperation with domestic and foreign experts and consultants, built its capacity to develop programme or project proposals and receive financial and other resources from donor agencies. The MoPH has also made efforts to effectively execute its budget in order to implement funded programmes. Development projects financed by international donor agencies cover the building of hospitals and clinics as well as the provision of health services. In the

current fiscal year 1396 (2017/2018) the MoPH has been implementing 70 development projects that include the key areas of infrastructure development, health services provision, and administrative affairs.

- The M&E Directorate is responsible for monitoring the implementation of the MoPH programmes and projects. As observed during this evaluation, the directorate has designed an M&E framework to monitor the implementation of programmes and projects. The M&E framework includes long-, medium- and short-term impacts and their accompanying outcomes and outputs. The M&E Directorate has conducted quarterly monitoring of programme and project implementation and provided monitoring reports that include specific action plans for addressing inadequacies, proposing reform measures, and identifying those responsible to take action within specific timeframes. The monitoring results have been reported to the MoPH leadership and the relevant partners. Besides, the health sector has also been monitored by third parties. For instance, some donor agencies such as the USAID and the WB and some donor governments such as India, China and Italy have been involved in the monitoring of the health service, especially programmes or projects that are funded by these agencies and governments.

The consolidation of the opinions of the MoPH directors and staff members in the centre and provinces as per the assessment form shows that of four points, the MoPH receives three points in the programme or project management area, indicating an intermediate level of capacity in this area.

6. Human Resource Management

- The MoPH Human Resource Directorate has designed the organisational structure of the ministry in cooperation with the MoPH central directorates and in accordance with the MoPH vision, mission and strategic objectives. The MoPH organisational structure is supportive of its overall strategy. The offices of deputy ministers, general directorates, directorates and sub-directorates have been established as per the MoPH strategic objectives and programmes. All MoPH staff members have specific job descriptions that lay out their duties, responsibilities, authorities and hierarchical relationships. The MoPH organisational structure is in no way responsive to its goals, quantitatively speaking. The directorates that have been assessed complained about this issue and asked for an upsizing of the organisational structure, particularly in national/regional and provincial hospitals. For instance, the number of health personnel in the evaluated hospitals is extremely low and these hospitals are therefore unable to provide proper health services. At times, there is an overload of work, negatively affecting the quality of health services delivery.
- To support the achievement of the MoPH strategic plan, the Human Resource Directorate has devised a National Strategy on Human Resources for Health. This strategy contains such long-term objectives as capacity-building coordination, planning and implementation, development and availability of training materials, training database management system, M&E of capacity-building programme and training quality control. Nonetheless, there was no report on the implementation of this strategy.

- The Human Resource Directorate has a clear, regular structure that provides opportunities for effective coordination and cooperation within its sub-directorates on recruitment, capacity development, performance appraisal, staff relations and other relevant affairs. Nevertheless, necessary and appropriate coordination is lacking with regard to project staff that have been employed by different MoPH projects.
- The MoPH Human Resource Directorate has devised a regular annual plan to appraise the MoPH staff performance. The plan outlines the modalities and timelines of staff performance appraisal. In addition to the evaluation form attached to the Law on Civil Servants, the directorate has developed a personnel questionnaire form that mainly focuses on matters of staff conduct. As observed in the course of this assessment, staff performance has been appraised according to the Independent Administrative Reform and Civil Service Commission (IARCSC) procedures and forms, but there are some problems regarding performance appraisal. For instance, most MoPH staff plans have been displaced in performance appraisal forms and this impedes the possibility to assess performance progress. Staff performance appraisal is thus not SAMRT (Specific, Measurable, Achievable, Relevant and Time-limited). Additionally, since staff plans are not clear, this makes fair evaluation of staff performance difficult both for the evaluator and the evaluatee.
- Empirical observations show that since there is no single staff attendance control system in the MoPH, each directorate has its own attendance book which it reports to the Human Resource Directorate at the end of the month. Some staff members come to their office late and leave early (i.e. before close of business). The MoPH had previously created a single ministry-wide e-attendance system, but it is not currently in use. The MoPH reasoned that there were a limited number of e-attendance systems that had been installed in a few specific points. The staff used to gather in those points to record their attendance at the start and close of business. The MoPH leadership directed to stop using the e-attendance system for fear of bombings and suicide attacks. Each directorate hence resumed using book-based attendance control and the Human Resource Directorate was again tasked with monitoring the attendance of all MoPH staff members. However, as observed during this evaluation, the Human Resource Directorate cannot monitor the attendance of all staff members in a regular and systematic fashion.
- The MoPH has, in collaboration with the IARCSC, designed specific job qualifications and descriptions for all positions within its organisational structure. The MoPH staff members therefore work as per their relevant job descriptions.
- In terms of recruitment, the MoPH has around 14,382 official positions in its approved organisational structure for the year 1396 (2017/2018), of which about 920 positions are vacant. The analysis of high-ranking positions shows that some 46 acting appointments have been made in accordance with presidential and ministerial directions in the centre and provinces, including in hospital settings. At the same time, some 11 high-ranking positions remain vacant. Pursuant to article 7 of the Regulation on Personal Affairs of Civil Servants, acting appointments should not last over six months and the Human Resource Directorate is responsible for filling these positions through open recruitment competition within that period of time.

- A major challenge in staff recruitment is lack of women applicants. Insecurity in some provinces and districts, low remuneration and cultural constraints demotivate women to work as medical doctors, nurses and midwives and as a consequence, people have to take their female patients to other provinces or the capital. The MoPH Gender Directorate says that it is rarely invited to take part in the processing of recruitments for high-ranking gender officer positions.
- According to figures provided by the Human Resource Directorate, the MoPH has 13,562 staff members, of which 3,485 are high school graduates employed in grades 3 to 6, 23 are illiterates hired in grades 5 and 6, and 44 have secondary education and are recruited in grades 5 and 6. The recruitment of these high school graduates, illiterates, and secondary school graduates is in conflict with the Law on Civil Servants and the applicable appointments procedures and is a cause for concern. Having been informed of this issue, the MoPH provided a new information form in which data concerning illiterates and secondary school graduates had been deleted. The MoPH stated that the previous information had been incorrectly entered into the human resource database. Whether the data entry had been incorrect or not requires further investigation. The MoPH is a specialised ministry and all its positions excluding its administrative sector must be filled by professionals.

High school graduate		Illiterate		Secondary school graduate	
Position	No.	Position	No.	Position	No.
3	7	3		3	
4	162	4		4	
5	645	5	6	5	9
6	2,671	6	17	6	35
Total	3,485	Total	23	Total	44

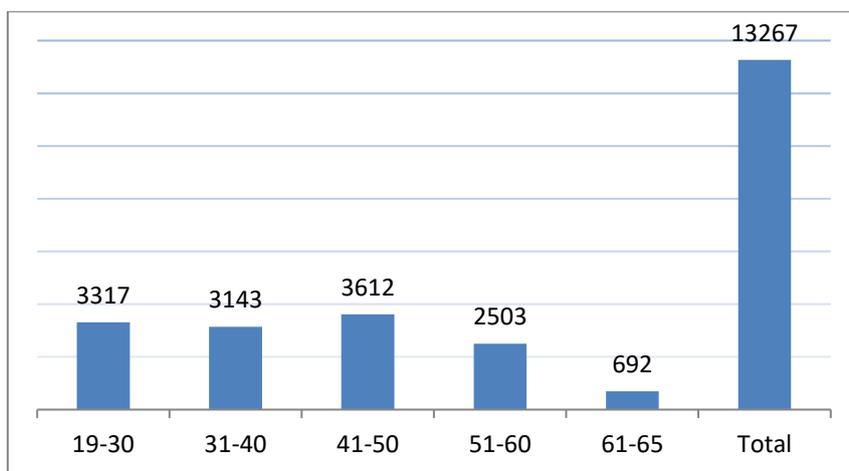
- An extremely important issue in the MoPH is the lack of specialist and professional health personnel in hospitals and other health facilities. This is while figures presented by the MoPH Human Resource Directorate reveal that some 2,049 professionals who have been educated and trained in areas such as curative medicine, anaesthesiology, radiography, orthodontics, medical technology, ophthalmology, pharmacology, dentistry, radiology, psychology, public health, pharmacy, physiotherapy, nursing, midwifery and obstetrics-gynaecology are serving in administrative positions.

Total <i>tashkil</i>	Central <i>tashkil</i>		Provincial <i>tashkil</i>		Total high- ranking positions	Total low- ranking positions	Total vacant positions	Total professional personnel	Total admin positions	Total service positions
	Existing	Lacking	Existing	Lacking						
14,382	7,213	218	6,249	702	103	14,278	920	5,446	3,939	3,970

The following table shows the number of professional staff as disaggregated by position and gender. It is noteworthy that some recruited staff members are yet to be entered into the human resource database.

Position	Male	Female	Total
Medical doctor	1,448	576	2,024
Nurse	1,018	514	1,532
Midwife	0	534	534
Technician	667	97	764
Pharmacist	66	21	87
Laboratorian	15	3	18
Vaccinator	164	117	281
Total	3,378	1,862	5,240

The following chart shows the number of the MoPH staff as disaggregated by age.



- The transparency of recruitment process is a key problem in all state institutions and most public employees complain about the influence exerted by powerful figures such as ministers, deputy ministers, parliamentarians, provincial governors and tribal elders on civil service appointments. Some MoPH staff members were dissatisfied with lack of transparency in the recruitment process, stating that people were employed on grounds of nepotism without any consideration of their merit, competence and professional qualifications.
- Empirical observations reveal that a number of recruitments have been made in contravention of the applicable laws and procedures. According to the MoPH figures, around 972 positions have been filled without open competition. For instance, the director of the Department of Public Health in Nangarhar province has been appointed by decree and without going through the recruitment process. As observed during this assessment, this director is mostly absent at work and pursues a bossy conduct towards the staff when present. All appointments should be made through open competition, pursuant to the Law on Civil Servants and Presidential Decree no. 825 dated 1394/5/3.
- Another example is the recruitment of a recent graduate as surveillance officer of AIDS control within the General Directorate of Curative Medicine. This officer lacks any working experience and has been appointed by decree without taking a competitive examination.
- The MoPH has given no due attention to capacity development of its staff members. As observed, it has devised a National Strategy on Capacity-Building of Human Resources for Health in the year 1393 (2014/2015) that includes specific action plans

in various areas, but there is no evidence on its implementation during the last few years. Staff members are introduced to participate in training programmes organised by foreign institutions and countries without proper human resource development planning.

- Violations of applicable laws in recruitments are a significant challenge facing the MoPH. Statistical information gathered from the MoPH indicates that around 972 staff members have been employed in contravention of the applicable laws and procedures and without going through open competition. In addition, figures provided by the MoPH show that about 76 grades 3-8 staff members have been transferred within the MoPH directorates and between the MoPH and other government ministries and agencies without going through an open competition process.
- Lack of adequate personnel particularly women (medical doctors and nurses) is a key challenge facing regional/national and provincial hospitals, undermining the provision of health services. Although midwifery institutes have been created in 16 provinces across the country where female students receive two years of training in midwifery, other specialised areas of public health continue to suffer from lack of sufficient women personnel.
- Low remuneration for medical doctors and nurses in regional/national and provincial hospitals demotivates health personnel while the number of patients continues to grow.
- Lack of training programmes for interns and resident physicians who constitute the country's future medical professionals.

The consolidation of the opinions of the MoPH directors and staff members in the centre and provinces as per the assessment form shows that of four points, the MoPH receives two points in the human resource management area, indicating a primary level of capacity in this area.

Recommendations

To improve the MoPH capacity and particularly health services delivery, the IARCSC makes the following recommendations:

- All vacant and acting positions should be filled through open competition as early as possible, and competent and professional applicants should be recruited to facilitate systematic and orderly leadership and management. The MoPH directors should give serious attention to improving performance and health services provision in a responsible manner.
- To improve coordination and address overlaps within the ministry, the organisational structure and mandate of all MoPH directorates should be carefully and technically reviewed in order to address overlaps and duplications, facilitate orderly division of labour and prevent confusion in different directorates.
- To build staff capacity, a needs assessment of all staff members should be conducted according to existing job descriptions and performance appraisal results and a

comprehensive training and capacity-building plan should be developed, pursuant to which training programmes should be implemented in coordination with the Afghanistan Civil Service Institute and other relevant bodies.

- To improve staff performance appraisal, specific action plans should be designed to develop specific job expectations and objectives for each staff member in accordance with overall MoPH goals at the start of each year. These plans should then be used as the yardstick for careful and comprehensive appraisal of staff performance.
- The Human Resource Directorate should conduct continued and regular control and monitoring of MoPH staff attendance.
- To increase women health personnel in regional/national and provincial hospitals, the MoPH should work with the MoF, the IARCSC and other relevant agencies to design and implement appropriate measures.
- To improve hospital services delivery, paediatric and obstetric-gynaecological hospitals should be created in the seven regions. These hospitals should enjoy advanced medical equipment and professional health personnel. This will facilitate and enhance health services provision to people across the country.
- The *tashkil* of all MoPH departments should be carefully reviewed in light of the overarching goals of the ministry. Those MoPH departments that are overstaffed or are no longer needed should be downsized or abolished. Instead, medical doctor and nurse positions should be upsized.
- The recruitment of MoPH staff should be regulated in cooperation with the IARCSC so as to prevent the influence of powerful figures and ensure the employment of competent and professional applicants.
- The MoPH should reinforce and systematise monitoring of the performance of its directorates as well as regional/national and provincial hospitals. This will contribute to improved health services delivery.
- The privatisation of health services provision can be a good option to achieve the key MoPH objective of health services development and improvement, especially given the existing financial constraints and structural challenges facing the ministry. It is because the Afghan Government will not be able to provide and develop health services in the long run if international aid continues to decline.
- Designing and enforcing the required standards on private hospitals is an important management option to enhance the quality and transparency of hospital performance and will have a positive impact on the quality of health services. The MoPH should therefore reinforce and develop private hospital monitoring and control mechanism and give due attention to its enforcement.
- During the last several years, the MoPH has, in close collaboration with major donor agencies, made considerable efforts to design and implement systems and mechanisms, develop capacity and provide equipment in various programmatic and administrative

areas. Nevertheless, the MoPH will not be able to sustain health services provision in the long term without the support of donor agencies. Thus, the MoPH has, in coordination and collaboration with national and international institutions, adopted specific policies to convert public hospitals into enterprises, design a national strategic framework on public health and generate revenue for the health sector in light of the Law on Public-Private Partnership and the MoF-prepared National Public-Private Partnership Policy. If implemented, these policies can help address the existing problems.