

National-Level Instrument

**Study of the Organization and Management
of Communicable Disease Prevention**

**Phase I
INDIA**

2001-2002

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INTRODUCTION AND INSTRUCTIONS

Introduction—This “National-Level Quantitative Instrument” is one of three questionnaires developed to study the organization and management of communicable disease prevention in India. This questionnaire offers an opportunity to determine the public health system’s capacity and infrastructure at the national-level, and to identify the strengths and weaknesses of the system at that level.

The instrument is divided into 12 sections, one for each essential function of a public health system. Every function is accompanied by an extensive definition of the essential practices necessary for exercising that function. Using this definition, indicators have been established—four or five for each function—that are used to measure the structure, process, and outcomes of that function. Each indicator is followed by a ‘model standard’ (a detailed description of the capacities necessary to fully exercising that function) and a set of questions (most with yes/no or Likert-scaled responses) that explore the indicator in greater depth.

Administering the instrument—In India, Ministry of Health (MOH) plays an essential role in directing and exercising stewardship of the country’s health system: including those services required for the effective prevention and control of communicable diseases. The MOH—working with governmental and non-governmental partners including community groups, NGOs and the private sector—sets out the parameters and direction that public health practice should follow, recognizing its own responsibility in developing the basic capacities of evaluation, policy development, and assurance of basic services. Within the context of these basic capacities, the MOH also ensures that its own officers—and those of *other* organizations active in the sector—are held accountable for their actions. The MOH is the key allocator of resources, ensuring that the financing available for public health services is allocated in a way that meets the critical health needs of the population. In addition, the MOH plays a unique role in setting policy, providing the legal foundation for health activities in the country, and advocating for changes in national policy that will lead to an improvement in health conditions. Supervision and quality assurance are also important functions.

The purpose of this instrument is to compare the effectiveness of these functions in three MOH programs *as well as for the MOH as a whole*. Thus, the questionnaires are to be administered to (i) senior officials working in the Ministry of Health who have experience and inside knowledge about the functioning of the MOH; and (ii) senior staff in the national-level premier public health institutions functioning under the aegis of Ministry of Health. Senior MOH officials in two ‘vertical’ programmes—immunization and TB control—will be interviewed for their perception of these issues *as they relate to their own programmes*, while the senior staff in other national-level public health institutions (*e.g.* NICD, AIIMS *etc.*) will be interviewed for their perception of these issues *as they relate to the MOH as a whole*. Officials in the Departments of Rural and Urban Development will be canvassed with a separate, smaller instrument to get their input on issues related to environmental sanitation.

Interview instructions—Each of the twelve ‘essential functions’ (such as “Health promotion”, “Social participation and empowerment” *etc.*) is followed by a series of ‘indicators’. Each indicator is followed by ‘model standards’ that describe, in text form, the essential components of that indicator. For Indicator 1.1, the model standards are as follows:

Model standard	<ul style="list-style-type: none"> ⊕ Guidelines for measuring health status at all levels of the public health system. ⊕ A comprehensive and integrated national system for monitoring health status, particularly aimed at identifying inequities. ⊕ Specific protocols to protect the confidentiality of personal data. ⊕ Health status profiles that influence the allocation of resources and the prioritization of community health problems through the use of equity criteria. ⊕ Trends in health status parameters, correlation with risk factors, gender analysis and other relevant variables.
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This statement is followed by two questions, as follows:

1.1.S.1. To what extent do these 'model standards' correspond to the actual mandate of your SHD?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.1.S.2. To what extent does your SHD achieve the model standards described above?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>

For these questions, please tick the box which corresponds most closely to the respondent's answer. If additional comments are made, please feel free to note these in the margin. Following these questions is a longer series of specific questions about the given indicator. For example, for indicator 1.1:

1.1 Guidelines for health status monitoring:	<p>➤ The MOH has written guidelines for measuring the population's health status <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No" skip to next question ("The MOH organizes...")</i> <i>The following statements describe these guidelines:</i></p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Apply to all levels of the health system ➤ <input type="checkbox"/> Identify all data needed to monitor health status ➤ <input type="checkbox"/> Describe methods for data collection and for selecting appropriate sources of information. [etc.]
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Where a question refers to "the MOH", the respondent should answer according to the guidelines indicated earlier—that is, they should answer on behalf of *their* program if they represent a vertical programme (*i.e.* immunization or TB control) or on behalf of *the MOH as a whole* if they are from another agency or department. The questions should be read carefully, and responses should be indicated as follows:

- If you **AGREE** (or if the statement is **CORRECT**), place a **TICK** in the box.
- If you **DISAGREE** (or if the statement is **INCORRECT**), place a **CROSS** in the box.
- If you **DON'T KNOW** (or cannot understand the question even after re-reading the model standard), **write "DK" next to the box.**

Information about the respondent

First Name:																		
Last Name:																		
Designation:																		
Organization:	<input type="checkbox"/> Ministry of Health					<input type="checkbox"/> Research Institution					<input type="checkbox"/> Others (specify) _____							
Program:	<input type="checkbox"/> Tuberculosis			<input type="checkbox"/> Immunization			<input type="checkbox"/> Environmental Sanitation			<input type="checkbox"/> General Public Health			<input type="checkbox"/> Civil Service			<input type="checkbox"/> Others		
Address:																		
Comments/ feedback about the survey:																		

Essential Function # 1: Health Situation Monitoring and Analysis

This function includes:	<ul style="list-style-type: none"> ⊕ Up-to-date evaluation of the country’s health situation and trends and their determinants, with special emphasis on identifying inequities in risks, threats and access to services. ⊕ Identification of the population’s health needs, including assessment of health risks and the demand for health services. ⊕ Management of vital statistics, with specific attention to groups of special interest or at greater risk of ill-health (e.g. rural and urban poor, women, minorities, SC/ST, OBC etc.). ⊕ Assessment of the performance of the health services. ⊕ Identification of resources <i>outside</i> the health sector that can support health promotion and improvements in the quality of life. ⊕ Development of technology, experience, and methodologies for management, analysis, and communication of information to those responsible for public health—including actors from <i>outside</i> the health sector as well as health providers and the public at large. ⊕ Evaluation and analysis of the quality of collected data.
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Indicator 1.1: Guidelines for Monitoring Health Status

Model Standards	<ul style="list-style-type: none"> ⊕ Guidelines for measuring health status at all levels of the public health system. ⊕ A comprehensive and integrated national system for monitoring health status, particularly aimed at identifying inequities. ⊕ Specific protocols to protect the confidentiality of personal data. ⊕ Health status profiles that influence the allocation of resources and the prioritization of community health problems through the use of equity criteria (class, gender and caste). ⊕ Trends in health status parameters, correlation with risk factors, equity analysis (class, gender and caste) and other relevant variables. 								
1.1. S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Not at all or minimally</td> <td style="width: 25%; padding: 5px;">Partially</td> <td style="width: 25%; padding: 5px;">Substantially</td> <td style="width: 25%; padding: 5px;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Not at all or minimally</td> <td style="width: 25%; padding: 5px;">Partially</td> <td style="width: 25%; padding: 5px;">Substantially</td> <td style="width: 25%; padding: 5px;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1.1. Guidelines for monitoring health status	<p>➤ The MOH has written guidelines for measuring the population’s health status</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “No” skip to next question (“The MOH organizes...”)</i></p> <p style="padding-left: 20px;"><i>The following statements describe these guidelines:</i></p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Apply to all levels of the health system ➤ <input type="checkbox"/> Identify all data needed to monitor health status ➤ <input type="checkbox"/> Describe methods for data collection and for selecting appropriate sources of information ➤ <input type="checkbox"/> Describe the roles of the national and sub-national levels in data collection ➤ <input type="checkbox"/> Allow access to information for citizens and organized community groups while at the same time protecting people’s privacy ➤ <input type="checkbox"/> Include a process to continuously improve information systems so as to better meet the needs of users at the national and sub-national levels (decision-makers, those in charge of programs, etc.) ➤ <input type="checkbox"/> Describe procedures for disseminating information to the communications media and the general public ➤ <input type="checkbox"/> Protect the confidentiality of information through the use of defined protocols for accessing the data (who can access it, how this access is protected, etc.) ➤ <input type="checkbox"/> Describe the procedures to be followed in organizing information in a comprehensive health status profile that contains information on national health objectives 								

- The MOH organizes the health data it collects into a “country health status profile (or profiles)” (i.e. document/s that summarize the health status of the country).

Yes No *If “No” skip to next question (“The MOH releases...”)*

The health status profile/s include/s:

- Socio-demographic variables
- Mortality
- Morbidity
- Risk factors
- Environmental risks
- Access to individual health services
- Contact with public health services
- Use of public and private health services
- Cultural barriers in accessing health care (e.g. gender, caste)
- Analysis of the population’s health needs

The health status profile/s is/are used to:

- Monitor trends in health status
- Monitor changes in the prevalence of risk factors
- Monitor changes in the utilization of health resources
- Provide data on health outcomes that are observed over time and which are compared to pre-defined standards and goals
- Define the population’s priorities and needs in terms of access to services, participation in promotion activities and allocation of resources, with particular emphasis on detecting inequities in access to and utilization of the health services
- Provide communities with a common set of measures to help them make comparisons, prioritize community health problems, and determine the allocation of resources
- Define compliance with national health objectives and goals
- *Also*—the health status profile is evaluated periodically to determine the adequacy and significance of the reported data;
- *And*—suggestions for improving the content, presentation, and distribution of the health status profile are periodically requested from users of the profile (including community groups, government departments etc.)

- The MOH releases annual report on the population’s health **status**

Yes No *If “No” skip to next question (“The MOH regularly evaluates...”)*

The following actions are taken with the annual report:

- The report is distributed to all parties interested in the information it contains—including groups *outside* the government
- The report is submitted to key decision-makers
- The MOH regularly organizes seminars or other activities to explain the implications of annual report’s findings (i.e. the population’s health status) to key decision-makers.

- The MOH regularly evaluates how these reports are being used by those who receive them, and takes steps to improve the reports on this basis.

Yes No

Indicator 1.2: Evaluation of the Quality of Information

Model Standards	<ul style="list-style-type: none"> ⊕ Has independent units to evaluate the quality of the information generated at the different levels of the health system ⊕ Has protocols and standards for the production, analysis, and interpretation of data so that the instruments used are comparable throughout the country, and also allow for international comparisons accepted by the country ⊕ Updates continuously these instruments, protocols, and standards to keep pace with advances in technology and knowledge, and local information needs. ⊕ Is coordinated with other national institutions that produce relevant data for monitoring health status so as to ensure the quality of the data. 			
1.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.2. Evaluation of the quality of information	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has an independent unit to evaluate the quality of the information generated in the health system (i.e. a “data quality evaluation unit” of some sort) ➤ <input type="checkbox"/> The MOH carries out periodic audits of the information system that measures the country’s health status ➤ <input type="checkbox"/> The MOH suggests modifications to the system for those points that are recognized as weak or capable of being improved ➤ <input type="checkbox"/> The MOH considers suggestions from the evaluation unit for improving data collection and measurement of the country’s health status ➤ <input type="checkbox"/> The MOH has protocols and standards on data collection, storage, and analysis ➤ <input type="checkbox"/> These protocols are compatible with the procedures and needs of international agencies to which the country submits information ➤ <input type="checkbox"/> Protocols are reviewed periodically to evaluate their relevance in the light of technological advances and changes in health policy ➤ <input type="checkbox"/> There a national statistics committee to which the MOH belongs ➤ <input type="checkbox"/> There is some formal mechanism for coordination between the MOH and the body responsible for producing national statistics 			

Indicator 1.3: Expert Support and Resources for Monitoring of Health Status

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH has personnel who are skilled in the collection, evaluation, management, translation, interpretation, dissemination, and communication of health status data ⊕ The MOH has access to the experts and resources necessary to turn its health status data into a form that is useful for people who influence health policies and for community leaders and representatives involved in the planning of health services ⊕ These capabilities - epidemiology, biostatistics, information management, etc. - exist at all levels of the public health system. — 			
1.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.3. Expert support and resources for monitoring of health status	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH uses or has access—at the central level—to personnel with training and experience in epidemiology and statistics. If yes, do these personnel have training and experience in the following areas: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Design of sampling schemes for data collection 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Consolidation of data from various sources ➤ <input type="checkbox"/> Data analysis ➤ <input type="checkbox"/> Interpretation of results and formulation of scientifically valid conclusions based on the data analyzed ➤ <input type="checkbox"/> Translation of data into clear and useful information through interaction with personnel skilled in producing understandable and appealing documents for different audiences ➤ <input type="checkbox"/> Design and maintenance of information registries on specific diseases or problems (e.g. cancer registries) ➤ <input type="checkbox"/> Communication of health information to decision-makers and members of community organizations <p>➤ <input type="checkbox"/> The MOH has at least one professional at the central level with higher-level training in epidemiology or statistics.</p> <p>➤ <input type="checkbox"/> MOH uses or has access to personnel with training and experience in epidemiology and statistics at intermediate levels.</p> <p><i>If yes, do these personnel have training and experience in the following areas:</i></p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Design of sampling schemes for data collection ➤ <input type="checkbox"/> Consolidation of data from various sources ➤ <input type="checkbox"/> Data analysis ➤ <input type="checkbox"/> Interpretation of results and formulation of scientifically valid conclusions based on the data analyzed ➤ <input type="checkbox"/> Translation of data into clear and useful information ➤ <input type="checkbox"/> Design and maintenance of information registries on specific diseases or problems (e.g. cancer registries) ➤ <input type="checkbox"/> Communication of health information to decision-makers and members of community organizations
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Indicator 1.4: Technological Support for Public Health Decisions

Model Standards	<ul style="list-style-type: none"> ⊕ Has resources for monitoring and evaluation of health status at all levels ⊕ Is capable of sharing data from various sources and converting them to standard formats ⊕ Shares data and information with other agencies and individuals in the national and international arena ⊕ Ensures that those who access these data are trained in the correct use of these resources at all levels of the public health system 			
1.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.4. S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
Technological support for public health decisions	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH uses computer and other resources to monitor the population’s health status ➤ <input type="checkbox"/> The MOH has appropriate computer resources –software and hardware ➤ <input type="checkbox"/> The MOH uses computer and other resources to analyze, present and disseminate health status information ➤ <input type="checkbox"/> The MOH is capable of transforming data from various sources to standard formats ➤ <input type="checkbox"/> The MOH is connected to the Internet ➤ <input type="checkbox"/> The MOH communicates electronically with sub-national levels (e.g. States, Districts etc.) that generate and use health status information ➤ <input type="checkbox"/> The MOH has sufficient data storage capacity to maintain multi-year databases on the 			

	<p>country's health information</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH's electronic resources meet the design requirements for compiling vital registries ➤ <input type="checkbox"/> The MOH has computer support staff with training in database management and basic software and hardware maintenance ➤ <input type="checkbox"/> The MOH has quick access to specialized maintenance of the computer system ➤ <input type="checkbox"/> The MOH evaluates, on an annual basis, the need to update its computer equipment
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Indicator 1.5: Technical Assistance at the Sub-national Levels of Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Collaborates with the sub-national public health system to ensure the timely collection, analysis, and dissemination of data to support development and evaluation of health policies ⊕ Offers the means, training, and practice in the interpretation and use of the data for professionals at the sub-national level ⊕ Supports the preparation and publication of community health diagnoses and communicates that this support is available to the entire jurisdiction 			
1.5.S.1. To what extent do these "model standards" correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.5.S.2. To what extent does MOH achieve the "model standards" mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
1.5. Technical assistance at the sub-national levels of public health	<ul style="list-style-type: none"> ➤ During the last twelve months, the MOH has provided technical advice to one or more sub-national levels on the collection of health information <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No" skip to next question ("The MOH regularly informs...")</i> <p><i>If yes, did the MOH provide technical advice on:</i></p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> the design of instruments for collecting relevant health data ➤ <input type="checkbox"/> the analysis of health status data ➤ <input type="checkbox"/> the presentation and publication of health status data in useful formats ➤ <input type="checkbox"/> the use of health data to inform policy-makers, community groups and the general public ➤ <input type="checkbox"/> The MOH regularly informs all sub-national levels of the availability of technical assistance on issues of data collection, analysis, dissemination etc. ➤ <input type="checkbox"/> The MOH periodically and continuously disseminates information on data collection, analysis, dissemination etc. to sub-national levels and other users ➤ <input type="checkbox"/> The MOH provides technical assistance on data analysis and data presentation to those responsible for publishing national and state health profiles 			

Essential Function # 2: Epidemiological Surveillance/Disease Prevention and Control

The functions include:	<ul style="list-style-type: none"> ⊕ The capacity to conduct research and surveillance on epidemic outbreaks and patterns of communicable and non-communicable diseases, accidents, and exposures to toxic substances or environmental agents harmful to health. ⊕ A public health infrastructure that can conduct population screenings, case-finding and epidemiological research. ⊕ Public health laboratories capable of conducting rapid screening and processing a high volume of tests needed to identify and control emerging threats to health. ⊕ The ability to develop programs of epidemiological surveillance and infectious disease control. ⊕ The capacity to link with international networks to share information and improve surveillance and management of health problems. ⊕ The ability to mobilize a rapid response to emergent health problems or risks.
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Indicator 2.1: Surveillance System to Identify Threats to Public Health.

Model Standards	<ul style="list-style-type: none"> ⊕ Operates one or more public health surveillance systems that are integrated with similar systems at State/District levels and capable of identifying and analyzing public health threats. ⊕ Assumes leadership in defining the roles and responsibilities of the system’s key personnel and in developing communication and epidemiological response networks to provide feedback of information to the local levels. ⊕ Identifies public health threats. ⊕ Is prepared to respond rapidly at all levels to control any problems detected 			
2.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.1. Surveillance system to identify threats to public health	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has a surveillance system capable of identifying threats to public health ➤ <input type="checkbox"/> The system is capable of analyzing the <i>nature and magnitude</i> of health threats ➤ <input type="checkbox"/> The system is capable of monitoring adverse events and health hazards <i>over time</i> ➤ <input type="checkbox"/> The system defines health threats that call for a public health response ➤ <input type="checkbox"/> The system is integrated with surveillance systems at sub-national levels ➤ <input type="checkbox"/> The roles of key actors at intermediate levels—especially at the district level—are clearly defined ➤ <input type="checkbox"/> The system regularly analyzes time-trends in the diseases and risk factors under surveillance ➤ <input type="checkbox"/> The system is integrated with the surveillance systems of other health actors (e.g. private sector insurers or providers, NGOs, etc.) 			

Indicator 2.2: Epidemiological Capabilities and Skills

Model Standards	<ul style="list-style-type: none"> ⊕ Has sufficient skill in epidemiology at the national, state, district and local levels to develop and disseminate protocols that identify and analyze priority problems and risks to health ⊕ Has access to clinical and environmental services capable of conducting rapid population screening and environmental sampling ⊕ Conducts timely analyses of health threats, risks and adverse events, using inputs from these services as well as from other epidemiological surveillance agencies (e.g. academic centers,
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	private networks, NGOs etc.) that may exist at sub-national levels			
	⊕ Directly administers (or seeks from <i>other</i> institutions) research on the major risks, threats and adverse health events it discovers in the course of its surveillance activities			
2.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.2. Epidemiological capabilities and skills	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has sufficient capability and experience in epidemiology to develop written protocols aimed at identifying threats to public health ➤ <input type="checkbox"/> The MOH has sufficient capability and experience in epidemiology to <i>analyze</i> the threats and dangers to public health <li style="padding-left: 20px;">If yes, do these capabilities include: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Forensic medicine services ➤ <input type="checkbox"/> Use of geographic information systems ➤ <input type="checkbox"/> Experience in basic sanitation ➤ <input type="checkbox"/> Experience in environmental health ➤ <input type="checkbox"/> Experience in conducting research on infectious disease epidemiology ➤ <input type="checkbox"/> Experience in conducting research on chronic disease epidemiology ➤ <input type="checkbox"/> Experience in conducting research on the epidemiology of accidents, injuries and violence ➤ <input type="checkbox"/> Experience in Rapid Epidemiological Evaluation methods (e.g. aggregate sampling, detection of risk factors, rapid survey methods, etc.) ➤ <input type="checkbox"/> The MOH has the capacity to carry out rapid screening of at-risk populations or populations for which health problems have been reported ➤ <input type="checkbox"/> The MOH has the capacity to conduct rapid environmental sampling in response to reports of <i>environmental</i> health risks ➤ <input type="checkbox"/> The MOH has, in the past twelve months, commissioned research projects to better identify a problem (or problems) that represents a threat to public health ➤ <input type="checkbox"/> The MOH regularly evaluates how information from the surveillance system is used by internal and external users (e.g. the MOH itself, other government departments, NGOs, academic institutions, etc.) ➤ <input type="checkbox"/> The MOH regularly carries out activities to explain the nature and implications of information produced by the surveillance system to current or potential users (e.g. MOH staff, other government departments, NGOs, academic institutions, etc.) 			

Indicator 2.3: Capacity of Public Health Laboratories

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH has access to a national public health laboratory network—whether internal to the MOH or contracted from external sources (such as the private sector or academic institutions)—that has the capacity to support the MOH’s diagnostic and research activities on health risks and threats. ⊕ These laboratories comply strictly with norms and standards for accreditation and evaluation, both for personnel as well as for equipment and laboratory installations, and exercise quality control over their processes. ⊕ These laboratories have the capacity to detect all diseases that are subject to compulsory notification as well as those requiring epidemiological surveillance. ⊕ The MOH ensures that laboratories in this network have the capacity to cross-reference information with other participating laboratories, standardizing their procedures with those of a national reference laboratory.
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	<ul style="list-style-type: none"> ⊕ The MOH ensures that the national reference laboratory coordinates effectively with international reference laboratories, including the referral of complex cases which the national reference laboratory does not routinely encounter. ⊕ The MOH ensures that the public health laboratory network has procedures to receive information from public and private laboratories in order to monitor the diseases under study. ⊕ The MOH supervises strict compliance with the norms, accreditation standards and protocols for handling, storage, and transportation of samples collected by the public and private laboratories. ⊕ The MOH ensures that information is rapidly made available about which laboratories are capable of analyzing which specimens, especially in the event of an epidemic outbreak or environmental exposure. 			
2.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.3. Capacity of public health laboratories	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has a laboratory network—whether internal to the MOH or contracted from external sources (such as the private sector or academic institutions)—that has the capacity to support the MOH’s diagnostic and research activities on health risks and threats. <i>If yes, does/is the laboratory network:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> In a position to identify the causative agents of all reportable diseases in the country ➤ <input type="checkbox"/> Keep an up-to-date list of laboratories capable of performing specialized analyses to meet needs in the event of an epidemic outbreak ➤ <input type="checkbox"/> Have strict protocols for the handling, transportation, and storage of samples collected by public or private laboratories ➤ <input type="checkbox"/> Have formal mechanisms for coordinating and referencing of the national public health laboratory network with one or more international laboratories of recognized excellence ➤ <input type="checkbox"/> Periodically evaluate the quality of diagnoses from the network’s reference laboratory by comparing them with results from an international reference laboratory’s benchmarks ➤ <input type="checkbox"/> The MOH’s laboratory network is integrated with State-level networks vis-à-vis the collection and analysis of specimens and the dissemination of results ➤ <input type="checkbox"/> Standardized procedures are in place for receiving information from other private and public laboratories in order to monitor specific diseases ➤ <input type="checkbox"/> There is strict compliance with regulations for certifying the quality of these laboratories 			

Indicator 2.4: Preparedness for an Effective Response to Control Threats to the Environment and Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH is capable of responding promptly and efficiently at its various organizational levels to control damages to the environment and to the health of the population. ⊕ The MOH concerns itself with ensuring that sub-national levels have the skilled human resources and infrastructure necessary for this response. ⊕ The MOH promotes ongoing evaluation of the inter-sectoral links necessary for such a response at all levels. ⊕ The MOH ensures that each organized action in response to a public health threat is systematically evaluated, pointing out deficiencies to be corrected later. ⊕ The MOH ensures that mechanisms for communication among the various levels are always active and that there are clear responsibilities in their support and supervision.
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	⊕ The MOH ensures that the response of levels closest to the threat is automatic and does not rely on a national response or instructions for activation.			
2.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.4. Preparedness for an effective response to control threats to the environment and public health	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has protocols and procedural manuals to guide rapid responses to emergency public health threats. ➤ <input type="checkbox"/> The MOH periodically evaluates the rapid response capability of the entire epidemiological surveillance system ➤ <input type="checkbox"/> The MOH periodically evaluates the rapid response capability of the surveillance system vis-à-vis a set of <i>specific health threats</i> that are considered especially probable ➤ <input type="checkbox"/> The MOH communicates the results of these evaluations to participants in the surveillance process—including departments and agencies outside the health system ➤ <input type="checkbox"/> The MOH defines the responsibilities of those in charge of maintaining active communication among the different components of the surveillance system ➤ <input type="checkbox"/> The MOH promotes, in its procedural manuals and standards, the importance of a rapid and autonomous response from levels closest to the source of the problem being faced ➤ <input type="checkbox"/> The MOH defines formal mechanisms to recognize good performance by the teams responsible for surveillance activities ➤ <input type="checkbox"/> The MOH defines formal mechanisms to recognize good performance by the teams responsible for emergency response systems ➤ <input type="checkbox"/> The MOH detects threats to public health in a timely manner 			

Indicator 2.5: Technical Assistance and Support for Sub-national Levels of Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH guides and supports regional and local public health systems in their identification and analysis of threats to health ⊕ The MOH informs sub-national levels on how to access the public health laboratory network ⊕ The MOH provides sub-national health systems with guidelines, protocols, standards, consultations, and training in the epidemiological methods they require ⊕ The MOH collects information on “best practices” in public health—including up-to-date research findings on the most effective methods of disease prevention and control—and regularly disseminates this information to sub-national levels ⊕ The MOH ensures that the systems for communication among the different levels are simple, expeditious, and based on technologies that are widely used 			
2.5.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.5.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
2.5. Technical assistance and support for sub-national levels of public health	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH maintains an inventory of the personnel, training, equipment and maintenance requirements that are typically necessary for effective surveillance systems at sub-national levels—including both state and district levels. ➤ <input type="checkbox"/> The MOH uses this inventory to help sub-national levels define priorities in terms of contracting, training, and investment in their epidemiological surveillance systems. ➤ <input type="checkbox"/> The MOH informs all sub-national levels on how to access the network of public health laboratories. 			

- The MOH provides information and training to sub-national levels on areas of critical importance to their surveillance work—thus helping to ensure continuous improvements in the quality of their work in this area.
- The MOH provides advice to sub-national levels in response to their queries about surveillance or how to respond to emergency health threats.
- The MOH clearly defines the distribution of responsibilities for communication with sub-national levels—especially in the event of emergency health threats—among members of the central-level team responsible for managing the surveillance system.
- The MOH informs sub-national levels of the availability and expertise of individuals from the central level, and it encourages them to collaborate with these individuals when confronted by complicated problems or a public health emergency.
- The MOH defines simple and effective standards for communication between the different levels of the surveillance system to ensure that this function is permanent and prompt.
- The MOH disseminates information to sub-national levels concerning the current status of diseases under permanent surveillance.
- The MOH disseminates information to sub-national levels regarding advances and “good practices” in surveillance and disease control.
- The MOH disseminates guidelines on “emergency planning” to sub-national levels.
- The MOH receives regular reports from sub-national levels regarding safety curves and ranges in the patterns of the diseases under permanent surveillance in their respective territories.

Essential Function # 3: Health Promotion

The functions include:	<ul style="list-style-type: none"> ⊕ Community health promotion activities and the development of programs to reduce risks and threats to health with active citizen participation. ⊕ An inter-sectoral approach to making promotional actions more effective, especially those involved with the formal education of young people and children. ⊕ Health promotion activities aimed at empowering citizens to change their own lifestyles, to play an active role in changing community habits, and to demand that the responsible authorities improve environmental conditions to facilitate the development of a “culture of health.” ⊕ The implementation of activities aimed at making citizens aware of their right to health. ⊕ The active participation of health services personnel in the development of educational programs in schools, workplaces and any other social organizations where information on health can be delivered.
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Indicator 3.1: Bolstering the Legitimacy of the MOH and Facilitating Partnerships for Health Promotion

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH legitimizes its role by identifying, bringing together, and collaborating with the organized community and civil society groups on a wide range of health subjects. ⊕ The MOH enters into partnerships with governmental and non-governmental organizations that contribute to or benefit from essential public health functions. ⊕ The MOH creates an environment that facilitates the sharing of resources and responsibilities between national and sub-national levels; and makes arrangements to report the development, at all levels, of capacities to (i) carry out essential public health functions and (ii) do so in direct collaboration with community groups, NGOs, and (in the case of district/local authorities) in direct relation with local communities. ⊕ The MOH creates incentives to promote collaboration with community groups at all levels, sub-national levels in particular. ⊕ The MOH ensures that its activities strengthen the operation of government institutions and correspond to the health priorities defined at the sub-national levels. ⊕ The MOH has a broad-based action and advisory support group that includes participants from a wide range of agencies and institutions (community groups, academic institutions etc.) that orient its activities and help review its plans. ⊕ The MOH periodically issues reports on health priorities and actions to strengthen health promotion and public health policies; and it lobbies for resources from other government authorities, legislators, and public and private sector decision-makers to support programs that target the neediest groups. ⊕ The MOH evaluates the effectiveness of its social legitimacy and its capacity to forge these partnerships, implementing measures for improvement based on the results of that evaluation. 			
3.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.1. Bolstering the legitimacy of the MOH and facilitating partnerships for health promotion	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has a written definition of its health promotion policy. ➤ <input type="checkbox"/> The MOH clearly defines short- and long-term health promotion goals. ➤ <input type="checkbox"/> The MOH brings together representatives from community organizations, the private sector, and other government sectors for the purpose of setting health promotion priorities and designing programs to meet them. ➤ <input type="checkbox"/> There is an action plan with clearly defined responsibilities for those who make up this coordinating group. 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The health promotion plan is evaluated periodically, and the results of these evaluations are communicated to committee members and other groups active in health promotion activities. ➤ <input type="checkbox"/> The plan uses the country’s health status profile to set its priorities. ➤ <input type="checkbox"/> Legislators and key decision-makers are informed on an annual basis of the past year’s health promotion activities and plans for the coming year. ➤ <input type="checkbox"/> The MOH collaborates with other sectors (e.g. rural development) or other organizations (e.g. community groups, NGOs, academic institutions etc.) in carrying out its health promotion programs. If yes, are such collaborations (please tick one response only): <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The norm (i.e. more than 50% of programs involve these collaborations); ➤ <input type="checkbox"/> Infrequent but not uncommon (i.e. between 20 and 50% of programs); ➤ <input type="checkbox"/> Rare (i.e. between 10 and 20% of programs); or ➤ <input type="checkbox"/> Exceptional (i.e. less than 10% of such programs) ➤ <input type="checkbox"/> The MOH evaluates these inter-sectoral relationships and their results on a periodic basis. ➤ <input type="checkbox"/> The MOH evaluates its health promotion activities on an annual basis and corrects shortcomings for the following year.
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Indicator 3.2: National Planning and Coordination of Health Information, Education, and Promotion Strategies

Model Standards	<ul style="list-style-type: none"> ⊕ Develops a systematic process to inform and educate the public and empower communities to play a role in improving health conditions. ⊕ Incorporates the most recent scientific advances in health promotion, as well as accepted theories on the effectiveness of communication technologies in the health promotion process. ⊕ Develops this process in collaboration with public and private agencies at the various sub-national levels. ⊕ Coordinates health promotion initiatives to ensure a consistent and comprehensive approach to educational messages. ⊕ Supports the development of culturally and linguistically appropriate educational programs directed to specific groups in society. ⊕ Develops health education campaigns through mass media such as television, radio, and press. ⊕ Puts within the reach of the entire population a variety of methods for obtaining information on health, including information offices, free information at PHC clinics, etc. ⊕ Evaluates the effectiveness and relevance of its promotion and education activities annually, using feedback from citizens who participate in the programs. 			
3.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.2. S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.2. National planning and coordination of health information, education and promotion strategies:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has a regularly-reviewed and updated health education and health promotion agenda that guides its work in this area. If yes, please answer the following questions: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The agenda is developed in collaboration with other public and private institutions, both within and outside the government ➤ <input type="checkbox"/> The agenda includes contributions from community groups ➤ <input type="checkbox"/> The agenda includes current scientific perspectives on health communication 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The agenda takes into account international recommendations and experiences with health promotion and communication ➤ <input type="checkbox"/> The agenda's implementation is coordinated between various agencies to ensure consistency of national health promotion activities ➤ <input type="checkbox"/> The agenda includes provisions for ensuring that health promotion materials and activities are accessible to a wide range of population groups (e.g. groups from different ethnic, linguistic, gender and caste backgrounds) <p>➤ <input type="checkbox"/> In the past twelve months, the MOH implemented at least one health promotion campaigns through the communications media.</p> <p>If yes, answer the following three questions (otherwise go on to "The MOH makes...")</p> <p>1. How many programs were sponsored in this period (please tick one response only):</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Only one. ➤ <input type="checkbox"/> Two to five. ➤ <input type="checkbox"/> Six to ten. ➤ <input type="checkbox"/> More than ten. <p>2. Did this/these campaign/s include the following elements? Please tick all that apply:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Press releases ➤ <input type="checkbox"/> Special articles in the press ➤ <input type="checkbox"/> Radio notices ➤ <input type="checkbox"/> Radio programs ➤ <input type="checkbox"/> Television notices ➤ <input type="checkbox"/> Special television programs <p>3. Were these programs evaluated through population surveys or the use of focus group techniques?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, did the MOH:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Evaluate equity in access to the messages delivered? ➤ <input type="checkbox"/> Modify the next campaign in view of the evaluation results? <p>➤ <input type="checkbox"/> The MOH makes available to the population special systems for delivering health promotion information and educational materials (e.g. information offices, free materials in PHC clinics, dedicated telephone lines, etc.).</p> <p>➤ <input type="checkbox"/> The usefulness of these systems is evaluated at least once every twelve months.</p> <p>➤ <input type="checkbox"/> Educational materials are updated at least once every twelve months.</p> <p>➤ <input type="checkbox"/> The MOH has a website for delivering useful health promotion information.</p> <p>➤ <input type="checkbox"/> Use of the website by users is evaluated periodically—at least every six months—considering the number of "hits" and user opinions.</p> <p>➤ <input type="checkbox"/> The MOH has a dedicated telephone line for delivering health promotion messages 'on demand' to the general population.</p> <p>➤ <input type="checkbox"/> Use of the telephone line is evaluated at least every six months.</p>
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Indicator 3.3: Support for Community Health Promotion Activities

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH works with sub-national public health systems to plan a coordinated strategy for health promotion and education that correctly responds to needs at the local level (e.g. municipalities, community agencies). ⊕ Supports local communities in developing effective health promotion initiatives that integrate health promotion with personal health services and other programs <i>outside</i> the health sector. ⊕ Establishes incentives so that the sub-national public health authorities implement health
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	<p>education and promotion activities accessible to all citizens.</p> <ul style="list-style-type: none"> ⊕ Responds to needs for training, analysis, and evaluation of the effectiveness of best practice in health promotion. ⊕ Emphasizes citizen empowerment and community participation in all areas. 			
3.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.3. Support for community health promotion activities	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has a system to facilitate the participation of sub-national public health authorities, private institutions, other public sector institutions and community groups in health promotion activities. <i>If yes, does this system include (tick all that apply):</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> National health promotion awards ➤ <input type="checkbox"/> Financing for training, assistance for health promotion events, etc. ➤ <input type="checkbox"/> Competitive funds for health promotion projects ➤ <input type="checkbox"/> This system is evaluated on an annual basis. ➤ <input type="checkbox"/> Evaluation results are used to modify the system and improve its functioning. ➤ <input type="checkbox"/> The MOH has a system to review laws and regulations that promote healthy lifestyles and healthy environments. <i>If yes, does the MOH (tick all that apply):</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Constructs a legislative health promotion agenda for the period? ➤ <input type="checkbox"/> Develops a plan to sensitize legislators to the importance of the laws on the agenda? ➤ <input type="checkbox"/> Provides legislators with information that enables them to make informed decisions? ➤ <input type="checkbox"/> Defines and implement communication strategies to obtain public support for the laws in which it is interested? ➤ <input type="checkbox"/> Evaluates the progress of its legislation-influencing activities on a periodic basis. 			

Indicator 3.4: Technical Assistance to the Sub-national Levels to Support Health Promotion and Education

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH has capacities/skills in health promotion and shares them with sub-national levels. ⊕ Ensures the consistency of information with scientific evidence as well as its adaptation to the requirements at the sub-national levels. ⊕ Encourages sub-national levels to make available the resources, facilities and equipment to maximize the effectiveness of their health promotion efforts, thus ensuring that these efforts reach all people throughout the country. 			
3.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
3.4. Technical assistance to the sub-national levels to support health	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has capabilities and experience in the following areas: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Health promotion in the workplace ➤ <input type="checkbox"/> Health education 			

<p>promotion and education:</p>	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Working with groups ➤ <input type="checkbox"/> Social marketing ➤ <input type="checkbox"/> Collaboration and advocacy with communications media ➤ <input type="checkbox"/> Journalism ➤ <input type="checkbox"/> Creation of educational materials for health promotion adapted to various cultures <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Educational materials used by the MOH have been evaluated to determine the validity and accuracy of their contents. ➤ <input type="checkbox"/> The materials have been evaluated to assess their suitability to the target audience. ➤ <input type="checkbox"/> The MOH makes available resources, facilities, equipment and advice for sub-national levels to develop their own communication materials or adapt materials from the MOH or other sources. ➤ <input type="checkbox"/> In the last twelve months, the MOH has provided advice to sub-national levels on the preparation of specific health promotion activities. ➤ <input type="checkbox"/> In the last twelve months, the MOH has informed sub-national levels of the availability of materials and expert support to assist their health promotion efforts.
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Essential Function # 4: Regulation and Enforcement in Public Health

This function includes:	<ul style="list-style-type: none"> ⊕ Development and enforcement of sanitary codes and/or standards to control health risks related to the quality of the environment; the accreditation and quality control of medical services; the certification of the quality of new drugs and biological substances for medical use, equipment, or other technologies; and any other activity that involves compliance with laws and regulations directed toward protecting public health. ⊕ The creation of new laws and regulations directed toward improving public health and promoting a healthy environment. ⊕ Consumer protection as it relates to health services. ⊕ Carrying out all of these regulatory activities in a manner that is timely, appropriate, consistent and complete.
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Indicator 4.1: Monitoring, Evaluation and Modification of Legislation

Model Standards	<ul style="list-style-type: none"> ⊕ Periodically reviews, based on current knowledge, existing laws and regulations designed to protect public health and promote healthy environments, including research and preparation of standards for future use. ⊕ Updates the content of these laws and regulations to ensure that they reflect current scientific knowledge in public health and the requirements necessary to carry out essential public health functions. ⊕ Requests information and input from lawmakers, legal experts, and the general public, especially from individuals and organizations subject to regulation or directly affected by legislation that are being reviewed. ⊕ Monitors legislative proposals in discussion and advises lawmakers with respect to those proposals. 								
4.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Not at all or minimally</td> <td style="width: 20%;">Partially</td> <td style="width: 20%;">Substantially</td> <td style="width: 20%;">Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Not at all or minimally</td> <td style="width: 20%;">Partially</td> <td style="width: 20%;">Substantially</td> <td style="width: 20%;">Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4.1. Monitoring, evaluation, and modification of legislation:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH periodically reviews laws and regulations designed to protect the health and safety of the population. If yes, <i>does the review</i>: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Include legislative projects ➤ <input type="checkbox"/> Consider if the legislation reflects current scientific knowledge on public health ➤ <input type="checkbox"/> Consider both the expected and unexpected outcomes of these laws and regulations ➤ <input type="checkbox"/> The MOH solicits support from a wide variety of community groups, academic institutions and individual citizens in evaluating health laws and regulations If yes, <i>does it solicit the support of</i>: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Key lawmakers who support the development of public health ➤ <input type="checkbox"/> Legal advisers ➤ <input type="checkbox"/> The public at large ➤ <input type="checkbox"/> User affiliations ➤ <input type="checkbox"/> Individuals and organizations subject to regulation or directly affected by the laws and regulations under review ➤ <input type="checkbox"/> The MOH leads efforts to modify laws and regulations in accordance with the results of this type of review. 								

	<p>If yes, does it:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Offer advisory services and assistance to lawmakers for drafting the legal modifications necessary ➤ <input type="checkbox"/> Actively advocate for the necessary legal modifications
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Indicator 4.2: Knowledge, Abilities, and Skills to Review, Strengthen, and Enforce Laws and Regulations

Model Standards	<ul style="list-style-type: none"> ⊕ The MOH has the capability and experience needed to review, improve and enforce laws and regulations that protect the public’s health. ⊕ Ensures that this capability and knowledge is available through a competent advisory team with broad knowledge (both national and international) of regulatory procedures related to the adoption, correction, and abrogation of public health laws and regulations. ⊕ In conjunction with sub-national levels, provides orientation sessions to enforcement personnel on topics related to compliance with priorities and procedures. ⊕ Ensures the availability of up-to-date training courses on the best existing control practices. ⊕ Uses the advisory services of international agencies that specialize in health to update legislation and enforcement practices, taking international experiences into account. ⊕ Continually evaluates and advises sub-national authorities in enforcement areas in order to improve their skills and operations. 			
4.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
4.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
4.2. Knowledge, abilities, and skills to review, strengthen, and enforce laws and regulations	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has experience in drafting laws and regulations to protect public health <p style="margin-left: 20px;">If yes, does this include (indicate all that apply):</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has its own legal counsel ➤ <input type="checkbox"/> Legal counsel is contracted externally for specific revisions ➤ <input type="checkbox"/> The MOH has personnel with knowledge of the legislative and regulatory procedures related to the adoption, amendment and rejection of public health laws and regulations ➤ <input type="checkbox"/> The MOH ensures the availability of training courses for its enforcement personnel <p style="margin-left: 20px;">If yes, are/do these courses (indicate all that apply):</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Provided as part of the orientation process for new enforcement personnel? ➤ <input type="checkbox"/> Include “best practices” in public health enforcement? ➤ <input type="checkbox"/> Available for enforcement personnel on a regular basis (at least once in six months)? ➤ <input type="checkbox"/> Include training in interpersonal communication and conflict management skills to protect the safety of enforcement personnel (e.g. for management of difficult situations and people) ➤ <input type="checkbox"/> The MOH periodically evaluates its capability and experience in drafting public health laws and regulations. ➤ <input type="checkbox"/> The MOH periodically evaluates its capability and experience in enforcing public health laws and regulations. 			

Indicator 4.3: Enforcement of Laws and Regulations

Model Standards	<ul style="list-style-type: none"> ⊕ Administers public health enforcement procedures within its jurisdiction in adherence with clear written guidelines. ⊕ Monitors enforcement procedures to correct abuses of authority or the failure to exercise
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	<p>authority.</p> <ul style="list-style-type: none"> ⊕ Adopts a regulatory stance based on knowledge of public health legislation and the prevention of violations, rather than on punishment after the fact. ⊕ In conjunction with sub-national levels, promotes compliance with health-related laws and regulations through efforts to educate and inform consumers and through the integration of enforcement procedures with other public health programs. ⊕ Develops a clear policy aimed at recognizing the potential for corruption in enforcement activities and preventing it. This policy should be periodically evaluated by independent entities and corrected as needed. ⊕ Acts at all levels with clear and strong principles consistent with defined policy priorities when faced with pressure from influential groups and actors. ⊕ Has the ability and experience to interact with the various groups that are affected by or benefit from standards and regulations.
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4.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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4.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
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<p>4.3. Enforcement of laws and regulations:</p>	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH publishes written guidelines on public health enforcement procedures ➤ <input type="checkbox"/> These guidelines take into account local realities as well as international experiences (or “best practices”) in public health enforcement ➤ <input type="checkbox"/> The MOH supervises enforcement activities according to these guidelines ➤ <input type="checkbox"/> The MOH has in place a system of incentives for enforcement personnel that encourages them to use their authority honestly and correctly ➤ <input type="checkbox"/> The MOH monitors enforcement activities ➤ <input type="checkbox"/> The MOH follows an approach to enforcement emphasizes education about public health laws, has incentives to see that those laws are carried out, and favors prevention of violations rather than punishment for violations already committed ➤ <input type="checkbox"/> The MOH makes information widely available on the importance of complying with health-related laws and applicable procedures ➤ <input type="checkbox"/> The MOH has a process to inform people and organizations affected by new health laws and regulations ➤ <input type="checkbox"/> The MOH develops and uses policies and plans that are aimed at preventing corruption in the public health system <p style="margin-left: 20px;">If yes, are these policies and plans:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Periodically evaluated by independent entities and corrected as needed in accordance with the results of such evaluations? ➤ <input type="checkbox"/> Consistent with relevant national priorities? ➤ <input type="checkbox"/> Subject to influence by lobby groups outside the MOH?
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Indicator 4.4: Support and Technical Assistance at the Sub-national Levels of Public Health in Developing and Enforcing Laws and Regulations

<p>Model Standards</p>	<ul style="list-style-type: none"> ⊕ Orients and supports the sub-national levels and local communities in how to best comply with current laws and current regulations in their jurisdiction. ⊕ Prepares protocols, holds consultations, and provides advisory services and training to sub-national levels on the best enforcement practices and procedures. ⊕ Assists sub-national levels in particularly difficult or complex enforcement operations. ⊕ Periodically evaluates the technical assistance and support it provides to the sub-national levels in enforcement and regulation.
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⊕ Introduces improvements based on the results of these evaluations.				
4.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
4.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
4.4. Support and technical assistance at the sub-national levels of public health in developing and enforcing laws and regulations:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH provides technical support to sub-national authorities on enforcement of public health laws and regulations. If yes, does the <i>MOH</i> : <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Provide sub-national levels with protocols describing the best enforcement practices ➤ <input type="checkbox"/> Provide advisory services on the implementation of enforcement procedures ➤ <input type="checkbox"/> Support sub-national levels with training in enforcement procedures ➤ <input type="checkbox"/> MOH assists the sub-national levels in developing standards and regulations for the protection of health ➤ <input type="checkbox"/> MOH provides assistance to specialized personnel at the sub-national levels who have to deal with complex enforcement operations ➤ <input type="checkbox"/> MOH periodically evaluates the technical assistance it provides to the sub-national levels on enforcement of public health laws and regulations ➤ <input type="checkbox"/> Technical assistance improved in accordance with the findings of these evaluations 			

Essential Function # 5: Social Participation and Empowerment

This function includes:	<ul style="list-style-type: none"> ⊕ Facilitating the participation of community and civil society groups in prevention, diagnosis, treatment, and rehabilitation programs. ⊕ Building and strengthening inter-sectoral partnerships with civil society groups, and thus using a wide range of human and material resources—from within <i>and</i> outside the government—to improve the health status of the population and promote environments that foster good health. ⊕ Supporting community groups in <i>their</i> efforts to promote health, improve access to care etc., and strengthening the capacity of these groups to influence decisions that affect community health and access to services—especially among marginalized groups. ⊕ Report to and engage in advocacy with government authorities with regard to health priorities, in particular with respect to priorities that depend on improvements in other aspects of the standard of living.
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Indicator 5.1: Social Participation and Empowerment in Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Encourages social participation in public health by conducting a semiannual evaluation of the population’s satisfaction with health services and health programs provided by the MOH. ⊕ Considers the opinion of service users and community groups on the management of public health plans and programs at the sub-national level. ⊕ Publishes the results of these evaluations and communicates their findings to the community on a timely basis—including details of the program or policy changes that result from them. ⊕ Promotes the development of channels for participation at all levels, through which information on the public health system’s performance is publicized at least once a year. ⊕ Defines, with participation from communities, the objectives and goals of public health agencies at different levels (e.g. Central, State and District levels.). ⊕ Encourages the development of public health projects managed by community groups, and allocates resources to sub-national levels specifically for this purpose. 								
5.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: none;">Not at all or minimally</td> <td style="width: 25%; border: none;">Partially</td> <td style="width: 25%; border: none;">Substantially</td> <td style="width: 25%; border: none;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: none;">Not at all or minimally</td> <td style="width: 25%; border: none;">Partially</td> <td style="width: 25%; border: none;">Substantially</td> <td style="width: 25%; border: none;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.1. Social participation and empowerment in public health:	<ul style="list-style-type: none"> ➤ The MOH actively encourages community groups to participate in public health matters, leading at least every two years to an evaluation of the degree of public satisfaction with public health services throughout the country. <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “No” skip to next question (“The MOH defines...”)</i> ⇒ How is the information for this report obtained? Indicate all that apply: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Obtaining information at community meetings ➤ <input type="checkbox"/> Obtaining information from local organizations ➤ <input type="checkbox"/> Through surveys conducted in the community ➤ <input type="checkbox"/> Using focus groups discussion techniques ➤ <input type="checkbox"/> Using other electronic resources ➤ <input type="checkbox"/> Using surveys of the population served by the health services ⇒ <input type="checkbox"/> These evaluations are used as a basis for planning and developing programs at all levels of the public health system ⇒ <input type="checkbox"/> These evaluation are used as a basis for an ongoing quality improvement system in the health services ⇒ <input type="checkbox"/> Evaluation results are communicated to the community along with any policy and 								

	<p>program changes that resulted from the evaluation</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH defines overall objectives for various levels in the public health system (e.g. National, State, District, etc.). If yes, <ul style="list-style-type: none"> ➤ <input type="checkbox"/> are community groups involved in defining these objectives? ➤ The MOH supports and facilitates the development and management of public health projects by community groups. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “No” skip to next question (“The MOH allocates...”)</i> If yes, do these groups include (tick all that apply): <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Government agencies outside the health sector ➤ <input type="checkbox"/> Private health facilities ➤ <input type="checkbox"/> Public health facilities ➤ <input type="checkbox"/> Family or primary care physicians ➤ <input type="checkbox"/> Providers of social services ➤ <input type="checkbox"/> Charitable organizations ➤ <input type="checkbox"/> Schools or associations in the health professions ➤ <input type="checkbox"/> Businesses and industry ➤ <input type="checkbox"/> Religious institutions ➤ <input type="checkbox"/> Schools ➤ <input type="checkbox"/> Institutions of higher learning ➤ <input type="checkbox"/> Institutions devoted to public safety and disaster management ➤ <input type="checkbox"/> Institutions devoted to environmental protection ➤ <input type="checkbox"/> Members of the community and/or consumers (especially those at risk) ➤ <input type="checkbox"/> Legislators and other decision-makers in health ➤ <input type="checkbox"/> Other community organizations ➤ <input type="checkbox"/> The MOH allocates resources to sub-national levels to support the public health projects of any of these groups.
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Indicator 5.2: Expertise and the Capacity to Facilitate the Building of Partnerships

Model Standards	<ul style="list-style-type: none"> ⊕ Has the expertise and capacity to create sustainable partnerships, planning and coordinating events, managing conflicts, and developing programs and advocacy agendas. ⊕ Maintains an accessible information system that includes a directory of organizations that currently or potentially can work with public health initiatives ⊕ Provides input to this system on the basis of experiences developed by these organizations so as to share information on “good practices” in the area of partnerships to address specific public health topics. ⊕ Periodically evaluates its capacity to build partnerships, as well as the activities carried toward that end, introducing the changes recommended in these evaluations on a timely basis. 								
5.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Not at all or minimally</td> <td style="width: 20%;">Partially</td> <td style="width: 20%;">Substantially</td> <td style="width: 20%;">Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Not at all or minimally</td> <td style="width: 20%;">Partially</td> <td style="width: 20%;">Substantially</td> <td style="width: 20%;">Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.2. Expertise and the capacity to facilitate the building of partnerships:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has staff that are trained in the creation of sustainable partnerships If yes, are these personnel trained in: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Support of coalitions ➤ <input type="checkbox"/> Planning and coordination of events 								

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Management of conflicts ➤ <input type="checkbox"/> Development of program agendas ➤ <input type="checkbox"/> Development of advocacy <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has an information system that includes a directory of organizations that are potential partners for the MOH in public health initiatives ➤ <input type="checkbox"/> This information system make it possible to share the “best practices” of these organizations in specific public health areas ➤ <input type="checkbox"/> The MOH convenes meetings, seminars, workshops and other events designed to discuss community health topics with a wide range of community groups ➤ <input type="checkbox"/> The MOH has access to facilities—including rooms, audiovisual equipment, and supplies—suitable for putting together a broad range of meetings on a national scale ➤ <input type="checkbox"/> The MOH systematically evaluates—at least annually—its ability to involve itself in activities to facilitate partnerships and build its legitimacy among community groups ➤ <input type="checkbox"/> These evaluations are used to improve the partnership-building activities of the MOH
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Indicator 5.3: Support for and Coordination with Sub-national Levels and Building Partnerships with the Community

Model Standards	<ul style="list-style-type: none"> ⊕ Provides assistance to the sub-national levels as needed to bolster the legitimacy of the health authority and to build and maintain long-term partnerships with community groups. ⊕ Uses the best and most up-to-date scientific evidence in technical support to develop the ability to build partnerships at the sub-national levels. ⊕ Encourages the formation of community groups at the local level and provides technical support for this process. ⊕ Helps coordinate the activities of government health authorities with those of community groups and NGOs at all levels. 				
5.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
5.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
5.3. Support for coordination with sub-national and building partnerships with the community	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> MOH supports the sub-national levels in strengthening and legitimizing its role as the national health authority If yes, does this support include: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Providing information to sub-national levels on “good practices” for developing partnerships in community health ➤ <input type="checkbox"/> Providing up-to-date information on the science and methods for forming coalitions and building partnerships with community groups ➤ <input type="checkbox"/> Providing information on the strategic use of communications media to strengthen the legitimacy of the health authority ➤ <input type="checkbox"/> Providing information on effective management of diverse work teams ➤ <input type="checkbox"/> Providing information on effective resolution of conflicts in the community ➤ <input type="checkbox"/> The MOH provides assistance at the intermediate and local levels on bringing together advisory groups and steering committees with community participation ➤ <input type="checkbox"/> The MOH provides assistance to the intermediate and local levels on facilitating partnerships to improve community health 				

Essential Function # 6: Development of Policies and Planning in Public Health and the Steering Role of the MOH

Model standards	<ul style="list-style-type: none"> ⊕ The development of political decisions in public health through a participatory process at all levels that is consistent with the political and economic context of the country or region ⊕ Strategic planning on a national scale and support for planning at the sub-national levels ⊕ Definition and refinement of public health objectives, which should be measurable, as a part of the strategies for ongoing quality improvement ⊕ Development of codes, regulations, and laws to guide public health practices. ⊕ Definition of national public health objectives to support the steering role of the MOH in defining the objectives and priorities for the health system as a whole.
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Indicator 6.1: Health Improvement in the Country

Model Standards	<ul style="list-style-type: none"> ⊕ Establishes a process to improve the health of the entire population, using the current health profile as its starting point, with health goals and objectives that are defined for a given period and take into consideration the country’s political and economic context. ⊕ Supports sub-national levels to facilitate the development of partnerships with associations and groups defined as key actors ⊕ Ensures solid coordination between the local and sub-national public health planning processes and the various development strategies implemented at the local and sub-national levels. ⊕ Supports the task of identifying the country’s health priorities, recommending measurable health objectives and proposing a joint effort to attain these objectives. ⊕ Ensures that the people and organizations responsible for implementing the country’s health strategies are duly identified and prepared to accept responsibility for the tasks assigned ⊕ Develops indicators of success and the measurement of those indicators as a part of a broad and continuous plan to improve health status. ⊕ Establishes a model for interaction among actors from both the public and private health sectors for the financing, purchase and delivery of public health services 			
6.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.1. Health improvement in the country	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The country implements a national health improvement process led by the MOH ➤ <input type="checkbox"/> The process seeks contributions from key actors at all levels in identifying priorities ➤ <input type="checkbox"/> The MOH develops a plan with clear objectives and goals <ul style="list-style-type: none"> If yes ➤ <input type="checkbox"/> Are these objectives based on the current health status profile? ➤ <input type="checkbox"/> Are these objectives consistent with national objectives and goals in other areas of national development ➤ <input type="checkbox"/> There is sufficient funding to finance the attainment of these objectives ➤ <input type="checkbox"/> The MOH seeks contributions from key community representatives at the state and community levels in defining objectives ➤ <input type="checkbox"/> The MOH identifies the individuals and organizations responsible for attaining the defined objectives ➤ <input type="checkbox"/> The MOH develops performance indicators to measure the achievement of these objectives ➤ <input type="checkbox"/> Indicators exist for each policy, activity, and/or component of the plan 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Organizations that contribute to or benefit from improvements in the national health profile are included in the development of these indicators ➤ <input type="checkbox"/> The MOH implements a quality improvement process that monitors changes in the measurements and objectives and determines the need for policy/program adjustments ➤ <input type="checkbox"/> The MOH periodically evaluates its current and potential partners in both the public and private sectors to determine the extent of their support and commitment to the development, implementation, and evaluation of the national process to improve health <p>If yes</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Do results from the last evaluation indicate that partners are well-identified and prepared to accept responsibility? ➤ <input type="checkbox"/> Did results from the last evaluation help to develop a model for interaction among actors in the public and private sectors?
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Indicator 6.2: Experience and Ability to Plan and Develop National Health Programs

Model Standards	<ul style="list-style-type: none"> ⊕ Has experience in strategic planning in health. ⊕ Ensures the viability of the various strategic plans—for different programs, and for various levels in the health system—through proper coordination of their execution and evaluation. ⊕ Has experience in drafting public health policies and laws, in managing public demands, and implementing ongoing activities to improve quality. ⊕ Has the facilities, equipment, and inputs necessary to carry out all these activities in collaboration with sub-national public health authorities as well as community groups, academic institutions etc. 			
6.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.2. Experience and ability to plan and develop national health programs	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has personnel with capability and experience in strategic planning. <i>If yes, do these capabilities include skills in—</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Building and expressing the organization’s vision and mission ➤ <input type="checkbox"/> Analyzing the organization’s internal strengths and weaknesses ➤ <input type="checkbox"/> Identifying external threats and opportunities ➤ <input type="checkbox"/> Defining the organization’s objectives and goals ➤ <input type="checkbox"/> Coordinating multiple partners in implementing the strategic plan ➤ <input type="checkbox"/> Evaluating the organization’s plans and programs ➤ <input type="checkbox"/> Implementing ongoing quality improvement actions ➤ <input type="checkbox"/> The MOH has personnel with experience and capabilities in policy analysis and policy development. <i>If yes, do these capabilities include skills in—</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Preparation of health policy proposals ➤ <input type="checkbox"/> Preparation of draft health legislation ➤ <input type="checkbox"/> Management of public forums for policy development ➤ <input type="checkbox"/> Setting priorities for health policy topics ➤ <input type="checkbox"/> The MOH ensures that adequate resources—financial, facilities, equipment and supplies—are made available to its personnel to conduct the above activities in collaboration with sub-national authorities as well as community groups. 			

Indicator 6.3: Policy Development

Model	⊕ Leads the way in public health issues, incorporating into this process the executive and
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Standards	legislative branches and other national leaders and labor organizations ⊕ Has a comprehensive sense of legislative proposals and regulations that guide or influence public health issues at all levels of the process for generating government policy. ⊕ Monitors the process of policy development and is prepared to carry out the actions necessary to determine the potential impact of government policy decisions that affect the people’s health, in order to contribute to the steering role in health.			
6.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.3. Policy development:	<p>➤ <input type="checkbox"/> The MOH assumes leadership in developing a national public health policy agenda If yes</p> <p>⇒ <input type="checkbox"/> Is the agenda consistent with the national objectives prepared by the MOH and its partners as described in indicator 6.1?</p> <p>⇒ <input type="checkbox"/> Does a contribution to the agenda come from the Office of the President or Prime Minister of the country (the highest level in the executive branch)?</p> <p>⇒ <input type="checkbox"/> Does a contribution to the agenda come from appropriate committees (e.g. health committee) of the legislative branch?</p> <p>⇒ <input type="checkbox"/> Does the MOH seek contributions and commitment in preparing the agenda from other decision-makers—i.e. those responsible for generating national policies—and community leaders?</p> <p>⇒ <input type="checkbox"/> Does the MOH hold public forums to discuss and analyze national policy options; and does it consider the opinions voiced at these forums in its decisions?</p> <p>⇒ <input type="checkbox"/> Does the MOH specifically consider equity issues in its policy agenda in order to avoid high morbidity or mortality in specific population groups (e.g. poor, SC/ST, OBC, etc.)</p> <p>⇒ <input type="checkbox"/> Does the MOH share this agenda with other interested national or sub-national parties?</p> <p style="padding-left: 40px;">If yes, do these parties include—</p> <p>➤ <input type="checkbox"/> Unions</p> <p>➤ <input type="checkbox"/> Professional associations</p> <p>➤ <input type="checkbox"/> Private groups</p> <p>➤ <input type="checkbox"/> Municipalities</p> <p>➤ <input type="checkbox"/> Consumer associations</p> <p>➤ <input type="checkbox"/> Community organizations</p> <p>➤ <input type="checkbox"/> Non-governmental organizations</p> <p>➤ <input type="checkbox"/> The MOH monitors and evaluates current and new public health policies to verify their consequences—both intended and unintended.</p> <p>➤ <input type="checkbox"/> The MOH ensures wide participation in defining and discussing policy options. If yes, do these activities include:</p> <p>➤ <input type="checkbox"/> Preparing summaries to explain public health subjects of national importance?</p> <p>➤ <input type="checkbox"/> Organizing meetings to hear public testimony and concerns?</p> <p>➤ <input type="checkbox"/> Communicating with national boards or advisory committees responsible for policy development?</p> <p>➤ <input type="checkbox"/> Drafting laws and health regulations?</p> <p>➤ <input type="checkbox"/> The MOH alerts decision-makers and the general public to the consequences that may result from the implementation of public health policies.</p>			

Indicator 6.4: Technical Assistance and Support to the Sub-national Public Health Levels in Policy Planning and Development

Model Standards	<ul style="list-style-type: none"> ⊕ Provides support and technical assistance to sub-national and local public health authorities in their policy, planning and development activities. ⊕ Provides technical assistance to sub-national levels in the preparation of health profiles and the selection of effective strategies to deal with health priorities at these levels. ⊕ Encourages and facilitates the use of health planning models at district and local levels, and encourages the integration of health plans (at these levels) with other community initiatives that affect people's health (including initiatives in rural/urban development, water and sanitation, agriculture, etc.). 			
6.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.4. S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
6.4. Technical assistance and support to the sub-national public health levels in policy planning and development:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH provides technical assistance and support to sub-national levels in their policy, planning and development activities. <i>If yes, does this assistance include (please tick all that apply):</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Training in effective planning methods and techniques? ➤ <input type="checkbox"/> Training in methods and techniques of policy analysis and policy development? ➤ <input type="checkbox"/> Consultation and assistance with the development of community health profiles? ➤ <input type="checkbox"/> Consultation and assistance with identifying health priorities in their area? ➤ <input type="checkbox"/> Consultation and assistance with the development of health policies and plans? ➤ <input type="checkbox"/> Dissemination of <i>information</i> on how to develop community health profiles, identify health priorities, or develop health policies and plans? ➤ <input type="checkbox"/> The MOH encourages and facilitates the development of local health planning models ➤ <input type="checkbox"/> The MOH encourages and facilitates the use of information on the community’s health status (e.g. a “community health profile” or something similar) in decision-making processes such as planning and policy development? ➤ <input type="checkbox"/> The MOH encourages the integration of local health planning efforts with similar initiatives in other sectors (rural/urban development, water and sanitation, agriculture etc.) that have the potential to impact the community’s health? 			

Essential Function # 7: Evaluation and Promotion of Equitable Access to Health Services

This function includes:	<ul style="list-style-type: none"> ⊕ Supports equitable access to health care, including the evaluation and promotion of effective access by all citizens to the health services they need. ⊕ Works with public and private providers and community groups to evaluate and promote equitable access to health services on the part of <i>all</i> the country’s citizens—and does so by adopting a multi-sectoral approach that encourages collaborative work with other agencies and institutions to resolve inequities in the use of health services. ⊕ Focuses on health services with community-wide benefits—especially those involved in the prevention and control of communicable diseases (e.g. immunization, TB clinics, STD clinics, PHC clinics, etc.). ⊕ Facilitates the linkage of vulnerable groups—SC/ST, OBC, slum dwellers, the rural poor etc.—to health services and to health education, health promotion, and disease prevention activities. ⊕ Works in close cooperation with <i>both</i> governmental and non-governmental agencies.
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Indicator 7.1: Evaluation of Access to Necessary Health Services

Model Standards	<ul style="list-style-type: none"> ⊕ Conducts an appropriate evaluation at least once every two years of the personal and public health services being carried out in its jurisdiction. ⊕ Carries out the evaluation in cooperation with sub-national public health entities, community groups, private providers and other points of entry to the health care system. ⊕ Determines the causes and effects of barriers to access by gathering background information on those affected by them, and identifies “best practices” to reduce those barriers and improve the equity of access to care. ⊕ Uses results of the evaluation to promote and improve equitable access to necessary health services for the entire population. ⊕ Cooperates with other agencies to monitor access to health services. 								
7.1.S.1.To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">Not at all or minimally</td> <td style="width: 20%; border: none;">Partially</td> <td style="width: 20%; border: none;">Substantially</td> <td style="width: 20%; border: none;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7.1.S.2.To what extent does MOH achieve the “model standards” mentioned above ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">Not at all or minimally</td> <td style="width: 20%; border: none;">Partially</td> <td style="width: 20%; border: none;">Substantially</td> <td style="width: 20%; border: none;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7.1. Evaluation of access to necessary health services:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH carries out a national evaluation of access to necessary health services. If yes, <i>is/does the evaluation</i>: <ul style="list-style-type: none"> ⇒ <input type="checkbox"/> Based on a clearly-defined set of services that should be accessible to all the population? ⇒ <input type="checkbox"/> Review access to PHC services? ⇒ <input type="checkbox"/> Review access to personal services such as STD clinics, TB care etc.? ⇒ <input type="checkbox"/> Review access to population-based services such as immunization? ⇒ <input type="checkbox"/> Carried out at least once every two years? ⇒ <input type="checkbox"/> Performed in cooperation with the sub-national public health authorities? ⇒ <input type="checkbox"/> Performed in cooperation with other governmental entities outside the health sector? ⇒ <input type="checkbox"/> Performed in cooperation with non-governmental entities? ⇒ <input type="checkbox"/> Identify barriers to accessing health care services? If yes, <i>does the process evaluate barriers due to</i>: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Age ➤ <input type="checkbox"/> Gender ➤ <input type="checkbox"/> Ethnicity 								

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Culture and belief system ➤ <input type="checkbox"/> Religion ➤ <input type="checkbox"/> Language ➤ <input type="checkbox"/> Literacy ➤ <input type="checkbox"/> Residence ➤ <input type="checkbox"/> Transportation and distance to the closest health facility ➤ <input type="checkbox"/> Educational level ➤ <input type="checkbox"/> Income and the cost of payment for services ➤ <input type="checkbox"/> National origin ➤ <input type="checkbox"/> Physical disability ➤ <input type="checkbox"/> Mental disability ➤ <input type="checkbox"/> Diagnosis <p>⇒ <input type="checkbox"/> Does the evaluation incorporate contributions by those affected by barriers to access—i.e. service users, especially from marginalized groups?</p> <p>⇒ <input type="checkbox"/> Does the evaluation identify “best practices” in reducing these barriers with a view to improving the equity of access to services?</p> <p>⇒ <input type="checkbox"/> Does the evaluation measure the quality of health services?</p> <p>⇒ <input type="checkbox"/> Does the evaluation includes methodologies that can detect inequalities in access between different population groups (e.g. adequate disaggregation of data, targeted sampling of population groups of specific interest, surveys, etc.)?</p> <p>⇒ <input type="checkbox"/> Are results from the evaluation used to promote equitable access to necessary health services?</p>
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Indicator 7.2: Training and Skill Development to Improve Access to Necessary Health Programs and Services

Model Standards	<ul style="list-style-type: none"> ⊕ Works with the sub-national levels to deliver information to the population on the personal and public health services for which citizens are eligible. ⊕ Carries out training activities that promote innovative or nontraditional health care methods in order to improve access to necessary health services. ⊕ Periodically evaluates the experience and training for the delivery of health services and implements improvements based on the results of this evaluation. 			
7.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.2. Training and skill development to improve access to necessary health programs and services:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has personnel who specialize in mass media communications and community outreach programs designed to improve the use of health services <i>If yes, do these specialized personnel have the skills to participate in:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> National level programs ➤ <input type="checkbox"/> Programs aimed at the intermediate levels (regional or state) ➤ <input type="checkbox"/> Programs aimed at the local levels (municipal) ➤ <input type="checkbox"/> The MOH has personnel who have the task of informing citizens about the health services available to them. <i>If yes, do these personnel have the experience and skills to:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Reduce linguistic and cultural barriers? ➤ <input type="checkbox"/> Target programs at remote populations? ➤ <input type="checkbox"/> Inform providers about prevention programs? ➤ <input type="checkbox"/> Bring services to high-risk populations? ➤ <input type="checkbox"/> Develop population-wide early detection programs? 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Help vulnerable or underserved populations obtain the services they need? ➤ <input type="checkbox"/> Implement innovative methods of care in order to promote access to services? ➤ <input type="checkbox"/> The MOH has personnel who are trained in monitoring and evaluating the utilization patterns of different health services (such as PHC, immunization, etc.). ➤ <input type="checkbox"/> The MOH evaluates, at least once every two years, its performance in improving equitable access to necessary health services. ➤ <input type="checkbox"/> The MOH introduces changes to their “outreach” activities (i.e. activities aimed at reducing inequities in access) as a result of such evaluations.
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Indicator 7.3: Advocacy and Action to Improve Access to Necessary Health Services

Model Standards	<ul style="list-style-type: none"> ⊕ Delivers information to key decision-makers and the general public about the barriers that impede access to the nation’s personal and public health services. ⊕ Builds good working relations with governmental, non-governmental and community organizations with an interest in linking citizens with health services and reducing inequities in the access to such services. ⊕ Advocates for laws and regulations to increase the access of those most in need of services. ⊕ Identifies and promotes the development of those professions and educational fields—such as primary care medicine, public health, nursing and social work—that can increase access to services for all. ⊕ Defines mechanisms to turn scientific knowledge in public health into policies that protect access to necessary health services. ⊕ Identifies shortfalls in the human resources available to reach populations without coverage, and defines strategies to overcome this lack of coverage. ⊕ Gives special attention to coordination between the MOH and universities or other institutions that train health professionals and technical personnel. 			
7.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.3. Advocacy and action to improve access to necessary health services:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH informs decision-makers, public representatives, and the general public about barriers to accessing health services. ➤ <input type="checkbox"/> The MOH advocates for the adoption of policies, laws, or regulations that would increase access to health services by those most in need. ➤ <input type="checkbox"/> The MOH establishes and maintains formal relationships with individuals and organizations capable of addressing issues related to access to health services. ➤ <input type="checkbox"/> The MOH establishes incentive schemes that encourage health providers to improve access to their services, especially by the poor and by other marginalized groups. ➤ <input type="checkbox"/> The MOH coordinates national programs focused on improving access to health services. ➤ <input type="checkbox"/> The MOH identifies geographic areas that suffer from a lack of professional resources (e.g. PHC doctors, ANMs etc.) and advocates for ways of placing providers in those areas—including innovative approaches such as contracting NGOs—in order to increase access to services. ➤ <input type="checkbox"/> The MOH identifies shortfalls in the human resources required to provide health services to populations with significant health needs but low coverage. ➤ <input type="checkbox"/> The MOH concretely encourages the participation of health professionals in continuing education programs that highlight barriers to access and the health needs of groups with limited access to health services. 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH gives special attention to coordinating with universities and other institutions that train health professionals in order to increase access to health services. ➤ <input type="checkbox"/> The MOH identifies “best practices” in improving access to health services. ➤ <input type="checkbox"/> The MOH uses this information on “best practices” to make informed policy decisions.
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Indicator 7.4: Support and Technical Assistance for the Sub-national Levels of Public Health to Promote Equitable Access to Health Services

Model Standards	<ul style="list-style-type: none"> ⊕ Identifies the needs of people who face barriers to meeting their health needs. ⊕ Defines the minimum level of public health personnel and services that should be available for all residents of the jurisdiction. ⊕ Creates and disseminates public information to inform residents living at sub-national levels about the availability of necessary health services. ⊕ Coordinates the work of health service providers to assist populations who lack coverage. ⊕ Creates innovative partnerships to promote access to necessary health services. ⊕ Coordinates with complementary programs that encourage groups with risks and special health needs to use the services available. 			
7.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
7.4. Support and technical assistance for the sub-national levels of public health to promote equitable access to health services:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH assists sub-national levels to identify (i) common barriers to access to health services in their area and (ii) the needs of people who face these barriers. ➤ <input type="checkbox"/> The MOH cooperates with sub-national levels in defining a minimum level of public health personnel and services that should be available to their entire population. ➤ <input type="checkbox"/> The MOH assists sub-national levels in coordinating the roles and responsibilities of service providers in the delivery of such services to underserved populations. ➤ <input type="checkbox"/> The MOH assists local communities in creating and disseminating information that informs the public—underserved groups especially—about the availability of services. ➤ <input type="checkbox"/> The MOH systematically encourages sub-national authorities and community groups to develop innovative solutions—and innovative alliances—aimed at promoting equitable access to health services. ➤ <input type="checkbox"/> The MOH systematically encourages sub-national health authorities to coordinate and collaborate with groups outside the health sector who work with these same underserved populations (e.g. groups involved in educational outreach, agricultural extension etc.) and to find innovative ways of achieving synergy between their activities with these groups. 			

Essential Function #8: Human Resource Development and Training in Public Health

This function includes:	<ul style="list-style-type: none"> ⊕ Education, training, and evaluation of the public health work force to identify health care needs, efficiently address priority public health problems, and adequately evaluate public health actions. ⊕ Defining licensure requirements for health professionals in general and the adoption of ongoing programs to improve the quality of public health services. ⊕ Forming partnerships with professional development programs that ensure that all students (e.g. medicine, nursing etc.) have relevant public health experience and continuing education in public health management and leadership development. ⊕ Development of skills for interdisciplinary work in public health.
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Indicator 8.1: Description of the Public Health Work Force

Model Standards	<ul style="list-style-type: none"> ⊕ Maintains an up-to-date inventory of filled and vacant positions at all levels of the public health system—including estimates of the number of volunteer workers who provide services at each level. ⊕ Carries out an evaluation at least once every two years of the number, type, geographical distribution, wage structure, minimum education requirements, accreditation, recruitment, and retention of specialized public health personnel. ⊕ Projects future needs of the work force in terms of quantity and quality. 								
8.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">Not at all or minimally</td> <td style="width: 20%; border: none;">Partially</td> <td style="width: 20%; border: none;">Substantially</td> <td style="width: 20%; border: none;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">Not at all or minimally</td> <td style="width: 20%; border: none;">Partially</td> <td style="width: 20%; border: none;">Substantially</td> <td style="width: 20%; border: none;">Fully or almost fully</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8.1. Description of the public health work force:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH periodically evaluates the current composition of the country’s public health work force. If yes, does the MOH have access to data concerning: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The geographical distribution of the public health work force ➤ <input type="checkbox"/> The distribution of that work force according to the nature of employment (non-governmental, private, public) ➤ <input type="checkbox"/> The structure of remuneration and other pecuniary benefits ➤ <input type="checkbox"/> The minimum educational requirements for specific positions ➤ <input type="checkbox"/> The professional skills required for each specific position ➤ <input type="checkbox"/> The MOH defines strategies and take steps to develop a work force that is competent in working with communities from diverse cultural and linguistic backgrounds. ➤ <input type="checkbox"/> The MOH has an information system capable of monitoring the data described above. ➤ <input type="checkbox"/> The MOH maintains an up-to-date inventory of filled and vacant positions at all levels of the public health system ➤ <input type="checkbox"/> This inventory includes estimates of the number of volunteer workers who provide services at each level. ➤ <input type="checkbox"/> The MOH determines the number of public health workers required to meet the public health needs of the population. ➤ <input type="checkbox"/> The MOH defines job categories and job descriptions for all categories of health worker. ➤ <input type="checkbox"/> The MOH defines the skills required by each type of health worker. ➤ <input type="checkbox"/> The MOH identifies gaps in the workforce that need to be covered. ➤ <input type="checkbox"/> The MOH defines future needs for public health workers. 								

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH compares the status of the current workforce with projected future needs. ➤ <input type="checkbox"/> The MOH uses this comparison to influence pre-service training, selection, remuneration and other factors necessary to ensure that future workforce needs are adequately met. ➤ <input type="checkbox"/> The MOH’s workforce evaluation includes contributions from other agencies (including government departments, academic institutions, field practitioners etc.). ➤ <input type="checkbox"/> The MOH evaluates the effectiveness of its recruitment and retention policies for public health workers at least every three years. ➤ <input type="checkbox"/> The MOH has strategies that encourage staff development in their respective career areas.
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Indicator 8.2: Improving the Quality of the Work Force

Model Standards	<ul style="list-style-type: none"> ⊕ Ensures that public health workers and managers have the educational level and demonstrable certification of studies required by law and in adherence with recommendations made by national or sub-national health authorities. ⊕ Cooperates and coordinates with educational institutions in public health in recommending a basic public health curriculum for various training programs in public health. ⊕ Coordinates training programs for workers with less experience in public health. ⊕ Establishes an individual evaluation system that clearly specifies job expectations and the benefits and sanctions associated with meeting these expectations. ⊕ Encourages workers and managers to participate in formal continuing education activities. ⊕ Periodically evaluates teaching programs, the evaluation system, and continuing education courses to ensure that they contribute to developing and improving human resources. ⊕ Proposes incentives and implements plans to improve the quality of the public health work force throughout the country 			
8.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.2. Improving the quality of the work force:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has policies to ensure that its workers are adequately trained to carry out their responsibilities, whether by previous training or in-service education. ➤ <input type="checkbox"/> The MOH cooperates and coordinates with academic institutions to develop a basic public health curriculum for various categories of health staff. ➤ <input type="checkbox"/> The MOH encourages its public health workforce to participate in continuing education activities that will improve the quality of their performance. If yes, <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Does the MOH provide financial or other resources—or intangible incentives such as promotional or other opportunities—to encourage workers to take part in continuing education activities? ➤ <input type="checkbox"/> The MOH offers or coordinates training for less experienced public health workers. ➤ <input type="checkbox"/> The MOH has a strategic plan that outlines its approach to improving the quality of the nation’s public health workforce. ➤ <input type="checkbox"/> The MOH has a performance evaluation system for public health workers. If yes, <i>is/does this evaluation system:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Based on clearly-defined expectations regarding the performance of each worker over a defined period? ➤ <input type="checkbox"/> Based on clearly-defined, measurable results of the work of each staff member? ➤ <input type="checkbox"/> Clearly communicated to each worker at the time of recruitment? 			

Indicator 8.3: Continuing Education and Graduate Training in Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Establishes formal ties with academic institutions with public health programs in order to facilitate access to continuing education for its staff. ⊕ Encourages academic institutions to adapt their programs and teaching strategies to the curriculum needs and time constraints of students. ⊕ Consults with staff members once a year about the academic activities in which they have participated during the period. ⊕ Communicates the results of this evaluation to collaborating academic institutions to encourage them to improve the quality of their programs. 			
8.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.3. Continuing education and graduate training in public health:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH encourages academic institutions with public health programs to offer graduate programs that meet the needs of MOH staff. ➤ <input type="checkbox"/> The MOH encourages academic institutions with public health programs to offer continuing education programs that meet the needs of MOH staff. ➤ <input type="checkbox"/> The MOH makes formal agreements with academic institutions with public health programs to ensure that its staff have access to their continuing education programs. ➤ <input type="checkbox"/> The MOH surveys staff members at least once a year about the academic activities in which they have participated during the previous year If yes, <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Does the MOH share the results of this survey with the academic institutions in order to encourage improvements in the quality of academic programs offered to its staff? 			

Indicator 8.4: Enhancing Human Resources to Ensure Culturally Appropriate Delivery of Services to Users

Model Standards	<ul style="list-style-type: none"> ⊕ Trains health workers in the delivery of quality services to populations of diverse cultures. ⊕ Incorporates the concept of ‘culturally appropriate practices’ in the operations of public health services and national planning initiatives. ⊕ Continually evaluates the cultural diversity of public health workers and takes steps to eliminate ethnic and cultural barriers to entry. ⊕ Makes efforts to form public health teams that include workers from diverse ethnic groups. ⊕ Tries to reduce cultural barriers that impede access to health services. 			
8.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.4. Enhancing human resources to ensure culturally appropriate delivery of services to users:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH trains its work force to deliver quality services to culturally-diverse populations. ➤ <input type="checkbox"/> The MOH incorporates the concept of delivering culturally-appropriate services into all its activities: including planning, implementation, monitoring and service evaluation. ➤ <input type="checkbox"/> The MOH periodically analyzes the cultural and ethnic diversity of its workforce and takes tangible steps to ensure that diversity is encouraged and maintained. ➤ <input type="checkbox"/> The MOH has policies that guarantee the recruitment of a culturally-diverse work force. ➤ <input type="checkbox"/> The MOH undertakes activities that improve access to public health services for the whole range of cultural and ethnic groups in the nation . 			

Indicator 8.5: Developing Public Health Leadership

Model Standards	<ul style="list-style-type: none"> ⊕ Undertakes a proactive search for workers with potential leadership qualities, trains them and encourages them to stay in the organization permanently. ⊕ Supports public health leaders in developing effective partnerships in all areas of public health, and facilitates the policy and working conditions conducive to those actions. 			
8.5.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.5.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.5. Developing public health leadership:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH provides its public health work force with opportunities to develop leadership skills—such as performance-based promotions, in-service education, providing limited autonomy or management responsibility for mid-level staff, etc. ➤ <input type="checkbox"/> The MOH actively identifies potential leaders within its public health work force. ➤ <input type="checkbox"/> The MOH actively encourages and supports the leadership development of these individuals. ➤ <input type="checkbox"/> The MOH establishes agreements with academic and other institutions to provide leadership development opportunities to selected staff. 			

Indicator 8.6: Support for Sub-national Levels in Human Resources Development

Model standards	<ul style="list-style-type: none"> ⊕ Cooperates with municipalities and sub-national health authorities to undertake a comprehensive inventory and evaluation of human resources at the district and local levels. ⊕ Offers guidelines to sub-national levels on ways to improve the performance of personnel. ⊕ Ensures the availability of continuing education programs for public health workers at all levels, including training in core public health disciplines, management, leadership and diversity. ⊕ Facilitates ties between public health workers at different levels with national and international academic institutions in order to ensure that continuing education courses are varied and up to date. 			
8.6.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.6.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
8.6. Support for sub-national levels in human resources development	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH offers sub-national levels training in how to conduct workforce evaluations. ➤ <input type="checkbox"/> The MOH collaborates with sub-national levels to develop an aggregate inventory of the nation’s public health workforce, providing training in workforce evaluation as necessary. ➤ <input type="checkbox"/> The MOH supports the development of culturally- and linguistically-appropriate training and education programs for the public health workforce of sub-national levels. ➤ <input type="checkbox"/> The MOH develops strategies to ensure that there are ongoing training programs for the public health workforce at sub-national levels. ➤ <input type="checkbox"/> The MOH encourages and facilitates agreements between sub-national public health authorities and academic institutions to ensure that training and continuing education are made available to the public health workforce at sub-national levels. 			

Essential Function #9: Ensuring the Quality of Personal and Population-based Health Services

This function includes:	<ul style="list-style-type: none"> ⊕ Promoting permanent systems for quality assurance and for monitoring the results of evaluations made through those systems. ⊕ Facilitating the development of the basic standards required for a quality assurance system and supervising the compliance of service providers with this obligation. ⊕ A health technology assessment system that supports the decision-making process for the entire health system. ⊕ Using scientific methodologies to evaluate health interventions of varying degrees of complexity. ⊕ Using this system to improve the quality of health services provision.
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Indicator 9.1: Definition of Standards and Methods of Evaluating the Quality of Population-based and Personal Health Services

Model Standards	<ul style="list-style-type: none"> ⊕ Supports the definition of appropriate standards to evaluate the quality of health practices and develops models of quality evaluation using data from sub-national health authorities. ⊕ Uses these standards and identifies scientifically-tested instruments that should be used to measure the quality of personal and population-based public health practices and services. ⊕ Recommends results-oriented analytical methods that include scientific identification of the parameters to be evaluated, the data to be collected, and the procedures to follow in the collection and analysis of those data. 			
9.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.1. Definition of standards and methods of evaluating the quality of population-based and personal health services:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH periodically evaluates the quality of public health services—e.g. immunization, PHC, TB control etc.—throughout the country. If yes, then please consider the following statements: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH uses clear, pre-defined standards to evaluate the quality of population-based health services throughout the country ➤ <input type="checkbox"/> The MOH actively seeks out contributions from sub-national levels in developing these standards ➤ <input type="checkbox"/> The MOH actively seek out contributions from non-governmental organizations in developing these standards ➤ <input type="checkbox"/> The MOH has instruments (e.g. questionnaires, rating schemes etc.) to measure the performance of these services against clear, pre-defined standards. ➤ <input type="checkbox"/> The MOH regularly evaluates the quality of personal health services—e.g. hospitals and other curative facilities—throughout the country. ➤ <input type="checkbox"/> The MOH defines standards in order to evaluate the quality of personal health services. ➤ <input type="checkbox"/> The MOH has instruments to measure the performance of personal health service. 			

Indicator 9.2: Improving the Quality of the Health System and User Satisfaction

Model Standards	<ul style="list-style-type: none"> ⊕ Is committed to an ongoing process of improving public health, which is the consequence of an ongoing improvement in the quality of its own actions. ⊕ Emphasizes the quality of the work of health teams in the promotion of personnel, and develops policies and procedures that orient their task at all levels. ⊕ Periodically measures the satisfaction of service users in order to improve service quality.
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	<ul style="list-style-type: none"> ⊕ Collects data on user satisfaction in a rapid and streamlined manner that ensures the anonymity of respondents. ⊕ Gives people who have been affected by changes in health programs the opportunity to comment on their experiences. ⊕ Is responsible for the information obtained through this process, and provides feedback to the sub-national levels, participants in the process, and other actors. ⊕ Periodically evaluates the quality of the nation’s health services and takes actions aimed at obtaining better results. 			
9.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.2. Improving the quality of the health system and user satisfaction:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH implements a policy to continually improve the quality of its operations <i>If yes, does this policy include:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Publication and comparison against national performance benchmarks ➤ <input type="checkbox"/> Implementation of strategic planning to improve quality ➤ <input type="checkbox"/> Quality improvement processes in all MOH divisions or departments ➤ <input type="checkbox"/> Measurement of the extent to which quality-improvement goals have been achieved ➤ <input type="checkbox"/> Activities for staff development ➤ <input type="checkbox"/> Activities to develop policies and procedures ➤ <input type="checkbox"/> Measurement of user satisfaction ➤ <input type="checkbox"/> The MOH regularly evaluates user satisfaction with population-based health services (such as immunization, PHC, TB control, STD clinics etc.). <i>If yes, please consider the following statements:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The evaluation is carried out in cooperation with decision-makers involved in these population-based health services. ➤ <input type="checkbox"/> The MOH provides these decision-makers the opportunity to give their opinion on which specific factors should be evaluated. ➤ <input type="checkbox"/> The evaluation is carried out in cooperation with community groups and/or citizens who use or are affected by these services. ➤ <input type="checkbox"/> The MOH provides these community groups/individuals the opportunity to give their opinion about which specific factors should be evaluated. ➤ <input type="checkbox"/> The evaluation process includes formal mechanisms for service users to contribute their opinions to the MOH in a timely and confidential fashion. ➤ <input type="checkbox"/> The process includes the use of evaluation results to improve the quality of programs and services delivered. ➤ <input type="checkbox"/> The process includes the use of evaluation results to improve access to services. ➤ <input type="checkbox"/> The process includes communicating the results to all participants in the process. ➤ <input type="checkbox"/> The process includes publishing a report that summarizes the principal results of the evaluation—including users’ opinions. ➤ <input type="checkbox"/> The MOH regularly evaluates user satisfaction with personal health services (such as curative care received in clinics and hospitals). <i>If yes, please consider the following statements:</i> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The evaluation is carried out in cooperation with decision-makers involved in these population-based health services. ➤ <input type="checkbox"/> The MOH provides these decision-makers the opportunity to give their opinion on which specific factors should be evaluated. 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The evaluation is carried out in cooperation with community groups and/or citizens who use or are affected by these services. ➤ <input type="checkbox"/> The MOH provides these community groups/individuals the opportunity to give their opinion about which specific factors should be evaluated. ➤ <input type="checkbox"/> The evaluation process includes formal mechanisms for service users to contribute their opinions to the MOH in a timely and confidential fashion. ➤ <input type="checkbox"/> The process includes the use of evaluation results to improve the quality of programs and services delivered. ➤ <input type="checkbox"/> The process includes the use of evaluation results to improve access to services. ➤ <input type="checkbox"/> The process includes communicating the results to all participants in the process. ➤ <input type="checkbox"/> The process includes publishing a report that summarizes the principal results of the evaluation—including users’ opinions.
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Indicator 9.3: Systems for Technology Management and Technology Assessment to Support Public Health Decision-making

Model Standards	<ul style="list-style-type: none"> ⊕ Sets up one or more systems of technology management (TM) and health technology assessment (HTA) that contribute to the design of health policies and to decision-making processes. ⊕ Supports and delivers technical assistance at the sub-national levels in order to promote technology management and health technology assessment and their application to sub-national health systems. ⊕ Uses available evidence on the safety, effectiveness, and cost-effectiveness of health interventions in order to issue recommendations on the incorporation and use of health technologies. ⊕ Promotes the use of health technology assessment and evidence-based practices in the entire health system through a national network that includes community groups, private providers and NGOs. ⊕ Periodically evaluates the level of national and sub-national competence and knowledge with regard to incorporating, using, and assessing health technologies, and implements necessary improvements. 			
9.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.3. Systems for technology management and technology assessment to support public health decision-making:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH establishes policies for technology management and technology assessment. ➤ <input type="checkbox"/> The MOH uses technology management and technology assessment as inputs to program development and policy-making processes. ➤ <input type="checkbox"/> The MOH uses technology management and technology assessment to provide up-to-date recommendations on the appropriate use of new health technologies (including new vaccines and pharmaceuticals, new diagnostic equipment, new treatments etc.). ➤ <input type="checkbox"/> The MOH clearly explains the technical, economic and other rationales behind these recommendations to health authorities and interested parties in the general public. ➤ <input type="checkbox"/> The MOH provides technical assistance to sub-national levels in technology management and technology assessment. ➤ <input type="checkbox"/> The MOH effectively manages its technology management and technology assessment systems and activities. <p style="margin-left: 20px;">If yes, does the MOH:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Define the roles and tasks of key actors responsible for the system? ➤ <input type="checkbox"/> Define channels of communication between its TM/HTA staff and other 			

	<p>staff involved in program development, policy analysis, or liaison with sub-national authorities?</p> <p>➤ <input type="checkbox"/> Use these channels of communication to obtain information from sub-national levels?</p> <p>➤ <input type="checkbox"/> The MOH regularly evaluates its own capacity (and the capacity of possible partners such as academic institutions) in the technology management and technology assessment areas.</p> <p>➤ <input type="checkbox"/> The MOH periodically evaluates the capacity of sub-national levels in the technology management and technology assessment areas.</p>
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Indicator 9.4: Technical Assistance and Support to the Sub-national Levels to Ensure the Quality of Health Services

Model Standards	<ul style="list-style-type: none"> ⊕ Collection and analyses of data on the quality of care, including data on structure, processes, and outcomes of services delivered by local or district providers. ⊕ Use of health technology assessment tools and evidence-based practices for personal and population-based health services at sub-national levels. ⊕ Evaluates health system performance at the sub-national levels, using functional criteria recommended by scientific evidence. ⊕ Formal evaluates user satisfaction with programs and services delivered locally. 			
9.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
9.4. Technical assistance and support to the sub-national levels to Ensure the quality of health Services	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH provides technical assistance to sub-national levels for the collection and analysis of data on the quality of population-based public health services <ul style="list-style-type: none"> If yes, do the data of interest include: ➤ <input type="checkbox"/> Organizational structure and capacity at the sub-national levels? ➤ <input type="checkbox"/> Procedures and practices at the sub-national levels? ➤ <input type="checkbox"/> Results of the services delivered at the sub-national levels? ➤ <input type="checkbox"/> Levels of user satisfaction? ➤ <input type="checkbox"/> The MOH provides technical assistance to sub-national levels regarding the collection and analysis of data related to the quality of personal health services. ➤ <input type="checkbox"/> The MOH provides technical assistance to sub-national levels on the use of instruments for technology management and technology assessment. ➤ <input type="checkbox"/> The MOH provides technical assistance to sub-national levels in order to measure the performance of the health system at those levels. 			

Essential Function #10: Research, Development, and Implementation of Innovative Public Health Solutions

This function includes	<ul style="list-style-type: none"> ⊕ The continuum of innovation, which ranges from the efforts of applied research to promote changes in public health practices to formal scientific research. ⊕ The development of the MOH’s own research capacity at its different levels. ⊕ The establishment of partnerships with research centers and academic institutions to conduct timely studies that support decision-making of the MOH and sub-national authorities.
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Indicator 10.1: Development of a Public Health Research Agenda

Model Standards	<ul style="list-style-type: none"> ⊕ Develops a public health research agenda and identifies sources of financing for it, taking into account the deficiencies perceived by communities and the different sectoral and non-sectoral actors involved in health. ⊕ Encourages schools of public health, independent research centers and other entities devoted to health to study the problems contained in the agenda. ⊕ Recognizes the value of including as a research priority the problems faced by marginalized populations and communities. ⊕ Cooperates in implementing the agenda, collecting information in a useful format and disseminating it to interested national and sub-national institutions. 				
10.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
10.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
10.1. Development of a public health research agenda:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has developed a public health research agenda. If yes, does/is this agenda: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Address gaps in current knowledge about the enforcement of national priorities? ➤ <input type="checkbox"/> Address the need for evidence on which to base policy decisions in public health? ➤ <input type="checkbox"/> Address the need for evidence with regard to the management of public health services and activities? ➤ <input type="checkbox"/> The MOH takes into consideration sources of financing to pay for these research activities? ➤ <input type="checkbox"/> The MOH incorporates the opinions of a broad set of actors in public health (academic, non-governmental, private, community) in setting research priorities? ➤ <input type="checkbox"/> The MOH develops a time-based public health research plan, in collaboration with academic institutions, that indicates the main research priorities to be addressed within a defined period of time? ➤ <input type="checkbox"/> The MOH discusses the research agenda with national and international institutions that finance research activities? ➤ <input type="checkbox"/> The research agenda include cultural diversity and gender issues? ➤ <input type="checkbox"/> Include specific reference to researching the needs of marginalized populations? ➤ <input type="checkbox"/> The MOH periodically evaluates progress in carrying out the agenda? ➤ <input type="checkbox"/> The MOH communicates the results of this evaluation to all those involved in carrying out the agenda? 				

Indicator 10.2: Development of Internal Research Capacity

Model	⊕ The MOH acts as a high-level advocate and reference source for researchers working on
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Standards	<p>topics relevant to public health.</p> <ul style="list-style-type: none"> ⊕ Leads autonomous research when this is the best option for dealing with a problem, and has the experience necessary to prepare proposals and timely research agendas. ⊕ Ensures that there is an approval process by an ad hoc committee for human research, in accordance with what is stipulated by laws and/or regulations. ⊕ Ensures the availability of adequate analytical tools, including up-to-date databases, computer technology, and general facilities. ⊕ Has the experience and capacity to obtain funds for research. ⊕ Can cite specific examples of how recent research findings have been used to improve public health practices. 				
10.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
10.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>	
10.2. Development of internal research capacity:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH stipulates that its technical teams should interact with researchers working on issues of common interest, especially viz. public health priority areas. ➤ <input type="checkbox"/> The MOH acts as an advocate for public health research when this research is relevant to the country’s needs. ➤ <input type="checkbox"/> The MOH is capable of autonomously carrying out research on topics important to the nation’s public health. ➤ <input type="checkbox"/> The MOH has established procedures to review and approve research activities that use its facilities or the population for which it is responsible. <ul style="list-style-type: none"> If yes, ➤ <input type="checkbox"/> Do these procedures evaluate the importance of the research topics from the standpoint of national health priorities? ➤ <input type="checkbox"/> Do these procedures protect the ethical aspects of research in accordance with internationally accepted norms? ➤ <input type="checkbox"/> The MOH has a formal and transparent mechanism to channel research funds to the budgets of units under its responsibility. ➤ <input type="checkbox"/> The MOH has a formal and transparent mechanism for allocation of honoraria to researchers. ➤ <input type="checkbox"/> The MOH has adequate analytical tools for research on the population’s health problems. ➤ <input type="checkbox"/> The MOH maintains and updates databases with health information that can be used for research into the population’s health status. ➤ <input type="checkbox"/> Professionals are available to the MOH, whether as staff or consultants, who are capable of communicating research findings to decision-makers and interested parties both within and outside the MOH. ➤ <input type="checkbox"/> The MOH holds regular internal seminars to present and discuss research findings that are relevant to decision-making on programs or policies. ➤ <input type="checkbox"/> In the last 24 months, research findings—whether from the MOH’s own studies, or from other studies carried out under its auspices—have been used to introduce or modify any programs or policies of the MOH? ➤ <input type="checkbox"/> In the last 24 months, research findings from the international published literature have been used to introduce or modify programs or policies of the MOH? 				

Indicator 10.3: Support for Innovation and Research in Public Health at the Sub-national Levels

Model Standards	⊕ Establishes a broad network for the dissemination of research findings, innovations, and new public health practices that includes the sub-national levels.
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	<p>public health practices that includes the sub-national levels.</p> <ul style="list-style-type: none"> ⊕ Facilitates access by sub-national levels to experts capable of interpreting these studies and supports sub-national levels in attempting to put them into practice—whether through innovative programs or carrying out field research. ⊕ Promotes the participation of professionals and health workers from the sub-national levels in <i>national</i> public health research projects as a way of strengthening the research capacities of sub-national teams. 			
10.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
10.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
<p>10.3. Support for innovation and research in public health at the sub-national levels:</p>	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has access to a broad and comprehensive network of institutions and individuals that are devoted to public health research. <ul style="list-style-type: none"> If yes, <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Does the MOH regularly communicate with this network (e.g. with a newsletter, periodic conferences, etc.)? ➤ <input type="checkbox"/> Does this network serve as a source of information for the MOH on new findings relevant to solving the nation’s priority health problems? ➤ <input type="checkbox"/> The MOH advises sub-national levels on the meaning of research findings it disseminates and of research findings published in the popular press or other media. ➤ <input type="checkbox"/> The MOH holds workshops on how to read and interpret public health research for staff from sub-national levels. ➤ <input type="checkbox"/> The MOH advises sub-national levels on how to implement public health interventions in their regions based on public health research findings. ➤ <input type="checkbox"/> The MOH provides technical advice to sub-national authorities on how to carry out operational research and use its findings in improving program performance. <ul style="list-style-type: none"> If yes, does it advise them on: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Research on epidemic outbreaks? ➤ <input type="checkbox"/> Research on food-borne outbreaks? ➤ <input type="checkbox"/> Research on risk factors for chronic diseases? ➤ <input type="checkbox"/> Evaluating the effectiveness of interventions? ➤ <input type="checkbox"/> Health services research? ➤ <input type="checkbox"/> The MOH promotes the participation of professionals from sub-national levels in research activities of a national scope. <ul style="list-style-type: none"> If yes, do these activities include: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Design of research projects ➤ <input type="checkbox"/> Data collection ➤ <input type="checkbox"/> Analysis of results 			

Essential Function # 11: Management Capacity to Organize Health Systems and Services in Public Health

This function includes:	<ul style="list-style-type: none"> ⊕ The management of public health in terms of the process of building, implementing, and evaluating organized initiatives designed to address the population’s health problems. ⊕ The development of competencies in evidence-based decision-making that incorporate planning and evaluation, resource management, leadership capacity, and effective communication. ⊕ Quality performance of the public health system resulting from successful management that can be demonstrated to providers and users of services.
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Indicator 11.1: Planning and Evaluation in Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Ensures that it has the capacity and the resources necessary to collect, analyze, and evaluate information from various sources, directed to the objective of continually improving the quality of public health services at all levels. ⊕ Uses operational research on its health system to ensure that defined goals are achieved in a timely, efficient way (e.g. using continuous monitoring systems). ⊕ Ensures that necessary measures are in place to coordinate planning and collaborative efforts that involve other agencies. ⊕ Establishes a culture, process, and structure that ensures the transformation of the MOH into an organization capable of continually learning and working to retool itself internally in response to changes in the external environment to ensure optimal performance. 			
11.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.1. Planning and evaluation in public health:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has the capacity to collect, analyze, and evaluate information from various sources. ➤ <input type="checkbox"/> The MOH has the resources necessary to collect, analyze, and evaluate information from various sources. ➤ <input type="checkbox"/> The MOH uses information from these various sources to continually improve the quality of public health services at all levels. ➤ <input type="checkbox"/> The MOH uses strategic planning in its activities and operations ➤ <input type="checkbox"/> The MOH uses operational research to ensure that defined goals are achieved. ➤ <input type="checkbox"/> The MOH has a continuous monitoring system to ensure that its goals are met in a timely, efficient way. ➤ <input type="checkbox"/> The MOH takes measures to coordinate its planning with other agencies involved in similar activities or with similar populations. ➤ <input type="checkbox"/> The MOH takes measures to develop an organizational culture that is conducive to learning and innovation and is responsive to changes in the external environment. 			

Indicator 11.2: Evidence-based Decision-making in Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Has the data collection capacity and information systems to build comprehensive databases on community demographics, health needs, cost analysis, and the utilization and quality of services. ⊕ Has the expertise to use the information from these systems to make evidence-based management decisions and achieve its goals in an efficient, effective way. ⊕ Facilitates the involvement and access of government representatives, management staff, clinical personnel, and program specialists to cooperate in finding solutions to public health
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	<p>problems.</p> <ul style="list-style-type: none"> ⊕ Facilitates access to relevant data sources for these groups to encourage them in the direction of evidence-based decision-making. ⊕ Ensures that this access is available to all groups involved in the decision-making process, and ensures that the expertise and support needed to use these data sources are available at sub-national levels as well. 			
11.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.2. Evidence-based decision-making in public health	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has the capacity to collect and integrate data from internal and external sources. ➤ <input type="checkbox"/> The MOH has an information systems to process the collected data and build comprehensive databases to be used in the planning process. If yes, does the processing of data result in information on: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Demographic characteristics of the community ➤ <input type="checkbox"/> Existing resources in the health market ➤ <input type="checkbox"/> Cost analysis ➤ <input type="checkbox"/> Utilization of services ➤ <input type="checkbox"/> Quality of services ➤ <input type="checkbox"/> The MOH has sufficient expertise to use this information for evidence-based decision-making in public health. ➤ <input type="checkbox"/> The MOH ensures that this information is made available to all groups involved in the decision-making process—including policymakers, community groups, academics etc. ➤ <input type="checkbox"/> The MOH ensures that this information is made available to sub-national levels. ➤ <input type="checkbox"/> The MOH provides technical assistance to sub-national authorities in the use of this data for evidence-based decision-making. 			

Indicator 11.3: Resource Management in Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Ensures the availability of the resources necessary to carry out its functions—including financial, technical, and human resources. ⊕ Uses its resource management abilities to ensure equity in access to health care, as well as to empower its personnel to ensure their ongoing development and training. 			
11.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.3.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.3. Resource management in public health:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH ensures that it has the necessary resources—financial, technical and human—to efficiently and effectively carry out its functions. ➤ <input type="checkbox"/> The MOH has an organizational culture that makes it possible to reassign its resources as priorities and needs change. ➤ <input type="checkbox"/> The MOH uses its resource management capacities to ensure equity in access to health care 			

Indicator 11.4: Management of International Cooperation on Public Health

Model Standards	<ul style="list-style-type: none"> ⊕ Has the capacity and the experience necessary to negotiate with international agencies and institutions that cooperate on public health. These capabilities make it possible to design
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	<p>medium- and long-term cooperation programs as well as specific projects of a more limited scope and duration.</p> <ul style="list-style-type: none"> ⊕ Has information systems on the available alternatives for international cooperation and searches for cooperative ventures that would make it possible to better address national health priorities ⊕ Is in a position to develop cooperation programs within or outside the region. These programs are systematically evaluated in conjunction with the counterpart organizations, and professionals from various levels of the health system participate in this exercise. 								
11.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table border="1"> <tr> <td>Not at all or minimally</td> <td>Partially</td> <td>Substantially</td> <td>Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table border="1"> <tr> <td>Not at all or minimally</td> <td>Partially</td> <td>Substantially</td> <td>Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.4. Management of international cooperation on public health	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has the capacity and expertise to mediate with international cooperation agencies and institutions in the area of public health. ➤ <input type="checkbox"/> The MOH develops extended cooperation programs with international agencies ➤ <input type="checkbox"/> The MOH develops specific and short-term cooperation projects. ➤ <input type="checkbox"/> The MOH has the resources and technology necessary to search large databases for cooperative ventures that may help it to address the nation’s health priorities. ➤ <input type="checkbox"/> The MOH has the capability to develop collaborative programs in conjunction with countries within or outside the region. ➤ <input type="checkbox"/> The MOH ensures that these collaborative programs are systematically evaluated in conjunction with its international counterparts. ➤ <input type="checkbox"/> Professionals from all levels of the health system participate in this evaluation exercise 								

Indicator 11.5: Leadership and Communication

Model Standards	<ul style="list-style-type: none"> ⊕ Ensures that it has the necessary expertise to exercise leadership in the health system, including competencies in inter-organizational relations, conflict management, leadership development, teamwork, and organizational development. ⊕ Ensures that its leadership takes the health system in the direction of a clearly articulated vision. ⊕ Defines clear standards of excellence, and provides the resources and strategies necessary for attaining them—including clear and well-defined performance measures, evaluation of the results achieved, and efforts to continuously improve the quality of the system and its services. ⊕ Ensures that information, especially pertaining to its own performance, is systematically analyzed, and that these analyses are used to improve performance. ⊕ Has personnel skilled in effectively communicating the results of its policies, plans, operations and evaluations on a system-wide basis. 								
11.5.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	<table border="1"> <tr> <td>Not at all or minimally</td> <td>Partially</td> <td>Substantially</td> <td>Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.5.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	<table border="1"> <tr> <td>Not at all or minimally</td> <td>Partially</td> <td>Substantially</td> <td>Fully or almost fully</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all or minimally	Partially	Substantially	Fully or almost fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all or minimally	Partially	Substantially	Fully or almost fully						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.5. Leadership and communication	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has the competencies necessary to exercise leadership in the health system If yes, do these competencies include: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Inter-organizational relations ➤ <input type="checkbox"/> Conflict management ➤ <input type="checkbox"/> Leadership development ➤ <input type="checkbox"/> Development of teamwork 								

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Organizational development ➤ <input type="checkbox"/> The MOH has a clearly articulated organizational vision. ➤ <input type="checkbox"/> The MOH exercises its leadership in a way that guides the health system toward that vision. ➤ <input type="checkbox"/> The MOH defines standards of excellence and helps to put them into practice by making available the necessary resources. ➤ <input type="checkbox"/> The MOH has clear and well-defined performance measurements that are an integral part of the health system. ➤ <input type="checkbox"/> The MOH has personnel who are qualified to effectively communicate its policies, plans, operations and evaluations on a system-wide basis.
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Indicator 11.6: Technical Assistance and Support for Public Health Management at the Sub-national Levels

Model Standards	<ul style="list-style-type: none"> ⊕ Ensures that its managerial capacity supports the development of public health at the sub-national levels. This requires an information system that is capable of clearly and rapidly detecting what is needed to improve management at the sub-national levels. ⊕ Has specific policies and mechanisms that facilitate the flow of information in a way that allows for its rapid processing in order to correct any deficiency detected at the sub-national levels. The implementation of policies and practices to improve management should be a cornerstone of the MOH 's philosophy in order to facilitate the sustainability of activities linked to this function. ⊕ Establishes ties with schools and institutions that promote sustainable management development programs in order to improve the competence and skills of its human resources. 			
11.6.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.6.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
11.6. Technical assistance and support for public health management at the sub-national levels:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH ensures that it has sufficient managerial ability to support the continuous improvement of management at sub-national levels. ➤ <input type="checkbox"/> The MOH has information systems that are capable of rapidly and precisely detecting how to improve management at sub-national levels. ➤ <input type="checkbox"/> The MOH has mechanisms and policies that facilitate the flow of information between national and sub-national levels. ➤ <input type="checkbox"/> The MOH uses information from sub-national sources to provide feedback and advice when deficiencies are noted. ➤ <input type="checkbox"/> The MOH has developed ties with schools or organizations that conduct management development programs in order to improve the competency and skills of its human resources. 			

Essential Function # 12: Reducing the Impact of Emergencies and Disasters on Health

Services under this essential function include:	<ul style="list-style-type: none"> ⊕ The planning and implementation of prevention, mitigation, preparedness, and early response and rehabilitation activities related to public health. ⊕ A multiple focus that encompasses the origins and threats of any and all possible emergencies or disasters that can affect a country. ⊕ Requires the participation of the entire health system and the broadest possible inter-sectoral cooperation.
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Indicator 12.1: Emergency Preparedness and Disaster Management

Model Standards	<ul style="list-style-type: none"> ⊕ Promotes an understanding of social and health benefits of preparing for emergencies and disasters with other sectors, including the private sector. ⊕ Ensures intra- and inter-sectoral coordination in implementing preparedness measures for health infrastructure and services against disasters and emergencies, including prevention, mitigation, and early response and rehabilitation related to public health. ⊕ Facilitates the training of both health and non-health personnel in preparedness for emergencies and disasters. ⊕ Protects against threats to physical infrastructure, including hospitals, health centers, drinking water systems, sewerage, etc. ⊕ Educates and informs the public about emergency preparedness through mass media campaigns and health education activities. 			
12.1.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.1.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.1. Emergency preparedness and disaster management:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH has an institutionalized national plan in place for emergencies and disasters. ➤ <input type="checkbox"/> A unit in the MOH is devoted to reducing the impact of emergencies and disasters on health ➤ <input type="checkbox"/> The MOH plan is shared with other sectors. ➤ <input type="checkbox"/> The MOH plan includes a national map of emergency and disaster risks. ➤ <input type="checkbox"/> The MOH emergency unit has its own assigned budget. ➤ <input type="checkbox"/> The MOH directs the entire health sector in implementing disaster management and emergency preparedness measures. ➤ <input type="checkbox"/> The MOH trains its health workers in emergency preparedness and disaster management. <ul style="list-style-type: none"> If yes, does this training include: ➤ <input type="checkbox"/> Defining guidelines that deal with emergencies and disasters within the health sector ➤ <input type="checkbox"/> Coordinating activities within the health sector ➤ <input type="checkbox"/> Coordinating activities with other sectors ➤ <input type="checkbox"/> Communicable diseases after disasters ➤ <input type="checkbox"/> Safety of food after disasters ➤ <input type="checkbox"/> Environmental health after disasters ➤ <input type="checkbox"/> Vector control in emergencies ➤ <input type="checkbox"/> Management of health services ➤ <input type="checkbox"/> Training in simulated emergencies ➤ <input type="checkbox"/> Obtaining health equipment/supplies for emergencies and disasters 			

	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> Carrying out rapid needs evaluations ➤ <input type="checkbox"/> Disseminating health information through the mass media and other means ➤ <input type="checkbox"/> Ensuring transparency and efficiency in the administration of aid after disasters <p>➤ <input type="checkbox"/> The MOH cooperates with academic health institutions (nursing schools, medical schools, public health schools etc.) in order to include components on emergency preparedness and disaster management in their curricula.</p>
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Indicator 12.2: Development of Standards and Guidelines that Support Emergency Preparedness and Disaster Management

Model Standards	<ul style="list-style-type: none"> ⊕ Prepares standards and guidelines for the construction and maintenance of health infrastructure and services, with an emphasis on disaster preparedness and the reduction of vulnerability. ⊕ Develops, maintains and monitors norms and standards for health facilities in areas that are susceptible to disasters. ⊕ Produces lists of essential drugs and inputs necessary for emergencies and disasters. ⊕ Cooperates in the development of guidelines for emergency plans. ⊕ Develops and promotes standards and guidelines to prepare for certain specific consequences of emergencies and disasters, such as <i>outbreaks of communicable diseases</i>. 			
12.2.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.2.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.2. Development of standards and guidelines that support emergency preparedness and disaster management:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH develops guidelines for the national emergency plan as part of a cooperative effort that also involves other sectors. ➤ <input type="checkbox"/> The MOH develops standards and guidelines to help prepare for the health consequences of emergencies and disasters. <p style="margin-left: 20px;">If yes, do these standards and guidelines address:</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> Outbreaks of communicable diseases ➤ <input type="checkbox"/> Sanitation of lodgings, shelters and camps ➤ <input type="checkbox"/> Vector control ➤ <input type="checkbox"/> Drugs and inputs necessary for emergencies and disasters ➤ <input type="checkbox"/> Construction and maintenance of health infrastructure and services ➤ <input type="checkbox"/> The management of health facilities and organizations in emergency and disaster situations 			

Indicator 12.3: Coordination and Partnerships with other Agencies and/or Institutions

Model Standards	<ul style="list-style-type: none"> ⊕ Coordinates with the national civil defense agency or other agencies with multi-sectoral responsibilities in a disaster. ⊕ Coordinates and joins with other key disaster entities, units, or commissions. ⊕ Cooperates and coordinates with health sector emergency and disaster programs that already exist in other nations of the same region. ⊕ Establishes and maintains partnerships with national and international organizations that deal with emergencies. ⊕ Works with other agencies to develop the protocols necessary for different forms of communication. 			
12.3.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.3.S.2. To what extent does MOH	Not at all or	Partially	Substantially	Fully or almost

achieve the “model standards” mentioned above ?	minimally <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fully <input type="checkbox"/>
12.3. Coordination and partnerships with other agencies and/or institutions:	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH coordinates with other agencies or commissions involved in emergency preparedness and disaster management If yes, do these include: <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The transportation sector ➤ <input type="checkbox"/> The public works sector ➤ <input type="checkbox"/> The housing sector ➤ <input type="checkbox"/> The telecommunications sector ➤ <input type="checkbox"/> The education sector ➤ <input type="checkbox"/> The police and armed forces ➤ <input type="checkbox"/> The fire department ➤ <input type="checkbox"/> The Area Coordinator for the UN ➤ <input type="checkbox"/> UNICEF ➤ <input type="checkbox"/> World Bank ➤ <input type="checkbox"/> UNHCR ➤ <input type="checkbox"/> WHO ➤ <input type="checkbox"/> The Red Cross ➤ <input type="checkbox"/> Other non-governmental organizations ➤ <input type="checkbox"/> Other agencies or commissions ➤ <input type="checkbox"/> The MOH coordinates its plans and activities with the national civil defense agency or other agencies with multi-sectoral responsibilities. ➤ <input type="checkbox"/> The MOH and other agencies work together to develop the protocols necessary for disseminating information through the communications media. ➤ <input type="checkbox"/> The MOH establishes and maintains partnerships at the international level for dealing with emergencies. ➤ <input type="checkbox"/> The MOH cooperates and coordinates with health sector emergency and disaster programs that already exist in other nations in the region. 			

Indicator 12.4: Technical Assistance at the Sub-national Level to Support Emergency Preparedness and Disaster Management in Health

Model Standards	<ul style="list-style-type: none"> ⊕ Provides and facilitates technical assistance at the sub-national levels to build sub-national capacities in mobilizing and coordinating the health response to emergencies and disasters. ⊕ Strengthens the capacity of sub-national authorities in inter-sectoral cooperation for emergencies, and establishes ties with emergency service providers. ⊕ Helps identify leaders who will promote emergency preparedness at the local level. ⊕ Establishes standards and guidelines for the preparation and response to emergencies and disasters at sub-national levels. ⊕ Provides sub-national levels with the technical assistance needed to carry out a needs assessments of their emergency preparedness capability; and contributes the resources necessary to strengthen areas of weakness that are discovered. 			
12.4.S.1. To what extent do these “model standards” correspond to the actual mandate of the MOH?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.4.S.2. To what extent does MOH achieve the “model standards” mentioned above ?	Not at all or minimally <input type="checkbox"/>	Partially <input type="checkbox"/>	Substantially <input type="checkbox"/>	Fully or almost fully <input type="checkbox"/>
12.4. Technical assistance at the sub-national level to support emergency	<ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH provides or facilitates technical assistance for sub-national levels in order to strengthen their capacity to mobilize for emergencies or disasters. ➤ <input type="checkbox"/> The MOH encourages sub-national levels to cooperate with other sectors (and other emergency service providers) in the face of emergencies or disasters—including civil 			

<p>preparedness and disaster management in health:</p>	<p>defense authorities, police and fire departments, etc.</p> <ul style="list-style-type: none"> ➤ <input type="checkbox"/> The MOH helps sub-national levels to identify community leaders as part of their emergency preparedness plans. ➤ <input type="checkbox"/> The MOH cooperates with sub-national authorities to design standards and guidelines for emergency preparedness and disaster management at various sub-national levels. ➤ <input type="checkbox"/> The MOH cooperates with sub-national authorities to define the responsibilities of each level in the event of an emergency or disaster. ➤ <input type="checkbox"/> The MOH cooperates with sub-national authorities to conduct a “vulnerability analysis” of their health infrastructure: in other words, an analysis of the vulnerability of their health infrastructure in the face of an emergency or disaster. ➤ <input type="checkbox"/> The MOH cooperates with sub-national authorities to prepare “risk maps” for the various emergencies or disasters possible in their district. ➤ <input type="checkbox"/> The MOH provides sub-national authorities with assistance in performing needs assessments (of emergency preparedness and disaster management) at their levels. ➤ <input type="checkbox"/> The MOH provides assistance to sub-national authorities to correct any deficiencies identified by such evaluations.
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