

الجمهورية اللبنانية  
مستكتب وزير الدولة لشؤون التنمية الإدارية  
مركز مشاريع ودراسات القطاع العام

OFFICE OF HEALTH SYSTEM DEVELOPMENT

Republic of Lebanon  
Office of the Minister of State for Administrative Reform  
Center for Public Sector Projects and Studies  
(C.P.S.P.S.)

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## OFFICE OF HEALTH SYSTEM DEVELOPMENT (OHSD)

### Preamble and General Objectives

The Council for Development and Reconstruction (CDR) has adopted a plan for meeting the health needs of the people of Lebanon. The plan is aimed at providing comprehensive health services in the private and public sectors, and it consists of a gradual implementation of a regional health system model for the organization, personnel training and delivery of comprehensive health services in Lebanon. Full details regarding the specific objectives, scope of work, organizational structure and the services and operations of this health system model are contained in a separate document entitled, "The Upper Metn Health System". The designation of Upper Metn in the title is in recognition of the fact that this prototype model was developed as a result of the local initiative of the Council of Municipalities of Upper Metn. The testing, shakedown, and evaluation of the prototype system will constitute one of the first steps in the ultimate development of regional health systems for the entire country.

In view of the fact that this plan is commensurate with its mission and subject to its authority, the CDR will create an Office of Health System Development (OHSD) to operate under a Health Planning and Development Commission of the CDR for the

purpose of implementing the Upper Metn Health system, developing similar systems in other regions of Lebanon, and organizing the OHSD itself into a full fledged national authority. Accordingly, the OHSD will be charged with responsibility for the proper implementation and evaluation of the Upper Metn Health System as set forth in the Project Proposal and it will initiate other regional programs and related activities in a staged and orderly sequence as will be detailed later.

In meeting its obligations and in performing its duties, the OHSD will be guided by the following three basic principles. The statement of these principles is important here because it embodies the philosophy behind this entire program.

1. In approaching its tasks, the OHSD will be guided by a broad conception of health as reflected in the World Health Organization's (WHO) definition of health status as the optimal physical, social and emotional well being of the individual. Thus, the OHSD will have a serious concern with the various influences on health including environmental factors and life style. This means that the OHSD will give adequate emphasis to the promotion of positive health, prevention and treatment of disease, and rehabilitation of the disabled and impaired.

2. In designing the specific regional health systems, it will seek to establish an effective partnership between the

private and public sectors for the provision of comprehensive health services while maximizing local control of these regional systems. Thus, the OHSD will not seek to control program implementation at the local level. Instead it will facilitate its initiation, help in its development, provide it with the support necessary for its success, and evaluate its performance.

3. In expanding its activities to incorporate additional regions, it will follow a gradual and systematic phasing of the various regions in the country until all of Lebanon is covered through regional health systems. When this is accomplished it will serve as the national authority for the coordination, supervision and evaluation of the regional programs.

Support from the MOH to this office is essential and it will be reflected in rendering the Ministry's health facilities and manpower resources to these systems wherever such resources fall under its jurisdiction and purview, and it will also provide direct financial support to each of these systems.

#### The Charge to the OHSD

The Council for Development and Reconstruction will create a Commission for Health Planning and Development with an office

called the Office of Health System Development and charge it with the following activities:

1. to implement the Upper Metn Health System for which a detailed program has been prepared. The description of that program is provided in the Project Proposal.
2. to prepare plans for two additional sites with a similar program, one in the South and the other in Western Beka'a, including feasibility analysis and development of detailed plans along the lines of the Upper Metn Health System.
3. to organize itself and expand its activities in incorporating additional sites so that it can be granted a full fledged national authority.

#### Functions

While implementing the specific activities listed above, the OHSD will serve the following functions:

1. It will serve as a national resource for the development of regional health systems to meet the health needs of the people in each region efficiently and effectively. It will provide guidance and technical assistance in these efforts so that each region can develop its plans systematically and

have its activities reviewed and evaluated for optimal performance.

2. It will coordinate the programmatic activities of the various regional health systems at the national level in order to avoid unnecessary duplication, to increase efficiency of operation, and to share resources.

3. It will develop whatever legislation and/or regulation that may be needed for the establishment and operation of these regional health systems, as well as its own activities; it will produce the standards of practice, as well as the various methodologies and procedures for data collection, research and evaluation.

4. It will monitor and evaluate the performance of the regional health systems to assure that established standards of managerial and clinical practice are met and that projects comply with established laws and regulations.

5. It will organize a manpower development and training program in order to assure an adequate supply of qualified managerial and clinical personnel to staff the various systems as they develop.

6. It will organize a research and statistics division within the OHSD whose function will be to collect and distribute routine statistical information on the service population. The division will also conduct epidemiologic and health services studies that are commensurate with the mission of the OHSD.

#### Composition and Structure

The OHSD will consist of a small Professional Staff, Project Task Forces (PTF), and Technical Assistance and Review Panels (TA and RP). The specific composition, duties and responsibilities for each of these units will be as follows:

The Professional Staff of the OHSD will consist of a Chief Executive Officer (CEO), and an initial staff of personnel. As the number of regional projects and hence the workload increases, staff will be added but only in response to demonstrable need.

The following specific provisions apply to the CEO:

The CEO will have the responsibility for implementing the plan approved by the MOH and the CDR, designated as the Upper Metn Health System, and the development of other systems for other regions, initially in two more sites and subsequently expanding to other regions as described under the "Stages of



Implementation" in a later section. The basic concepts and principles set forth in the prototype pilot system will serve as the guidelines for defining the scope of activities of the CEO.

The position of the CEO need not be on paid or full time basis. The primary requirement is a commitment to the concepts and principles contained in the pilot system. The term of office will be a minimum of three years. During the first three years of the operation of the OHSD, the CEO will be aided by an expert consultant.

The membership of the Health Planning and Development Commission will be restricted in size and limited to the public agencies with the most direct involvement in health affairs. In addition to the Chairman (the CEO), it will have a representative from each of the following: MOH, CDR, and AID (no voting rights). This commission may coopt experts for its proceedings.

The CEO will be responsible for convening the meetings of the Commission, preparing an agenda, and providing all the necessary documentation and reports to Commission members so that they can participate effectively in these meetings. The Commission will convene at least four times a year to review program developments, problems encountered, ways to address them and projections for the future.

CDR will appoint the members of the Commission upon the recommendation of the Chief Executive Officer for staggered terms ranging from one to three years, subsequently three years.

Routine activities of the OHSD will be carried out by the professional staff which will be selected on the basis of qualifications, competence and experience in health system development. A minimum requirement for these positions will be a graduate degree in an appropriate field of public health.

In view of the direct relevance of the activities of this office to its own, the Ministry of Health will appoint a representative to the OHSD whose primary functions will be to represent and assure the interests of the MOH. This position will be abolished if and when the OHSD is moved to the Ministry of Health.

Project Task Forces will be appointed during the initial and developmental stages for each regional health system, typically one year. Their activities will be confined to the development of a health system plan for the designated region. Composition of project task forces will include a minimum of one representative from the designated region, a professional staff member of the OHSD, and a technical consultant.

Technical Assistance and Review Panels will be appointed on an ad hoc basis to serve specific technical and service functions as these might be needed in the planning, design, implementation

and evaluation of various regional health systems. Such panels will be convened for specific purposes on a flexible basis either to meet specific additional expert judgement where this might be indicated.

Technical Assistance may also be rendered by an individual or a group on either an extended basis or a short term basis. Review panels typically serve for shorter periods and will meet only occasionally. For instance, proposals that are being considered for development will be reviewed by expert panels who can determine the following:

- a. the feasibility of the proposed project,
- b. its technical and scientific merit, and,
- c. the ability of the applicant to carry out the proposed work.

#### Stages of Implementation

The OHSD will undertake its work in an iterative fashion involving three stages: feasibility analysis, implementation and evaluation. Stage one, already completed, consisted of:

- a. feasibility analysis and the development of the Pilot System, I.

Stage two will consist of:

- a. the implementation of Pilot System I as described in the Project Proposal, and,
- b. feasibility analysis and preparation of plans.

Stage three will consist of:

- a. evaluation of Pilot System I
- b. implementation of systems 2 and 3, and,
- c. feasibility analysis of additional sites.

The ultimate number of stages and the specific number of sites at each stage will be determined on the basis of regional interest, the relative success of programs at each stage, and the availability of qualified manpower and other resources.

#### Linkage of the OHSD with AUB

As already indicated in the Project Proposal, the AUB/FHS is committed to the development of a regional health care system in Lebanon that incorporates the public and private sectors and offers a complete range of therapeutic, preventive and public health services and that also serves as a training program for public health personnel. Thus, the FHS has a serious interest in the development of the Office of Health System Development.

The following statement describes the nature of the relationship between AUB and the Lebanese Government in the development of the Office of Health System Development.

#### Rationale for the Involvement of FHS/AUB

The involvement of the University in the development of OHSD

is justified on the basis of the following principles:

1. OHSD is involved in the planning and development of new programs. Thus, its programs are innovative.

2. The activities undertaken by OHSD are the joint responsibility of the Government and the University. Hence the University's involvement is a unique feature of OHSD.

3. Although not an academic program per se, OHSD is involved in training of managerial and clinical personnel. The professional staff that serve in the OHSD will have academic appointments and may be actively involved in teaching.

4. The research activities of the OHSD in vital and health statistics, health service research and epidemiologic research will reflect the quality of work conducted at the OHSD. Thus, the involvement of experts from various fields of public health is crucial.

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5. The operational control and the budget of every OHSD project has to be well defined.

6. A program has to be developed and agreed as to the eventual incorporation of OHSD within the Ministry of Health.

The Linkage of FHS/AUB and the OHSD

For an initial period of two years, the FHS/AUB will manage the OHSD, overseen by the CDR.

Input from FHS will include:

1. A Project Coordinator who will supervise the program, and insure the proper delivery of services from the AUB. The Project coordinator will be the Acting Dean of the FHS, and he will commit about 10% of his time for the OHSD.
2. Director of the Office. A health planner with proper training in public health will work under the CEO to direct the operations of the OHSD.
3. Research Fellow. A graduate with a degree of Master of Public Health and experience in survey research, health planning and evaluation.
4. MPH Intern. A second year graduate student to work on program development.
5. Technical Consultants in the various fields of health planning, education, biostatistics, health information systems, environmental health, primary health care, etc.
6. Office space and facilities.

POTENTIAL SOURCES OF FUNDING

- CDR
- MOH
- ODS
- USAID
- UNDP
- UNICEF
- Participating Communities
- AUB

BUDGET ESTIMATE BY THE TYPE OF EXPENDITURES \* (\$000)  
 (FOUR YEAR BUDGET)

	<u>Upper Meth</u>	<u>Two Additional Sites</u>	<u>GRAND TOTALS</u>
A. <u>Development Costs</u> (Direct funds, services, logistics, monitoring, evaluations, etc.)	92	256	348
3. <u>Health Study &amp; Baseline Data</u> (Personnel, supplies and equipment, services, travel, others)	240	-	240
5. <u>Network Operations</u> (Personnel, Consultants, Physical Plant, Supplies & Equipment, Utilities, Other)	840	7,560	8,400
GRAND TOTAL	1,172	8,072	8,988

\* Detailed expenditure budgets will be submitted by the OHSD



YEAR I BUDGET FOR OHSD (May 1, 1982 - December 31, 1982)  
(9 months)

<u>Category</u>	
Personnel	\$
CEO	1
Project Coordinator	3,000
Office Director Health Planner	18,000
Research Fellow	6,000
Secretary	3,500
Consultants	7,000
Total Personnel	30,500
Supplies	2,000
Travel	3,000
Services	
* Feasibility Analysis for 2 sites: includes data collection and analysis and prepara- tion	70,000
AUB indirect cost 73% of personnel	22,265
GRAND TOTAL	\$134,765
Contribution of Local sites	\$ 76,765
Amount provided by AID	\$ 58,000

\* Explained in subsequent budget statement

YEAR I ESTIMATED BUDGET FOR FEASIBILITY ANALYSIS  
TWO SITES

Personnel

Field Supervisor	5,000
Field Workers	30,000
Clerical	2,000
Supplies	2,000
Data Analysis and Preparation of Reports	32,000
Travel Expenses	4,000
	<hr/>
	70,000

YEAR 2 BUDGET FOR OHSD (January 1988 - December 31, 1988)

<u>Category</u>	<u>Allocation</u>
Personnel	
CEO	1
Project Coordinator	5,000
Office Director Health Planner	25,000
Legal Advisor	5,500
Research Fellow	13,000
Student Trainees (1 FTE)	7,000
Secretary	5,300
Consultants	15,000
Total Personnel Cost	60,800
Supplies	2,000
Travel	5,000
AUS indirect cost 73% of personnel	44,384
GRAND TOTAL	<u>\$127,184</u>
Amount to be provided by AID	127,184

THE ORGANIZATION CHART OF THE OHSD

