

STRONG MINISTRIES for STRONG HEALTH SYSTEMS

Handbook for Ministers of Health

by

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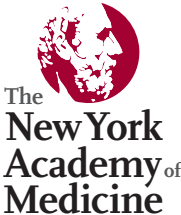
Peter Eriki and Patrick Kadama



May 2014

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Contents

- 8 Foreword**
- 9 Introduction**
 - Stewardship and Governance
 - Strong Ministries for Strong Health Systems* Report
 - A Handbook for Ministers of Health
- 14 Health and Health Systems**
 - Health As a Fundamental Human Right
 - Promoting and Protecting Health
 - Effective Health Systems
 - Public (Population) Health Services
 - Personal Health Care Services
 - Health Research Systems
 - Health Care Workforce
 - Health In All Policies
- 25 The Leadership Role of the Minister of Health**
 - Ministers Need the Skills to:
 - Equipping Ministers for Leadership Success
- 29 The Supporting Role of Health Resource Partner Institutions (HRPIs) and Non-State Actors**
- 31 Managing the Ministry of Health**
 - Operationalizing the Ministers' key roles
- 37 Engaging Effectively at Regional and Global Levels**
 - Regional Organizations with Health Roles
 - Global Organizations with Health Roles
 - Managing Participation in Meetings of International Health Organizations
- 46 Conclusion**
- 48 Appendix**
 - Websites for Selected Resources Cited
 - Core Governmental Functions of Ministries of Health
 - Selected Donor Countries and their Development Agencies
- 56 Author Bios**

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Abbreviations

ACHEST	African Center for Global Health and Social Transformation
AU	African Union
COHRED	Council for Health Research on Development
HRPI	Health Resource Partner Institution
ILO	Global Alliance on Vaccines Immunization
IOM	International Organization on Migration
LIC	Low-income country
MDG	Millennium Development Goals
NGO	Non-governmental organization
PAHO	Pan American Health Organization
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WTO	World Trade Organization

Foreword

The drive to identify post-2015 Sustainable Development Goals has revealed the degree to which health is at the core of sustainable economic and social development. We must steward and strengthen health systems in all settings if we are to achieve the prevention and treatment goals of traditional disease-specific programs; address the new epidemics of non-communicable diseases; and successfully implement what we know can make a difference in the health of individuals and populations.

Ministers and ministries of health hold the prime responsibility for articulating, advocating for, and ensuring successful adoption and implementation of health policies. Yet too often, especially in low-income countries, they are relatively under-resourced and “low-power” within governments. There has been little or no systematic investment in activities to strengthen the leadership capabilities of ministers or the strength of their organizations.

This Handbook for Ministers of Health begins to fill this gap. It follows an earlier work by Omaswa and Boufford entitled Strong Ministries for Strong Health Systems, which called for a campaign to strengthen ministers and ministries of health and identified seven specific action steps. This Handbook includes learning from implementation of several of these recommendations by Omaswa and his team in the East African region. It provides new ministers with a guide to the landscape they will face and tips on navigating their complex responsibilities both within their countries and in the international organizations so crucial to global health policy. The important role of ministers and assuring the supports they need must become more of a national and international priority; this volume helps us to understand what needs to be done.



Tim Evans

Director, Health, Nutrition and Population
The World Bank

Introduction

The prominence of health as a global policy issue has never been higher. The increased attention to issues of health is evident at very high levels, for example, in the drive to achieve the United Nations (UN) Millennium Development Goals (MDGs), including important health-related targets, by 2015; the UN Secretary General's special initiative on child and maternal mortality (MDGs 4 and 5); and the inclusion of health issues as key agenda items at recent G-8, G-20, and regional political summits. The importance of health in the movement for equity and social justice is clear from the attention given to the broad determinants of health (for example, poverty, education, built and natural environments) in reports from the World Health Organization (WHO) Commission on Social Determinants of Health, and the High Level Panel on the Post-2015 Development Agenda.⁽¹⁾ Even in the face of economic downturns, the resources allocated to health at country and global levels are significant, and the plethora of agencies and mechanisms created to disburse these funds at global, regional, and country levels have created even greater challenges for international, regional, and national institutions with health mandates.

Health is central to human security, and economic and social development.

Concerns about real and perceived global health risks, such as viral pandemics, infectious diseases, bioterrorism, and the health impacts of climate change, are compounded by the global health challenges of urbanization, population aging, and the emergence of non-communicable diseases (such as cancer, diabetes, and heart disease). These highly visible issues have focused the world's attention on advancing health, and there is a growing recognition that health is

¹ Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health (WHO Commission on Social Determinants of Health, 2008). www.who.int/social_determinants/thecommission/finalreport/en;

A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development. (Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, 2013). www.post2015hlp.org/the-report

central to human security and economic and social development. However, effective responses to the external forces and actors that impact health converge on a final common pathway: the individual country, and its political and health leadership.

Because of the fundamental role of countries in advancing health, strengthening of health systems has become a priority in global and national health policy and practice. A gap remains between knowing what can be done to make a difference in the health of individuals and populations, and the actual implementation of initiatives to achieve the maximum positive global and national impact. Many of these initiatives continue to focus on disease- and/or population-specific prevention and treatment programs that are still largely dependent on the personal health care component of the health system. An effective health system at the country level, however, needs to deliver well-stewarded, coordinated, and integrated programs that address both individual and community health.

Stewardship and Governance

Although numerous high profile reports⁽²⁾ have stressed the central role of stewardship and governance in health systems strengthening, very little systematic attention has been paid to enhancing these functions in the health sector. Governments have the ultimate responsibility, which cannot be delegated, for ensuring the conditions under which their populations can be as healthy as possible, whether as a direct provider of services;

An effective health system at the country level needs to deliver well-stewarded, coordinated, and integrated programs that address both individual and community health.

² World Health Report 2000 - Health Systems: Improving Performance (The World Health Organization, WHO, 2000); World Development Report 2004: Making Services Work for Poor People (The World Bank, 2004); Opportunities for Global Initiatives in the Health System Action Agenda (WHO Working Paper No. 4, 2006); Towards Better Leadership and Management in Health (WHO Working Paper No. 10, 2007); Health Financing Revisited (The World Bank, 2006); Public Stewardship of Private Providers in Mixed Health Systems (Commissioned by the Rockefeller Foundation, 2009); Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health (WHO Commission on Social Determinants of Health, 2008). Website addresses for reports available online are provided in Appendix 1.

working across government agencies on broad determinants of health; or through relationships with non-state actors.

Within a country, the ministry of health is the government agency responsible for the adoption and implementation of the health policies and programs necessary to carry out this stewardship responsibility. The role and capacity of ministries of health are often overlooked, however, when investments to strengthen health systems are made.

Stewardship

The stewardship function of ministries includes::

- personal health care services;
- public health/population health services;
- health research systems;
- policy environments that promote health in all policies across government agencies, and between government and non-governmental sectors; and
- health workforce.

Governance

The governance function of ministries, at its most basic level, is the ability to align the work of multiple actors and interests to promote collective action toward health. As a good steward, the ministry of health must be able to lead and participate in effective systems of governance to ensure the best uses of resources in all of the components of a country's health system. While there are evolving international standards for government, "governance" is almost always context specific; it must reflect the ways in which stakeholders interact with one another in a particular set of societal circumstances in order to influence the outcomes of public policies. As such, governance may vary from country to country, or even across sub regions within countries.

Historical paradigms have left ministries of health relatively under-resourced and "low-power" within governments. A critical challenge

for many low-income countries (LICs) is changing the mind-set of ministries themselves from one of powerlessness to a “can-do” attitude in creating partnerships and shaping health systems that reflect country needs and priorities. In addition, global agencies, initiatives, and multilateral and bilateral donors must recognize the important role that ministries of health can play, and should consider providing resources for capacity building to strengthen their technical and policy capabilities. Dedicated global efforts and initiatives are needed to provide specifically targeted leadership programs for ministers of health and their senior teams.

Strong Ministries for Strong Health Systems Report

In 2010, Omaswa and Boufford released the report, *Strong Ministries for Strong Health Systems*,⁽³⁾ which reflected the voices of ministers themselves, and those in international agencies working most closely with them. Numerous interviews were conducted to better understand the challenges that ministers face and the resources available to them, and to engage them in developing a systematic and sustained program of support for health ministries. The *Strong Ministries* report made a series of recommendations aimed at strengthening health ministries and the leadership capacity of ministers themselves, and called for global, regional, and country level networks of knowledge and expertise to support and extend the capacity of ministries of health.

Ministers interviewed described a complex set of responsibilities and challenges, as well as an explosion in the number and types of internal and external actors with which they must interact effectively to achieve their goals. They provided information about their level of interaction with political leaders, other agencies of government, and non-state actors within their country, and identified those international organizations that were most helpful to them. Ministers listed a variety of institutions within their countries that could provide important intellectual and technical support to their work, but in

³ www.rockefellerfoundation.org/uploads/files/8819cca6-1738-4158-87fe-4d2c7b738932.pdf

LICs, these often face the same overall resource constraints as the ministry itself, and the ministry's capacity to effectively collaborate may be limited. Of note, none of the ministers interviewed received any formal orientation to their new responsibilities, and they saw the absence of this kind of preparation as a serious problem. Stakeholders interviewed described new ministers as “overwhelmed” with emergencies that overshadowed their basic operational and strategic responsibilities. All those interviewed agreed that a sustained effort is needed to raise awareness at country, regional, and global levels, of the importance of ministries of health as stewards and participants in strong governance of health systems, and of the need to incorporate financial and policy support for strengthening ministries into all initiatives for health systems strengthening.

A Handbook for Ministers of Health

Following the publication of the *Strong Ministries* report, The African Center for Global Health and Social Transformation (ACHEST), led by Omaswa, has taken forward a number of the report's recommendations. ACHEST has conducted leadership development workshops for ministers and senior teams in East, Central, and Southern Africa, and launched a regional learning network on health systems governance and strengthening. In addition, studies to better understand the environment in which ministries of health function in five selected countries in Africa have explored the potential for partnerships with “Health Resource Partner Institutions” (HRPIs), organizations that have specific expertise that can be leveraged to increase ministry effectiveness.⁽⁴⁾ Together, the information gathered from these new studies and the data from the *Strong Ministries* report have been used to develop this Handbook for Ministers of Health as practical resource in support of stronger health systems governance and stewardship, especially in low- and middle-income countries, with special attention to Africa.

⁴ The HRPI study reports can be accessed at www.achest.org

Health and Health Systems

Health As a Fundamental Human Right

As defined in the WHO Constitution, health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Further, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”⁽⁵⁾

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” –WHO

The Universal Declaration of Human Rights, adopted by the international community immediately after the Second World War, states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”⁽⁶⁾ To monitor the status of this right to health around the world, in 2002 the UN Commission on Human Rights created a “Special Rapporteur on the right of everyone to enjoy the highest attainable standard of physical and mental health.”

The historic Declaration of Alma Ata in 1978 sought to operationalize this vision of “health for all” by developing a model for primary health care which included “education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation ...” and stressed that primary health care “involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular

⁵ Constitution of the World Health Organization.
<http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

⁶ Article 25 of the Universal Declaration of Human rights.
www.un.org/en/documents/udhr/index.shtml

agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors.” Although the full vision of the Declaration has not been realized, WHO reaffirmed its validity in 2008, at a conference marking the 30th anniversary of the Declaration, and reemphasized the following original principles:⁽⁷⁾

“The existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries.”

“The people have a right and duty to participate individually and collectively in the planning and implementation of their health care.”

“Primary health care is essential health care... made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development...”

In a 2011 declaration, WHO Member States reiterated their determination to take action on social determinants of health as outlined in the 2008 report of the WHO Commission on Social Determinants of Health, and called for government action to revive and implement the missing elements of Alma Ata. According to WHO, “social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.” WHO also states that it is these social determinants that are primarily responsible for health inequities both within and between countries.

⁷ www.euro.who.int/en/who-we-are/policy-documents/declaration-of-alma-ata,-1978

The declaration calls for member states to take action to reduce health inequities by:

- adopting improved governance for health and development;
- promoting participation in policy-making and implementation;
- further reorienting the health sector towards promoting health and reducing health inequities;
- strengthening global governance and collaboration; and
- monitoring progress and increasing accountability.⁽⁸⁾

This holistic approach has been further affirmed in the Report of the High Level Panel on the Post-2015 Development Agenda.

Promoting and Protecting Health

One of the cardinal elements of primary health care as defined in the Alma Ata declaration is the promotion of “maximum community and individual self-reliance and participation”. The primary responsibility for maintaining health throughout the course of life lies with individuals, households, families, and communities. The health system plays a key role in ensuring that individuals can achieve and maintain health by promoting and embedding health awareness (also known as health literacy) and health seeking behavior into the routine of life of the population, and identifying and highlighting health risks and either removing them, or facilitating behaviors that favor health in the face of these risks. As noted above, governments have the ultimate responsibility for ensuring that the conditions and systems are in place to allow people to be as healthy as they can be. Health awareness is essential, but without access to healthy food, clean water, adequate housing, education, and other key determinants of health, people will not be able to realize their full health potential.

Individuals have the primary responsibility for maintaining their own health.

Health systems are responsible for providing the information and facilitating behaviors that individuals need to achieve their best health.

Government is responsible for ensuring that the conditions and systems exist that allow people to be as healthy as they can be.

⁸ Rio Political Declaration on Social Determinants of Health, October 2011.
www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

Despite the known value of promoting and protecting existing health, there are constant pressures on society and governments to devote significant attention and resources to repairing and restoring lost health. Diseases must be treated and injured persons attended to immediately. Resources must be available to manage children with malaria who present at the hospital with convulsions, for example, or the middle-aged man with an intestinal obstruction. An epidemic in one country puts the whole world on alert. The treatment aspect of the health system is more dramatically visible than the health promotion aspect, and as a result, receives more attention and more resources.⁽⁹⁾ In most African countries, hospital budgets take up to 70% of national health budgets. In some cases the national referral hospital in the country consumes up to 60% of national health budgets.

Exceptional and visionary political and civil leadership is needed to institute a better balance of available resources, thereby advancing the preservation of existing population health and wellbeing, and reducing the need for avoidable health care. At their best, routine governance arrangements should build the foundation for population health by enforcing existing laws and regulations, and ensuring that new ones have a positive health impact. Such provisions would include, for example, that homesteads have safe water and sanitation, children are immunized, health facilities have required personnel and supplies, appropriate food crops are grown and distributed, children attend school, roads and transportation networks are maintained, and law and order is preserved. Low- and middle-income countries have the opportunity to avoid unnecessary disability and death by embedding health goals and aspirations, and a concern for the potential health effects of policies, in routine governance of society at all levels. This “health in all policies” approach has proven effective in some LICs for improving health indices in a relatively short time.⁽¹⁰⁾

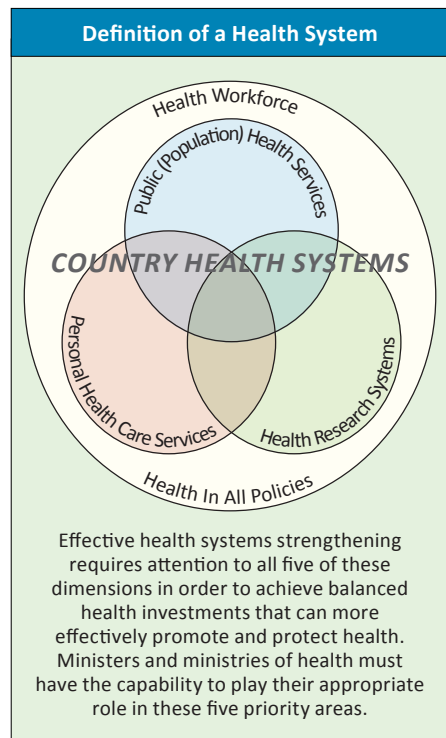
⁹ U.S. Health in International Perspective: Shorter Lives, Poorer Health. National Research Council and Institute of Medicine. (2013). Washington, DC: The National Academies Press. www.nap.edu/openbook.php?record_id=13497&page=R1

¹⁰ Health in All Policies: Seizing opportunities, implementing policies. Leppo, K., Ollol, E., Pena, S., Wismar, M., and Cook, S, Eds. (2013) Ministry of Social Affairs and Health, Finland. www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

Effective Health Systems

Most countries address the right of citizens to basic health services in their constitutions. As such, it is the constitutional responsibility of the government to fulfill that obligation either by providing services directly, or ensuring that other entities do so. With the increasing recognition of the importance of health systems in achieving health goals at country and global levels, multiple definitions of “health system” have emerged. As efforts are undertaken to strengthen country ministries of health and to develop the necessary capacities in the ministry and/or affiliated organizations, it will be important for all involved to adopt a common understanding of what a health system is.

The *Strong Ministries* report proposed that a health system consists of four core elements: public (population) health services, personal health care delivery services, health research systems, and a health in all policies environment. It is now increasingly important to be explicit about a fifth component: the health workforce necessary for all components of the health system to function effectively. To ensure a balanced strategy for achieving the greatest health result in a country, all of these elements should be in place and appropriately supported.



Public (Population) Health Services

Public (or population) health services protect the population from health risks by monitoring the health status of the population, identifying emerging disease threats, and measuring the results of actions taken against these threats. Examples of public health interventions

include monitoring and responding to infectious disease outbreaks; promoting environmental health programs to control malaria; passing of laws that require seat belt use in cars; prevention of risky behavior such as tobacco use; and public awareness campaigns about how to avoid illness and injury. In most sub-Saharan African countries, 50 to 70% of the disease burden is due to preventable infectious diseases such as malaria, tuberculosis, and HIV, for which public health interventions are very cost effective. Africa is also faced with a rapidly growing burden of non-communicable diseases (including cardiovascular disease, cancer, diabetes, pulmonary disease, and obesity), which can be prevented through awareness campaigns and community-level environmental change to address the shared risk factors for all of these conditions (tobacco use, unhealthy diet, and lack of exercise). A set of eleven essential public health functions that ministries of health should be able to provide has been developed by the Pan American Health Organization (PAHO) and WHO (see Box A).⁽¹¹⁾

Essential Public Health Functions (PAHO/WHO) ⁽¹¹⁾	A
1. Monitoring, evaluation, and analysis of health status	
2. Surveillance, research, and control of the risks and threats to public health	
3. Health promotion	
4. Social participation in health	
5. Development of policies and institutional capacity for public health planning and management	
6. Strengthening of public health regulation and enforcement capacity	
7. Evaluation and promotion of equitable access to necessary health services	
8. Human resources development and training in public health	
9. Quality assurance in personal and population-based health services	
10. Research in public health	
11. Reduction of the impact of emergencies and disasters on health	

¹¹ PAHO/WHO. What are the Essential Public Health Functions?
www1.paho.org/english/dpm/shd/hp/EPHF.htm

Personal Health Care Services

Personal and family health care services involve direct interaction with individuals or families who have a specific, personal health care need. Examples include treating acute or chronic illnesses, immunizing children, conducting antenatal clinics, or providing family planning services. The six basic building blocks of a health system identified by WHO can be used as specific action areas for developing a personal health care system. These are: service delivery (including facilities and equipment); health workforce; health information systems; essential medical products (including vaccines, pharmaceuticals and biologics, and technologies); financing; and leadership, management and governance.¹² The global community has established universal health care coverage as a goal, and access to care, health systems financing, and management of personal care and public health services are areas of growing critical focus. As the field advances, WHO periodically reviews and refines its basic package of personal health care services, list of essential medicines, and suggested metrics for measuring the quality and effectiveness of health care systems.



Health Research Systems

National health research systems are essential to develop an evidence base for the policies and interventions that are selected as priorities for each of the components of the health system. Research is also needed to evaluate the effectiveness of health systems, and

¹² WHO. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. www.who.int/healthinfo/systems/monitoring/en/index.html

of health-related interventions, including those aimed the broader determinants of health. Cultivating a culture of evidence-based decision-making will help countries make the most effective use of available resources. Guidelines for national health research systems have been developed by the Council for Health Research on Development (COHRED, see Box B).⁽¹³⁾

The importance of research capacity building in low- and middle-income countries has been emphasized in the report from the WHO Expert Working Group on Research and Development,⁽¹⁴⁾ whose recommendations and resolutions were approved at the 2013 World Health Assembly. In addition, a recent statement by the InterAcademy Medical Panel (IAMP) calls on the world's academies of medicine and science to support research capacity building efforts in their own countries.⁽¹⁵⁾

Health Care Workforce

A critical component of an effective health system is a health workforce sufficient in numbers and training to be able to meet the health needs of the country. This includes both trained health professionals, especially primary care and public health professionals, and community health workers. A fundamental challenge for publicly run health services is establishing the salaries and working conditions that will retain health workers. Workforce issues may present a particularly complex challenge for health ministers, as the educational system for health workers is often under the authority of the Ministry of Education. Agreements to expand the health workforce will require consensus among ministries, academies, training institutions, and often, existing professional associations. The figure below, developed

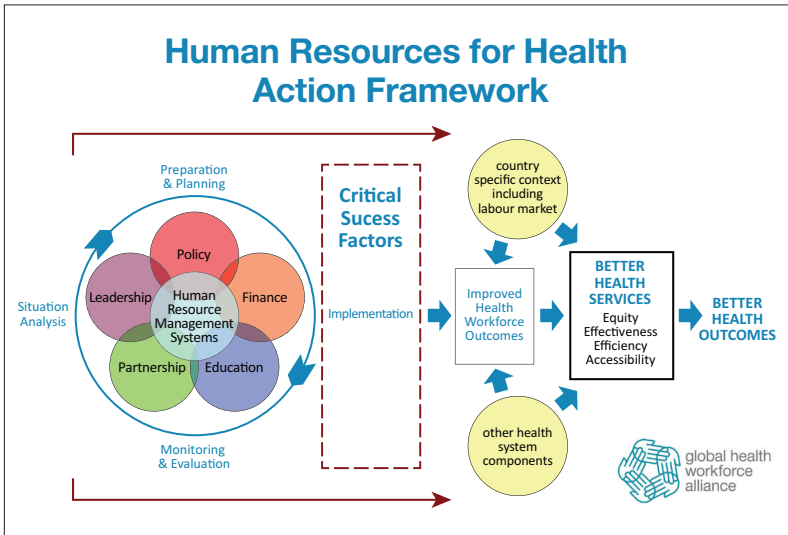
¹³ COHRED. Building and Strengthening National Health Research Systems. www.cohred.org/downloads/cohred_publications/NHRS_Assessment_manual_review_version_FINAL.pdf

¹⁴ Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_23-en.pdf

¹⁵ IAMP. A Call for Action to Strengthen Health Research Capacity in Low and Middle Income Countries. www.iamp-online.org/call-action-strengthen-health-research-capacity-low-and-middle-income-countries

National Health Research System (NHRS) Development Components⁽¹³⁾ B
The Socio-political environment
<ul style="list-style-type: none"> • High level government support and strong leadership across all ministries is essential
The foundations of a NHRS
<ul style="list-style-type: none"> • Governance and management bodies – provide the structures to set objectives (e.g. government departments, research councils, committees, academies of science) and assure that objectives are executed, monitored, and evaluated • Health research policy framework – the legislative/policy structure within which health research operates • Health research priorities – country-based needs that are rigorously defined, regularly reviewed, and endorsed by the government/MOH, enabling researcher and funders to align with national priorities
Initial policy goals – after establishment of basic governance and policy infrastructure
<ul style="list-style-type: none"> • Human Resources – to conduct the established research agenda • Sustainable funding – to build research capacity and commission work
Optimizing the health research system – additional policy goals once a NHRS is established
<ul style="list-style-type: none"> • Effective use of research results • Research ethics review • Monitoring and evaluation of research production and use • Enhancing the research environment • Developing the research culture • Technology transfer
Integrating the system
<ul style="list-style-type: none"> • National systems and policies – e.g. the health system; the science, technology, and innovation system; national development plans for poverty reduction and health sector reform • International systems and collaborations – with universities; research sponsors; bilateral, regional, and multilateral agencies; and foundations

by the Global Health Workforce Alliance,⁽¹⁶⁾ provides a framework for the development of a health workforce to address country health needs by engaging all stakeholders in the process. Once consensus among stakeholders is reached, details can be developed, and a strategic plan designed to scale up the agreed interventions. A related workforce issue is the need to build the managerial skills and analytic capacity of health ministry staff.



Health In All Policies

An effective health system is only possible in a political and policy environment that aligns government and non-government stakeholders to act for health. Streamlining health into all policies of non-health sectors responds to the aspirations reflected in the definitions of health and wellbeing articulated in the WHO Constitution, the Alma Ata Declaration, the Declaration on Social Determinants of Health, and by the UN Human Rights Council. The evidence base for the impact and importance of determinants of health beyond health care (and therefore often outside the control of the minister of health) is increasing. Interventions that ensure law and order for security of life and limb,

¹⁶ The HRH Action Framework Figure reprinted with permission from GHWA www.capacityproject.org/framework

food for nutrition, safe water, good education, accessible roads, and economic growth all contribute to improved health outcomes. A major responsibility of the Minister of Health is to work with political leaders, cabinet colleagues, and parliamentarians to make them aware of the potential impact of their actions and policies on health, and to provide the evidence base for health promoting alternatives (see box C).⁽¹⁷⁾

A Health in All Policies Approach Recognizes that: ⁽¹⁷⁾	C
<ul style="list-style-type: none"> • The health and wellbeing of all citizens is essential for overall social and economic development; 	
<ul style="list-style-type: none"> • Health is an outcome of a wide range of factors (e.g. changes to the natural, built, social, or work environments) many of which are outside the purview of the health sector, necessitating a shared responsibility and integrated response; 	
<ul style="list-style-type: none"> • All government policies can have an impact (positive or negative) on the determinants of health for both current and future generations; 	
<ul style="list-style-type: none"> • The impacts of health determinants are not equally distributed among population groups and disparities in health must be addresses; 	
<ul style="list-style-type: none"> • Efforts to improve the health of the population require sustainable mechanisms that support collaborative government agency work to develop integrated solutions; 	
<ul style="list-style-type: none"> • Many of the most pressing health issues require long term budgetary commitments and creative funding approaches; 	
<ul style="list-style-type: none"> • Indicators of success will emerge over the long term and intermediate outcome measures will need to be established. 	

As new ministers of health begin their mandate, they can draw upon the global frameworks defining the components of an effective health system, discussed above. These frameworks can guide ministers in assessing the strengths and weaknesses of the ministry, and in setting priorities for internal capacity building and external partnership development that will help to foster success in achieving ministry goals. There may also be regional frameworks and guidelines available that may be used as assessment tools (discussed further below).

¹⁷ Adapted from Kickbusch I, et al. Adelaide revisited: from healthy public policy to Health in All Policies. *Health Promot Int.* 2008 23:1-4.

The Leadership Role of the Minister of Health

Most international agreements, conventions, and treaties regard governments as responsible for ensuring the conditions under which their people can have the maximum opportunity for health. Governments are also responsible for country compliance with the health regulations of international organizations, such as the UN and WHO, and those of regional bodies, such as the African Union and the Regional Economic Communities governed by member states. Within the government, the Minister of Health is the leader of the health sector; the advocate for the health of the population within government and with non-state actors; engages on behalf of the health sector with international organizations, donors, and regional and global bodies affecting health; and champions the national health agenda among the general population.

Ministers of health interviewed for the Strong Ministries report described a variety of significant challenges to fulfilling their complex responsibilities. Among the challenges most often noted were the development and implementation of health policy; the promotion of health and health care services; assessing health and health services needs; and maintaining the health infrastructure. Meeting these challenges requires a level of political leadership and savvy that many felt ill prepared for. To be effective, ministers must be able to influence and lead others both within and outside the health sector.

Ministers Need the Skills to:

LEAD UP › to influence political and financial leadership.

Ministers need to be able to make effective economic and political arguments in negotiations with the Minister of Finance and Prime Minister/President when seeking financial resources and high-level political support for system changes.

LEAD ACROSS › to engage other governmental agencies in a Health in All Policies approach.

Although some countries have facilitated cross-ministry interaction by clustering ministries (such as health, education, environment) under supra-cabinet coordinators, this is not the case in most LICs. Health ministers need to engage the ministries that oversee key determinants of health that are beyond the health ministry's purview, understand their priorities, and explain how their support for health agenda items can help achieve their ministry's goals as well. Health ministers could, for example, work with the Agriculture Ministry to increase the availability of healthy food options, or the Transportation Ministry to promote transit options that decrease pollution and increase exercise. One model of such cross-sector collaboration is the National Prevention Council in the U.S. that brings together 17 government agencies, chaired by a federal health department official, to examine the impact of all participating agencies' policies and programs on population health.

LEAD OUT › to negotiate with the increasing number of non-state actors in civil society.

Numerous non-state actors have expertise and vested interests in health, including private providers of services, unions, professional organizations, educational institutions, business, special interest advocacy groups, and donors. These entities vary from country to country, and within regions of a country, as their interests and capabilities are shaped by local history, culture, power balances, and resource base. Ministers, as part of their governance responsibilities, should work to engage and align these multiple actors and interests to achieve common national health goals. As stewards of limited resources, ministers must establish priorities for their direct relationships with selected non-governmental leaders, and assign technical leaders within the ministry to manage additional relationships. Ultimately, these partnerships can help to foster mutual accountability and effectiveness.

LEAD THE PUBLIC › to strengthen educated consumer demand for better health services.

African populations value their health, and many people associate poor health with poverty (both that poor health can lead to poverty, and that the effects of poverty include poor health and death). And yet, the demand for quality health care and public health services is weak, often because the public lacks the information needed to assess quality, and the channels through which they can express their level of satisfaction with their care. As stewards of health resources and protectors of the public interest, ministers should foster public understanding of, and input into, initiatives for health systems strengthening. Sustainable change requires public support. Representatives of health consumer and advocacy groups, and media outlets can be essential partners in engaging the public.

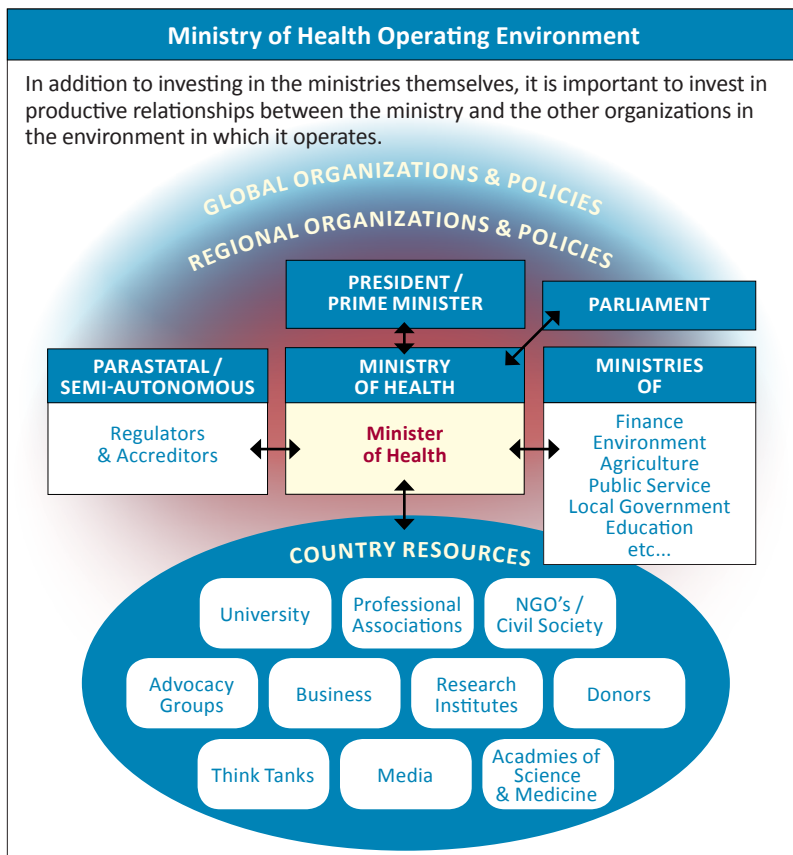
Equipping Ministers for Leadership Success

It is critical that health ministers have the tools, skills, and resources needed to achieve their maximum effectiveness in the stewardship of health resources, and in establishing governance relationships across all sectors with an interest in health. Based on input from the ministers and stakeholders interviewed, the *Strong Ministries* report recommended an executive leadership development program for new ministers, leadership support for sitting ministers, and the establishment of a virtual information resource center on health systems stewardship and governance. (Details on the key elements identified by ministers for executive leadership programs are available in the full *Strong Ministries* report.)

There have been some leadership programs designed specifically for ministers in recent years. The Harvard Ministerial Leadership in Health Program⁽¹⁸⁾ provides ministerial support tailored to the specific needs and priorities of participating ministers. Begun in 2012, phase 1 of the program is engaging 12 to 15 ministers of health from around the world. ACHEST has conducted leadership development activities for ministers

¹⁸ See Appendix 1 for Internet websites of leadership resources for ministers.

in several African regions, and developed a regional peer network for strengthening health systems governance (the African Health Systems Governance Network, ASHGOVNET). The Ministerial Leadership Initiative for Global Health was a project of the Aspen Institute that focused on country-led planning, demand-driven technical assistance, south-south exchange, and strategic communications for ministers and ministries of health. Although these are a step in the right direction, more leadership development opportunities need to be made available to ministers of health. Other resources for leadership development, ministry support, and knowledge exchange include the World Bank Global Development Learning Network, the World Bank Institute Knowledge Exchange, and the annual World Bank Institute Flagship Courses on Health Systems Strengthening, as well as learning and development opportunities available through the WHO Regional Office.



The Supporting Role of Health Resource Partner Institutions (HRPIs) and Non-State Actors

There are ever-increasing numbers of non-State actors with interests in health, described as “Health Resource Partner Institutions” (HRPIs) in the *Strong Ministries* report, that can be leveraged to complement the strengths of the ministry, and help fill gaps in expertise and resources. Potential HRPIs may be universities, research institutions, professional associations, academies of science and medicine, think

Health Resource Partner Institutions (HRPIs) are non-State actors that can be leveraged to complement the strengths of the ministry, and help fill gaps in expertise and resources.

tanks, businesses, media, faith-based groups, advocacy groups, and other non-governmental organizations (NGOs) and civil society organizations. There is renewed

global interest in the role of non-State actors in supporting the mandate of health ministries. For example, WHO has appointed a Special Envoy to the Director General to advise on developing appropriate relationships with non-State actors. Ministers of health and other leaders interviewed for the *Strong Ministries* report stressed the importance of cultivating relationships with individuals, groups, and institutions that can interact regularly, among themselves and with their governments, as agents of change. These relationships not only provide support (with, for example, research, evaluation, policy formulation and implementation, direct service provision), but can also help to foster accountability and raise public awareness about the national health agenda and evidence-based practice.

In response to the recommendations of the Strong Ministries report, ACHEST has undertaken mapping studies of HRPIs in five countries (Malawi, Mali, Kenya, Tanzania, and Uganda).⁽¹⁹⁾ The studies found that both the HRPIs and the Ministries of Health were willing to work together, and they acknowledged the potential of partnerships in strengthening ministries of health and country health systems.

¹⁹ The HRPI study reports can be accessed at www.achest.org

For example, academia, think tanks, and research Institutions can generate country-specific evidence for policymaking; advocacy groups can support budget negotiations; professional associations bring critical health workforce insights; and national academies of science and medicine can serve as neutral convenors and sources of independent advice.

There were, however, shared challenges to collaboration identified by the studies. The majority of HRPIs are located in the national capitals or large urban areas, and while they are accessible to the ministry, they may have limited reach throughout the country. Most HRPIs have formal governance structures, but are often highly accountable to their donors, and may therefore face challenges aligning their activities with similar programs within the ministry. In addition, many HRPIs are as poorly resourced as the ministries themselves, and capacity building is also needed in their administrative, fiscal, and program management. Challenges from the ministry perspective included the lack of formal mechanisms for recognition of, or frameworks for collaboration with HRPIs; some ministry staff unresponsive to HRPIs; and resistance to the concept of a public-private partnership strategy. Ministries that do have structured relationships with HRPIs (which define the scope of work, mechanisms for data sharing, mutual responsibilities and accountability) are more successful in achieving effective collaboration and the desired results. During the 2nd African Health Systems Governance Network Congress in 2012, delegations from the study countries committed to implement the findings of these studies; however this will require support from government and development partners.

Relationships with members of the business community could be particularly beneficial, as they have expertise in contracting, financial and institutional management, and staff training, and may also have access to in-country, regional, or global infrastructure for resources such as distribution chains and energy sources. However there is limited evidence of businesses being leveraged as HRPIs. Although most ministers interviewed for the *Strong Ministries* report agreed that relationships with businesses could be helpful, they also said that

their business contacts had “little interest in health”, or were more focused on the business interests of their company in the country’s health care enterprise.

It is important to work together with HRPIs to overcome these challenges and establish working relationships. Ministers are urged to increase their understanding of and ability to work with HRPIs in their countries, which might be further facilitated by establishing an explicit point of contact or office within the ministry for engaging with HRPIs.

Managing the Ministry of Health

Ministers of health come from diverse backgrounds and have highly variable experience within the health sector. For example, of those interviewed for the *Strong Ministries* report, 15 of 24 reported having some health experience, half were physicians, only three had any prior experience in a ministry of health, and only a few had prior managerial or academic experience. Most had been party or community activists, and the majority had been recruited by the president or prime minister. Some stakeholders interviewed suggested that political skills should be valued above clinical skills because of the complex political challenges facing ministers. Physician ministers with public health backgrounds were seen as more effective in addressing broader health challenges than clinicians who tend to focus on health care facilities and financing. Importantly, none of the ministers interviewed reported having received any formal training or orientation to prepare them for their position, regardless of their background.

As a starting point, three key considerations for all ministers of health in undertaking their duties are:

- the role of health in the political manifesto of the elected government,
- special mandates assigned by the appointing authority, and
- assessment of data on the health of the population and available resources for the health sector.

The new minister will need to become familiar with the existing national health policies and plans, and understand how they are performing against a set of goals. There are also certain core governmental functions of Ministries of Health that must be performed in order to ensure the components of an effective health system as defined earlier (See appendix 2 for Core Governmental Functions of Ministries of Health).

Operationalizing the Ministers' key roles

A Minister's key operational roles are:

Stewardship

The minister is accountable to the public as protector and promoter of the population's health. The Minister executes this responsibility by ensuring the provision of the Essential Public Health Functions, either directly, or indirectly through other agencies and private sector partners (discussed above, see Box A). Good stewardship also includes accountability for results and transparency in the use of all resources.

Leadership and Governance

As the health sector leader, the minister should ideally have the ability to scan the environment, create an attractive vision for health from available options, create a strategic action plan, and inspire and align all stakeholders for action to achieve the vision. As discussed above, this involves cultivating key relationships with political leaders, fellow ministers, leaders from non-state actor organizations, development partners, international organizations, and others. Effective leadership and governance requires that the minister possess political, communication, and advocacy skills (and these skills may be more important for success than the level of the minister's expertise on health issues). These leadership and governance roles cannot be delegated.

Management

Effective management entails the development of plans with time-tables, mobilization of resources, implementation, monitoring of

progress, evaluation of results, and collection of feedback for performance improvement. PAHO and WHO have developed tools to assist the minister in assessing the capability of the ministry to deliver the Essential Public Health Functions for the country.⁽²⁰⁾ Results of these assessments can guide the investment of resources for strengthening the performance of the ministry. Much of the minister's management responsibilities can and should be delegated, and the effectiveness of the minister can be significantly enhanced by the institutional staff support that is at their disposal. The structure of the ministry, both at the headquarters and outside, should include teams of personnel whose roles are clearly defined, including clarity of reporting lines, and the expected outputs and results for each officer.

Executive Office Management

The minister's executive office should have:

- An **office manager or chief of staff** who understands government systems, and can communicate effectively between the minister and his technical advisors and other arms of government. The office manager should be able to develop good interpersonal relationships, and needs good project management skills to be able to support the minister through his daily program and priorities.
- A **communications and public relations manager** who can communicate clearly with the public, and also has a sufficient grasp of the issues to be able to analyze and summarize information for the minister.
- **Modern communications technology** and equipment that enables the minister to conduct business electronically as much as possible (for example, using telephone, Skype, real-time video conferencing, and social media as appropriate).

²⁰ www.paho.org/hq/index.php?option=com_content&view=article&id=4286%3Afinstrumentos-de-medicinu-documentos-metodologicos-y-documentos&catid=3175%3Ahss-essential-public-health-functions-ephf&Itemid=3617&lang=en#conceptual

Working with Ministry Staff

A newly appointed minister of health often comes into an office that is already staffed with technical personnel and senior civil servants who have been in the ministry for long periods of time. These staff members have valuable

institutional memory to offer the new minister, and have insights into ministry dynamics and relationships. Regardless of whether the new minister receives a handover report from the outgoing minister or not, the new minister should seek reports from, and have individual conversations with, top-level civil servants and heads of key departments to establish good working relationships and win their trust. These essential staff will be preparing technical documents, providing early warning of sensitive developments, and providing advice and answers to the questions raised by the minister. When technical experts know that the minister is committed to lead the ministry transparently, and has a vision for the common good, they are usually very collaborative and supportive. New ministers should, however, realize that there may be cliques who decide to “wait the minister out”, and a minister may be told information about existing ministry staff that may or may not be accurate.

To ensure the greatest effectiveness of senior leaders of the ministry, it is important to have clear management structures, and instruments and processes that promote transparency and accountability. Management structures might include regular executive team meetings, standing committees on priority issues, working groups and technical advisory committees which might include experts from outside government (from HRPIs, for example), and annual stake holder consultations. Instruments that promote transparency of ministry activities might include National Development Plans, National Health Policies and Strategic Plans, annual work plans with budget, and implementation plans for initiatives that include modalities for supervision, monitoring and evaluation, and an explicit process for performance reviews.

Key elements of working with ministry staff include:

- Good relationships/Trust
- Transparency
- Clear management structures
- Accountability

Managing Development Assistance

The minister's role in managing donor relationships is one of the major in-country challenges, even though donors are predominantly from outside the country (See Appendix 3 for a list of selected donor countries and their development agencies.) Donors often have an explicit interest in specific populations, specific diseases, and more recently, in health systems strengthening, including workforce issues. Depending on the donor organization, challenges faced by ministers can include rigidity in programming; donor priorities that are inconsistent with country priorities; weak country-based donor staff; disproportionate power; and inadequate resources. Ministers interviewed for the Strong Ministries report stated that while collaboration with donors is demanding, when they work well, they are highly valued.

The interaction between donors and ministries is complex. When countries do not have explicit health policies and strategies, or cannot articulate their goals clearly, donors will assert their opinions

When countries are clear about what they want to achieve, donors will follow. These are the countries making the most progress in achieving health goals. These achievements provide further incentives to donors to give more support.

and agendas, which is often interpreted as donors taking over the process and superseding country leadership. Donors are accountable to their stakeholders (including their own taxpayers and other funders) and need evidence of success from the aid recipients to justify additional allocations.

Countries in dire need of money may fear losing funding by challenging donor positions during negotiations. However, the evidence suggests that when countries are clear and strong about what they want to achieve, donors will follow, and these are the countries making the most progress in achieving health goals. These achievements then provide incentives to donors to provide more support.

Ministers can refer to the rules of engagement that are well articulated in the Paris Declaration on Aid Effectiveness and in the Accra Agenda for Action.⁽²¹⁾ These principles, agreed to by donors

²¹ www.oecd.org/development/effectiveness/34428351.pdf

and supported by recipient countries, stress country leadership as the core guiding principle of good donorship. In addition, the WHO Tropical Disease Research Program (TDR) recently created ESSENCE (Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts), a framework to better integrate priority setting and funding of research by donors.⁽²²⁾

Building trust between donors and aid recipients is the key to a productive relationship. Mutual respect and clear definition of roles and responsibilities are the pillars upon which this trust is built and sustained. Structures and instruments for managing the donor-recipient relationship are essential and should be institutionalized. Some ministers have found the Sector Wide Approaches (SWAPs) a particularly effective vehicle for articulation of the health role in national plans, and as a basis for organizing donor engagement. Other structures include committees and donor forums for regular joint reviews and for resolving conflicts, and a few countries have national health assemblies for broader stakeholder engagement and active participation.

²² www.who.int/tdr/partnerships/initiatives/essence/en

Engaging Effectively at Regional and Global Levels

Regional Organizations with Health Roles

The African Union (AU) is an organization of 54 African states. The AU includes both political and administrative bodies. The Assembly of the African Union is the highest decision-making body, and includes all of the heads of state and government of member states. Some AU meetings discuss issues of health, and regional groups of health ministers may meet in conjunction with these AU meetings to advocate for inclusion of health issues among the policy priorities carried forward to the UN General Assembly and other global political bodies. Similar structures in the Americas (such as the Organization of American States, OAS, and its special organization for health, the Pan American Health Organization PAHO, which also serves as the regional office of the WHO for the Americas) and in Asia (the Association of Southeast Asian Nations, ASEAN, whose health ministers meet every other year) have taken on health agendas as part of their economic and social development plans.

Most of the regional economic communities in Africa (and other regions of the world) have health secretariats that may be able to provide technical, program, and financial support for health in general, and for ministry programs in particular (Box D). In addition to these African regional health communities and organizations, there are country and regional offices of global organizations that can be of assistance on health issues. Organizations with a presence in Africa include, for example, WHO, the United Nations Children's Fund (UNICEF), the Joint United Nations Program on HIV/AIDS (UNAIDS), the United Nations Development Program (UNDP), and the World Bank and other UN/Bretton Woods institutions. Some, like WHO, work with ministries of health on regional implementation of global initiatives. Depending on the region, there may be other regional structures with a health agenda to engage ministers.

East, Central, and Southern African Health Community (ECSA-HC)www.ecsahc.org

Established in 1974 to promote regional cooperation in health. Focuses on capacity building, policy and advocacy, research and evaluation, information sharing. Key programs include the Health Systems and Services Development Program, to support and facilitate activities and initiatives to advance the strengthening the health sector in member states; and the Human Resources for Health and Capacity Building Program, initiated in recognition of the growing human resources for health crisis.

Member States: *Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe*

West African Health Organization (WAHO) • www.wahooas.org

Established in 1987 to address the incongruence of the agendas being pursued by inter-governmental health organizations in the region, the Francophone Organization de Coordination et de Cooperation pour la Lutte Contre les Grandes Endemies (OCCGE) and the Anglophone West African Health Community (WAHC). Committed to transcending linguistic borders in the sub-region to serve all fifteen Member States. Activities are overseen by 5 divisions of the General Directorate: Human Resources Development, Planning and Technical Assistance, Primary Health Care and Disease Control, Research and Health Management Information System and Administration and Finance.

Member States: *Benin, Burkina Faso, Cape Verde, Cote D'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo*

South African Development Community (SADC) • www.sadc.int

Formally established as SADC in 1992 to achieve development, regional peace and security, and an integrated regional economy. Communicable diseases are a significant concern, and a key focus of the SADC is addressing the effects of the HIV and AIDS epidemic on social, political, and economic development.

Member States: *Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.*

African Regional Organizations with Health Roles *(continued)*

D

The African Development Bank Group (AfDB) • www.sadc.int

Founded in 1964 to promote sustainable economic growth and social progress in its regional member countries, thereby reducing poverty and improving living conditions for Africans. Invests in building and upgrading healthcare infrastructure and in training health professionals.

Member States: *Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.*

Global Organizations with Health Roles

Globalization has numerous impacts on health. A single health event in one country can rapidly have far-reaching consequences for health in other parts of the world, impacting not only health but also the global economy. The ease of global travel has increased the spread of infectious disease outbreaks such as avian influenza, swine flu, and SARS. As a result of marketing, the media, and the Internet, practices with health consequences in one part of the world are shared with other parts of the world, for better or for worse. For example, dietary practices of developed countries are being copied by developing countries, resulting in a sharp rise in diabetes and obesity among their populations. Multi-sector and multinational attention is needed to address health challenges such as travel standards for health; global agreements on pharmaceutical and nutritional standards and quality; trade and intellectual property standards; and the health consequences of climate change.

The global environment heavily influences national and regional health policies and initiatives, and the global environment for health has become very complex. Many players have entered the field with varying degrees of authority and mandates, representing different constituencies and social movements, and bringing or seeking resources to address both specific and global health challenges. Global agreements and initiatives can provide frameworks for health

protection, but can also impact the degree of freedom that national governments have for action. African health leaders need to be familiar with the global health architecture in order to make strong contributions as leaders of their country's health sector, and as part of regional delegations at global meetings.

Intergovernmental Organizations

Intergovernmental institutions were created to provide leadership, authority, and legitimacy for governing this complex array of actors. Such leadership should be able to set normative standards and guidelines; authoritatively monitor and enforce compliance; create structures for coordination; and convene stakeholders for dialogue. However, these organizations can only be as effective as member states allow them to be through political support and provision of the necessary resources.

The WHO was created to fill this role as the UN specialized agency for health. The World Health Assembly (WHA) is its decision-making body.

An Executive Board with representatives from all WHO regions shapes issues and recommendations that come to the WHA for action. Delegations from all WHO Member States attend the annual WHA to determine the policies of the Organization, elect the Director-General, supervise financial policies, and review and approve the proposed program budget. Other members of the UN family with specific health mandates include UNICEF, UNAIDS, and the United Nations Population Fund (UNFPA).

Other non-health organizations have a specialized interest in and impact on the health sector. The International Labor Organization (ILO) and the International Organization on Migration (IOM) have an increasing impact on the health workforce. The World Intellectual Property Organization (WIPO) is concerned with intellectual prop-

Intergovernmental Organizations with an Interest in Health

- HABITAT
- ILO
- IOM
- UNAIDS
- UNDESA
- UNDP
- UNEP
- UNFPA
- UNGA
- UNICEF
- WHO/WHA
- WIPO
- World Bank
- WTO

erty of traditional medicines, drugs and devices, the United Nations Environment Program (UNEP) with the natural environment, HABITAT with the built environment, and the World Trade Organization (WTO), United Nations Department of Economic and Social Affairs (UNDESA) and UNDP with economic conditions and development.⁽²³⁾ The World Bank is the global financing body in the UN system from which countries can receive loans and grants for their development priorities, including specific investments in health. The UN General Assembly is the main decision-making body of the UN and includes all member states of the UN (similar to the Assembly in the African Union, and other regional political bodies). It provides a forum for discussion of international issues, and works to promote international cooperation, peace, and human rights. The General Assembly is the decision making body for the Millennium Development Goals, and for the forthcoming Post-2015 Development Agenda.

Global Health Initiatives

There are also public private partnerships that have been forged between global organizations, civil society organizations, the business sector, and national governments to address specific health problems. These “global health initiatives” are generally focused on distribution of funds, such as The Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the GAVI Alliance; or on providing technical support and advocacy, such as the Global Stop TB Partnership, Roll Back Malaria, and the Global Health Workforce Alliance (Box E).

Global Philanthropic Organizations

Several prominent global philanthropic organizations have shown significant interest in health issues, including the Bill and Melinda Gates Foundation, the Rockefeller Foundation, the David and Lucile Packard Foundation, and the Soros Foundation.

²³ See Appendix 1 for Internet websites of organizations listed.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

An innovative financing institution that “invests for impact”, providing funding to countries to support programs that prevent, treat, and care for people with HIV and AIDS, tuberculosis, and malaria. The Global Fund works through Country Coordinating Mechanisms, which are country-level, multi-stakeholder partnerships designed to promote local ownership and participatory decision-making.

www.theglobalfund.org/en

GAVI Alliance

The mission of the GAVI Alliance is to increase access to immunization in the poorest countries. GAVI’s goals are to accelerate the uptake and use of underused and new vaccines; contribute to strengthening the capacity of integrated health systems to deliver immunization; increase the predictability of global financing and improve the sustainability of national financing for immunization; and ensure adequate supply of appropriate, quality vaccines at low and sustainable prices for developing countries. Countries that are eligible for GAVI support determine their immunization needs, apply for funding, and oversee the implementation of their own vaccination programs.

www.gavialliance.org

Stop TB Partnership

The TB Partnership’s mission is to stop the transmission of TB, reduce the social and economic inequities associated with TB, ensure that high-quality diagnostics and treatments for TB are available to all who need them. The partnership is focused on accelerating progress on access to TB diagnosis and treatment; research and development for new TB diagnostics, drugs, and vaccines; and combatting drug resistant TB and HIV-associated TB.

www.stoptb.org

IHP+

IHP+ partners are committed to building sustainable health systems and achieving the health-related MDGs. IHP+ works to mobilize national governments, development agencies, civil society and others to support a single, country-led national health strategy, and a single monitoring and evaluation framework. There is a strong emphasis on accountability of all partners.

www.internationalhealthpartnership.net/en

The Roll Back Malaria Partnership

A global partnership focused coordinated malaria-control efforts to avoid duplication and to ensure optimal use of resources in countries where malaria is endemic. The RBM Partnership also aims to reduce malaria morbidity and mortality by strengthening health systems and working toward universal coverage.

www.rollbackmalaria.org

Global Health Workforce Alliance

The Alliance convenes members, partners, and countries to work together to find solutions to resolve the health workforce crisis, advocate for implementation, and facilitate the sharing of knowledge and best practices on health workforce issues to support the achievement of the health-related MDGs and health for all. Specific workforce challenges being addressed by task forces include financing, migration, private sector response, scaling up education and training, tools and guidelines, and universal access to HIV treatment.

www.who.int/workforcealliance/en

It is important to understand the ways in which the health ministry currently interacts with these, and other regional and global organizations, and the nature of any formal agreements that exist. It is also important to know whether the ministry or country plays a role in the governing structures of regional or global bodies, and what opportunities these positions may present for influencing the regional or global health agendas to support the country's health priorities. Ministers should also be aware of when leadership changes will take place in these governing bodies, and whether there is national interest in assuming a more active leadership role.

Managing Participation in Meetings of International Health Organizations

African Ministers and delegations from LICs attending international meetings often face special challenges in preparation for, and participation in shaping global health policies and programs. These challenges were articulated by many of ministers interviewed for the *Strong Ministries* report (see Box).

Because of the resource constraints facing ministries of health in LICs, there may be few or no dedicated staff to help with coordinating international relationships, and preparing the minister and/or delegation for international meetings. In addition, the delegations to global meetings are often stretched, and LICs may send

“I have attended international meetings where Africa was getting a raw deal. We were not prepared for the debates as well as we should be and decisions were made which we did not support, because we did not come with evidence to defend our position and did not speak with one voice”

—Former African government health official

2 or 3 people to the WHA or the Global Fund meeting, compared to the 20- to 30-person delegations from high-income countries. The delegations from high-income countries often include a variety of technical experts prepared to address specific issues, and they come prepared with detailed talking points and very clear positions that have been negotiated and agreed across government and with non-governmental actors. In contrast, LIC officials may be reading their conference papers for the first time on the way to the meeting; they generally have few on-site resources to gather more information; and it may be difficult for them to communicate back to in-country leadership to modify positions as needed during negotiations.

In order to improve participation at international meetings, ministers should consider the following:

Selection of Meetings to Attend

Global intergovernmental organizations usually meet on a set schedule, or on dates set well in advance. Ministers should identify those organizations most important to the Ministry’s national or regional health goals, and assure that ministry staff obtain the meeting agendas well in advance and have the time to prepare. In some instances, regional bodies may be able to provide sufficient representation of country interests at meetings that cannot be attended by appropriate country officials.

Selection of Delegation Members

Representatives attending the meeting should be selected for their ability to engage meaningfully in discussions of the key agenda items of importance to the country. These individuals may be drawn from experts inside and outside the Ministry, and their participation should be overseen and supported by appropriate ministry staff.

Preparation

It is important that country positions on the issues are clear, and that all relevant documents for the meeting are reviewed by experts and stakeholders within and outside the Ministry. Any divergent interests should be clarified, and consensus of relevant officials obtained, regarding the national position to be taken at the meeting.

Participation

National delegations should be prepared to make meaningful contributions to the discussions on issues of national importance, keeping in mind the responsibility to implement agreed decisions.

Post-meeting Implementation

On returning from the meeting, a feasible plan must be developed in priority areas to implement the decisions made at the conference. All relevant country stakeholders should be informed of the key activities and plans, expected deliverables, timetables, and the parties responsible for following up. In some cases, HRPIs who are included in delegations can support the ministry officials with documentation and dissemination back home.

Conclusion

Strong Ministries of Health are critical to the achievement of national health goals. Central to the success of the ministry is a properly prepared, equipped, and supported Minister of Health who can coordinate, collaborate, and drive action on health issues to ensure the provision of the Essential Public Health Functions. To achieve their maximum effectiveness in the stewardship of health resources, and in establishing governance relationships across all sectors with an interest in health, ministers need to be able to:

Lead Up

to influence political and financial leadership

Lead Across

to engage other governmental agencies in a *Health in All Policies* approach

Lead Out

to negotiate with the increasing number of non-state actors in civil society

Lead the Public

to strengthen educated consumer demand for better health services

Competent and motivated technical personnel and a strong leadership team are vital to the effectiveness of the Minister of Health and the Ministry. Key elements of working with ministry staff include establishing good relationships and trust, clear management structures, transparency, and accountability. Clear articulation of country health goals, clear definition of roles and responsibilities, and mutual respect, are the keys to productive relationships within and outside the ministry.

The effectiveness of the ministry in implementing country policies and in making progress toward achieving the MDGs is enhanced by the willingness and ability of the Ministry of Health to work with other governmental agencies and with national and regional HRPIs and other non-state actors. HRPIs can be leveraged to complement the strengths of the ministry, and help fill gaps in expertise and resources. Another primary management function of the minister is developing and maintaining donor relationships. Although the interaction between donors and ministries is complex and demanding, donors

can be of great benefit to the ministry when effective partnerships are developed to achieve shared health goals.

As they seek to bring the message from their country to the larger global health community, Ministers of health also need to be familiar with numerous global and regional intergovernmental organizations with interests in health, including opportunities for influencing the regional or global health agendas to support the country's health priorities. Ministers and their delegations who attend meetings of these organizations should be prepared to participate, to the fullest extent possible, in shaping policy outcomes that reflect country needs and priorities. These organizations, along with public private partnerships/global health initiatives, can also be sources of, training, and technical support and financial resources.

Ministers of health face a complex set of responsibilities and challenges in fulfilling their role as protector and promoter of the population's health. Strengthening ministerial capabilities is central to achieving the goal of health systems strengthening, and providing the kinds of systematic and sustained support of health ministries is both feasible and achievable . It is hoped that the resources presented here will assist ministers in leading their ministries and developing the necessary relationships and partnerships for support and success in improving the health of the people in their countries.

Appendix 1

Websites for Selected Resources Cited

Reports and Declarations
<p><i>Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health.</i> (WHO, 2008) www.who.int/social_determinants/thecommission/finalreport/en</p>
<p><i>Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination</i> http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_23-en.pdf</p>
<p><i>Health Financing Revisited</i> (The World Bank, 2006) http://siteresources.worldbank.org/INTHSD/Resources/topics/Health-Financing/HFRFull.pdf</p>
<p><i>Opportunities for Global Initiatives in the Health System Action Agenda</i> (WHO Working Paper No. 4, 2006) www.who.int/management/working_paper_4_en_opt.pdf</p>
<p><i>Paris Declaration on Aid Effectiveness and in the Accra Agenda for Action</i> www.oecd.org/development/effectiveness/34428351.pdf</p>
<p><i>Public Stewardship of Private Providers in Mixed Health Systems</i> (Commissioned by the Rockefeller Foundation, 2009) www.rockefellerfoundation.org/uploads/files/f5563d85-c06b-4224-bbcd-b43d46854f83-public.pdf</p>
<p><i>Rio Political Declaration on Social Determinants of Health, October 2011</i> www.who.int/sdhconference/declaration/Rio_political_declaration.pdf</p>
<p><i>Strong Ministries for Strong Health Systems</i> www.rockefellerfoundation.org/uploads/files/8819cca6-1738-4158-87fe-4d2c7b738932.pdf</p>
<p><i>Towards Better Leadership and Management in Health</i> (WHO Working Paper No. 10, 2007) www.who.int/management/working_paper_10_en_opt.pdf</p>
<p><i>World Development Report 2004: Making Services Work for Poor People</i> (The World Bank, 2004) go.worldbank.org/7EE04RBON0</p>
<p><i>World Health Report 2000 - Health Systems: Improving Performance</i> (WHO, 2000) www.who.int/whr/2000/en</p>
Intergovernmental Organizations and Collaborative Frameworks
<p>ESSENCE on Health Research (Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts) www.who.int/tdr/partnerships/initiatives/essence/en</p>
<p>International Labor Organization (ILO) www.ilo.org/global/lang--en/index.htm</p>

International Organization for Migration (IOM) www.iom.int
Joint United Nations Program on HIV/AIDS (UNAIDS) www.unaids.org/en
United Nations Department of Economic and Social Affairs (UNDESA) www.un.org/en/development/desa/index.html
United Nations Development Program (UNDP) www.undp.org/content/undp/en/home.html
United Nations Population Fund (UNFPA) www.unfpa.org/public
United Nations Children’s Fund (UNICEF) www.unicef.org
United Nations General Assembly www.un.org/en/ga
United Nations Millennium Development Goals www.un.org/millenniumgoals
U.S. National Prevention Council www.surgeongeneral.gov/initiatives/prevention/about/index.html
World Bank www.worldbank.org
World Health Assembly (WHA) www.who.int/mediacentre/events/governance/wha/en
World Health Organization (WHO) www.who.int/en
WHO Regional Office for Africa www.afro.who.int
World Intellectual Property Organization (WIPO) www.wipo.int/portal/index.html.en
World Trade Organization (WTO) www.wto.org
African Regional Organizations with Health Roles
The African Development Bank Group (AfDB) www.afdb.org/en
East, Central, and Southern African Health Community (ECSA-HC) www.ecsahc.org
South African Development Community (SADC) www.sadc.int
West African Health Organization (WAHO) www.wahooas.org

Global Health Initiatives
GAVI Alliance www.gavialliance.org
The Global Fund to Fight AIDS, Tuberculosis and Malaria www.theglobalfund.org/en
Global Health Workforce Alliance www.who.int/workforcealliance/en
IHP+ www.internationalhealthpartnership.net/en
The Roll Back Malaria Partnership www.rollbackmalaria.org
Stop TB Partnership www.stoptb.org
Leadership Development and Knowledge Exchange
African Health Systems Governance Network (ASHGOVNET, hosted by ACHEST) www.achest.org/index.php?option=com_content&view=article&id=9:about-ashgovnet&catid=29:achest&Itemid=480
Harvard Ministerial Leadership in Health Program www.ministerialleadershipinhealth.org
Ministerial Leadership Initiative for Global Health (Aspen Institute) www.ministerial-leadership.org (funding for the program has not been renewed, however the website remains accessible)
World Bank Global Development Learning Network www.gdln.org
World Bank Institute Global Flagship Courses on Health Systems Strengthening (annual) 2013 Course: http://wbi.worldbank.org/wbi/event/challenge-universal-health-coverage2013-global-flagship-course-health-system-strengthening
World Bank Institute Knowledge Exchange http://wbi.worldbank.org/wbi/approach/knowledge-exchange
Tools
PAHO/WHO Methodology, Documents, and Tools for Evaluation of Essential Public Health Functions www.paho.org/hq/index.php?option=com_content&view=article&id=4286%3Afinstrumentos-de-medicin-documentos-metodologicos-y-documentos&catid=3175%3Ahss-essential-public-health-functions-ephf&Itemid=3617&lang=en#conceptual
<i>Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies</i> (WHO) www.who.int/healthinfo/systems/monitoring/en/index.html

Appendix 2

Core Governmental Functions of Ministries of Health

1. Policy Making	
<ul style="list-style-type: none">• Initiating, shaping, supporting passage of, and implementing legislation• Setting national health goals (within the framework of national development plans and programs)• Coordinating development of a national health/health systems plan, including health workforce needs• Establishing the framework (priorities and methods) for health systems financing (national, regional and local government funds, ODA, private sector)• Assuring a mechanism for collaboration/consultation/joint planning across government, across sectors, and with the public to promote health in all policies.	
2. Financing and Resource Mobilization	
<ul style="list-style-type: none">• Advocate for resources for health systems• National Budget, ODA, private pay revenue allocation and management:<ul style="list-style-type: none">– basic benefits package personal health care; population/public health services;• research support; workforce employment and training• Indirect (grants) to regional and local government and grants/contracts to private sector• Facilitate priority setting for regional and local government raised revenue for allocation/return to center	
3. Standard Setting/Regulation (Monitoring and Oversight): Public and Private Sectors	
<ul style="list-style-type: none">• Provider certification for market participation• Quality of care standards and oversight• Standard setting, quality control, regulation (directly or through parastatal) - drugs, biologics and devices, foods• Scientific basis for standard setting with other agencies of government, e.g., occupational health and safety, environmental health, etc.• Licensure of health professionals with Ministry of Education• Licensure/certification of traditional medicine providers	
4. Collecting and Disseminating Information	
<ul style="list-style-type: none">• Reporting requirements for national funds – all sources• Public health and vital statistics• Disease surveillance• Workforce data	<ul style="list-style-type: none">• Health care delivery system information• Population health surveys• Research findings

5. Support for Research and Training
<ul style="list-style-type: none"> • Direct management (see below) or indirect, through financing
6. Technical Assistance/Capacity Building
<ul style="list-style-type: none"> • Within the ministry • In regional and local government entities • In regional organizations
7. Direct (or Contract) Management
<ul style="list-style-type: none"> • National, regional, local health service providers • Insurance mechanisms • Research systems • Direct training or continuing professional education programs
8. International Liaison
<ul style="list-style-type: none"> • International relations with other health ministries • Liaison with international health organizations • Liaison with health related international technical assistance experts

Appendix 3

Selected Donor Countries and their Development Agencies

USA	
USAID	<p>The United States Agency for International Development (USAID) works to promote broadly shared economic prosperity; strengthen democracy and good governance; protect human rights; improve global health; advance food security and agriculture; improve environmental sustainability; further education; help societies prevent and recover from conflicts; and provide humanitarian assistance in the wake of natural and man-made disasters. USAID offers support in cross-cutting areas, family planning, HIV and AIDS, health systems, malaria, maternal and child health, neglected tropical diseases, nutrition, pandemic influenza and other emerging threats, and tuberculosis</p> <p>www.usaid.gov/what-we-do/global-health</p>
PEPFAR	<p>The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to fight the global HIV/AIDS pandemic. Goals include: transition from an emergency response to promotion of sustainable country programs; strengthen partner government capacity to lead the response to this epidemic and other health demands; expand prevention, care, and treatment in both concentrated and generalized epidemics; integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems; and invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes.</p> <p>www.pepfar.gov/about</p>
NIH	<p>The goals of the U.S. National Institutes of Health (NIH) are to: foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health; develop, maintain, and renew scientific human and physical resources that will ensure the Nation’s capability to prevent disease; expand the knowledge base in medical and associated sciences in order to enhance the Nation’s economic well-being and ensure a continued high return on the public investment in research; and exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.</p> <p>www.nih.gov</p>

UK	
DFID	<p>The Health Partnership Scheme (HPS), funded by the UK Partnership for International Development (DFID), works to improve healthcare for some of the world's poorest people through partnerships between the National Health Service (NHS) and UK institutions and developing countries' health systems. The program works towards MDGs 4, 5, and 6 to reduce child mortality, improve maternal health, and combat HIV and AIDS, malaria and other diseases.</p> <p>www.gov.uk/health-partnership-scheme</p>
NORWAY	
Norad	<p>Norwegian Agency for Development Cooperation promotes a policy of health for all. Efforts are particularly directed towards child and maternal health care, and prevention and treatment of communicable disease like HIV/AIDS, malaria and tuberculosis. Other priorities include strengthening health systems, managing pandemics, and addressing the health workforce crisis.</p> <p>www.norad.no/en/thematic-areas/global-health</p>
JAPAN	
JICA	<p>Japan International Cooperation Agency (JICA) is addressing issues such as the improvement of maternal and child health, infectious disease control, and strengthening health systems, in coordination with other actors involved in global health issues. Main objectives in the health sector are: saving lives and protecting health; building human resources for economic and social development; and responding to infectious diseases that have impact beyond borders.</p> <p>www.jica.go.jp/english</p>
IRELAND	
Irish Aid	<p>Irish Aid works at national and global levels with international organizations, governments, civil society, and local communities to address the needs of people living with AIDS and to prevent the spread of the virus. They also invest in research that focuses on improving the health of the poorest and most vulnerable through supporting a range of approaches to ensure that this knowledge gets to where it is needed most.</p> <p>www.dci.gov.ie/what-we-do/our-priority-areas/health/research-in-health</p>

DENMARK	
DANIDA	<p>The MDGs are a benchmark for Danish development policy, and are expressed in the political priorities in the strategy for Danida, Denmark's development cooperation. Freedom, democracy, and human rights together with sustainable economic development are preconditions for achieving the UN's MDGs.</p> <p>um.dk/en/danida-en</p>
SWEDEN	
Sida	<p>The Swedish International Development Corporation Agency (Sida) provides support to national health systems to make medical care available to those living in poverty. Areas of focus include HIV/AIDS, sexual and reproductive health and rights, safer maternity welfare, and health education.</p> <p>www.sida.se/English/About-us/our-fields-of-work/Knowledge-health-and-social-development</p>
FRANCE	
AFD	<p>The activities of the French Development Agency (AFD) are focused on reducing poverty and inequalities, promoting sustainable economic growth, and protecting global public goods of benefit to all humanity. Main activities include malaria, HIV/AIDS, and workforce issues.</p> <p>www.afd.fr/lang/en/home</p>
CUBA	
	<p>Cuban medical internationalism is the country's decades-old program of sending Cuban medical personnel overseas to less developed countries for humanitarian aid, and of bringing medical students and patients to Cuba</p>
CANADA	
Canada Aid Effectiveness Agenda	<p>The Government of Canada is committed to increasing transparency and accountability as part of its Aid Effectiveness Agenda. Canada has committed significant funding to support country-led efforts to strengthen health systems. The Africa Health Systems Initiative (AHSI) aims to help improve health outcomes and make solid progress toward the health-related MDGs, particularly those related to child mortality (MDG 4) and maternal health (MDG 5).</p> <p>www.acdi-cida.gc.ca/acdi-cida/acdi-cida.nsf/eng/NAT-2214414-QD7</p>

Francis Omaswa



Dr. Francis Omaswa is the Executive Director of the African Center for Global Health and Social Transformation (ACHEST), a non-profit organization incorporated in Uganda that champions the development of African rooted capacity, ownership and accountability for health outcomes by promoting better leadership, governance and the

pursuit of excellence in health and to support Africa to become a stronger player in international health. He is Chancellor of Busitema University in Uganda, Chair of the African Platform for Human Resources for Health and Co-chair of the Global Policy Council on Health Workforce Migration.

He was special adviser to the Director General of WHO and founding Executive Director of the Global Health Workforce Alliance at WHO and Director General of Health Services in the government of Uganda. He has been a leader in the establishment of several African and global Institutions such as the Uganda Heart Institute, the Regional Center for the Quality of Health Care at Makerere University, the College of Surgeons of East, Central and Southern Africa, the Global Stop TB Partnership and the Global Fund to Fight Aids, TB and Malaria. He has a keen interest in access of the poor to quality health services and spent five years in the rural Ngora hospital testing various approaches for this and supports a number of community developmental initiatives.

Dr. Omaswa is a graduate of Makerere Medical School, a Fellow of the College of Surgeons of East Central and Southern Africa, Royal College of Surgeons of Edinburgh, New York Academy of Medicine and has qualifications in corporate governance, health services management and medical education.

Jo Ivey Boufford, MD



Jo Ivey Boufford, MD, is the President of The New York Academy of Medicine. She is a Professor of Public Service, Health Policy and Management at the Robert F. Wagner Graduate School of Public Service and a Clinical Professor of Pediatrics at the New York University School of Medicine. She served as Dean of the Robert F. Wagner Graduate

School of Public Service at New York University from June 1997 to November 2002. Prior to that, she served as Principal Deputy Assistant Secretary for Health in the U.S. Department of Health and Human Services (HHS) from November 1993 to January 1997, and as Acting Assistant Secretary from January 1997 to May 1997. While at HHS, she served as the U.S. representative on the Executive Board of the World Health Organization (WHO) from 1994–1997.

From May 1991 to September 1993, Dr. Boufford served as Director of the King's Fund College, London England, and she served as President of the New York City Health and Hospitals Corporation (HHC), the largest municipal system in the United States, from December, 1985 until October, 1989.

She was President of the National Association of Schools of Public Affairs and Administration in 2002–2003. She was elected to membership in the Institute of Medicine (IOM) in 1992 and is a member of its Executive Council, Board on Global Health and Board on African Science Academy Development. She was elected to serve a second four year term as the Foreign Secretary of the IOM beginning July 1, 2010.





As an African Minister of Health, I find this Hand book for Ministers of Health relevant and helpful in focusing attention to key roles for Ministers and pointing out how and where to access information and other resources. I congratulate Francis Omaswa and Jo Ivey Boufford on this worthwhile effort.

Hon Dr. Ruhakana Rugunda
Minister of Health, Uganda

Health Ministers are central figures in the institutions responsible for the stewardship of countries' health systems. The need to support health leadership in country governments has been recognized and efforts to address it are increasing. This Handbook for Health Ministers is a welcome addition to the resources available to these critical leaders. I congratulate Dr Francis Omaswa and Dr Jo Ivey Boufford for assembling this important publication.

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