



Health Sector in Kurdistan

**Assisting Kurdistan Regional Government in
Establishing Good Governance and Public Management Best
Practises in the Health Sector**



- Fully Danish owned management consultancy firm
- Business focus on program & project management, services in leadership and strategy, and IT management
- We manage and lead programs and projects for large national and international companies and organisations – both in the public and private domain
- CIMIC Consulting establishes and manages sector projects in developing countries and emerging economies
- All our consultants have a high degree of professionalism and leadership experience. We use this to continuously provide value to our customers and project
- We are known to be innovative and to have the courage to challenge our customers and partners



... supporting communities in reaching sustainable and persistent solutions to core challenges.

... helping nations to become active and contributing partners in both a regional and global community and market place.

... identifying and releasing the inherent potential in people, communities and countries.

... acting now solving known and present challenges, while committing ourselves to strategic partnerships with a consistent focus on long term sustainable value.

We are committed to



Financial Sustainability

- Long term ability to support health care strategy within public finances

Social Sustainability

- Health care accessibility, cost, and ability to improve quality of life for citizens

Environmental sustainability

- Creating health care infrastructure while avoiding negative environmental impact

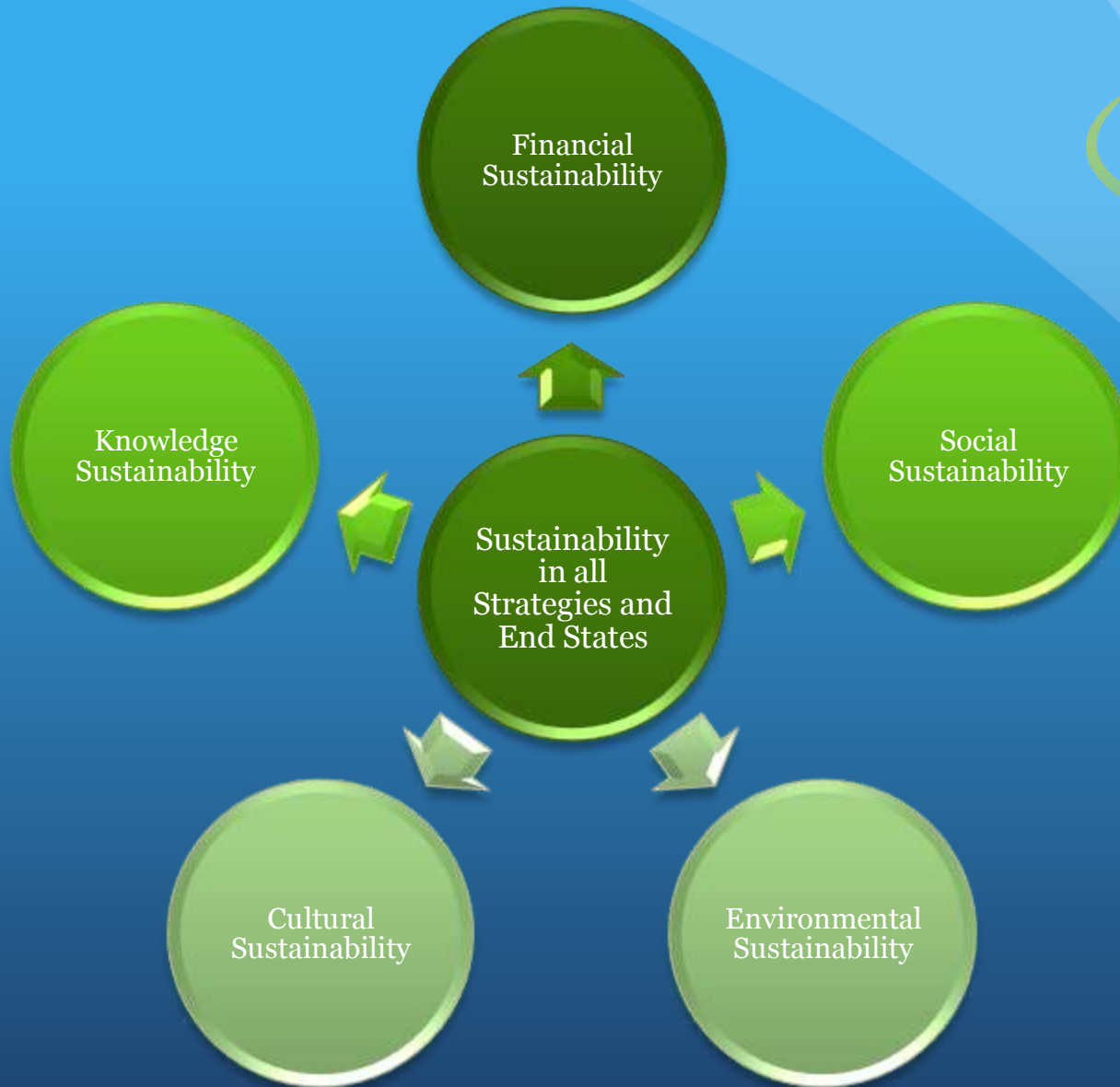
Cultural sustainability

- Designing health care to both respect and influence historic and cultural bias

Knowledge sustainability

- Facilitating life long learning in both health care staff and population on health issues

Example of issues in Health Sector Sustainability



Our Core Principle



Enhance the capacity of the Kurdistan Regional Government to assess the existing situation

Facilitate the identification of Areas of Need, Strategies and End Goals

Develop an investment plan based on realistic assessments of needs and available resources to ensure a rational and sustainable development of health care services of acceptable quality.

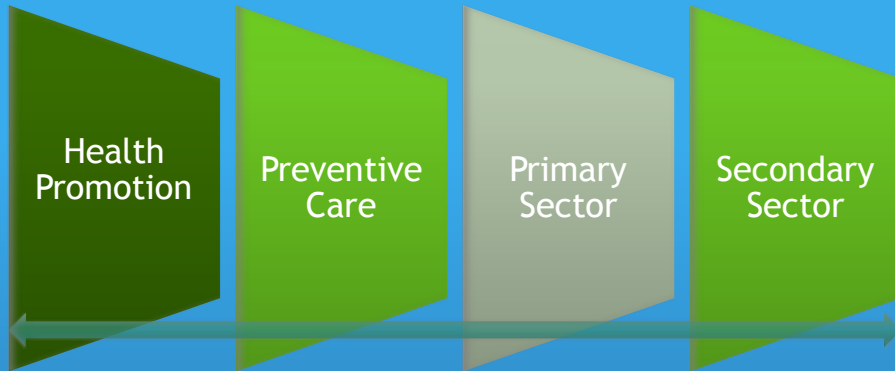
Develop a program management plan for sound and sustainable implementation of health care application and administration strategies

Our Intention



- What constitutes KRG Health Systems Strengthening (HSS)?
- How do different regional, national and global health factors relate to HSS?
- What elements are needed to contribute to progress towards success in KRG Health Systems strengthening?
- What are the roles of capacity building and leadership development for KRG Health System Strengthening?
- How can KRG HSS actions and results be measured?
- Which indicators are practical and valid to use?
- What constitutes an effective capacity building strategy needed to strengthen KRG health system?

Scope of 7 important issues



Recommendation

Improving quality of care presents itself as an avenue to restraining the growth of medical expenditures by reducing costly complications and unnecessary procedures.

Better organisation and management of medical care would allow countries to spend their healthcare dollars more wisely.

To improve care for their citizens and to realise these potential efficiency gains, policymakers are looking for methods to measure and benchmark the performance of their healthcare systems as a precondition for evidence-based health policy reforms.

Observation

The technical quality of medical care now rivals cost and access as the foremost concern of health policymakers.

Daily practice of care does not correspond to the standards that the medical profession itself puts forward.

OECD Quality Indicator Project



Building Blocks

Service Delivery

Health Workforce

Information

Medical products and Technologies

Finance

Leadership/Governance

ACCESS

COVERAGE



QUALITY

SAFETY

Impact

Improved Health (Level and equity)

Responsiveness

Social and financial risk protection

Improved efficiency

WHO Health System Framework



Health Systems Strengthening is defined as:

- building capacity in critical components of health system**
- to achieve more equitable and sustained improvements**
- across health services and health outcomes**

Strengthening KRG Health Sector

Common Quality System for the Danish Health System



Primary Objectives:

- To improve quality of the course of patients
- To improve the development of clinical, organisational, and patients experience quality
- To make transparent the Health Care Quality

Secondary Objectives:

- To create learning and quality development through continuous assessment of each individual institution
- To expand the model to include the entire danish health system

**Joint Commission
International**

**Accreditation expected
2012**

**'If
you can't measure it
you can't manage it'**



The Danish Quality Model



Danish Quality Model Hospitals

Organisational
Themes
(6+29)

General
Themes
(4+50)

Disease Specific
Themes
(1+14)

(Accreditation standards+Themes)

DQM 1. Version



KRG Quality Model Hospitals

Organisational
Themes
(?+?)

General
Themes
(?+?)

Disease Specific
Themes
(?+1?)

(Accreditation standards+Themes)

Initial Goal: KRQM 1. Version?



Value Proposition

Diagnosis
Treatment
Relief

Professionalism
Minimal risks for patients
Efficient utilisation of
ressources
Patient Satisfaction
Holism in course

Human Perspective

Population
Continuous monitoring
Demography
Diseases
Mortality

Individual
Competency development
R&D
Training
Quality

Health Perspective

Population
Reduce diseases
Reduce mortality
Scope of Diseases
Mortality

Individual
Ideally Cure
Reality
Reduce impact
Mitigate Disease

Promoting Human Health

Ten leading causes of burden of disease, world, 2004 and 2030

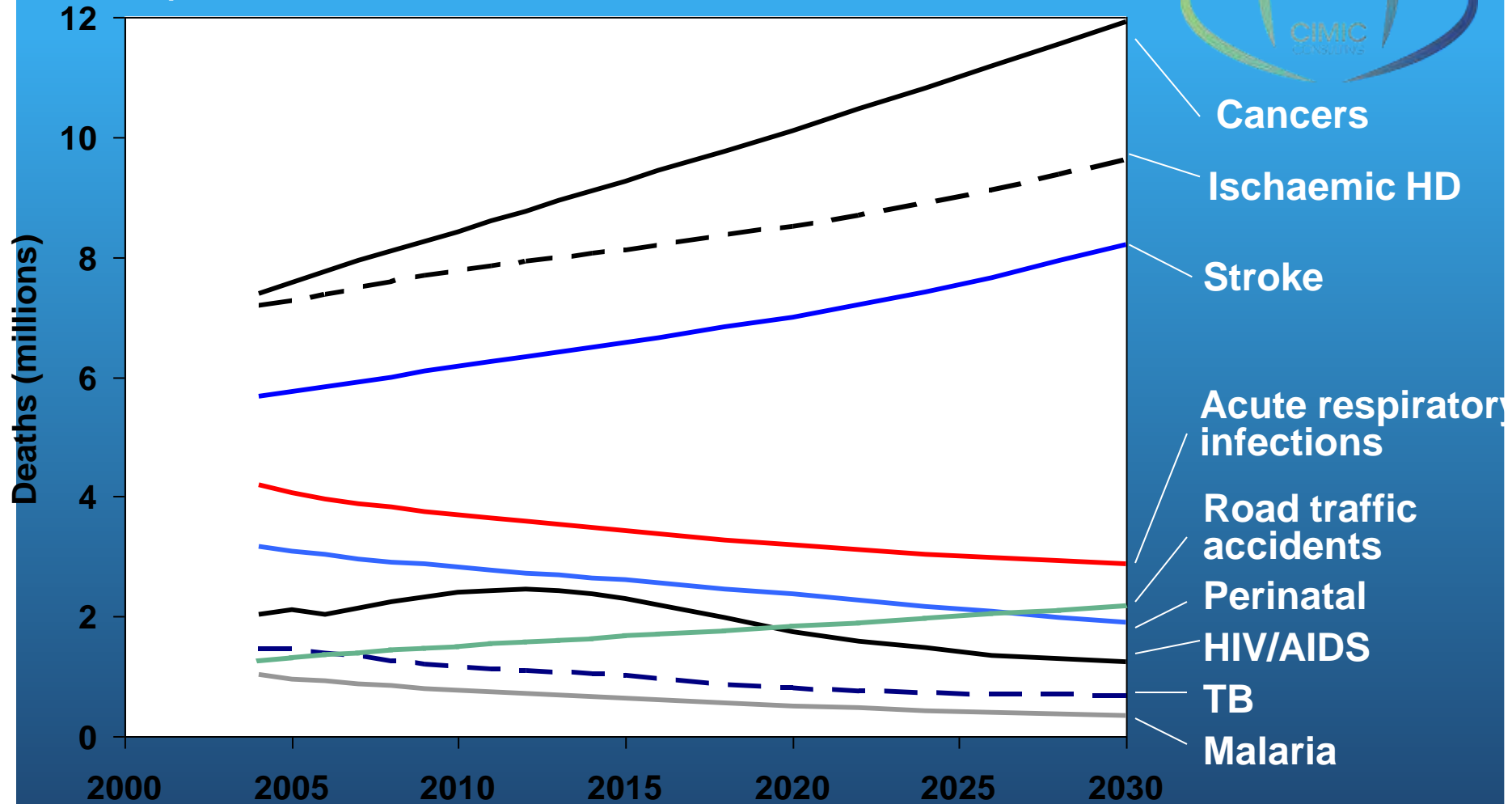


2004 Disease or injury	As % of total DALYs	Rank		Rank	As % of total DALYs	2030 Disease or injury
Lower respiratory infections	6.2	1	→	1	6.2	Unipolar depressive disorders
Diarrhoeal diseases	4.8	2	→	2	5.5	Ischaemic heart disease
Unipolar depressive disorders	4.3	3	→	3	4.9	Road traffic accidents
Ischaemic heart disease	4.1	4	→	4	4.3	Cerebrovascular disease
HIV/AIDS	3.8	5	→	5	3.8	COPD
Cerebrovascular disease	3.1	6	→	6	3.2	Lower respiratory infections
Prematurity and low birth weight	2.9	7	→	7	2.9	Hearing loss, adult onset
Birth asphyxia and birth trauma	2.7	8	→	8	2.7	Refractive errors
Road traffic accidents	2.7	9	→	9	2.5	HIV/AIDS
Neonatal infections and other ^a	2.7	10	→	10	2.3	Diabetes mellitus
COPD	2.0	13	→	11	1.9	Neonatal infections and other ^a
Refractive errors	1.8	14	→	12	1.9	Prematurity and low birth weight
Hearing loss, adult onset	1.8	15	→	15	1.9	Birth asphyxia and birth trauma
Diabetes mellitus	1.3	19	→	18	1.6	Diarrhoeal diseases

The overall burden of disease is assessed using the disability-adjusted life year (DALY), a time-based measure that combines years of life lost due to premature mortality and years of life lived in states of less than full health.



Updated from Mathers and Loncar, PLoS Medicine, 2006



**Global projections for selected causes,
2004 to 2030**



Specialist Management

- Professional problem solving
- Supervision
- Training
- Quality

Operation Management

- Operations
- Finance
- Planning
- Patient Courses
- Assignments

Change Management

- Development task
- Human Ressources
- Innovation
- Reasearch
- Projects

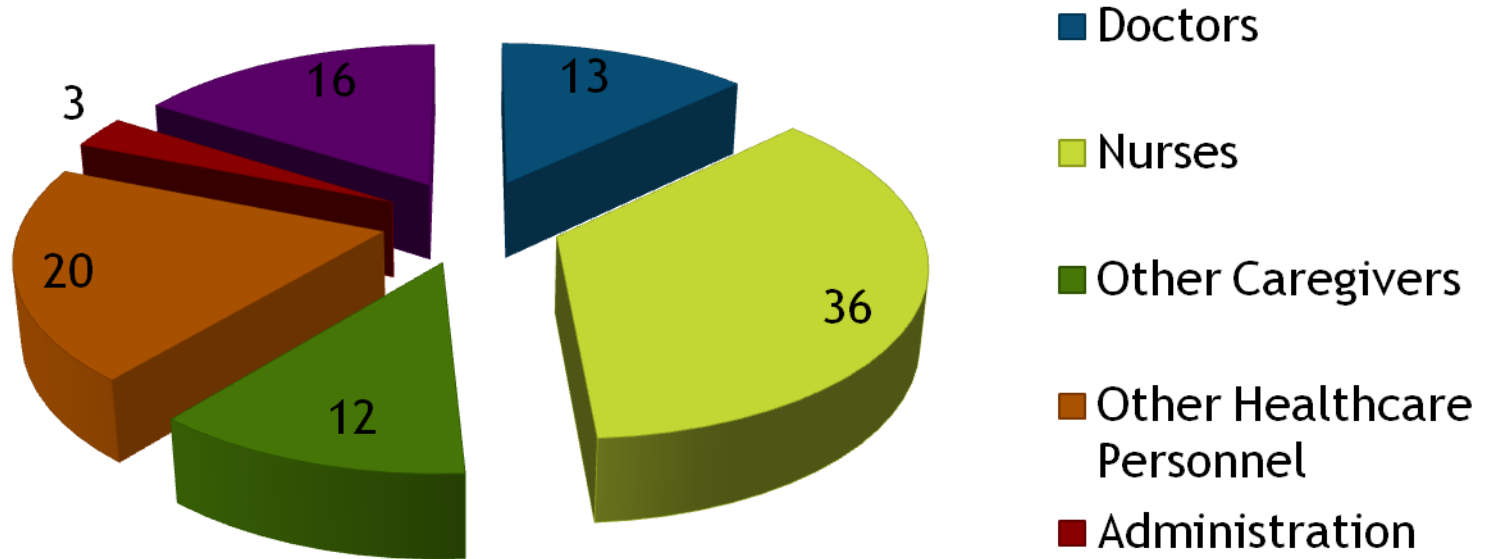
Strategic Management

- Vision & Goal
- Visionary
- Adaptation to changing conditions and environment

Leadership and Governance



Year Effort



Somatic Hospital Workforce



Framework management

- Clear Responsibility
- Budgetting
- Contract Management improvements needed
- *No motivation for performance and efficiency*
- *Stovepipe principle rules*

Activity Based

- Money-follow-Patient
- Anticipates waitinglists and accessibility
- *High demands for organisational change*
- *Cross authority budgetting on demand*
- *Experiment: 90%:10% budget*

Client/Supplier

- Client Role: Politicians buy on behalf of citizens
- Supplier Role: Health Care professionals provide products the services
- Clear distinction between roles and responsibilities
- Need for new management models and budgetting models
- Need for pricing and taxation policies

Financial Model and Control

- Demand for interoperability and accelerated patient progress

- Cross Sector Programmes must be defined

- Establishment of differentiated accessibility goals

- Severity
- Capacity opportunities
- Constraints

- Treatment of outpatient across sectors



Health
Promotion

Preventive
Care

Primary
Sector

Secondary
Sector

INTEROPERABILITY

Patient Centered Approach



- Identification and assessment of Medical Drugs need
- Digitalisation of medical records and related information
- Interoperability Model Requirement
- Regulations to support legal aspects and privacy principles of storing and sharing medical records
- To educate in and Establishment of Technology Assessment and balancing acquisitions with other resources
- Exploit coordination of acquisitions
- Include medicine, equipment, IT, ... in the Assessment Programme
- Exploit the potential of digital collaborative environments to enhance Health System services in urban and rural areas
- Establish R&D programmes local and internationally

Technology Perspective?



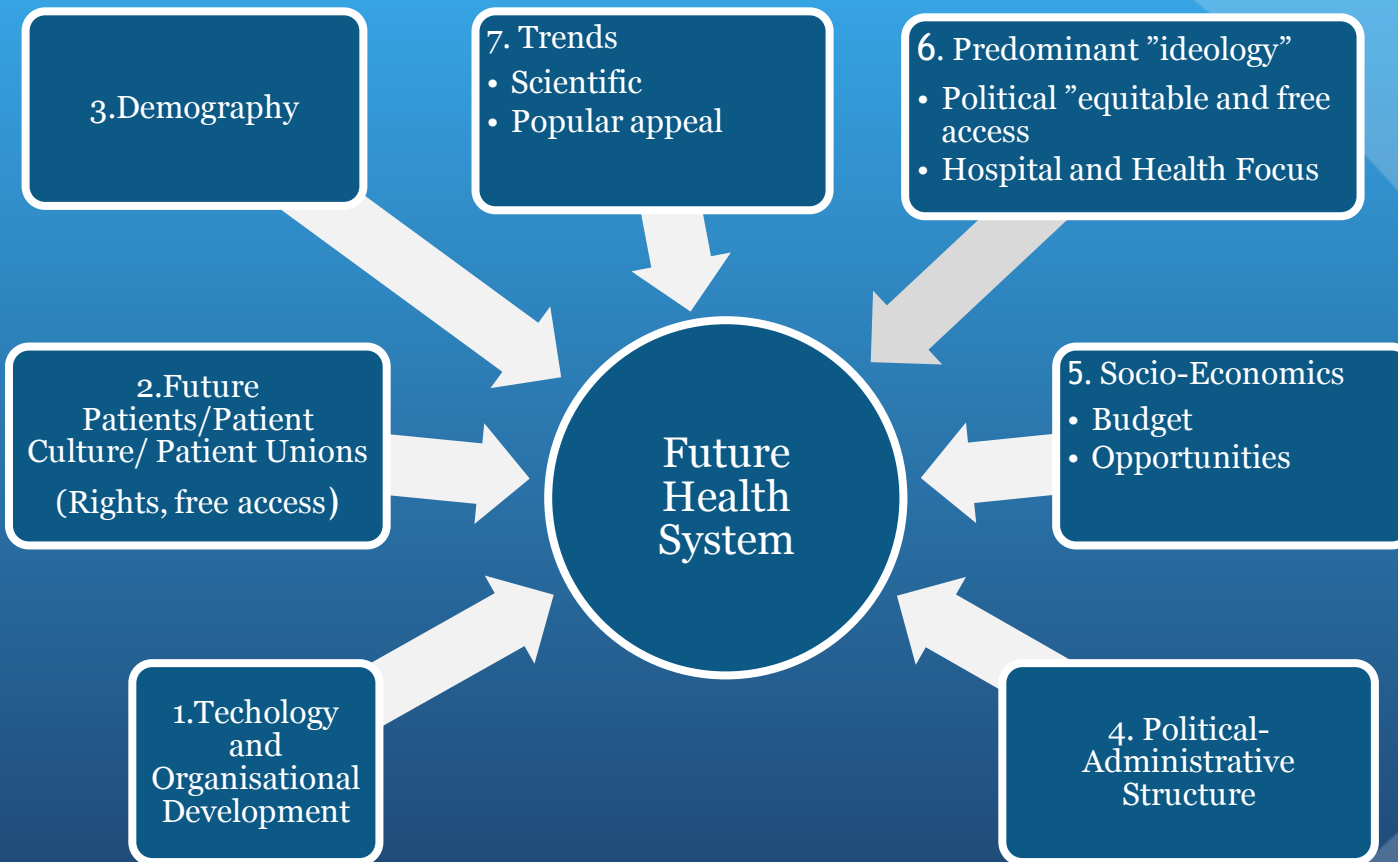
Primary Sector

- Can the increasing growth in this sector be exploited further?
- How can the services be measured against a quality model?
- Is there a need to further screen patients?
- Can an accelerated patient progress be supported?
- What is the potential of establishing Health Care Centers?

Secondary Sector

- Is it possible to Identify and Recommend patient-foundation to ensure sufficient diagnosis and treatment?
- What can be gained if we follow A systematic approach to work sharing across boundaries and sectors?
- Is there a need to make a distinction between ordinary and specialist assignments in accordance with defined quality?
- What are the current assessment of Incorporating Health Care Centers and minor hospitals in 24/7 service to further screen and electing patients?

Health System Structure



Future Impact



Enhance the capacity of the Kurdistan Regional Government to assess the existing situation



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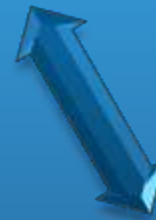


Develop a program management plan for sound and sustainable implementation of health care application and administration strategies

Our Intention



STRATEGY/VISION
CLARIFICATION



PUBLIC MANAGEMENT
AND GOVERNANCE
ADAPTATION



PROGRAMME/THEMATIC
IDENTIFICATION

Target areas of effort



Activity	Indicators	Verification
<p>Goal or Impact</p> <p>The long term development impact (policy goal)</p>	<p>How the achievement will be measured – including appropriate targets (quantity, quality and time)</p>	<p>Sources of information on the Goal indicator(s) – including who will collect it and how often</p>
<p>Purpose or Outcome</p> <p>The medium term result(s) that the activity aims to achieve – in terms of benefits to target groups</p>	<p>How the achievement of the Purpose will be measured – including appropriate targets (quantity, quality and time)</p>	<p>Sources of information on the Purpose indicator(s) – including who will collect it and how often</p>
<p>Component Objectives or Intermediate Results</p> <p>This level in the objectives or results hierarchy can be used to provide a clear link between outputs and outcomes (particularly for larger multi-component activities)</p>	<p>How the achievement of the Component Objectives will be measured – including appropriate targets (quantity, quality and time)</p>	<p>Sources of information on the Component Objectives indicator(s) – including who will collect it and how often</p>
<p>Outputs</p> <p>The tangible products or services that the activity will deliver</p>	<p>How the achievement of the Outputs will be measured – including appropriate targets (quantity, quality and time)</p>	<p>Sources of information on the Output indicator(s) – including who will collect it and how often</p>

From policy to project



Preparation Phase

- Trend identification
- Strategies and scenarios
- End Goals

Formulation and Appraisal phase

- Project and programme appraisal process
- Policy and procedures implementation
- Formal Project and partner agreement
- Grant appropriation

Implementation Phase

- Project Execution - planning, budgeting and reporting
- Accounting & Public Finance Systems
- Auditing of the five bottom lines)
- Review of Programme progress
- Retrospectives of project activities and milestones

Completion Phase

- Exit strategies
- Completion review and lessons learned
- Follow-up activities

From policy to project



Strategic decision Hierarchy



Strategy Plans

Operating Plans

Single Use Plans

Standing Plans

**Standard Operating Policies
and Procedures**

Action

Plan Hierachy

Programme Strategy plan

Main Objective

Immediate Objective

Output

Activities

Sector and project analysis

Programme support design

Budget support principles

Policy identification

Project Appraisal

Policy and programme support implementation

Grant appropriation

Project and partner agreements

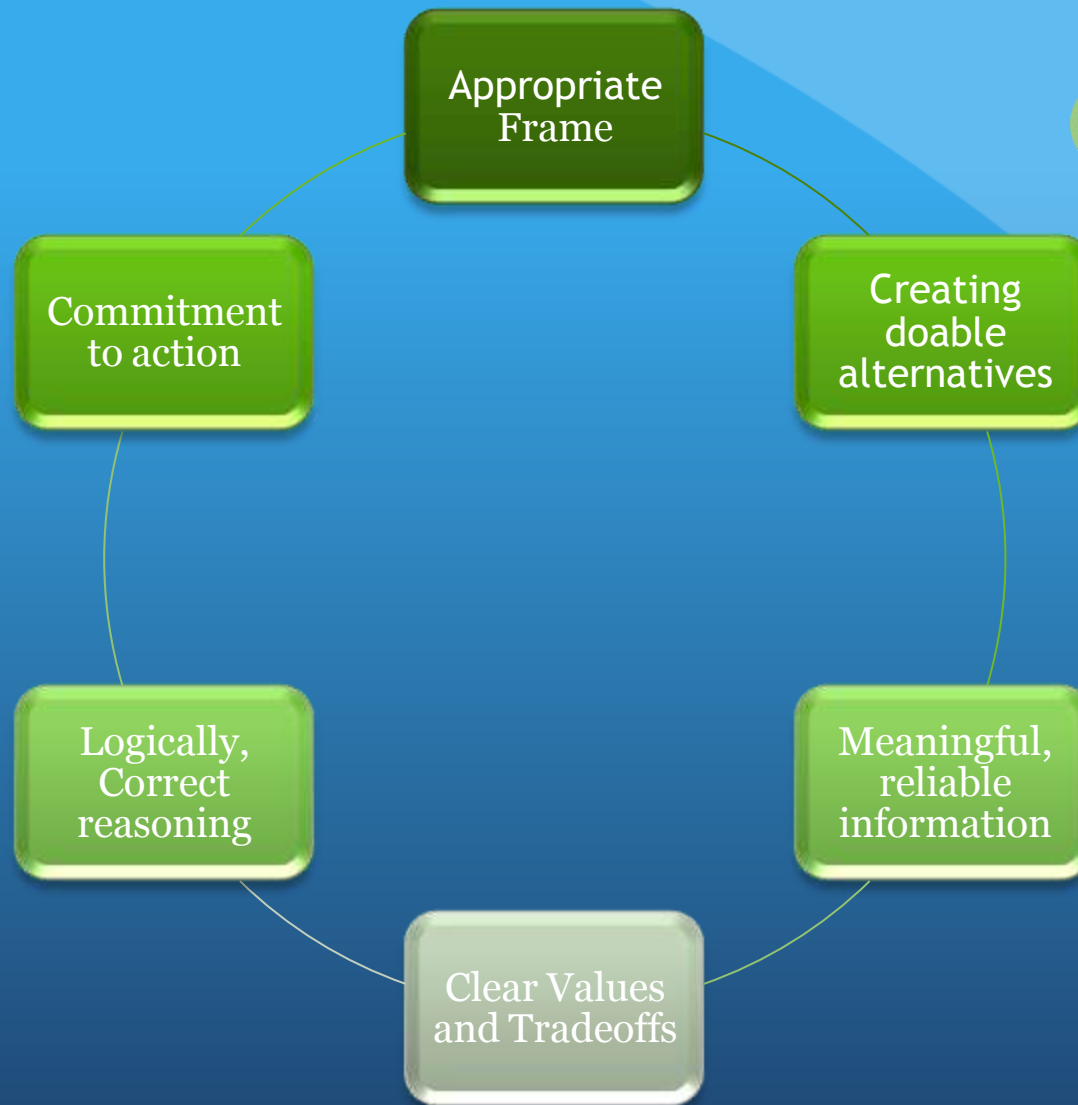
Project progress review

Planning, budgeting and reporting

Accounting and auditing

Review and Lessons Learned

Programme Flow



Programme and policy decision quality

Standard of Health Factors

