

National Health Policy of Saint Vincent and the Grenadines

Towards Universal Health

This is a working draft document updated following consultations and a group meeting in Saint Vincent in June 2023. **All content contained within this draft document is pending review, edits, and approval by the Ministry of Health, Wellness and the Environment and any other relevant authorities.**



The Government of Saint Vincent and the Grenadines

**Ministry of Health, Wellness
and the Environment**

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List of Abbreviations

To be updated when content is finalized.

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CARICOM	Caribbean Community
NCDs	Non-Communicable Diseases
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
HRH	Human Resources for Health
MCMH	Milton Cato Memorial Hospital
SDGs	Sustainable Development Goals
MOHWE	Ministry of Health, Wellness and the Environment
NESDP	National Economic and Social Development Plan
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organisation
PPS	Pharmaceutical Procurement Service
UHC	Universal Health Coverage
UN	United Nations
WHO	World Health Organisation

Acknowledgements

This suggested text is to be finalized by MOHWE.

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Foreword

The development of the National Health Policy (2023 -2030) marks a new chapter in the organisation and management of the health system in St. Vincent and the Grenadines. This landmark document represents dedication of the Ministry of Health, Wellness and the Environment to providing a comprehensive policy framework for the health sector. The intention is that this policy will guide future strategic and operational planning at all levels of the national health system.

The National Health Policy affirms the unwavering commitment of the Government of St. Vincent and the Grenadines to achieve national, regional, and international milestones for health sector development. Foremost among these milestones are the goals and targets of the National Economic and Social Development Plan, Caribbean Cooperation in Health IV, Universal Health, and the 2030 Sustainable Development Goals.

The National Health Policy adopts a holistic approach to achieving and sustaining health including health care delivery grounded in meeting the needs of the individual, family and community. The essential focus is on creating optimal benefits in the essential areas of leadership and governance, health financing, human resources for health, medicines and other health technologies, health information, and service delivery; while advancing intersectoral planning and action.

The Ministry of Health, Wellness and the Environment, working in collaboration with its strategic partners, is resolute in its commitment to addressing the inequities in health and moving towards universal health for all. This policy framework will provide the platform for achieving this aspirational goal.

1. Introduction

1.1 Purpose of Document

The National Health Policy (NHP) is a crystallisation of the of the core principles and policy directions that the Government of St. Vincent and the Grenadines will adopt in advancing towards universal health. This overarching framework defines the health policy agenda of the Ministry of Health, Wellness and the Environment (MOHWE), and will be used as the point of reference for all medium-term strategic and operational planning across the health sector. It will also provide a rational basis for priority setting and resource mobilisation and allocation. Figure 1 illustrates the relationships between the NHP, the National Health Sector Strategic Plan, and other national health plans.

The primary users will be the political directorate, policymakers at the corporate level of the government, and senior administrators and programme managers within the Ministry of Health, Wellness and the Environment. Secondary users will include strategic partners in other Government ministries and agencies, the private sector, and non-governmental organisations. It also anticipated that the document will be used by regional and international partners in priority setting and programming for the benefit of St. Vincent and the Grenadines.

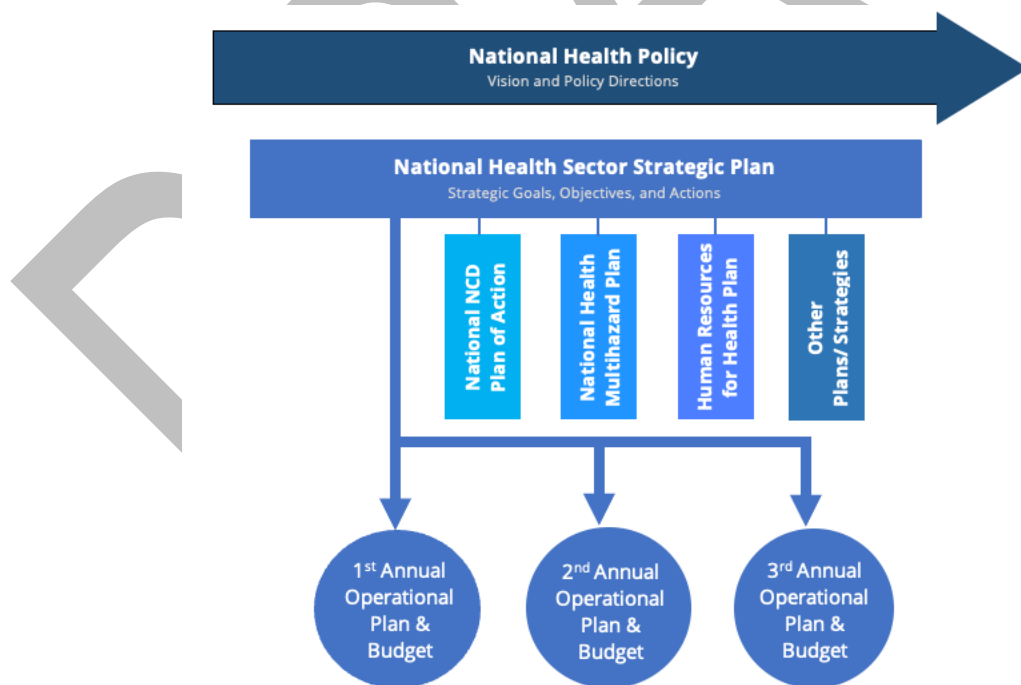


Figure 1.1 Interconnectedness of the National Health Policy and Other Health Strategies and Plans (adapted from WHO 2016: *Strategizing national health in the 21st century: a handbook*)

1.2 Background

Country Profile

In 2022, the estimated mid-year population of St. Vincent and the Grenadines was 110,418, with a fairly even sex distribution.¹ Population growth remains low and stable over 2018 to 2022. An estimated 90 percent of the total population resides on mainland St. Vincent, and the remainder distributed between the Northern and Southern Grenadines. St Vincent and the Grenadines is classified as an upper-middle income economy by the World Bank. The country's economy depends primarily on services, mainly related to tourism. In 2021, the estimated gross domestic product (GDP) per capita (current US\$) was \$8,666.40, with an overall increasing trend over the past decade.²

Based on the latest estimate from the Statistical Office of St. Vincent and the Grenadines, in 2015, the national unemployment rate was 22.5 percent, with a higher proportion of unemployed women.³ According to poverty level indicators in 2008, approximately one-third of the population in Saint Vincent and the Grenadines was classified as poor, with an additional 3 percent categorized as indigent. The Government's "War against Poverty" initiative and the "Zero Hunger Programme" made strides in alleviating poverty, indigence, under-nutrition, and hunger among the most vulnerable populations. However, the onset of the COVID-19 pandemic led to a rise in poverty and unemployment, similar to other countries in the region.⁴

St. Vincent and the Grenadines falls within the high human development category based on the Human Development Index (HDI), which assesses three basic dimensions of human development - a long and healthy life, access to knowledge, and a decent standard of living.⁵ In 2021 (the latest available year of data), St. Vincent and the Grenadines ranked 89 out of 191 countries and territories worldwide. While there was an overall increase in HDI over that decade, the highest HDI was 0.775 in 2018 with minor decreases occurring in 2019, 2020, and 2021.

Health System Overview

The national health system is an amalgam of the public and private health sectors, comprising all organisations, institutions, resources, and actions that combine to promote, restore, or maintain health. The MOHWE is the executive arm of the Government with

¹ Mid Year Household Population Estimates by Age and Sex, 2018 to 2022. Statistical Office of St. Vincent and the Grenadines

² St. Vincent and the Grenadines: World Bank Data. Accessed at: <https://data.worldbank.org/country/st-vincent-and-the-grenadines>

³ Overview of the Labour Market of St Vincent and the Grenadines 2015. Ministry of Finance, Economic Planning, Sustainable Development & Information Technology. Government of Saint Vincent and the Grenadines.

⁴ Budget Speech 2022. Government of Saint Vincent and the Grenadines. Accessed at: https://pmoffice.gov.vc/pmoffice/images/stories/PDF/SVG_BudgetSpeech_2022.pdf

⁵ Saint Vincent and the Grenadines UNDP Human Development Reports. Data updates as of September 8th, 2022. Accessed at: <https://hdr.undp.org/data-center/specific-country-data#/countries/VCT>

responsibility for the management of the health system. The Minister, who is a Cabinet member, is the political directorate; while the Permanent Secretary and Chief Medical Officer serve as the administrative and technical heads of the Ministry, respectively.⁶ The mandate of the MOHWE is executed through seven programme areas: (i) Policy, Planning and Administration; (ii) Hospital Services; (iii) Community Services; (iv) Geriatric Services; (v) Mental Health Services; (vi) Environmental Health Services; and (vii) Laboratory Services. Recognizing the influence of diverse factors—including social, economic, and environmental determinants—on health outcomes, the MOHWE actively engages and promotes multisectoral collaboration across and within programmes. Numerous legislative and regulatory frameworks currently govern the health sector, although there is need for some updates and new frameworks. Similarly, there are multiple health policies and plans guiding the sector, but some remain in draft or are outdated. Plans are underway for aligning legislation and policies with current health sector goals.

In 2020, expenditure on health accounted for 4.82 percent of gross domestic product (GDP),⁷ while out-of-pocket spending on health accounted for 26.53 percent of current health expenditure.⁸ In the same year, domestic general government health expenditure represented 9.68 percent of general government expenditure.⁹ Persons accessing health services are required to pay the standardised out-of-pocket fee for the services that they are accessing, from a basket of available health services. However, out-of-pocket payments are not required from persons aged 18 years and under or 60 years and over.

Public health service delivery is organised into 9 health districts and delivered through five hospitals, one specialty hospital-type facility, two polyclinics, and 38 health centres. Persons can access care at any facility but are encouraged to register with and use the district health centre or polyclinic where they reside over their life course. Primary care services are provided through the 38 health centres and two polyclinics. Secondary care is delivered through five hospitals, with the largest being the Milton Cato Memorial Hospital (MCMH) located in Kingstown. The Modern Medical and Diagnostic Centre (MMDC) is a multi-specialty facility located in the Georgetown district. The MOHWE plans to expand the scope and improve the quality of secondary care services. Central to this vision is the construction of the new Arnos Vale Acute Care Hospital (AVACH), which may provide some categories of tertiary care. In addition to these public health services, the private health sector has grown steadily over time and performs a synergistic role in advancing the national health agenda. Currently, there are a broad range of private medical practitioners, three small private hospitals that offer outpatient and inpatient care, diagnostic facilities, and nursing homes.

⁶ <https://health.gov.vc/health/index.php/general-administration>

⁷ <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=VC>

⁸ <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=VC>

⁹ <https://data.worldbank.org/indicator/SH.XPD.GHED.GE.ZS?locations=VC>

The pharmaceutical sector in St. Vincent and the Grenadines also consists of both public and private sectors. Pharmaceuticals utilised in the public sector are purchased mainly through the Organization of Eastern Caribbean States Pharmaceuticals Procurement Service (OECS PPS). The procurement, storage, and distribution of medical products and other health technologies is centralised within MOHWE. The pharmaceutical supply chain (excluding vaccines and family planning health technologies) is managed by the Central Medical Stores department which uses an electronic requisition system within the SVG-HIS. A National Essential Medicines List (EML) has been in existence since 2010 and is in the process of being updated. In the hospital outpatient and community health settings, persons access medicines on the EML through a standardised out-of-pocket fee of EC\$5 set by the government. Partial coverage of the cost of medicines in inpatient setting exists through the National Insurance Services. There is no cost for accessing vaccines on the national immunization schedule, contraceptives, or medicines for treating malaria, tuberculosis, HIV and other sexually transmitted diseases. The Pharmacy Act (2002) provides for regulation of pharmacists and is enforced by the Pharmacy Council. A Medicines Regulatory Authority executes its regulatory functions through the Pharmacy Council. These functions include inspection and quality control, import control, licensing, and pharmacovigilance. Pharmacovigilance is supported by the OECS PPS and includes random testing of procured items for quality assurance.

A comprehensive National Human Resources for Health analysis conducted in 2017 indicated that the public health sector was relatively well-served with most of the established categories of health workers. However, workforce gaps existed in the areas of capacity for team-delivered care, allocation/distribution of workers, and supply of categories of specialists. Workforce gaps are particularly prominent in the category of nursing, with migration playing a notable role.

The Epidemiology Unit of MOHWE is a key hub for health information collection, analysis, and dissemination of findings/reports. It employs an integrated approach to communicable disease surveillance and syndromic surveillance. It links all public healthcare sites through a mix of active and passive data gathering methods to support surveillance. The Office of the Senior Nursing Officer Community Health Services (O-SNO-CHS) is another key hub for health information specific to community health facilities and services. Paper-based data collection (on service utilisation across all clinical sessions including for antenatal, postnatal, and child health clinics, as well as for diabetes/hypertension clinics) occurs monthly from health centers and polyclinics to the O-SNO-CHS for collation and reporting. MOHWE polyclinics, the MCMH and Central Medical Stores in SVG use an electronic clinical information platform called the Saint Vincent and the Grenadines Health Information System (SVGHIS) from the vendor PopulusPlus. Of note, the Government of the St. Vincent and the Grenadines is currently implementing several activities aimed at strengthening digital

technologies and solutions for health through the Caribbean Digital Transformation Project financed by the World Bank Group.

Key Health Trends

[All data in this section, including Table 1.1, to be provided and/or updated by MOHWE]

Table 1.1 highlights some key population health statistics in St. Vincent and the Grenadines. Life expectancy at birth remained relatively stable at 74 years from 2012 to 2018, with subsequent annual decreases to 70 years in 2021.¹⁰ The consistent upward trend in mortality rate per 1,000 people for St. Vincent and the Grenadines from 2014 to 2021 has been attributed largely to escalating mortality from noncommunicable diseases (NCDs), that now account for more than three-quarters of all deaths. The predominant underlying causes of mortality from NCDs are ischemic and other forms of heart disease, diabetes, hypertension, and malignant neoplasm.

When measured by years lived with disability (YLDs), the two largest contributors to disease burden for SVG are NCDs (such as diabetes, cardiovascular disease, cancers and chronic respiratory diseases), and mental, neurological, substance use disorders, and suicide (MNSS) with 51.4% and 31.8% respectively.¹¹ However, when measured by disability-adjusted life years (DALYs), the broad group of communicable, maternal, neonatal and nutritional disease (15%) ranks second to NCDs (60%).

Among the communicable diseases, acute respiratory infections and influenza occur with greatest frequency; while syphilis infections, giardiasis, leptospirosis, and tuberculosis remain of moderate public health concern. Approximately 1.4 percent of the adult population (15-49 years) or about 0.7 percent of the total population of St. Vincent and the Grenadines is living with HIV. Dengue fever has been the most common vector-borne disease, while the emergence of chikungunya and zika infections present new public health challenges. Population health was significantly affected by the COVID-19 pandemic, with the over the country recording over 9,600 cases and 124 deaths (as of June 2023).

Table 1.1 Selected Health Indicators [rows without available data to be deleted and column with SDG target can be deleted]

Indicator	Value (latest available year; source)	Related SDG Target (where applicable)
Neonatal mortality rate per 1000 live births	8 (2021; UNICEF)	SDG Target: Reduce neonatal mortality to at least as low as 12 per 1,000 live births

¹⁰ <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=VC>

¹¹ Pan American Health Organization. Mental Health Country Profile - Saint Vincent and the Grenadines [Internet]. 2018 [cited 2022 Mar 30]. Available from: <https://www.paho.org/en/node/73909>

Under 5 mortality rate per 1000 live births	14 (2021; UNICEF)	SDG Target: Reduce under-5 mortality to at least as low as 25 per 1,000 live births
Maternal mortality ratio per 100,000 live births	62 (2020; World Bank)	SDG Target: Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
Births attended by skilled health personnel	99 (2016, World Bank)	
Exclusive breastfeeding <6 months		
Number of new HIV infections per 100,000 uninfected population	32.9 (2016; PAHO HIA 2022)	SDG Target: End the epidemics of AIDS by 2030
Tuberculosis incidence per 100,000 population	12 (2020; PAHO HIA 2022)	SDG Target: End the epidemic of TB by 2030 WHO End TB Strategy: 80% reduction in TB incidence by 2030, compared with 2015
Malaria incidence per 1,000 population		SDG Target: End the epidemic of malaria by 2030
Hepatitis B incidence per 100,000 population		SDG Target: Combat hepatitis in all countries with a focus on hepatitis B, by 2030
Number of people requiring interventions against neglected tropical diseases (NTDs)		SDG Target: End the epidemic of NTDs by 2030
Percentage of all deaths attributed to NCDs	80.9 (2021; WHO Mortality Database)	SDG Target: Reduce premature mortality from non-communicable diseases (NCDs) by one-third by 2030
Suicide mortality rate per 100,000 population	1 (2019; World Bank)	SDG Target: Promote mental health and wellbeing by 2030
Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders		SDG Target: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol ^c		
Age-standardized prevalence of current tobacco use among persons aged 15 years and older		
Mortality caused by road traffic injury (per 100,000 population)		SDG Target: Halve the number of global deaths and injuries from road traffic accidents by 2020
Demand for family planning satisfied by any modern method (%; median)	79.0 (2019; UN Family Planning: Data Booklet)	SDG Target: Ensure universal access to sexual and reproductive healthcare services, including for family planning by 2030
Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group ^a	52.3 (2017; UN Women)	
Coverage of essential health services (UHC service coverage index)	69 (2021, World Bank)	SDG Target: Achieve universal health coverage including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all by 2030
Proportion of population with large household expenditures on health as a share of total household expenditure or income		
Mortality rate attributed to household and ambient air pollution.		SDG Target: substantially reduce the number of deaths and illnesses from air pollution by 2030
Population using clean fuels and energy ^h		
Population using at least basic access to drinking water (%)	95 (2018; World Bank)	
Population using at least basic sanitation services (%) ⁱ	90 (2018; UNICEF)	

1.3 Policy Development Process

The development of the National Health Policy used a collaborative approach. The existing health landscape was first examined, building on the situational analysis carried out in 2018 and the draft health system profile update in 2022. Extensive consultations were conducted within the MOHWE to gather diverse perspectives and insights. Furthermore, the policy development process involved engaging with international health frameworks and guidelines to align efforts with best practices. The policy underwent multiple iterations, incorporating feedback from stakeholders and undergoing reviews by experts in the health sector. The final policy document reflects a collective effort and national commitment to improving the health and well-being of our population, addressing current and emerging health challenges, and striving for equitable and accessible health services for all.

1.4 Policy Context

The Constitution of St. Vincent and the Grenadines accords every citizen the right to life, liberty and security.¹² This statutory provision is in consonance with the Constitution of the World Health Organisation that asserts “the enjoyment of the highest attainable standard of health as a fundamental right of every human being without distinction of race, religion, cultural beliefs, economic or social condition”.¹³ The Government of St. Vincent and the Grenadines is also a signatory to the United Nations Universal Declaration on Human Rights that affirms health care as a right of all people.¹⁴ In fulfilment of this moral and legal obligation, the Government of St. Vincent and the Grenadines is committed to achieving universal health.

The national development agenda for the health sector is informed by the health and social needs of the entire population, as well as regional and international obligations and commitments of the Government of St. Vincent and the Grenadines. The National Economic and Social Development Plan, 2013-2025 (NESDP) outlines the medium-term strategies for the national development of St. Vincent and the Grenadines. Specific guidance for the health sector falls under the rubric of Strategic Goal No.2 - “Enabling increased human and social development”. In addition, the National Health Sector Strategic Plan 2019-2025 serves as the compass bearing for the programmatic activities of the Ministry of Health, Wellness and the Environment over the medium-term.

St. Vincent and the Grenadines is a Member State of key regional institutions such as the Caribbean Community (CARICOM) and the Organization of Eastern Caribbean States (OECS),

¹² St. Vincent and the Grenadines Constitution, 1979, Chapter 1, Section 1(a)

¹³ The World Health Organisation Constitution, 1946, Article 25

¹⁴ United Nations Declaration on Human Rights, Article 25

as well as international organisations such as the Pan American Health Organisation/World Health Organisation (PAHO/WHO). In this context, the national health policy agenda is influenced by regional and international commitments and obligations, including:

- PAHO/WHO Multi-Country Cooperation Strategy for Barbados and Eastern Caribbean Countries, 2018-2024.
- Caribbean Cooperation in Health Initiative: Investing in Health for Sustainable Development, Phase IV, 2016-2025
- United Nations 2030 Sustainable Development Goals, 2015
- Paris Agreement on Climate Change, 2015
- United Nations Resolution on Universal Health Coverage, 2012
- Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Non-Communicable Diseases, 2007
- Convention on the Rights of Persons with Disabilities, 2006
- International Health Regulations, 2005
- WHO Life Health Course Approach: An Integrated Framework for Health, Policy and Planning, 2004
- WHO Framework Convention on Tobacco Control, 2003
- Convention on the Rights of the Child, 1989

2. Policy Framework

This National Health Policy Framework defines the vision, mission, and guiding principles for the national health system. This framework will be used to guide and shape decision-making and actions related to the national health system.

2.1 The Vision

A nation enjoying optimal health, wellness and longevity within a sustainable environment.

Some other shorter options to consider may be:

-Optimal health, wellness, and longevity for all.

-A nation enjoying the highest attainable standard of health *(where health is defined in a footnote to include references to wellness and longevity)*

2.2 The Mission

Provide and promote quality, resilient, and sustainable health and environmental services that are accessible and affordable to all Vincentians.

Some other options incorporating universal health to consider may be:

-Provide quality health services and promote healthy environments, while striving towards universal health for all in St. Vincent and the Grenadines.

- Provide and promote quality health services and healthy environments, united in the pursuit of universal health for all in St. Vincent and the Grenadines.

2.3 Guiding Principles (5 and 6 added at request of PS and CMO, definitions need to be confirmed)



1) Equity

A rights-based approach that caters to the needs of the entire population regardless of age, gender, socio-economic status, religious and cultural beliefs, or sexual preference.



2) Shared responsibility

Harnessing the resources of all stakeholders and ensuring community engagement in a proactive and deliberate manner for the common good.



3) Evidence-based interventions

Investment decisions will focus on high-impact interventions that respond to the objective needs of the country.



4) Good governance

Effective and efficient use of resources through practices that prioritize integrity, transparency, and accountability.



5) Innovation

Fostering a culture of creativity and continuous improvement that leads to health system improvements and enables dynamic responses to challenges.



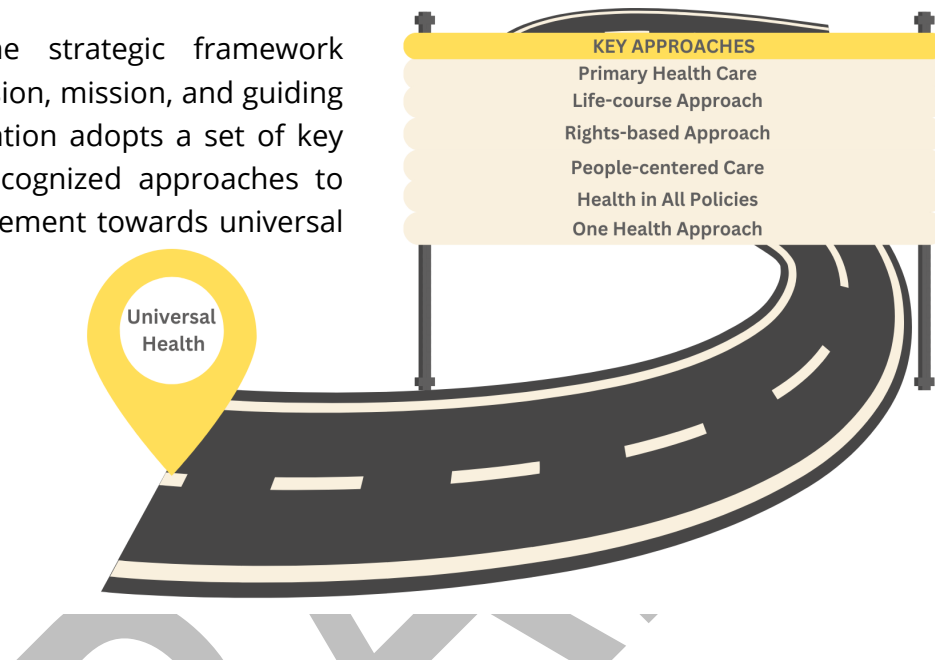
6) Sustainability and resilience

Ensuring the long-term viability and adaptability of the healthcare system, as well as the ability to withstand and respond effectively to challenges and shocks.

2.4 Key Approaches

This section added as a recommendation to keep guiding principles list succinct, but still highlight those global approaches that the country endorses to guide actions and decisions. If to be kept, the list of approaches and definitions need to be reviewed and confirmed.

Aligned with the strategic framework defined by the vision, mission, and guiding principles, our nation adopts a set of key internationally recognized approaches to guide the advancement towards universal health for all.



- **Primary health care** is a whole-of-society approach to health aimed at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.
- **Life course approach** to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their lifetime.
- **Rights-based approach** to health involves pursuing health policy, strategies and programmes should be designed explicitly to improve the enjoyment of all people to the right to health, with a focus on the furthest behind first.
- **People-centered care** is an approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, a trusted health system that respond to their needs and preferences in humane and holistic ways.
- **Health in All Policies (HiAP)** is an approach to public policy that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.
- **One Health approach** is an integrated, unifying approach to balance and optimize the health of people, animals and the environment. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together.

3. Policy Statements

The National Health Policy will provide a platform for achieving the goals and targets for health outlined in the NESDP. It will also serve as a vehicle for progressing towards universal health and achieving the targets of the Sustainable Development Goals.

The policy embraces the World Health Organization framework of six components of the national health system, as defined in Table 3.1. For this section, the service delivery building block consists of 20 subcomponents, outlined in Table 3.2. In this section, each component/subcomponent includes a series of policy statements that outline key policy decisions and directions that will be pursued in that area on the path to achieving universal health.

Table 3.1 Defining the Health Systems Building Blocks

WHO Health System Building Block	Definition
Leadership/Governance	Involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability.
Health Financing	All the activities, mechanisms, and institutions involved in generating and managing financial resources for health, as well as the ways in which these resources are used to pay for health services and interventions.
Human Resources for Health	All individuals engaged in actions whose primary intent is to enhance health.
Medical Products/Technologies	The application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures, and systems developed to solve a health problem and improve quality of lives.
Information Systems for Health	A mechanism for managing interoperable systems with open data that comes from different sources and that is ethically used, through effective ICT tools, to generate strategic information for the benefit of public health
Service Delivery	An immediate output of the health system that encompasses the comprehensive range of accessible, quality health services along the full continuum of care

3.1 Leadership and Governance

The National Health Policy embraces the optimization of the health sector's performance through efficient and effective leadership and governance. This includes comprehensive legislation and policies, strategic resource management, and the promotion of transparency and accountability. Legislation and regulations should be updated and enacted, with mechanisms put in place to enforce and ensure effective operations in both the public and the private health sector. The policy supports the creation and functioning of regulatory bodies and professional associations that advance capacity-building, performance standards, and ethics across the health workforce. Coordinated and costed health policies will be designed and implemented for programmes. Research will be promoted to inform policy formulation and decision making. Strategic planning, monitoring, and evaluation will be institutionalized at all levels. Multisectoral and multistakeholder collaborations will be adopted, where possible and appropriate, in line with Whole-of-Government, Whole-of-Society and the Health in All Policies approaches. Such approaches will be leveraged in addressing all determinants of health and creating supportive environments for healthy living.

3.2 Health Financing

Health financing at the national level will be centered on the mobilization and optimization of resources in a sustainable and efficient manner to achieve universal health. The policy embraces advancing towards health financing mechanisms that increase financial protection, equity, and efficiency of the health system. Such financing mechanisms should ensure that the use of the public health system provides equitable access and does not expose individuals to financial hardship. Progressing towards this goal will require appropriate budgetary allocation to all levels within the public health sector. Financial resources will be allocated based on objective population health needs. Financial systems will be designed and maintained in a manner that promotes accountability and transparency. Increasing efficiency and effectiveness in resource utilization is a priority to maximize the impact on health outcomes.

3.3 Human Resources for Health

Achieving universal health requires an adequate, sustainable, highly motivated, and functional health workforce capable of providing quality, people-centred health care. A National Human Resources for Health (HRH) Policy and Action Plan will be adopted and implemented to guide the development of national health workforce over the medium and long-term. Safe and decent working conditions for the entire health workforce will be prioritized. Other approaches that optimize health worker motivation, satisfaction, retention, and performance are also high priority. The policy emphasizes a multidisciplinary team approach, as well as enhanced availability and equitable distribution of human resources

across all levels of the health system. Collaboration with professional councils and regulatory authorities will be fostered to develop and adopt regulations and to maintain standards and procedures. The policy embraces sustainable mechanisms to generate and use HRH data (such as through national health workforce registries) for enhanced advocacy, planning, policy-making, governance, and accountability. The policy also advocates for adequate and sustainable investments in education and training, recruitment, deployment, and retention of health workers.

3.4 Medical Products/Technologies

The National Health Policy aims to ensure consistent and equitable access to essential medical products and technologies, while promoting their rational use¹⁵ and ensuring quality and safety. To achieve this, a comprehensive National Medicines Policy will be finalised, supported by appropriate legislation and regulations. Such a policy should include a standardized process for the routine updating of the National Essential Medicines List. In addition, strengthening regulatory frameworks, standards, guidelines, and protocols for the purchase, storage, distribution, and pharmacovigilance of medical products/technologies will be prioritized. The policy embraces the principle of pooled procurement at sub-regional and regional levels. Progress towards established benchmarks will be pursued—and then maintained—to ensure effective public services that facilitate timely and consistent access to essential medical products/technologies. Measures will be implemented to make medicines affordable, with safety nets for those unable to pay. Prescribing and dispensing practices will be enhanced through standardized protocols and continuous education and training for relevant health personnel. Additionally, protocols and ethical standards for conducting clinical trials of medicines will be established. Strengthening the capacity of the Pharmacy Council to exercise its regulatory functions will also be prioritized.

3.5 Information Systems for Health

The National Health Policy aims to establish and maintain timely, reliable, and interoperable information systems for health that support clinical management, surveillance, supply chain management, and policy development. Appropriate policies and standardized instruments for effective data collection, management, and reporting must be designed and implemented. Legislation and regulations should be developed to guide digital transformation for health. Upgrading the current health information system is essential to enhance operational efficiencies. The policy promotes the elimination of paper-based systems, recognizing this involves strong change management strategies and may require initial standardization of paper-based tools. The policy emphasizes the integration of data collection, analysis, and dissemination, across all health system levels. The policy advocates

¹⁵ According to the [WHO](#), the rational use of medicines “requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.”

for adequate resourcing of the Health Information Unit to enhance its capacity to effectively execute its mandate and drive the utilization of information systems for health. Multisectoral collaboration with key strategic partners, such as the Ministry of Finance, Economic Planning, and Information Technology, should be strengthened to facilitate Information and Communication Technologies (ICT) functions. Public-private partnerships will be fostered to leverage expertise and resources. A centralized data centre for health is envisioned to ensure data accessibility, resilience, and security.

3.6 Service Delivery

Service delivery encompasses the provision and management of safe and effective health services along the continuum of health promotion, disease prevention, diagnosis and treatment, and rehabilitation. Service delivery occurs at all levels of the health system and throughout the life course. Policy statements for service delivery are organized across twenty elements, which are grouped through three different lenses: the care continuum, a life course approach, and specific health challenges. Of note, the policy underscores a transition from disease-focused strategies to integrated, patient-centred care. However, policy statements on key health challenges are included to highlight policy directions on specific services and approaches. Table 3.2 shows the categorization of the twenty elements across the three lenses for service delivery.

Table 3.2 Categorization of Elements of Service Delivery

The Care Continuum	Across the Life Course	Specific Health Challenges
1. Health Promotion 2. Community Health Services 3. Hospital Services 4. Laboratory Services 5. Health Infrastructure	6. Maternal and Child Health 7. School Health 8. Adolescent Health 9. Sexual and Reproductive Health 10. Women's Health 11. Men's Health 12. Care of Older Persons	13. Non-communicable Diseases 14. Mental Health 15. Communicable Diseases 16. Injuries and Violence Prevention 17. Oral Health 18. Nutrition 19. Environmental Health 20. Health Security

3.6.1 Health Promotion

The National Health Policy aims to promote population health and wellness by mitigating health risks and fostering healthy lifestyles and healthy settings, through a collaborative approach. The policy advocates for the adoption of healthy public policies that emphasize health promotion. In addition, the policy advocates for adequate resources to support health promotion programs. The policy embraces multisectoral collaboration and social participation to advance health and wellness promotion policies and programs, recognizing the collective effort required for significant impact. In particular, empowering communities through evidence-informed behavior change strategies plays a pivotal role in enabling health ownership. Generally, health and wellness initiatives and appropriate messages will be evidence-informed and where appropriate, target specific settings. To ensure effective implementation and coordination, there will be clear roles and responsibilities for health promotion defined at all levels of the health system. Monitoring and evaluation systems will be prioritized for assessing outcomes and informing planning.

3.6.2 Community Health Services

The National Health Policy aims to protect and preserve the health of communities by providing quality, accessible services with adequate resources. The delivery of community health services should be equitable and accessible to all persons without discrimination based on identity or demographic factors, including socioeconomic status. An essential package of community health services must be defined. The policy embraces teamwork among all categories of community health workers. The health workforce should possess the required competencies to effectively deliver community health services. Strengthening multisectoral collaboration is key for the promotion of health and the delivery of community health services. Clear and well-defined referral pathways between community health services and other levels of care must be established to ensure care continuity and optimize patient outcomes. The policy promotes social and community participation in the planning, implementation, and evaluation of community health services.

3.6.3 Hospital Services

The path to universal health includes the delivery of patient-centred secondary and tertiary services that optimize patient outcomes and enhance patient and family satisfaction. Hospital care should be provided to all patients based on clinical assessment and need, without imposing financial hardship. The policy embraces financial mechanisms that are sustainable and efficient. Quality improvement measures to enhance patient outcomes and satisfaction will be prioritized. It is crucial to ensure that all patients are cared for with dignity and respect, in clean, smoke-free, accessible, and safe environments. The rights of minors, legally incompetent patients, persons with disabilities, or those lacking decision-making capacity will be protected at all times. The policy advocates for the provision of alternative treatment options, where appropriate and possible, for individuals with religious

exemptions to the recommended care. Formal informed consent from patients or next of kin will be required before administering procedures and treatments, when appropriate. Patient records will remain private and confidential, except as necessary to fulfil clinical, legal, and academic requirements. Patients will retain the right to opt out of activities such as medical research or training programs for students. Adequate health workforces capable of providing quality health services will be maintained at hospitals. An effective emergency transport system for hospital services will be maintained at all times.

3.6.4 Laboratory Services

The National Health Policy aims to ensure equitable access, quality, and efficiency in diagnostic and testing facilities across the country. Recognizing the pivotal role of laboratory services in healthcare, the policy emphasizes the provision of timely, accurate and relevant results to the right clients at the right time, through the use of appropriate technology, skilled personnel and continuous strengthening of quality assurance systems. It advocates for comprehensive, accessible laboratory networks, with strengthened and integrated Laboratory Management Systems to improve patient outcomes. In particular, the policy emphasizes the upgrading and expansion of Blood Donation Services as a high priority. The policy also promotes on staff development and strengthened regulatory frameworks to ensure adherence to quality control measures, accreditation standards, and the appropriate use of technology.

3.6.5 Health Infrastructure

The National Health Policy emphasizes the need for safe, modern, resilient health facilities aligned to health care needs. The policy recognizes the importance of ensuring that health infrastructure meets the evolving healthcare needs of the population over the long term. The policy promotes the adoption of the SMART standards and emphasizes accessibility. The policy also promotes green health infrastructure that minimizes environmental impact and promotes sustainability in line with broader environmental goals. The establishment of robust maintenance systems for all health facilities are critical to ensure continued functionality and longevity. Furthermore, health infrastructure development will be coordinated with service delivery plans to ensure effective alignment and optimal utilization.

3.6.6 Maternal Health and Child Health

The National Health Policy aims to reduce maternal and under-five childhood mortality by providing universal access to quality healthcare. All pregnant women should have access to safe antenatal, intranatal, and postnatal services, including emergency care. The policy embraces the standard that during birth, all women should be attended to by skilled health professionals. High-risk pregnant women should receive delivery in a well-equipped hospital capable of providing the required level of care. All women presenting to healthcare facilities

for antenatal care at any gestational age should be offered confidential counselling and opt-out testing for HIV. In line with national protocols and guidelines, full immunization coverage for children should be maintained and developmental milestone testing provided. The policy encourages active family involvement in ensuring safe motherhood and the well-being of offspring. Home visits by trained primary healthcare workers are mandated in specific circumstances.

3.6.7 School Health

The National Health Policy aims to protect the health and wellbeing of children and adolescents in school settings. In particular, the institutionalization of school health programs at the pre-primary and primary levels of the education system is necessary to provide comprehensive health education. There is specific need to increase levels of information and education on health, sexuality, and conflict resolution among primary and secondary school attendees. The policy also advocates for the enforcement of mandatory vaccinations against legally specified diseases before children can register or attend school.

3.6.8 Adolescent Health

The National Health Policy aims to protect the health and wellbeing of adolescents, with particular emphasis on improving adolescent sexual and reproductive health and mental health. The policy supports assessing the health care gaps for adolescents to inform the strengthening of programs that support their health and wellness. Such programs should leverage strategic partnerships with relevant public and private sector entities (particularly in the education and social development sectors), where appropriate. The policy calls for the design and implementation of affordable, accessible, confidential, and non-judgmental adolescent-centered health and wellness programs, including activities that build life skills, enhance self-worth, and foster a sense of belonging. Strengthening the package of services specifically geared towards adolescents, including yearly check-ups, is a priority. To address a service gap in sexual and reproductive health (SRH) services for adolescents, the policy advocates for aligning the age for accessing SRH services with the age of consent. Further, health care services should be welcoming and attractive to adolescents, using language, elements, and platforms that resonate with them. The policy embraces the engagement of individuals, families, schools, and communities in creating supportive environments for adolescents.

3.6.9 Sexual and Reproductive Health

The provision of quality sexual and reproductive health services, information and education is key to enhancing the health and wellness of individuals and families. The policy underscores the provision of integrated and comprehensive family planning services (encompassing counselling, information and education, contraceptive services, referral, and follow-up) by trained healthcare workers at all primary health care facilities at no cost to the

client. Existing policies and plans on the provision of sexual and reproductive health services to the population should be regularly reviewed to ensure alignment with up-to-date evidence-based practices. Addressing service gaps, such as counselling and emergency contraceptive referral services to victims of rape and incest, should be prioritized. The crucial role of engaging the male population in accessing and supporting family planning services for their partners and families should also be prioritized. The policy emphasizes the importance of comprehensive and scientifically accurate sexual and reproductive health information and education across the life-course. In particular, sexual and reproductive health and family life education should be infused in the curricula of primary and secondary schools, tailored to the appropriate age and stage of development. The policy also underscores privacy and confidentiality in the provision of sexual and reproductive health services, including the maintenance of secure records of all family planning services provided by health workers in the public and private sectors. The policy encourages increased multisectoral data sharing to collate national-level data and enable informed decision-making.

3.6.10 Women's Health

The National Health Policy embraces a gender-sensitive approach to service delivery that enables both women and men to attain their best possible level of health. Health research and health service evaluation should include gender perspectives to better understand the differential epidemiological trends and barriers to care that are experienced by women. The policy particularly promotes accessible and widespread cancer screening programs for women to enable timely diagnoses, early intervention and improved treatment outcomes. In addition, the policy recognises that violence against women – particularly intimate partner violence and sexual violence – is a violation of women's human rights. Violence against women will be addressed through strengthened national capacity to prevent and respond to such violence. This includes multisectoral approaches to any needed legislative reform, training for key service providers, and public education. The existing National Standard Operating Procedures for Gender Based Violence and accompanying training tool should be fully implemented and routinely reviewed to ensure alignment to best practices.

3.6.11 Men's Health

The National Health Policy embraces a gender-sensitive approach to service delivery that enables both men and women to attain their best possible level of health. Health research and health service evaluation should include gender perspectives to better understand the differential epidemiological trends and barriers to care that are experienced by men. Such research and evaluation should inform institutionalized gender-responsive approaches to men's health. Considering that men typically underutilize primary care, the policy embraces interventions that increase men's use of preventative services. The policy particularly promotes accessible and widespread cancer screening programs for men to enable timely

diagnoses, early intervention, and improved treatment outcomes. Other specific approaches aligned with the gender equality framework include empowering men to take responsibility for health, preventing of violence against women, and sharing responsibility for reproductive health are key interventions.

3.6.12 Care for Older Persons

The National Health Policy aims to promote healthy, active, and dignified lives for older persons. A National Policy on Ageing will be established, providing a comprehensive framework for achieving this goal. In addition, legislation that aligns with a rights-based approach to ageing and the United Nations Principles for Older Persons (1991) should be established. The Geriatric Services program should be strengthened through the creation of a national structure dedicated to ensuring that quality health services are delivered to older persons in an integrated and sustainable manner. Standardization and enforcement of care models in both the public and private sectors will be pursued to ensure consistent quality of care. Training programs that equip professionals with the necessary skills to provide care for older persons will be prioritized. To overcome fragmentation, a national platform for multisectoral collaboration towards healthy and active aging will be institutionalized. Empowering active participation in family, community, society, and national development, as well as promoting self-reliance and functional independence, is crucial for this population group. To better understand the determinants affecting aging and health, the policy embraces improved surveillance, monitoring, and evaluation that will inform evidence-based decision-making and enable targeted interventions.

3.6.13 Prevention and Control of Non-Communicable Diseases

The National Health Policy aims to halt and reverse the growing morbidity and mortality associated with Non-Communicable Diseases (NCDs) by reducing risk factors, building multisectoral partnerships, and strengthening health services for NCD prevention, treatment, and control. To achieve this, the national policy and plan of action for NCDs will be implemented, integrating NCD prevention and control into healthcare delivery at all levels, with a special emphasis on community services. The policy prioritizes the institutionalization of evidence-based screening programs for NCDs, including diabetes, hypertension, and common cancers, along with mental health conditions impacting treatment adherence and outcomes. Healthy lifestyle and self-care interventions will be advocated for and supported across all societal segments, including homes, schools, workplaces, faith-based groups, and communities. Universal access to affordable NCD medications and interventions will be ensured, working in close collaboration with the private sector and other strategic partners. Vaccination against carcinogenic viruses, such as HPV, will be provided using cost-effective techniques. Policy and legislative frameworks will be strengthened to reduce harmful alcohol and tobacco use, particularly among youth. In

addition, the National Health Information System will be strengthened to capture and disseminate timely and reliable NCD data.

3.6.14 Mental Health

The National Health Policy aims to improve treatment, care, and support for individuals with mental health conditions using a community-based approach, while reducing stigma and discrimination. The policy prioritizes the protection of the rights of individuals with mental health conditions, their families, and caregivers, through appropriate legal and social provisions. Such provisions should include the establishment of a Mental Health Review Board and the inclusion of people with mental health conditions in income-generating programmes. Addressing the mental health and psychosocial support needs of individuals necessitates a whole-of-society approach, encompassing vital partners such as social, educational, and legal sectors. The policy embraces community-based, person-centered mental health services that are fully integrated into the general health system as the optimal model of care. Service coverage should include specialized mental health services for children. Strengthening overall support systems for individuals with mental health conditions is crucial, and effective approaches can involve peer groups, community networks, and active family engagement. Advancing promotion and prevention strategies throughout the life course is key, with particular emphasis on early-stage strategies (such as integrating mental health education in primary and secondary schools). Finally, the policy recognizes the optimal and equitable allocation of human and financial resources as a crucial priority to ensure the efficient operation of mental health services.

3.6.15 Prevention and Control of Communicable Diseases

The National Health Policy aims to reduce the impact of communicable diseases on the health and socio-economic wellbeing of the population through collaborative and interdisciplinary mechanisms for surveillance, prevention, and control. To achieve this, the national regulatory framework for the prevention and control of communicable diseases will be strengthened. Protocols, procedures, and guidelines will be developed for the management and control of disease outbreaks. The national surveillance capacity will be enhanced to ensure early detection and treatment of communicable diseases, including early response to new and re-emerging diseases. -Diagnosis and treatment of these diseases will be supported by laboratory services. Universal access to communicable disease prevention, treatment, care, and support services will be provided to achieve international targets. Healthy lifestyles and protective measures against communicable diseases will be promoted, while the elimination of stigma, discrimination, and social exclusion for those affected by such diseases will be supported. The policy also emphasizes the promotion of healthy environments in homes, schools, workplaces, and communities to support prevention and control measures for communicable diseases.

3.6.16 Injuries and Violence Prevention

The National Health Policy aims to reduce the incidence of morbidity and mortality caused by injuries and violence, including gender-based violence. To achieve this, prevention strategies will be implemented to safeguard against injury and discourage violence in various settings. There will be advocacy for improved school environments and cohesive communities that teach problem-solving and conflict management techniques. Support will be provided for the consistent and proper use of safety devices, such as seat belts, bicycle helmets, and motorcycle helmets. Responsible licensing and safe use of firearms will be promoted. The policy also promotes legislative policies and community-based interventions to reduce the risks for physical, emotional, and social mistreatment of older persons and address risky substance use. Furthermore, measures to promote home and recreational safety, such as playground safety, protection of swimming pools, installation of window bars, and proper storage of poisons and medicines, will be promoted.

3.6.17 Oral Health

The National Health Policy aims to enhance oral health outcomes by reducing the prevalence of dental decay and promoting public education on the preservation of oral health. To achieve this, there should be comprehensive coverage and equitable access to oral health services, including systems for prevention, early diagnosis, and effective management of oral health conditions. These systems should cater to all patients, including patients with special needs. The policy supports the establishment of activities for oral health promotion and disease prevention, appropriate treatment, and emergency oral health care in primary care services, functioning as part of multidisciplinary teams. Oral health services should also be provided in hospital settings as required. The policy prioritizes social responsibility and professional ethics in all aspects of oral health service delivery, including assessment and interpretation of the medical and dental risks of patients. Additionally, the policy emphasizes the importance of public education, with a particular focus on children and adolescents. Lastly, the policy encourages fostering collaboration with other sectors that influence overall health to integrate oral health promotion and care.

3.6.18 Nutrition

The National Health Policy aims to improve the nutritional status of the population through the promotion of healthy food consumption, lifestyle modifications, and self-care interventions. To monitor the nutritional status of the population and develop targeted interventions, the policy prioritizes establishing nutrition surveillance systems, as well as conducting nutritional assessments among vulnerable groups. Also, given the strong link between nutrition and NCDs, the policy embraces research and monitoring systems focused on NCDs. Recognizing the vital role of education in empowering individuals to make informed choices, the policy supports information, education, and communication strategies to promote the National Dietary Guidelines. One such strategy is the integration of National

Dietary Guidelines into school curricula at all levels, inclusive of adult and continuing education. Education programmes are also vital for family members and caregivers of nutritionally vulnerable persons. Promoting good nutrition practices at an early age is of utmost importance. This involves developing, implementing, and evaluating food and nutrition standards for feeding in schools at all levels, as well as strengthening the monitoring and reporting on infant and young child feeding practices (0-5 years). Interventions related to nutrition relies on a diverse, appropriately trained workforce, encompassing all in the public and private sector who interface with vulnerable persons and groups. The policy promotes healthy diets and lifestyles (including physical exercise) throughout the life cycle, with specific emphasis on developing and implementing National Physical Activity Guidelines.

3.6.19 Environmental Health

The National Health Policy aims to establish and promote safe, healthy, and supportive environments. This involves prioritizing elements such as proper waste management, safe public spaces, clean air, and safe food and drinking water. The policy emphasizes developing, updating, and enforcing laws and regulations that protect and preserve environmental health and safety. Reorienting environmental health policies and plans to support the efforts of individuals, families, and communities is crucial. In particular, key strategies should include mobilizing community partnerships and actions, as well as informing, educating, and empowering the population on issues related to environmental health protection and safety. The policy promotes thorough investigating and addressing of environmental health problems and hazards. The effectiveness, accessibility, and quality of environmental public health services should be regularly evaluated. Emphasis is placed on enhancing the capacity to undertake monitoring of and reporting on water quality, sanitation, and food hygiene. Beyond monitoring and evaluation, research is promoted to develop new insights and innovative solutions to environmental health concerns and challenges. Additionally, measures will be promoted to increase the use of safe drinking-water and sanitation services, while also managing the reduction of vectors and vector-borne diseases. Executing all essential functions related to environmental health and safety requires appropriate organization and management of a competent workforce.

3.6.20 Health Security

The National Health Policy aims to strengthen emergency management capacities of individuals, families, and communities, while reducing vulnerability to disasters. It emphasizes the need to develop and implement health and multisectoral policies, strategies, and plans that provide guidance and support for disaster risk management at national and local levels. The policy promotes effective disaster preparedness at all levels of the health system by focusing on response planning, pre-positioning of health supplies, developing surge capacity, and training exercises for healthcare professionals and other emergency

service personnel. Strengthening and streamlining mechanisms for multisectoral coordination at all levels is crucial to facilitate data-sharing, as well as coordinated communication and actions on risk reduction, response, and recovery. Continuous monitoring of potential threats to health, including biological, natural, chemical, and radiological hazards, will be carried out to enable early detection and timely warning for the public, health workers, and other sectors. The policy underscores the importance of building a national culture of health, safety, and resilience through education, training, and technical guidance on disaster risk management. Mobilizing the necessary resources is essential for implementing multisectoral policies, strategies, and plans on health disaster management and disaster risk management.

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4. Implementation Framework

The National Health Policy, 2019-2025 will be implemented through the existing organisation and management arrangements of the MOHWE, and all associated activities will conform to prevailing administrative norms, standards and procedures. The Senior Management Committee will provide general oversight of the implementation process, while the technical coordination functions will be executed by the office of the Chief Medical Officer. Primary responsibility for mobilisation of resources to satisfy the requirements of the National Health Policy will be vested in the office of the Permanent Secretary. The coordination functions will include:

- Directing the development of strategic plans that flow from the National Health Policy.
- Interfacing with key strategic partners across sectors.
- Organising monitoring, review and evaluation activities.
- Providing periodic updates to the general public.

The National Health Policy embraces both governmental and non-governmental organisations as strategic partners in achieving and sustaining universal health and the targets of the SDGs. For this reason, while the MOHWE will retain primary responsibility for management, coordination and implementation, other strategic partners will be required to perform critical supporting roles. Successful implementation of the National Health Policy requires widespread and sustained engagement of all strategic partners. An integrated communication and marketing strategy will be developed to catalyse such involvement. The aim will be to stimulate national ownership, enhance service delivery, synergise resources, expand intersectoral relationships, and strengthen community action.

The primary target audience will be policy makers, programme managers and practitioners within the MOHWE who will have primary responsibility for interpreting and implementing the National Health Policy. The secondary target audience will be individuals and institutions engaged in health-related programmes and activities. In addition, special attention will be paid to engaging the general public.

Monitoring and evaluation will be a core component of the implementation of the National Health Policy. The purpose is to track progress and to ensure that National Health Policy is used in decision-making and strategic planning. The process will also be used to measure progress in achieving the indicators and targets for universal health coverage and the SDGs. The monitoring and evaluation processes adopted by the MOHWE will be synchronised with related activities occurring in other partner agencies. This approach will be part of the core principle of strengthening partnerships through collaborative action.