

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

FUTURE COOPERATION AND COLLABORATION WITH DONORS


Prof. Dr. Abdulkarim Yehia Rasae

1. JUSTIFICATIONS FOR THIS MEETING

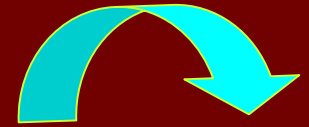
1.1 IT IS COURTESY MEETING

To introduce my self to you and to know
who is who

1.2. TO ESTABLISH COMMON UNDERSTANDING

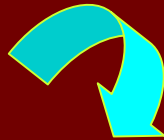
- ▣ As public health minded I do not think there will be any miss understanding or conflict.
- ▣ The most important thing is  to keep in touch and well informed in accountable and transparent way about how things are going on

☐ In case there are problems



my people in the ministry are ready and obliged to solve it and facilitate for you working comfortably in productive environment.

☐ In case there is a need to see me



my office and my house is opened for you at any time.

**2. HEALTH POLICIES
AND
STRATEGIES TRENDS
2006-2010**

- I am not bringing any thing new in this short presentation.
- These policies and strategies are those endorsed and adopted by the government and parliament in the third five year health plan 2006-2010.

2.1 Reduce morbidity and mortality *due to:*

- **Communicable disease**
- **Non communicable disease**
- **Risk associated with pregnancy and delivery**
- **Social behavior affected health**

2.2 Provide health care and improve its quality particularly:

- **Preventive**
- **Curative**
- **Promotive**
- **Emergency and ambulance services**
- **Blood transfusion**
- **Drug policy**

2.3 Improve management and human resources development

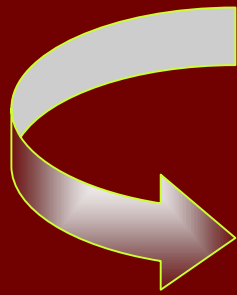
- **Health cadre**
- **Health management**
- **District health system (DHS)**
- **Health care financing**
- **Social health insurance**
- **Health legislations**
- **Staff motivation**

2.4 Enhance the health system performance and progress in public health domain

- More women join the health sector**
- Community participation**
- Private health sector participation**
- Improve health care provision means**
- More attention to civil societies establishments**

3. BUT (BIG BUT)

WE HAVE TO BE



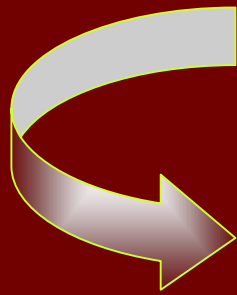
REALISTIC
&
PRAGMATIC

As you now these policies and strategies are mostly related to the country's overall development and will take ages

We need to :

- **be pragmatic**
- **choose 3-5 health problems as a priority for the coming seven months**
- **The chosen areas or problems for intervention should be based on**
 - * clear criteria matching every donor priority support*
 - * clear measurable monitoring and evaluation process.*

**From my point of view we
have to concentrate on
the followings:**



3.1 Social Health Insurance

- Revitalize the health sector reform through introducing *Social Health Insurance Health* management

- That will

bring more resources to the health system Health care financing

improve the quality of health care provision on the other hand



3.2 District Health System

Concentrate on District Health System aiming at :

- improving accessibility to and coverage by PHC & reproductive health
- strengthening decentralized health management by sharing health responsibility between *MOPH & P, local authorities* and *donors*

3.3 Immunization

- Sustain and increase high level of immunization as possible as we can

- With

- * sensitive

- * effective

- * predictable



surveillance

- With regard to *bird flue, poliomyelitis, measles, or any anticipated outbreaks* etc.

3.4 Coordination

Establish good coordination with

- **Local partners** such as
*Ministry of Agriculture, Defense,
Finance, Planning etc,*
&
- **international donors** such as your
esteem organization.

3.5 Quick conduct survey *for each governorate*

with regard to

- Its potentiality to develop any outbreak or sudden health problem
- &
- Take action from now to improve its weak points

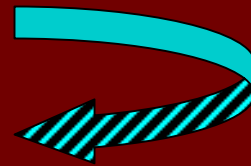
3.6 Predict the Actions & Resources required

- In a strategic vision *to prevent catastrophic health problems happening*
- Suggest the role and function of each health partner in this process *from the local or international society.*

3.7 Reproductive health

Give more attention to the reproductive health by providing

- MCH
- Family planning services



at  all district hospitals & health centers.

3.8 Hospital autonomy

4. BRAIN STORMING

**To implement
what have been
mentioned above,**

I suggest the following:

4.1 A workshop

for three days to discuss these issues

- Accepted what we propose

Or

- Replace it with new areas of priorities and interventions

This workshop must be

* well prepared for with joint facilitators from *MOPH&P, Donors and related health Ministries.*

4.2 A task force ***needs to be formulated***

- **From all partners in health development**
- **TO identify anticipated health problems**
- **TO study all urgent preventable actions that we have to take from now**

**5. DEMOCRACY
IS
WHAT I LOVE**

If none (completely or partially) from what I have said is not important or not a priority

I assure you that I will

- *Listen carefully* to what you propose
- &
- *Ready to change these priorities*

Because I believe that
we are partners and
change make improvements

6. CONCLUSIONS

6. CONCLUSIONS

- ▣ I am not new to the MOPH & P health problems, health policies and strategies.
- ▣ I trust in all the efforts taken by all the previous ministers.
- ▣ I respect and proud of our Yemeni's expertise and experiences.

6. CONCLUSIONS

BUT loudly I am saying

***WE NEED A REAL PARTNERSHIP
AND OWNERSHIP***

**in what we are doing and
implementing in the health
sector**

**TRUST ME
AS
I TRUST YOU**

Thank you