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MANAS

Health Care Reform Programme
of Kyrgyzstan



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Health Care Policies and
Systems Programme

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Keywords

- Health care systems
- Health services - organization and administration
- Health policy
- Kyrgyzstan

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Epilogue

In the last decade, all health systems have been in the process of reform, and various approaches have been taken. The MANAS Programme represents a systematic and comprehensive approach dealing with all aspects of the health care system. MANAS proved that strong government commitment is necessary to take action to improve the health status of the population. It showed the importance of building national capacity and ensuring its sustainability.

MANAS is an example of the successful co-ordination of both national and international resources.

MANAS has been a challenge for Kyrgyzstan, as a means to enabling a new health care system to achieve its objectives; a challenge for international organizations, as one of the rare attempts to unify efforts under a single umbrella; and a challenge for all, as it represents an important example for other nations.

The MANAS Programme continues to be a challenge. The master plan is ready. A well trained team is on board. Implementation has begun. It is now time for the citizens of Kyrgyzstan to benefit from the results.

J.E. Asvall

WHO Regional Director for Europe

- monitoring and evaluation of the implementation of the reforms; and
- capacity building.

Part of these activities involves helping the Ministry of Health to coordinate and monitor health care reforms by organizing workshops every six months. These will provide the opportunity to disseminate updated information and to make a comprehensive strategic review of implementation. The workshops will also allow for the sharing of experience by various parties and further planning through a participatory process. The first of these workshops was organized on 23-24 April 1997 in Bishkek, with support from a WHO mission. During the workshop, progress to date with the implementation of reforms was discussed in a number of areas. Further, there was a special focus on management training for health service managers at every level.

For widespread information dissemination, the first issue of the quarterly MANAS health care newsletter in Russian was published in April 1997. Distribution to all health facilities in the country is planned. The newsletter is to be published quarterly.

Lessons learned

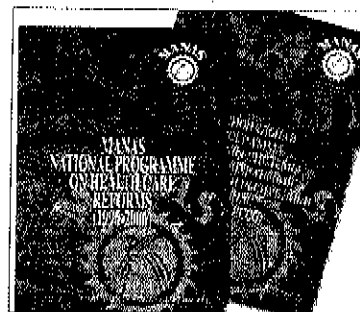
Creating national capacity is crucial.

The MANAS Programme showed the importance of national capacity building and the establishment of a team or unit responsible for the activities. Capacity-building activities among the team resulted in the development of a "critical mass" with a good understanding of the issues and the ability to assume responsibilities at central and local levels. The team also has acted as a counterpart for international and bilateral organizations.



Developing a strategic vision is essential.

Countries need comprehensive planning to guide their future actions. Even if countries do not fully implement such plans, they provide a framework to ensure consistency among various activities.



Coordination of donors by nationals is indispensable.

The MANAS Programme showed the importance of placing the coordination role in the hands of national officials and the need for international and bilateral donor agencies to respect this.



Remembering Dr Kafan Subanbaev

Dr Kasiev, the Minister of Health, whose leadership provided the strategic direction for MANAS, appointed Dr Subanbaev, the first Deputy Minister, as the technical counterpart in developing the Programme. Dr Subanbaev played an important role in shaping the Programme with his extensive experience and vision for the needs of his country.

Dr Subanbaev unfortunately passed away in 1994 during the initial stage of the Programme. It is very sad that the success of the Programme could not be shared with him, but he is always remembered and his contribution in reforming health care in Kyrgyzstan is acknowledged.



Dr Subanbaev (right) is together with Dr Kasiev and Dr Savas at preparation phase of the project.

Phase 2: managing the transition

OBJECTIVES:

- to further develop and operationalize the master plan;
- to provide management support; and
- to develop capacity.

The MANAS National Programme on Health Care Reforms (1996-2006) was launched with a Conference held in Bishkek on 15-16 October 1996. The Programme was presented to the relevant national officials and the representatives of the international and bilateral agencies. The Conference was also attended by representatives of the CARNET* countries. Thus, key health system leaders from all Central Asian Republics have had the opportunity to share the experience of MANAS.

After the launch, the implementation of the Programme began. It is being carried out at different levels. Legislation has been developed and adopted at the central level. Pilot implementation is ongoing at the oblast level, e.g., the Issyk-Kul and World Bank financed projects.

The implementation process is coordinated by the Policy, Planning and Coordination Department. Members of the MANAS team formed this department, which ensures institutionalization and sustainability of the capacity built during Phase 1.

* Central Asian Republics' Network on Health Care Reforms.

The department aims to assure sustainability through the continued coordination of the many donors contributing to implementation.

Role of WHO

Following the successful completion of Phase 1, the Ministry of Health of Kyrgyzstan, UNDP and the WHO Regional Office for Europe signed a tripartite project

agreement to provide management support to ensure successful transition and implementation of reforms.

Activities focus on:

- further development of technical issues;
- coordination of national and international activities;
- dissemination of information to all parties involved;



The implementation of the MANAS Master Plan was launched in Bishkek in October 1996.

Health Project financed by the World Bank

Part of the implementation of the MANAS National Programme on Health Care Reforms is covered by a project financed by the World Bank. This project has four components: primary health care, facilities rehabilitation, medical care provider payment and pharmaceutical management. The implementation of the project started in late 1996 and preparations are underway for piloting the provider payment component. Further, new tuberculosis policies are being piloted and training of health personnel at every level is being undertaken to improve mother and child health services.

Issyk-Kul Pilot Project

A pilot project was initiated in Issyk-Kul oblast in late 1994 to test the restructuring of health services and new provider payment mechanisms. Financial and technical assistance for the demonstration came from USAID. The pilot project is restructuring primary health care by establishing group practices. New payment mechanisms are planned to be tested later.

Donor coordination

During the development of the plan, international and bilateral organizations were informed about MANAS. Ways of coordination and cooperation within its framework were explored.

The Ministry of Health of Kyrgyzstan, UNDP and the WHO Regional Office for Europe called a meeting of all international and bilateral organizations interested in the health sector in Bishkek, on 13 June 1994. The meeting was attended by 47 participants including representatives from DANIDA, GTZ, the International Federation of Red Cross and Red Crescent Societies (IFRCS), the Department for International Development of the United Kingdom, the Swiss Red Cross Society, TICA, the United Nations Children's Fund (UNICEF), UNDP, USAID, WHO, the World Bank and the Government of Kyrgyzstan.

Major contributors of the MANAS Programme



The Donor Meeting in Bishkek in June 1994 concluded that:

"incorporating the inputs of international and bilateral organizations interested in contributing to the health services in Kyrgyzstan into the framework of the MANAS Programme would increase the effectiveness of these efforts. The coordination of inputs by international and bilateral organizations goes beyond avoidance in duplication of activities and ensures that all inputs are complementary."

During the Programme, great importance has been given to keeping all the donors informed about developments. This communication has been ensured in

various ways: circular letters, timely involvement in critical discussions and a quarterly newsletter, MANASLINK.

UNDP Leadership

Being aware of the overall context in the country, UNDP recognized the importance of health and health problems and took action to support the health sector. UNDP leadership provided a coordinating umbrella for other international and bilateral donor organizations. The funds contributed by UNDP served as the core for mobilizing more resources from other donors.



UN Coordinator Ercan Murat (left) with Dr Kasiev and Dr Asvall.

UNDP ensured co-ordination between the government and the Programme. It also ensured the translation of macroeconomic policies into health policies and the linking of the health sector with other social sectors.

The coordination of the different governmental, international and bilateral organizations within the MANAS Programme represents an important example for further programmes in Kyrgyzstan and other countries.

Donor cooperation has been a challenge for all. This approach has now been adopted and followed in other activities in the health sector of Kyrgyzstan. Nevertheless, some constraints have been faced. Some donors have been concerned about losing their identity within the framework of such a comprehensive programme. The variations in administrative processes of different organizations also caused some delays and increased bureaucracy. Nevertheless, the Programme has been successful, as shown by the number of donors working together in it.

Building capacities

The whole MANAS process has emphasized capacity building among the Ministry of Health staff at all levels. The main target group for these activities was the MANAS national team.



Acknowledging successful completion of training.

The process of on-the-job capacity building has been supported by overseas training and study tours as well as formal training programmes that focused on four broad areas.

Development of project management skills

The WHO Regional Office for Europe and TICA consultants provided training programmes on:

- project management;
- project planning, management, monitoring and evaluation from the logical framework approach;
- planning, evaluation and review technique (PERT);
- communication skills; and
- basic management skills and personal effectiveness.

Technical knowledge development

To improve the technical knowledge of the team members and familiarize them with the relevant concepts, seminars, workshops and training programmes on various topics were organized by the experts of the WHO Regional Office for Europe, the World Bank,



The MANAS team in one of the daily learning sessions.

DANIDA, the Swiss Federal Office for Foreign Assistance and TICA.

Training in the English language

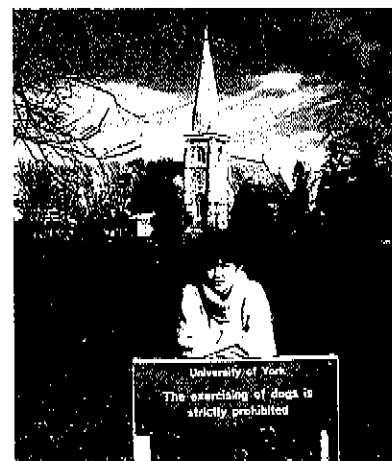
One local and two expatriate English teachers ran daily two-hour English lessons for the members of the national team throughout the project.

Computer training

A teacher provided through the Programme prepared the team members to use computers in their daily work. One-hour daily lessons were given over a five-month period. The team members have been introduced to software applications such as word processing, spreadsheets and presentation programmes.

Today, the members of the MANAS team are the acknowledged

experts of Kyrgyzstan. A group of them formed the Policy Planning and Co-ordination Department of the Ministry of Health. Other team members have assumed important responsibilities in the implementation of health care reforms at the central and oblast levels.



Study tours went West (York, United Kingdom)...



... and East (Tokyo, Japan).



Primary health care is being strengthened.

health care providers, and global budgets will give more autonomy to hospitals. In the long-term, a purchaser/provider split will introduce some structural changes and contracting will be practiced between the health fund and providers.

Primary care

Primary health care is to be strengthened and play the main role in service provision. The existing facilities will be rationalized and upgraded. Resources made available will be used to provide essential supplies.

Primary health care will be provided by feldsher-midwife points (FAPs) and primary health care centres in the rural and primary health care groups in the urban areas. Primary health care centres will be responsible for supervising FAPs. The delivery of primary health care will be essentially a team effort. The core team will consist of family physicians, feldshers, nurses and midwives. The training of the staff will be a priority to improve the quality of care.

Hospital services

The rationalization of hospital services will have utmost importance and the cost-effectiveness of services is to be improved through better management, revision of treatment protocols and the training of staff. Hospitals will have an autonomous status. Managers will be more accountable. New bodies such as executive, management and auditing boards will be introduced.

Human resources

Levels of human resources need are to be based on rational planning and the supply will be adjusted accordingly. Better management of human resources is being emphasized including the issues of

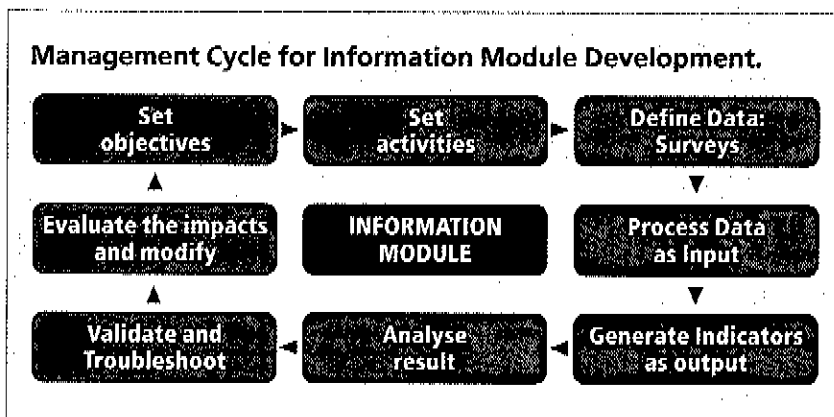
recruitment, career development, job descriptions, performance evaluation, monitoring and supervision, reimbursement and incentives.

Existing staff will receive intensive in-service training to update their knowledge and skills. Medical education is moving from specialist training to the training of general practitioners and the faculties of therapy and paediatrics have been merged. Some physicians will be retrained as family physicians through short-term courses.

Information systems

The Health information system will be enhanced to ensure the collection, analysis and process of data. The system will generate information for decision-makers at all levels. Health indicators will be revised so that the Health Information System will comply with international standards as well as meet national needs. The tenth revision of the International Classification of Diseases (ICD-10) will be introduced. Forms will be revised in accordance with the new national health indicators and ICD-10.

Information technology will be gradually introduced following careful identification of the requirements.



THE MANAS REFORM PLAN – SELECTED HIGHLIGHTS

Principles

The basic principles of health care reform which cover all areas of health services in Kyrgyzstan are:

1. improvement in health status;
2. equity in health which aims at reducing and eliminating differences in health indicators in different regions and between urban and rural areas, and guaranteeing access to existing facilities;
3. increased effectiveness in service provision;
4. protection of patients' rights.

Strategies

Prioritization has been identified as the strategy in the short term. The main features of the system are preserved. Public ownership of the provider system and taxes as the dominant source of funding continues. Emphasis has been placed on rationalization of the existing network and service provision.

Rationalization focuses on reducing the existing excess capacity in facilities, hospital beds and staff.

The consolidation of facilities targets three levels in the initial stage: republican institutions, specialty hospitals, and rural hospitals and outpatient facilities.

Savings are to be redirected to the priority areas: strengthening primary health care with an emphasis on mother and child health and control of communicable diseases.

Financing

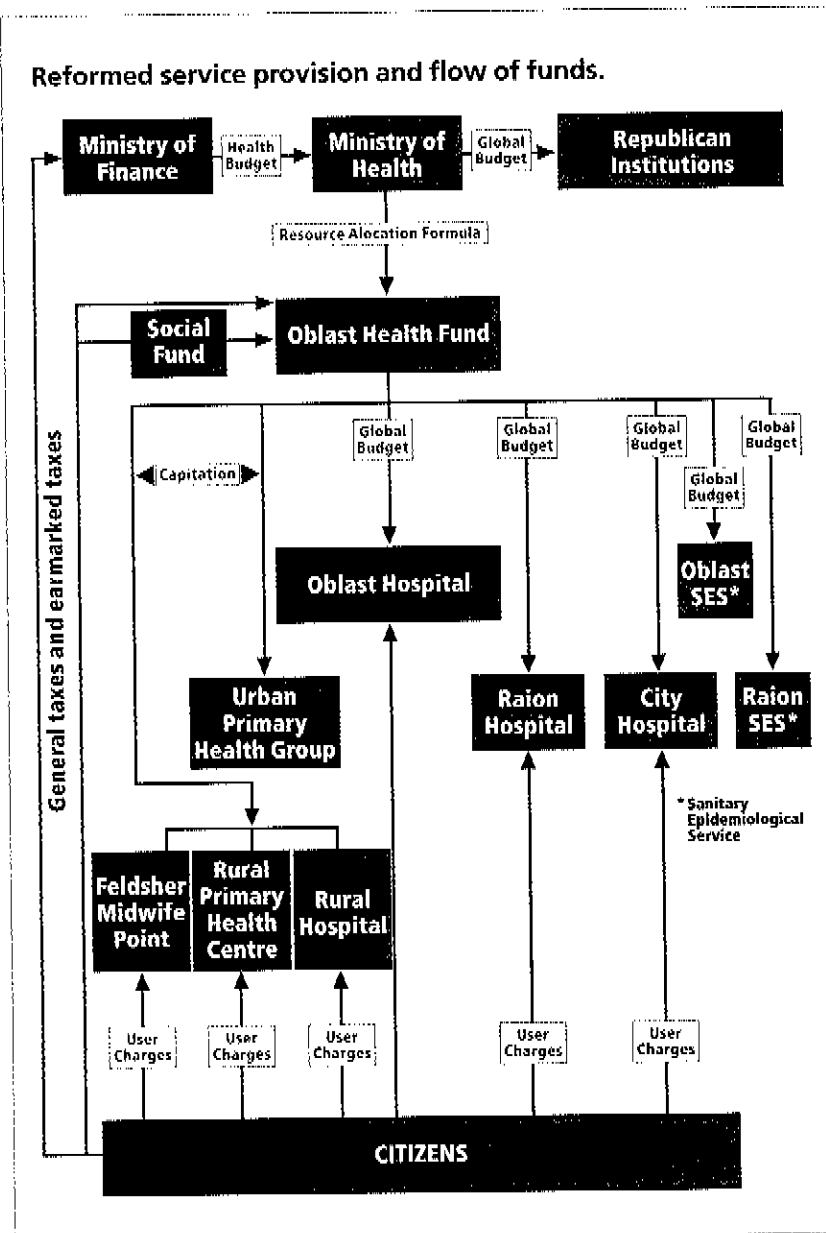
The main sources of funding continues to be general taxes with some additional resources raised through user charges; earmarked taxes on tobacco and alcohol; and transfer of social fund revenues used for resort treatment and sick leaves. Health insurance is being gradually introduced as an additional source of funding.

A more equitable resource allocation mechanism is to be introduced in the distribution of resources to oblasts. For this purpose, a formula has been developed based on three indicators:

- oblast population weighted for age and sex according to an index of volume of need;
- standardized mortality ratios for each oblast as a proxy for morbidity;
- proportion of the oblast population that lives at high altitude as a proxy for socioeconomic conditions.

The expenditure management system at the facility level is to be moved away from itemized budgeting based on Soviet norms and payment systems. Incentives for cost-effectiveness are to be introduced.

Capitation-based payments will be introduced for paying primary



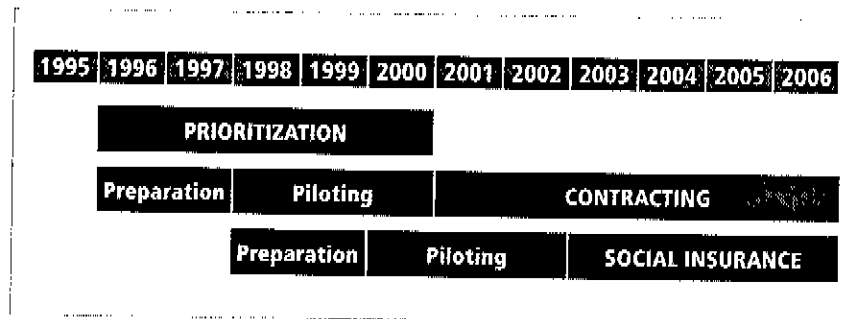
Step 2. Development of strategic policy options

Based on the situation analysis, four broad policy options were developed for health care reform in Kyrgyzstan. These options aimed to initiate a debate and provide the background for selecting an appropriate strategy.

Policy options were:

1. a preservation strategy aimed at retaining, to the extent possible, the key design features of the system inherited from the past;
2. a prioritization strategy, assuming the continuity of the structural features with a strong desire to realize gains in both efficiency and equity by redirecting the limited resources currently and prospectively available;
3. a contract strategy, assuming the introduction of structural change (the separation of the provision and finance of health care in a highly managed market);
4. a laissez-faire strategy, assuming the full application of free-market disciplines that will ensure efficient production of the health services that the consumer wants.

The document on policy options was widely distributed among all relevant parties for comments. The options were discussed at various workshops and meetings in the Ministry of Health. One milestone event in the process was the MANAS National Conference on Health Care Policies (Bishkek, 20-22 February 1995). Its purpose was to bring together representatives of the Government, international and donor agencies to assess the policy options in terms of changes, consequences and expected outcomes. The Conference pro-



Health care reform policy in Kyrgyzstan – timeline.

vided further information to the Kyrgyz Government for internal deliberations on a preferred policy option.

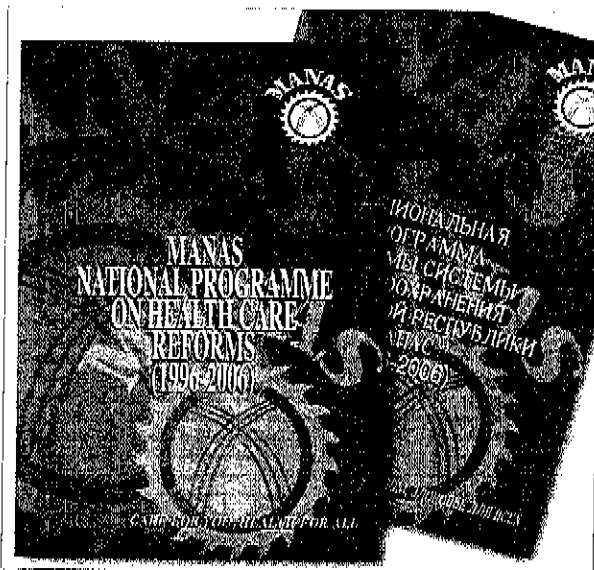
In April 1995, the Ministry of Health identified and announced the main directions of the health care reform of Kyrgyzstan; the option, chosen was a combination of proposed options.

Step 3. Refinement of the master plan

Based on the Government's decision of a preferred strategy, the MANAS Workshop on Health Care Reform Strategies was held (Cholpan-Ata, 28 June – 1 July 1995) with the participation of representatives from the Ministry of Health, the Ministry of Finance, other relevant parties in Kyrgyzstan and representatives from WHO, UNDP, United Nations Population Fund (UNFPA), the World Bank, TICA, Gesellschaft für Technische Zusammenarbeit (GTZ), the British Know-How Fund, Swiss Federal Office for Foreign Assistance and the United States Agency for International Development (USAID). During the Workshop, policy issues in the preferred

strategy were discussed in detail and the framework of the master plan was defined.

The MANAS national team, with the assistance of the Programme Co-ordination Secretariat and international consultants, then worked on the details of the draft master plan, which was distributed for comments both nationally and internationally. It was discussed in detail in many workshops held in Bishkek and in each oblast. The MANAS national team and the Resident Adviser participated in these workshops. Health facilities were visited, which provided the opportunity for direct discussions with the health personnel in the field.



The master plan was then revised and completed: the MANAS National Programme on Health Care Reforms (1996-2006) was adopted on 10 June 1996.

Phase 1: developing the master plan

OBJECTIVES:

- to prepare a master plan for health care reform; and
- to strengthen the policy-making and management capacity of a key group of Kyrgyz experts to support its implementation.

Preparation of master plan was undertaken in three steps:

1. situation analysis
2. development of policy options
3. refinement of the selected policy option.

Step 1. Situation analysis

The MANAS national team made a detailed, thorough situation analysis study (see page 5). During this process, the team was assisted by a group of international consultants: 16 consultants from TICA worked with the team on the areas of target population; health sector policies; organization and management; primary health care; human resources; and health information systems in June 1994. Information on demographic structure and epidemiological status was gathered to define the current health status of the population. Current sectoral policies were evaluated. Reviews were made of the internal structure of the Ministry of Health and the roles, responsibilities, powers and interrelationships of various organizations involved in planning, coordinating and delivering health care. The functioning and organization of primary health



MANAS National Conference on Health Care Policies: President Akaev; Dr Kasiev, Minister of Health; Mr Jumagulov, Prime Minister; Dr Asvall, Regional Director, WHO Europe; Mr Ibrahimov, Vice Prime Minister.

care services and the health information system, as well as the qualifications, numbers, distribution, training and management of staff were explored, as well as health care financing.

In addition, a WHO mission for the programme for pharmaceuticals in



*Professor Meirmanaliev
– in one of the workshops.*

the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the USSR and the drug action programme assisted in an in-depth analysis of the pharmaceutical sector and relevant policy issues. The Danish International Development Agency (DANIDA) through the United Nations Development Programme Office for Project Services (UNDP/OPS) supported the situation analysis of hospital services. The World Bank provided assistance in the situation analysis on physical infrastructure.

While some of the activities were perceived as duplicating work already done, it was important for national experts to go through all the steps and fully understand the problems. This work resulted in a national team that is well aware of the current situation and future strategies and actions.

HIGHLIGHTS OF THE 1994 SITUATION



Too many hospitals... too many beds...

The health status of the population, as measured by conventional mortality indicators, showed marked changes in the short period since 1990, including cumulative signs of deterioration. Since 1990, the infant mortality rate, crude mortality rate and incidence of communicable diseases (tuberculosis, sexually transmitted diseases (STDs) and vaccine-preventable diseases) had increased. Analysis of the causes of mortality, especially infant and maternal mortality, revealed that many deaths were preventable.

Health services

The system heavily relied on hospital services. There were too many hospitals with too many beds. Hospital services were fragmented and characterized by too many specialist facilities. Further, compared to many other middle-income countries, Kyrgyzstan had hospitals with high admission rates and a long length of stay. The existing legislation, payment system and treatment standards encouraged the unnecessarily high use and the irrational management of hospitals.

In contrast, primary health care was underused. Referral rates were quite high owing to the requirements of legislation and the inadequate training of the staff, as well as lack of drugs and supplies. The services also lacked some basic equipment that would allow them to diagnose and treat many diseases at the primary health care level. In addition, the provision of primary health care by specialists resulted in duplication of services and unnecessary referrals.

Kyrgyzstan had an excess of human resources for health compared to many other countries in the WHO European Region, although the exodus from the sector since 1991 had been considerable. Health personnel suffered from low salaries and lack of incentives for better performance, as well as poor working conditions.

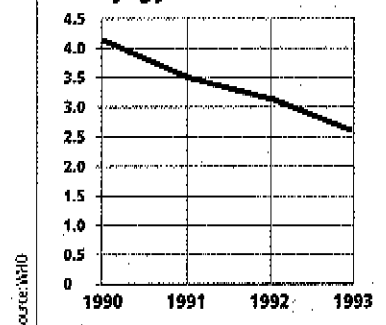
The population and health personnel suffered from a lack of available pharmaceuticals. Acute shortages occurred from time to time, but affordability was becoming a more and more

important problem. Further, the lack of quality control, and irrational prescribing raised important problems in drug management. There was also a significant shortage of supplies and equipment, as well as difficulties in maintaining the existing infrastructure.

Health care financing

The overall contraction in the national economy contributed to the problems of the health sector. Both the ratio of public health expenditure to the gross domestic product (GDP) and allocations to health from the total government budget declined.

Health expenditure as a percentage of gross domestic product in Kyrgyzstan.



Source: WHO

While taxes continued to be the main sources of funding, some revenue was raised through official user charges and unofficial out-of-pocket payments were rising considerably.

The utilization of these limited resources revealed inefficient distribution among services. For example, 74% was spent on hospital services, while the main problems lay at primary care level. Further, the geographical distribution of resources among the oblasts was uneven, with no correlation to need.

Phase 0: facing the challenge

OBJECTIVE:

To make the necessary preparations for launching the project.

The Ministry of Health of Kyrgyzstan and the WHO Regional Office for Europe signed a memorandum of understanding in March 1994. The Ministry expressed its intention to develop a master plan for the health care system in Kyrgyzstan and the Regional Office agreed to assume the following responsibilities:

1. an advisory role in health and health care policies, as well as health sector reforms and management;
2. assistance in ensuring effective coordination of the input of donor organizations to the Programme and prevention of duplication of activities; and
3. assistance to the Kyrgyz Government in fund-raising to support the Programme.

This was followed by a tripartite project agreement between the Ministry of Health, the United Nations Development Programme (UNDP) and the WHO Regional Office for Europe. The support of UNDP provided an umbrella for the international and bilateral organizations.

A memorandum was also signed between the Ministry of Health, the WHO Regional Office for Europe and the Turkish International Cooperation Agency (TICA), which ensured the support of Turkish Government for the Programme.

Further, all relevant international organizations and bilateral donors were asked to attend a meeting in

Bishkek on 13 June 1994, to explore ways of working together within the framework of the MANAS Programme. Their support and coordination were sought and further resources were mobilized.

Organizational arrangements

A national team was established for the Programme (See page 1). The team was headed by a programme co-ordinator, Professor Tilek Meimanaliev, and included 25 central-level professionals and seven regional-level professionals including one from each oblast, who all worked full-time at the central level. Beyond this, two professionals formed the oblast-level team working out in each of the oblasts. These experts participated in training programmes and some meetings at the central level.

The central team was divided into groups addressing the following topics: health care financing, primary health care, hospital services, pharmaceuticals, human resources, health information systems and physical infrastructure.

The national team was assisted by the Programme Coordination Secretariat from the WHO Regional Office for Europe.

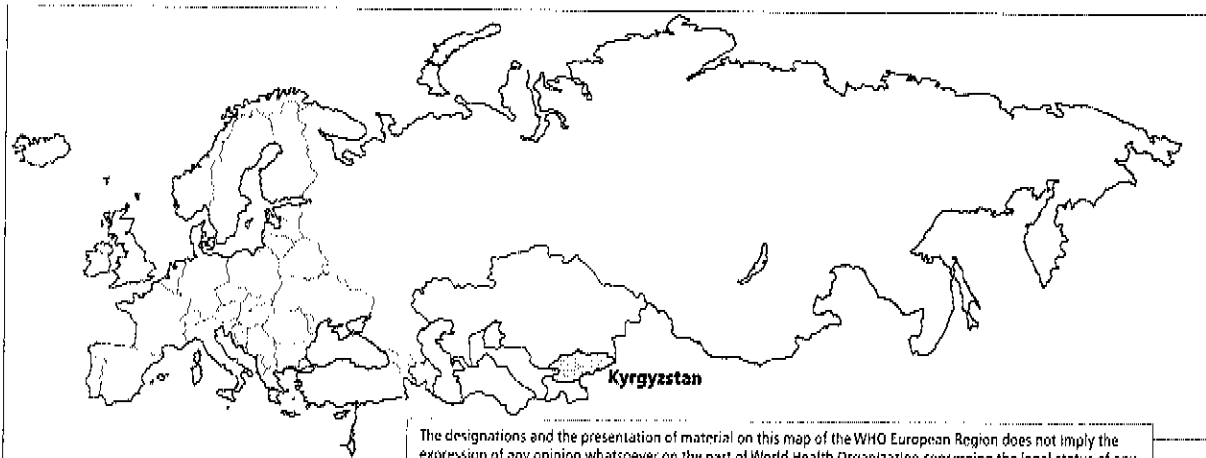
A project office was established in Bishkek as the official headquarters of the MANAS team and equipped with computers and other modern office equipment. Support staff, including secretaries and interpreters, also joined the team.

People worked well together and developed a new kind of team spirit. They moved away from a traditional command-control type of relationship.

A WHO Resident Adviser worked with the team full-time in the project office during this period. She acted as a catalyst in the Programme. Her presence facilitated cross cultural communication, interpretation of views, and a better understanding of concepts.



The MANAS national team – a new kind of team spirit.

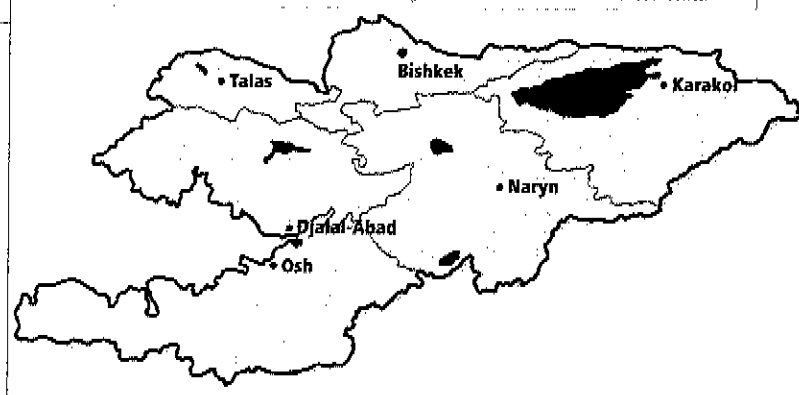


Source: WHO

The designations and the presentation of material on this map of the WHO European Region does not imply the expression of any opinion whatsoever on the part of World Health Organization concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries.

Kyrgyzstan...

... is a central Asian republic with a population of 4.45 million covering an area of 198 000 km² and bordering on Kazakstan, Uzbekistan, Tajikistan, and China. Ethnic Kyrgyz comprise almost 57% of the population, followed by Russians and Uzbeks (18.8 and 13.5%, respectively). About 62% of the population live in rural areas and 38% in urban areas. The national language is Kyrgyz, which is a member of the Turkic languages' family.



Kyrgyzstan is predominantly mountainous with significant mineral deposits and fast-flowing rivers that have enabled hydroelectric power to be developed. Agriculture is a

traditional occupation in all areas of the country. The country is divided into 6 oblasts (regions): Chui, Issyk-Kul, Osh, Talas, Djalal-Abad and Naryn. The capital is Bishkek.



MANAS: meeting the challenge

Since its independence in 1991, Kyrgyzstan has faced many difficulties resulting from the transition from a centrally controlled

economy to a market economy. This transition has brought with it serious social and economic problems. These factors and the resulting problems for the health sector have led to a deterioration in the health status of the population. This, in turn, has highlighted the need for reforming the health care system to improve health by increasing efficiency, effectiveness and quality of care.

need for a consistent policy framework for coordinating activities aimed at reforming the health care system.

In early 1994, the Ministry of Health of Kyrgyzstan requested the assistance of the WHO Regional Office for Europe in developing a comprehensive health care reform programme. Thus, the MANAS Health Care Reform Programme was initiated; its objective was to improve the health status of the people of Kyrgyzstan by ensuring a health care reform which promotes health gain, equity, the effective use of resources and cost-containment practices.

Who was Manas?



Manas was a warrior king named in an ancient epic of the Kyrgyz people. The Manas legend has been transmitted orally for centuries. No one knows for certain when or where his story began. The epic refers to the state of Kyrgyz Khanat, which existed from the sixth to the thirteenth centuries.

The name Manas has come to represent aspirations for freedom and unity through the centuries. Kyrgyzstan celebrated the millennium of Manas in 1995. This celebration represented the dedication and high spirit of a nation that is experiencing a difficult transition. The MANAS health care reform programme was named after this national epic hero. Thus, the Ministry of Health has greeted the dawn of the third millennium with a comprehensive master plan which unites activities in Kyrgyzstan aimed at reforming the health care system.

Many international and bilateral organizations were engaged in activities to assist the health sector in Kyrgyzstan. Although each activity made valuable input to the sector, they were isolated events, and did not take a comprehensive view of health care reform. These diverse activities made explicit the



The transition to a market economy has brought with it serious social, economic and health problems.

Introduction

The MANAS Health Care Reform Programme of Kyrgyzstan provides a notable example of a whole system approach to reforming a health care system.

The Programme is important in both process and content. The process has four main features:

- development of a strategic vision;
- ensuring participatory policy development;
- building policy-making and management capacities; and
- ensuring active donor coordination.

The technical content of the programme focused on achieving four policy goals:

- health gain
- equity
- efficiency
- effective and high-quality care.

The MANAS Programme has been undertaken in three phases:

Phase 0: preparation;

Phase 1: development of the master plan and capacity building;

Phase 2: implementation of health care reforms and management of the transition.

We hope that the experience gained through this process can provide some lessons to other similar initiatives and this document can contribute to this objective.

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