

WORLD HEALTH ORGANIZATION (WHO)
CONSULTATION DOCUMENT

**A Framework for National Health
Policies, Strategies and Plans**

Draft 3 June 2010

This paper reviews current practice in and the potential for enhanced support to countries as they develop more robust, effective and credible national health policies, strategies and plans.

1. A renewed focus on Policy Dialogue around National Health Policies, Strategies and Plans

Most countries have been using the development of National Health Policies, Strategies and Plans for decades to give direction and coherence to their efforts to improve health. WHO has a long track record of supporting countries in this endeavor: through technical cooperation and facilitation of national policy dialogue and inter-country exchange, as well as through normative work and high level international policy frameworks. In many developing countries a diversity of agencies – domestic as well as external – is stepping up its support.

Yet, the renewed interest in these processes and instruments for steering country health sectors differs substantially from the 1980s and 1990s. There is a far greater recognition of challenges that require upstream policy responses rather than mere technical fixes:

- The mismatch between the actual performance of fragmented health systems and the rising expectations of society is becoming a cause of concern and internal pressure for health authorities as well as for politicians. This translates in growing calls for strengthening of health systems and a renewal of PHC: universal coverage, people centered care, emphasis on public health and health in all policies.
- Governments recognize that they have the responsibility to translate these calls into national health policies, strategies and plans. At the same time, they recognize that in their pluralist, mixed health systems national health policies, strategies and plans have to address the problems of the entire health sector and cannot be limited to command-and-control plans for the public sector;
- It is now widely understood that national health policies, strategies and plans have to go beyond health care delivery and address the broad public health agenda; and that they have to go beyond the boundaries of health systems, addressing the social determinants of health and the interaction between the health sector and other sectors in society. Many countries, however, struggle to develop the policy instruments to implement this.

The current context is favorable for getting more value from national health policies, strategies and plans. Domestic expenditure on health grows (in many low- and middle-income countries this contrasts with the 1990s) which creates new challenges but also new opportunities, and the global information-society is modernizing and transforming the health sector across the world.

- There is much more emphasis on accountability of the many stakeholders in health;
- There is a growing expectation that national health policies, strategies and plans be informed by a realistic assessment of current capacities and a bold vision of the future;
- In an environment of global health governance, national capacities and sustainable policies, strategies and plans are a must to reap the full benefits of global cooperation and intelligence, while retaining country autonomy and specificity.
- Finally, in countries where external aid plays a significant role, national health policies, strategies and plans are increasingly seen as the key to improve aid effectiveness. Both countries and aid agencies now consider strong national health policy and planning processes to be critical for the harmonization and alignment of external and internal financial and technical inputs to the health sector and for addressing the unproductive fragmentation and duplication that is so common.

2. Policies, Strategies and Plans: hierarchy, terminology and common disconnects

Policies, strategies and plans are words that cover a wide spectrum of dimensions and hierarchies. They range from:

- From values and vision, policy direction, strategy, and strategic planning, to detailed operational planning;
- From “comprehensive” health planning to “disease-specific or programme” planning;
- From a long term, 10-20 year time horizon, to the 5 year plan, the 3 year rolling plan, and the yearly operational plan;
- From national to regional or district plans;
- From highest level endorsement of the vision and the policy directions, to approval of operational plans.

It is then not surprising that even a cursory glance at actual country processes and at the literature reveals an interchangeable use of the terms such as policy, plan, strategy and program. There seems to be not only a lack of consistency but also a lack of consensus on the way core terms are used. Such differential use reflects a diversity of approaches and levels at which national health policy is undertaken, as well as the different aims countries have. In some countries work with a comprehensive “National Health Plan” that incorporates the notions of vision, policy, strategy, and plan. Others partition the products of the national policy dialogue process in different ways, including the following:

- “policy” (covering the vision and broad policy directions) versus “strategy” (a strategic plan for implementation and operational plan and budget);
- “national strategic plan” (merging vision, policy, strategy and plan) versus “operational plans”;
- “national health policy” (situation analysis, values, policy directions) versus “national health strategic plan” (implementation frame for the national health policy);
- “strategic plan” (stewardship for the long term vision) versus “operational plans” (managerial, short term implications), and a bridge between these two, the “medium term plan”.

In any given country the partitioning between different products and the terminology used are largely determined by regional and national specificities, by the political culture and history, and by the concrete challenges faced. This inter-country and inter-regional diversity in terminology and in practice has to be acknowledged. Still, it remains useful to map each individual country practice, by mapping it to a benchmark of hierarchies and terminologies, as illustrated in annex 1. This makes it easier to identify and correct common disconnects:

- Upstream, the frequent disconnect between the national health policy/strategy/plan and
 - the priorities and frameworks of global players, development agencies and donors;
 - the broader national development policies, policy frameworks and fiscal space;
- Downstream, the frequent disconnect between the overarching national health policy/strategy/plan and
 - the disease-specific or programme-specific strategies and plans (such as, for example, those targeted by the National Strategy Applications of the GFTAM);
 - the sub-national and decentralized planning processes, particularly the district operational plans.

3. Elements of good practice

Experience shows that the policy dialogue for building comprehensive national health policies, strategies and plans is as much a political process as a technical one. It requires attention for the inspirational side of defining vision and policy; it also requires attention for operational detail. The balance between vision, policy, strategic planning and attention for implementation varies considerably from country to country. Given the overarching importance of context, blueprint approaches are unlikely to be of much assistance. Nevertheless, there are ways of going about policy dialogue that are more likely to produce robust policies, strategies and plans.

a) Sound process

There is ample experience that National Health Policies, Strategies and Plans are more robust and more likely to get implemented effectively if their development and negotiation is inclusive of all relevant stakeholders (social, technical, political), in and beyond the health sector. Smart timing with country political and institutional cycles and broad stakeholder involvement are critical and require:

- i. Building consensus on the situation analysis.
- ii. Broad consultation processes, across government and inclusive of civil society, to formulate the goals, the values and the overall policy directions that will guide strategy building, planning and decision making.
- iii. The active management of the process leading to high level endorsement of these policy directions.
- iv. Broad consultation on priority setting and design of the policies, strategies and plans.
- v. Setting up mechanisms for getting feedback on implementation and initiating corrective measures.
- vi. Alignment with broader frameworks such as national development plans or poverty reduction strategies as well as supra-national policies, agreements and initiatives.
- vii. Measures to ensure and protect country ownership and institutional capacity in countries where external agencies play an important role.

b) Realism

National Health Policies, Strategies and Plans are more likely to be implemented if:

- i. They are made by the people who will implement them;
- ii. They are compatible with the sector's capacities and resources and constraints, and chart out realistic ways of developing capacities and resources through mobilization of government and partners around sectoral priorities;
- iii. Their policy directions are anchored through political and legal commitments that ensure long term sustained efforts,
- iv. Their link strategic and operational planning with enough flexibility for adapting to unexpected developments in the economic, political and health environment;
- v. They address the concerns of the implementing and middle levels of the health sector;
- vi. They enjoy political commitment of health sector management and government as well as the buy-in of stakeholders with competing interests.

c) A comprehensive, balanced and coherent content

National health policies, strategies and plans must articulate, in a manner appropriate to country context and constraints, in a comprehensive, balanced and coherent fashion:

- i. *Vision, values, goals, targets and intersectoral policy alignment*
- ii. A robust *situation analysis*, covering:
 - a. Assessment of *social determinants of health and health needs*, including current and projected disease burdens and health challenges;

- b. Assessment of *expectations*, including current and projected demand for services as well as social expectations
 - c. Assessment of *health system performance* and of performance gaps in responding to needs and expectations
 - d. Assessment of the *capacity of the health sector* to respond to current and to anticipate future challenges
 - e. Assessment of *health system resources* (human, physical, financial, informational) and of resource gaps in responding to needs and expectations
 - f. Assessment of *stakeholder positions* (including, where appropriate, of external partners)
- iii. The possible scenarios and *policy directions* for (i) improving health equity, (ii) making services people-centered so as to respond to priority needs and expectations, (iii) protecting and promoting the health of communities and public health; and (iv) building the capacity to deal with crisis and future challenges
 - iv. A comprehensive *strategy* to respond to the challenges and implement the policy directions:
 - a. the implications of these policy directions for: (i) service delivery (service networks as well as programs, actions aimed at individuals as well as public health actions aimed at populations), (ii) health workforce, (iii) medical products and technologies, and infrastructure, (iv) information, (v) health financing, and (vi) governance of the health sector
 - b. their implications for working with other sectors
 - c. their resource implications and the associated costs
 - d. the investment strategy and a strategy for mobilizing the funds required
 - v. The *leadership and governance arrangements for implementing* the strategy in terms of:
 - a. role of various institutions and stakeholders
 - b. monitoring performance, measuring outcomes, organizing research and adapting the strategy to changing circumstances
 - c. regulatory and legal frameworks to ensure sustainability
 - d. working with other sectors to ensure health is taken into consideration in all policies
 - e. dealing with the donor community in countries where donor funding is an important contributor to financing the health sector

How these content components are sequenced and partitioned among policy, strategy and planning documents, and where the emphasis is put, depends to quite some extent on the specific country-context. Imposing blueprint formats would be ill-advised. As a general principle, however, the whole range of issues needs to be covered, and it is critical that the operational choices between different implementation options and the approaches to monitoring and evaluation be buttressed by the use of appropriate normative tools and techniques.

d) Linking with medium-term and sub-national plans

To be effective national strategic plans must be linked to sub-national operational plans, at the regional or district level. The degree of linkage depends on the level of detail in the national strategic plan, as well as on the level of autonomy different levels have to define their own strategies.

Some countries tend to choose a more centralized approach with an explicit and tight linkage between national strategic plans and sub-national operational plans: this has the advantage of coherence between local operational plans and the national strategic plan, but may be overly controlling and provide insufficient adaptation to context.

Other countries go for a more decentralized approach with a looser link between national strategic plans that offer guidance, but leave much more liberty of interpretation at more decentralized level: this allows for flexibility and creativity at the operational level, but may lead to contradictions with the national strategic plan.

Some countries link the high level vision of their national strategic plan with operational plans through rolling medium term plans and expenditure frameworks, a large part of which is the sum of the results of the peripheral, bottom-up planning that takes place at district and sub-national level.

e) Linkage with programs

There is great variation in the extent to which national health policies, strategies and plans address the concerns and operational plans of the country's disease-specific programs. In many countries the disconnect between disease-specific program planning and the national health policies, strategies and plans leads to imbalance or lack of coherence between the planning efforts and subsequent problems in implementation.

The causes are complex and include: (i) inadequate situation analysis and priority setting, with sub-optimal use of existing tools and instruments; (ii) the disconnect between the operational planning conducted by the various programs from delinked from the policy dialogue on national health policies, strategies and plans: they are often conducted by different constituencies with different planning cycles; (iii) donor practice to earmark funds, leading to fragmentation, competition for available scarce resources, and imbalances in national priority setting.

In many countries there is a potential for improving balance and coherence between the operational plans of the various programs and the national health policies, strategies and plans, by

- better managing the policy dialogue and systematically including the various constituencies; and
- giving visibility to the impact of program planning on shared health system capacities.

Coherence requires that each program's concerns should be reflected in the comprehensive national health policy, strategy and plan, while program plans are informed by realistic assessments of how they can draw on shared resources and capacities and of how they will impact on these shared resources and capacities.

4. Better support for better policies, strategies & plans

There is a general consensus that in many countries there is substantial room for improvement in developing National Health Strategies. Better support, by WHO and by the global health community, can be critical in the following areas:

a) Building on a sound situation analysis and inclusive priority setting

In many countries the situation analysis on which policies, strategies and plans are based can – and should – be broadened to encompass the comprehensive range of current and future health problems and determinants. In many cases the way this is complemented with an analysis of expectations, of demand and of the problems affecting the various building blocks of the health system can be done much more systematically. To do so would vastly improve the chances of developing a coherent strategy. Situation analysis and priority setting provide the ideal opportunity for enriching policy dialogue with issues such as the renewal of PHC through universal coverage, people-centered care, participation, and effective public policies.

Opportunities for enhancing policy dialogue include assisting countries to: assess their health policies and strategies (e.g. by implementing the JANS guidelines; build scenarios for the future, inclusive of the health and health systems impact assessment of the different options considered; make systematic use of existing tools and expertise (e.g. in burden-of-disease or cost-effectiveness analysis); bring together stakeholders and domestic expertise around innovative approaches to build an evidence-based consensus on situation analysis (e.g. through the Country Health Intelligence Portals).

b) Resource planning and program budgeting

With currently available tools, expertise and experience it is possible to provide

- i. better translation of national priorities into detailed resource plans (quantification of requirements in people, equipment, institutions, infrastructure etc.), and
- ii. better translation of these resource plans into their budgetary implications. To do so is strategic in order to negotiate a consensus around financing arrangements, both domestic and from aid.

There is a range of tools and expertise that can be mobilized by WHO and other development partners to assist countries with resource planning (e.g using iHTP resource planning software), costing (e.g. using the common UN costing tool that is nearing completion), or sharing of experience with financing models and strategic intelligence (e.g. National health Accounts or measurement of catastrophic expenditure).

c) Process management

A number of countries have been working hard to develop more inclusive approaches to policy dialogue. On the whole, however, attention to process remains largely unsystematic. In some countries this is in part because of a high turnover of planners, which constrains the skill base and the institutional memory. In other countries it can in part be attributed to successive waves of externally driven priorities and reform agendas. It is possible to improve the management of the process through a combination of

- i. Investing in country-level institutional and individual capacities for conducting meaningful policy dialogue. In some regions the creation of policy or planning units within Ministries of Health is considered critical;

- ii. Using the JANS framework or similar approaches to guide (and not merely to assess) the policy dialogue process;
- iii. Broadening the policy dialogue beyond the public sector;
- iv. Broadening the policy dialogue beyond the health sector, aligning national health strategies with national development plans, and financial policy cycles;
- v. Promoting behavior change among donors in line with the Paris principles of country ownership, alignment and harmonization

The global health community, including WHO, can assist countries in various ways. First, the global health community can facilitate inter-country exchange of experience on national health policies, strategies and plans, through peer reviews, exchange visits, communities of practice, traveling seminars, institutional twinning, etc. Second, it can, particularly in countries with weak institutional capacity and in unstable context, use its country presence and leverage to enhance the continuity of the strategy development process, and give it a long term perspective.

d) Ensuring coherence between the national health policy, strategy and plan, and the operational plans of (disease-specific) programs

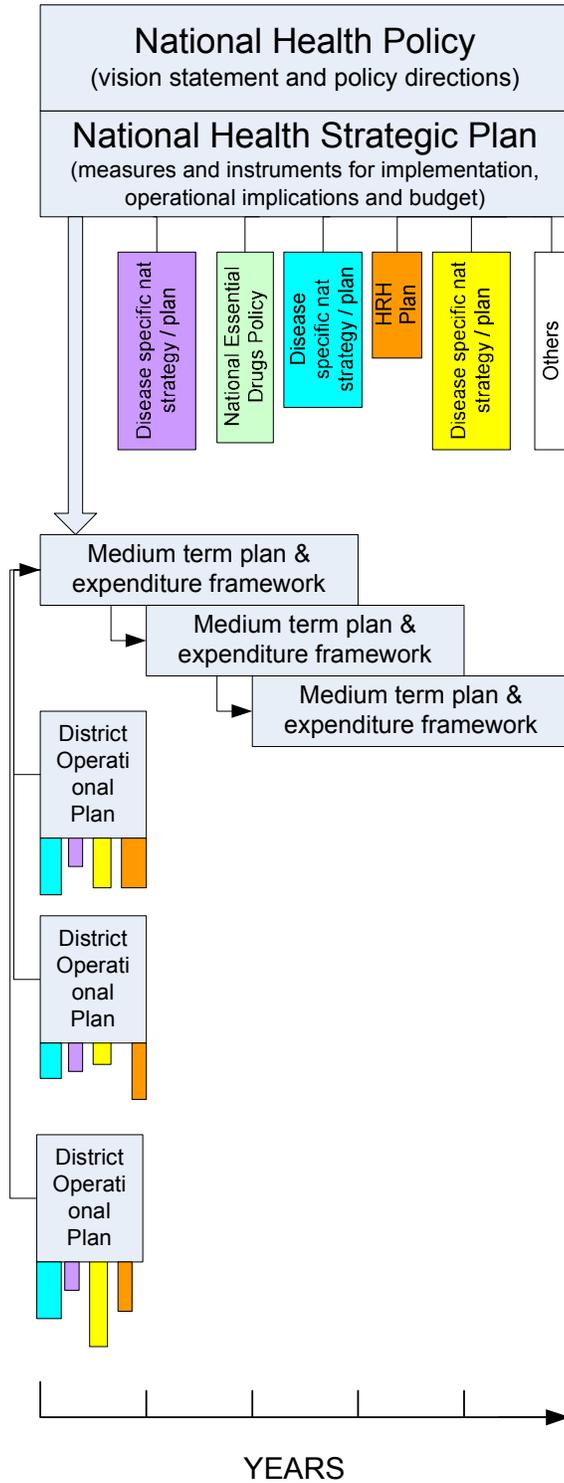
In many countries much can be done to clarify the links between the National Health Strategy and the operational plans of the various programs (disease-specific and other). While this is first and foremost a question of proper handling of the institutional relations between the various constituencies concerned, there are technical measures (better synchronization of planning cycles and better guidelines for program planning) that have the potential of reducing contradictions and duplications. As contributors to fragmentation in their own right, global agencies have a major responsibility to assist in aligning program planning efforts to national policies, strategies and plans. The work around JANS, IHP+ and the Paris agenda provides a good basis for facilitating better complementarities between National Health Strategies and disease-specific operational plans.

e) Building the institutional base for performance monitoring, evaluation and feedback

Outcomes can be improved through increased and more focused investment in monitoring and evaluation of how national health policies, strategies and plans are implemented, while at the same time protecting the integrity of core health information system functions. When properly designed, this also allows for learning, continuous improvement of the planning process and for timely corrective measures.

Countries can benefit from opportunities for inter-country exchange and peer review, from a better documentation of policy innovation and from support to institutions that can drive and guide building of national health policies, strategies and plans (e.g. the networks of observatories). It is particularly important to broker the dialogue between various constituencies that can contribute to the feedback on the plans and their implementation.

ANNEX: SCHEMATIC REPRESENTATION OF CRITICAL PLANNING ELEMENTS: A POSSIBLE BENCHMARK FOR WORKING WITH THE VARIABLE TERMINOLOGY COUNTRIES USE



Note: The colored blocks refer to program-specific plans, which can vary in importance in different district operational plans. The representation assumes an effective linkage between the comprehensive national health plan and the program-specific plans.