

Health system strengthening

Improving support to policy dialogue around national health policies, strategies and plans

Report by the Secretariat

1. WHO regional committees at their sessions in 2010 called on countries to strengthen health systems on the basis of the values of primary health care, and identified the need to tackle the determinants of health through a multisectoral approach, making services more responsive, addressing universal coverage and strengthening health-service delivery at the district level. Resolutions requested the Regional Directors to work more proactively than before with Member States in the development or renewal of comprehensive policies, strategies and plans to improve health outcomes.¹ This report reviews experience with conducting and supporting policy dialogue to that effect and the challenges of responding to increased demand for support.

2. The renewed interest in using national health policies, strategies and plans to enhance health sector performance and results differs substantially from the approach employed in the 1980s and 1990s. The mismatch between the performance of health systems and the rising expectations of society is becoming a cause of political concern, which in many countries focuses on the shifting of service delivery towards people-centred primary care, moving towards universal coverage and putting health in all policies.² Governments recognize that calls for health systems to be strengthened must be translated into health policies, strategies and plans. They recognize that in pluralist, mixed health systems these policies, strategies and plans have to relate to the entire health sector and cannot be limited to “command-and-control” plans for the public sector. Finally, it is now widely understood that national health policies, strategies and plans have to extend beyond health-care delivery and cover the broad public health agenda, including disaster risk management, and that they have to go beyond the boundaries of health systems, encompassing action on the social determinants of health and the interaction between the health sector and other sectors in society.

3. The current context favours getting more value from national health policies, strategies and plans, with a growing expectation that they will be informed by a realistic assessment of current capacities and a bold vision of the future, with much more emphasis on stakeholder accountability. The growth in domestic expenditure on health, a phenomenon that contrasts in many low- and

¹ Resolutions EUR/RC60/R5, Addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region; WPR/RC61.R2, Western Pacific Regional Strategy for health systems based on the values of primary health care; AFR/RC60/R1, A strategy for addressing key determinants of health in the African Region and document AFR/RC60/7, Health systems strengthening: improving district health service delivery, and community ownership and participation; and document SEA/RC63/9, Development of national health plans and strategies.

² See resolution WHA62.12, Primary health care, including health system strengthening.

middle-income countries with the situation in the 1990s, creates new opportunities. In a globalized world, robust national policies, strategies and plans are essential if the full benefits of international cooperation and intelligence are to be reaped, while retaining country autonomy and specificity. Moreover, in countries that receive significant external aid, national health policies, strategies and plans are increasingly seen as the key to improving aid effectiveness; both countries and aid agencies now consider them to be crucial for making aid more effective.

4. National health policies, strategies and plans have not always fulfilled their promises, because of design deficiencies or implementation failures. It is particularly common to observe discontinuities between the national health policies, strategies and plans and (i) the priorities and frameworks of global players, development agencies and donors, (ii) the broader national development policies and policy frameworks, and (iii) the health financing strategies and macroeconomic policies. In addition there are frequent disconnects between the overarching national health policies, strategies and plans and (i) the disease-specific or life-cycle-specific strategies and plans, and (ii) the subnational and decentralized planning processes, particularly the operational plans for health districts or integrated networks for service delivery.

ELEMENTS OF GOOD PRACTICE

5. Context is of prime importance and thus blueprint approaches are unlikely to provide sufficient support. Yet enough experience has been accumulated to enable the identification of 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. The balance between vision and policy and operational detail and implementation arrangements varies considerably from country to country.

6. **Sound process.** Policy dialogue is more likely to lead to improved service delivery and outcomes if it is based on broad consultative processes inclusive of all relevant social, technical and political stakeholders, in and beyond the health sector. These processes are crucial to formulating the goals, values and overall policy directions that will guide strategy formulation, planning and decision-making. They support consensus building at different stages of the planning process, including situation analysis, priority setting, design, implementation and review. A sound process encompasses mechanisms for obtaining feedback on implementation, and initiating corrective measures, as well as high-level endorsement of these policy directions. Smart timing is crucial for alignment with broader development frameworks and country political and institutional cycles.

7. **Realism.** National health policies, strategies and plans are more likely to be implemented if they are realistic and compatible with the health sector's capacities, resources and constraints. They are more likely to lead to sustained results if political commitment and policy directions are translated into legal frameworks. They are more likely to be effective if the link between strategic and operational planning is sufficiently flexible to allow for adaptation to unforeseen economic, political and health events. Finally, greater commitment is likely to be achieved if the concerns of the people who are at the forefront of implementation are adequately reflected.

8. **Comprehensiveness and balance.** The emphasis given to policy and strategy formulation and planning depends on the country context. It has to be based on broad and inclusive consultation on what affects the health sector in order to ensure balanced and coherent choices of what to address and

what not to address in the given context. Imposing blueprint formats is not advised; however, the following range of elements and structures deserves consideration:

- an articulated vision, with defined values, goals and targets, and intersectoral policy alignment;
- a comprehensive analysis of current and future challenges in the health sector, ideally covering: stakeholder positions; social determinants of health and health needs; demand for services and social expectations; health system performance and shortfalls, including the system's ability to respond and anticipate;
- scenarios and policy directions for moving towards universal coverage, shifting health-care delivery towards people-centred primary care; protecting and promoting the health of communities and public health; and building the capacity to deal with future challenges;
- the provision for all-hazard, multisectoral health emergency risk management programmes, designed to strengthen capacity for protecting health and health systems, and to ensure national and community resilience to all types of emergencies, disasters and other crises;
- a comprehensive strategy to respond to the challenges and implement the policy directions, referring to specific strategies and plans for: programmatic priorities, service delivery, health workforce, medical products, technologies, and infrastructure, information, health financing, governance and working with other sectors;
- the associated costs and resource mobilization implications;
- the leadership and governance arrangements for implementing the strategy in terms of the role of various institutions and stakeholders, regulatory and legal frameworks to ensure sustainability, working with other sectors, dealing with the donor community and monitoring performance;
- where appropriate, the arrangements for dealing with the donor community.

9. **Linkages with operational plans.** National policies, strategies and plans must be linked to regional or district-level operational plans. The extent of linkage depends on the level of detail in the national strategic plan and the degree of autonomy at decentralized level. Some countries choose a more centralized approach with explicit, tight links between the national and subnational plans: the advantage is coherence between the plans at different levels, but this may be at the price of being overly controlling and insufficiently adaptable to context. Other countries opt for a more decentralized approach leaving much more freedom of interpretation at decentralized levels: this allows for flexibility and creativity, but may affect coherence. Many countries link the national strategic plan with operational plans through rolling medium-term plans and expenditure frameworks.

10. **Linkages with programmes.** The extent to which national health policies, strategies and plans address the concerns and operational plans of the country's disease-specific or life-cycle programmes varies greatly. In many countries the disconnect between the latter 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; (ii) the fact that the programmes' operational planning is often conducted in a different arena, with different constituencies and with different planning cycles; and

(iii) donors' earmarking of funds, leading to fragmentation, competition for scarce resources, and imbalances in national priority setting. Balance and coherence can be improved by ensuring realistic assessments of how programmes can draw on shared resources and capacities and of the impact they will have on these shared resources and capacities, and by adequate reflection of programme concerns in the comprehensive national health policy, strategy and plan.

11. **Linkages with the political agenda.** The policies, strategies and plans for the health sector have major political and budgetary implications, well beyond their direct implications for the public sector. Eventually they have to be endorsed as part of the government programme. As health takes increasing political space in how countries view their future, the legitimacy of, and political commitment to, the sector's policies, strategies and plans depends on integration with the broader national development dialogue. In order for arguments to carry the most weight, they need to make the linkage by insisting on the role of health as a factor of development, rather than relying solely on statements about expected health benefits.

IMPROVING WHO'S SUPPORT TO NATIONAL POLICY DIALOGUE

12. **Better support.** It is generally agreed that in many countries there is substantial room for improvement in the conduct of policy dialogue on national health policies, strategies and plans. WHO and the global health community can contribute to improve this situation by providing better support in the following areas.

13. **Strengthening the institutional base for progress and performance review, information use and accountability.** In many countries the information basis for the policy dialogue can and should be broadened to encompass the comprehensive range of current and future health problems and determinants. Likewise, expectations, demand and health-system bottlenecks can be analysed much more systematically. To do so would: vastly improve the quality of the situation analysis on which policies, strategies and plans are based; bring coherence and balance to priority setting; facilitate adoption of a single country-led monitoring and evaluation framework; facilitate alignment of international partners; and ensure accountability through progress and performance reviews integrated with country planning processes. Strengthening the institutional base for progress and performance review, information use and accountability has a technical dimension as well as a dimension of institution building and process management.

14. **Supporting management of the policy dialogue process at country level.** Several countries have been striving to develop more inclusive approaches to policy dialogue. On the whole, however, attention to process remains largely unsystematic. In some cases this situation is partly due to a high turnover of planners, which constrains the skill base and the institutional memory. In others, this relates to successive waves of externally driven priorities and reform agendas. The global health community, including WHO, can support countries in improving the way they manage the policy-dialogue process through a combination of: investing in institutional and individual capacities for conducting meaningful policy dialogue; promoting the framework for the joint assessment of national strategies (JANS) or similar approaches to guide (and not merely to assess) the policy dialogue process; assisting with better synchronization of planning cycles and better guidelines for programme planning; and helping to broaden the policy dialogue beyond the public sector and to align national health strategies with national development plans and financial policy cycles. Particularly in countries with weak institutional capacity and in an unstable context, WHO can use its country presence and influence to assure the continuity of the strategy development process and give it a long-term perspective. At the global level, WHO and other development agencies can facilitate intercountry

exchange of experience (for example through peer reviews, exchange visits, establishment of communities of practice, or institutional twinning) and ensure that policy innovation is documented, assessed, and shared. In countries where aid plays a strategic role, WHO can help to promote behavioural change among international partners in line with the principles of the Paris Declaration on Aid Effectiveness and the way these are put into practice by the International Health Partnership and related initiatives (IHP+).

15. **Responding to demand for support.** Rising demand for engagement in support of national policy, strategy and planning processes will require WHO to make significant adjustments to required staff competencies. Specific skills will be needed for provision of support to policy-dialogue processes. Enhanced engagement also implies better alignment of normative and country support and an integrated, results-oriented mode of operating across the Organization.

16. An earlier version of this report was considered by the Executive Board at its 128th session in January 2011.¹ During the Board's discussions, five draft resolutions were tabled, and were subsequently adopted.²

ACTION BY THE HEALTH ASSEMBLY

17. The Health Assembly is invited to adopt the resolutions recommended by the Executive Board in resolutions EB128.R8, EB128.R9, EB128.R10, EB128.R11 and EB128.R12.

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¹ See document EB128/2011/REC/2, summary records of the fourth, fifth and tenth meetings.

² Resolutions EB128.R8, EB128.R9, EB128.R10, EB128.R11 and EB128.R12.