



In the Name of God, the Compassionate, the Merciful

Address by

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to the

**REGIONAL CONSULTATIVE MEETING ON STRATEGIC PLANNING IN
HEALTH**

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Ladies and Gentlemen, Distinguished Guests, Dear Colleagues,

It is with great pleasure that I welcome you to the Regional Consultative Meeting on Strategic Planning in Health. Let me take the opportunity to thank the Government of the Syrian Arab Republic and particularly his Excellency the Minister of Health for hosting this consultation, which is being attended by distinguished representatives from the Region who will share their experience in the important area of strategic planning in health in this historic city of Damascus.

Strategic planning has become a widely known term in recent years and has come to be recognized as an important tool in the health sector. It provides vision, direction and strategies for identifying and addressing the priority health problems and needs, some of

which are highly complex, at a time and in situations when there are increasing resource constraints. A typical definition of strategic planning would see it as such: a process of setting agreed priorities and directions for the health sector in the light of given resource constraints. There are however less obvious purposes as well. For example, it is a means of giving content to the leadership function of the Ministries of Health; it is a process for developing intersectoral collaboration for health development; it is a means for more constructive public-private partnership; it is a means for streamlining donor assistance; and it is a means for bringing about institutional change.

Ministries of Health in most countries of the Region have expressed the desire to undertake strategic health planning, and some have actually gone ahead with it, however, the lack of technical capacity within the ministries, the insufficient political commitment and the fact that planning for health has often been done outside the Ministry of Health has not permitted strategic planning to be institutionalized within the Ministries of Health.

There are far too many examples where the scarce resources of the national governments and resources from donor assisted projects have not been spent strategically. Resources have been locked into programmes that may not necessarily be the most needed from a public health perspective. The constant tension between allocating resources to rural primary health care programmes or to urban tertiary and secondary care services is well known to all. Strategic planning helps in answering that very question: Which public health interventions are the most cost-effective for targeting health problems with the greatest burden of disease, and bring the greatest benefit to the greatest number of people. Ministries of Health have to quickly equip themselves with some of the essential policy analysis instruments, such as the burden of disease assessment, national health accounts, cost and cost-effectiveness analysis, and the tools of strategic planning itself, if costly errors are to be avoided in future.

Ladies and Gentlemen,

The Regional Office has organized this consultative meeting to respond to some of these challenges by bringing together experts in health planning from the Region, to share

country experiences and to come up with recommendations that would support strengthening strategic planning in health among the Member States of the Region. This meeting has brought together over 30 experts from 14 countries of the Region: Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Morocco, Oman, Pakistan, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen. I am confident that the participants will be able to meet the objectives that the meeting has set for itself and chalk out sound “strategic directions” for strengthening strategic planning in health in the Region. The objectives of the meeting are: to update everyone on the current status of health planning in countries of the Eastern Mediterranean Region and identify areas of strength and those in need of improvement; to share experiences among countries of the Region on various aspects of health planning; to apply the principles of strategic planning to human resource planning in countries of the Region; and finally to recommend means and methods to strengthen strategic planning for health in the Region.

The Regional Office is promoting the use of policy analysis and strategic planning tools among Member States. In the area of policy analysis, countries have been supported to build capacity in undertaking studies on burden of disease, national health accounts and cost-effectiveness analysis. Similarly, in the area of strategic planning we have experience with the development of the certificate of needs in the Maghreb countries, as well as with developing scenarios and forecasting for human resources, as in Oman. I am pleased to see that these subjects will be discussed extensively and experiences shared with other Member States during this consultative meeting.

A subject that has been close to my heart, and a priority for our Region, is the development of balanced human resources in health. Low-income and some middle-income countries face shortages of human resources in several areas—physicians, dentists, pharmacists, nurses and skilled birth attendants. Thus, a major challenge is the issue of imbalance in the health workforce, in terms of quality, quantity and maldistribution between the private and public sectors, and between urban and rural areas. Although the Gulf Cooperation Council countries have undertaken serious efforts to mobilize national workforce, they continue to rely on expatriate resources. I am pleased to note that a full day has been devoted to discuss issues of health human resource planning and production

during this meeting and I look forward to the presentations on this subject by the representatives of the GCC countries. Human resource planning requires strategic thinking and a clear sense of direction. Most countries of the Region need to update policy and plans for human resources for health so as to address these imbalances. Unfortunately, the capacity for human resource planning in most Ministries of Health in Member States is rather limited. I would like to see this workshop provide momentum to improved human resource planning in countries of the Region. WHO, for its part, will be more than willing to provide the necessary technical assistance to improve the capacity for planning for human resources.

Without taking anything away from the importance of formulating national health policies and strategic health plans, experience has shown that these are as good as the implementation capacity of the health system – whether public or private. Unless strategic plans are translated into detailed action-oriented operational plans, properly implemented, adequately monitored and evaluated, the wisdom of developing strategic plans and stopping at that may be questioned. Hence the importance of completing all the stages of the planning cycle – situation analysis, priority-setting, option appraisal, programme implementation, monitoring and evaluation. Underpinning each stage of this planning process is the need for information. Planning is, by nature, a heavily information-dependent process and requires well functioning health information systems in order to be meaningful and evidence-based. I have noted that a session has been assigned to discuss the importance of health information in planning for health.

Ladies and Gentlemen,

Let me take this opportunity to share with you the change in strategic thinking that is coming about in the World Health Organization itself. You are well aware that the principal instrument for joint planning with Member States has been the biennial JPRM or the Joint Programme Review and Planning Mission. The current biennium ends in 2005. It has been increasingly realized that two year planning is operational rather than strategic in nature and may not provide the necessary vision and direction that is required over a medium to long term to assist countries in addressing their priority health problems. WHO has thus

embarked on preparing a Country Cooperation Strategy in line with national, regional and global priorities covering a period of six years which will provide the strategic direction required to complement the biennial JPRM. Country Cooperation Strategy documents have been developed with 14 countries of the Region and by the end of 2005 will be completed in almost all countries of the Region. The purpose of this effort is to utilize WHO resources more efficiently and in key areas that will bring the maximum benefit to the countries.

Ladies and Gentlemen,

Strategic planning is an important tool that has become essential for efficient implementation of programmes in any organization, whether in the corporate sector, international agency, or a national government. What remains to be done is to see how national governments and the WHO can work together to promptly develop these skills in Ministries of Health of Member States. I wish you all a successful consultative meeting and look forward to receiving your recommendations to the national governments and the World Health Organization which will contribute to strengthening strategic planning in health in the Region. I wish you all a pleasant and fruitful stay in Damascus.