Framework for national health policies, strategies and plans

Technical briefing – Lunch break, Monday, 13 September 2010
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Structure

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13:00  Jose Martin Moreno and Hans Kluge  Welcome. Aims of the technical briefing and introduction of the main contributors.

13:05  Agis Tsouros  National health policy and strategy in the European Region. The presentation will deal with the renewed interest in national policy and strategy development, the situation in the European Region, specific issues and challenges, conclusions and background documents available.


13:35  Richard Alderslade  General discussion

13:55  Hans Kluge and Jose Martin Moreno  Concluding remarks

Renewed interest in national policy and strategy development

Globally, there is renewed interest among countries in the preparation and implementation of national health policies or strategies. This is the case both among higher-income countries, where the issuance of regular national policies and health targets is regarded as a means of furthering shared values and promoting transparency and accountability, and among low-income and developing countries, as reflected in the work of the International Health Partnership and related initiatives (IHP+), which aims to streamline health planning, with assistance from donors.

This interest in national health policy and strategy was recognized by the Global Policy Group, which consists of the WHO Director-General and the six Regional Directors, at their meeting in Johannesburg, South Africa, on 29–31 March 2010 and identified as an area in which WHO can play a key support role. WHO is proposing to build on this and to work directly with countries

1 http://www.internationalhealthpartnership.net/en/home
to strengthen their own capacity in developing national health policies. It should be noted, however, that this is a demand-driven and country-led initiative.

In the WHO European Region, the Regional Office is proposing a new European health policy that will define the overall strategy for health improvement in the Region. It will focus on the achievement of public health goals and sustainable health system improvement, with the emphasis on tackling the determinants of health through a multisectoral approach, including the use of national-level targets. There is a parallel proposal for the improved governance of health in the Region. This envisages the Member States and the Regional Office working as partners in advancing a shared agenda underpinned by the overall health policy.

**Situation in the European Region**

The preparation of a comprehensive national plan for the development of the health system is a core obligation arising from the right to health, which means an effective and integrated health system serving public health needs and encompassing both health care and the underlying determinants of health, responsive to national and local priorities and accessible to all. Countries across the European Region have extensive experience in developing national health policy frameworks and health plans.

Related to this is the aim of strengthening the “Health in All Policies” (HiAP) approach and promoting the appropriate, transparent and accountable management of scarce resources by ministries of health; this can be better achieved when goals are clearly and publicly stated. Both of these elements were captured in the Tallinn Charter: Health Systems for Health and Wealth, while the latter is also covered by resolution EUR/RC58/R4 on Stewardship/governance of health systems in the European Region. Both are integral to the new European health policy.

Given the variety of approaches and diverse settings in the European Region, where national health policies and plans are a well-established tradition in some countries and not in others, there is very rich experience to draw on. However, despite the widespread use of national health policies and strategies in the European Region, there is insufficient available evidence of their effectiveness, so it is timely to assess the experience of those countries that have employed such instruments. This need is all the more acute given the calls to increase effective governance mechanisms in health policy and strengthen accountability in the context of the still unfolding impacts of the global financial crisis.

**What has been done so far**

Through a recent round of biennial collaborative agreements, the Regional Office has provided direct technical support to a number of Member States in developing their national health policies, including Bosnia and Herzegovina, Finland, Kyrgyzstan, the Republic of Moldova, Portugal and Tajikistan. In Tajikistan, the Office facilitated a process of developing a new national health strategy with multiple stakeholders, while in Kyrgyzstan long-term technical assistance from WHO has helped strengthen the link between evidence and policy in implementation of the national health strategy. An assessment of the national health plan of Portugal, building on recent developments in national health strategy development, has also been recently undertaken.
Specific issues and challenges

A glance at the literature on national health policy planning reveals that there is often an interchangeable use of the terms national health “policy”, “plan”, “strategy” and “programme”. There is a lack of consistency and consensus over the way the terms are used. At the same time, such differential usage reflects the diversity of approaches and levels at which national health policy is undertaken, as well as differing aims.

Health systems in the European Region can generally be defined as mature, with well-established health-care infrastructures; the transition countries, despite the rebuilding of health systems that has taken place over recent years, have a strong tradition of planning and infrastructure. They are also essentially self-financed, which means that the proportion of the budget originating from international donors is limited in comparison to other regions. In such circumstances, it is the ministry of health or the national government that sets out a vision, a policy and a strategy in a guiding document, including the process whereby national stakeholders agree on a set of priorities and the integration of such a document with other instruments of governance. The value resides in the process; hence the importance of national ownership to reap the full benefits.

Equally characteristic of the European Region, however, is the experience in a number of countries in transition. In some cases, despite the existence of a national critical mass of professionals who understand the major principles of health policy development and have access to a considerable amount of data to support their decision-making on the broader dimensions of health, the process of developing a national health policy faces a number of difficulties. High staff turnover, inflexibility or resistance from inherited system structures, traditions from the previous health service model or difficult economic situations are among the barriers encountered.

A lack of political stability can be a major constraint, but it can also provide a justification for developing a high-level instrument that can mitigate the impact of political instability by providing continuity and acting as an umbrella to protect health goals from political storms. Ensuring that the level of health professionals remains high is also important, for the same reasons.

Subsector strategies need to be aligned with the rubric of a broader national vision. An overall national health policy and strategy must be consistent with strategies emerging from related sectors, such as social policy or rural sector development, although this is a task of great complexity. Moreover, in some countries, the impetus towards or guidance on a national health strategy comes from outside the health system, perhaps from the prime minister’s office or from a state planning organization. National health strategies may thus be strongly framed from the outset by such contextual elements.

National contextual elements are not the only factors to bear in mind: Europe has considerable experience with high-level international health policy instruments, including the European Union health strategy, the WHO Health for All and HEALTH21 frameworks, the Tallinn Charter, the proposed new European health policy, the policy framework for improving mental health in Europe and the Parma Declaration on Environment and Health, among others. This multiplicity of statements, frameworks and commitments illustrates the relevance of the “transfer” of international policy to shape national policy. It is necessary to understand not only the content but also the contextual conditions of policy transfer, as well as the constraints imposed on such policies by the environments in which they are situated.

Another factor is the variety of health systems in Europe. Some countries have a federalist structure, with the articulation and implementation of health plans seen as a regional
responsibility. In other countries, the policy is defined at federal level and the regions do the budgeting and implementing. These variations will need to be taken into account when the Regional Office provides support on specific health plans and strategies.

Moreover, national plans have to harmonize with processes that are either global or Europe-wide (for example, service planning and human resource planning or deployment in neighbouring countries, an issue that concerns several European Union countries and about 120 million people). Lastly, the current context of economic crisis in which such national plans must be implemented will affect activities to varying degrees, depending on the country.

Next steps

In order to optimize future collaboration between the Regional Office and the Member States on the development of national health policies and strategies, a common framework is proposed, to be led by the Office, whereby regional goals would be aligned along the broad lines of the proposed European health policy and Member States’ understanding of basic values, principles and objectives would be harmonized. The process would be participatory and would include a thorough review of best practices and tools that could contribute to national health policies. The establishment of a common approach would also facilitate linkages and collaboration between countries, particularly on issues with strong cross-border implications, such as communicable disease outbreaks.

Once such a framework was agreed, it could be followed by a more detailed paper on national health strategy development in line with the European health policy. This paper would present experiences, lessons and tools on how to develop country-led national health strategies, for countries interested in doing so, and strengthen the evidence base on their impact. In broader terms, it would support the implementation of the principles and commitments of the European health policy at country level.

Conclusions

The Regional Office for Europe recognizes the importance of national health plans and policy development to its Member States and endorses WHO’s position on national health plans, as agreed by the Global Policy Group. It is committed to translating this position into providing the best possible support to its Member States, based on a country-led process and taking full account of the specificities of the Region and the strategy for implementing the proposed European health policy.

Documents available

- Information note on National Health Policy and Strategy Development in the European Region. WHO Regional Office for Europe.