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# A Roadmap to Implementing Health 2020 – the Experience of San Marino





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## Abstract

This publication describes the experience of San Marino in developing its national health plan (2015–2017), which integrates the core elements of Health 2020. It provides a general summary of Health 2020, the European policy for health and well-being, followed by a description of San Marino including general facts, its government structure and population health status. This is followed by a description of the national health plan including its guiding principles, overarching goals and health objectives. The core of the publication is the detailed description of the development process undertaken by San Marino and the stakeholders involved, followed by enabling factors and challenges faced in developing and implementing the national health plan. The publication concludes by highlighting key messages, both reflective and forward-looking, that may provide insight to countries embarking on a similar process.

**Keywords:** DELIVERY OF HEALTH CARE, HEALTH PLANNING, HEALTH POLICY, NATIONAL HEALTH PROGRAMS, SAN MARINO.

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UN City, Marmorvej 51  
DK-2100 Copenhagen Ø, Denmark

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**ISBN 978 92 890 5096 8**

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Edited by Nancy Gravesen

Book design by Marta Pasqualato

Printed in Italy by AREAGRAFICA SNC DI TREVISAN GIANCARLO & FIGLI

Cover: © Goffredo Taddei

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## *Foreword*

*In July 2014 in San Marino, the WHO Regional Office for Europe launched an innovative initiative involving the eight countries in the WHO European Region with a population of less than one million. WHO pays great attention to these small countries, and even more so after their endorsement of the European policy for health and well-being, Health 2020.*

*I do believe the small countries can be catalysts of Health 2020 implementation beyond the physical border of their territory. Indeed, small countries face many challenges such as isolation, fragmentation, vulnerability, international dependence, limited influence on the global agenda, and becoming the recipients of policies decided outside their territories.*

*Challenges, though, stimulate creative and forward thinking, and small countries are no exception to this. These challenges have led them to develop stronger social cohesiveness, successful collaborations between policy-makers and the communities they serve, and a high degree of coherence across policies.*

*Small countries stand out for their strategic agility. They quickly address challenges, adapt to change and find innovative solutions in a coordinated, cohesive manner, often actively involving everyone in the community.*

*Health 2020 requires all of this.*

*It requires new thinking, innovative approaches, coordinated actions and consultations across sectors and across all groups of societies.*

*This publication is a summary of all the above. San Marino used Health 2020 as a unique opportunity to create a new national health plan.*

*One primary benefit is that the plan is fully aligned with Health 2020.*

*An additional benefit is how San Marino achieved this result: consultations within the State Secretariat for Health and Social Security, outreach to and engagement with other sectors through technical consultations and participation of civil society by involving all municipalities, just to mention a few aspects.*

*Contents of national health plans might be different from country to country; however, the principles and processes of how to involve, consult and reach out are not.*

*I am, therefore, very proud to present this publication. It describes the roadmap that San Marino followed from early draft to full endorsement of the new national health plan. The publication goes a step beyond sharing San Marino's experience and provides useful hints and key messages relevant to both small and large countries.*

*This is the essence of the small countries initiative: sharing as policy innovators and knowledge generators, and demonstrating their strategic agility to implement Health 2020.*

Zsuzsanna Jakab  
WHO Regional Director for Europe

## *Foreword*

*I am pleased to introduce the experience of San Marino in developing its new national health plan (2015–2017), which is aligned with Health 2020. San Marino has a long history of viewing health as a fundamental right and a common good. Since 1955, we have based our health system on the principles of solidarity, universalism and equity, and finding solutions to the health needs of our population. San Marino is putting people at the centre of health care and offers genuine social security, including retirement benefits and support to people with disabilities. However, in order to be effective, it has to involve all sectors of society for the creation of a fair and effective health and social system. In this time of economic crisis, I think it is crucial for us to find shared solutions among all sectors, since we are aware that health is not the absence of illness, but a state of physical, mental and social well-being. We have worked intersectorally for many years to tackle issues of paramount importance, such as road safety, education and violence against women.*

*Since 2012, San Marino has taken up a new challenge by endorsing Health 2020 and participating in the small countries initiative as co-leader. At the beginning of July 2014, in cooperation with the WHO Regional Office for Europe and its WHO European Office for Investment for Health and Development in Venice, Italy, San Marino hosted the first high-level meeting of the small countries initiative. These eight European countries with a population of less than a million are Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino. One of the outcomes of this meeting was the San Marino Manifesto: a statement on the sound consensus we share and on our intention to commit to the implementation of Health 2020. The meeting provided the impetus for starting a process for the development of the national health plan, grounded on intersectoral work and citizens' active participation; this publication documents the process followed by San Marino to develop the national health plan and implement Health 2020.*

*This publication is a valuable tool, and I hope it will provide inspiration for similar inclusive processes in other small countries and beyond their borders. I am particularly grateful to WHO for giving us this great opportunity and to all the staff involved in this very important initiative.*

Francesco Mussoni  
Minister of Health and Social Security, Social Affairs, Family and  
Economic Planning  
San Marino

## Acknowledgements

The WHO Regional Office for Europe thanks San Marino for its willingness to share its experience with other countries and regions. Special thanks go to the Health Authority for Authorization, Accreditation and Quality of Health Services, particularly to:

- Andrea Gualtieri (Director) and Anne-Claire De Faveri (Technical Officer) for the time they dedicated to being interviewed, their insight and the information they provided that helped make this publication possible;
- Elena Sacchini (Statistician) who provided data on environment and lifestyles; and
- Mauro Fiorini (Legal Officer) for information on San Marino's municipalities.

Thanks go to Flavio Lirussi (Consultant, Italy), Thierry Mertens (Senior Advisor, WHO Regional Office for Europe), Erio Ziglio (Consultant, Austria) and Simone Tetz (Administrative Officer, WHO Regional Office for Europe) who provided input on the structure, and on the outline and draft version of the publication.

The report was written by Leda Nemer (Consultant, Italy), Francesco Zambon (Policy Officer, WHO Regional Office for Europe), Andrea Gualtieri and Anne-Claire De Faveri.

Special thanks go to the Government of San Marino for providing financial support for this publication and to the State Secretariat for Health and Social Security for its ongoing technical support.

Many thanks to the San Marino Tourism Board for providing pictures for the publication.



## Executive summary

In 2012, San Marino started a process to create a new national health plan (2015–2017). While the country already had a plan covering 2006–2008, the new plan would be different since it would integrate key components of Health 2020, such as the reduction of health inequities through actions on the social determinants of health, and the promotion of intersectoral work by means of whole-of-government and whole-of-society approaches.

The national health plan was developed over a period of 20 months. The plan's development initiated within the State Secretariat for Health and Social Security; the Health Authority for Authorization, Accreditation and Quality of Health Services (the technical arm of the Secretariat that coordinated development of the national health plan); and the Institute of Social Security, charged with management, implementation and delivery of health and social services. Once general ideas of the national health plan were agreed upon within the State Secretariat for Health and Social Security, an extensive consultative process began, engaging numerous intersectoral stakeholders. Stakeholders included the environment and education ministries; local municipalities run by community councils and local citizens; voluntary associations representing health and social welfare issues; and WHO. After extensive review and integration of stakeholder input, the national health plan was put forth for approval following a step-wise governance process described within this publication.

The national health plan's implementation will benefit from an official launch to raise awareness among stakeholders and the media; public information meetings to help make the national health plan more tangible and ensure community involvement; capacity building for health and non-health professionals; and an annual planning process to establish yearly priorities and objectives for measuring progress. A new information system will be set up to analyse both qualitative and quantitative epidemiological population data, obtain information for health and social services planning and identify priority health needs. The system will also monitor all aspects of programmes, allow for management of services and link to some existing data sets.

Enabling factors and challenges both helped and hindered San Marino in developing and implementing the national health plan. Enabling factors included a shared political will, the use of intersectoral

mechanisms already in place and relationships based on high levels of trust. The consultation mechanism used by the municipalities, societal structures, open communication, engaged stakeholders and international support of the process also helped. The challenges were how to coordinate internally and clarify roles when many entities were involved, prioritize yearly with such a comprehensive plan, engage in a longer-term vision while needing to act in the short term, address performance accountability and data challenges, avoid isolation and maintain a leadership role in the international community.

Some key messages can be drawn from San Marino's experience in developing the national health plan.

**Consolidate and strengthen political will.** San Marino showed that quality health services would not be compromised, and universal health care and social services would be maintained despite an economic crisis. They took on the challenge of focusing on social gradients to tackle inequalities identified in the national health plan.

**Engage and maintain diverse and multisectoral stakeholders** prior to and during development and implementation of the national health plan. This meant involving non-health sectors, as well as civil society, using mechanisms that have wide reach. Engaging other sectors allowed them to identify how their sector could contribute to improving health, as well as provide feedback on the national health plan.

**Utilize and strengthen existing entry points for intersectoral work.** Often certain societal structures, such as the consultation mechanism used by San Marino's municipalities, volunteer associations and other interest groups, are already in place. Partnering with these societal structures contributes to the development, communication and implementation of the national health plan.

**Prioritize while implementing and look beyond the short term.** This double-sided task calls for setting yearly priorities and objectives, and establishing concrete and measurable targets. At the same time, identifying potential challenges, needs and opportunities during implementation will prepare the ground for future health plans.

**Map out the country's capacity-building needs.** Systematic training and capacity-building efforts with non-health sectors and with a focus on Health 2020 will help in plan implementation. Engaging non-health sectors will also help them use a so-called health lens when making

policies and implementing programmes within their own sectors.

**Develop accountability systems and overcome data challenges.** San Marino will set up an information system with performance indicators that allows for national and international comparisons (benchmarking) and that meets the data requirements of the national health plan. Challenges posed by health information systems in small countries can be addressed through joint data collection, joint reporting and agreed sets of core indicators. Steps can also be taken to begin collecting data disaggregated by age, socioeconomic status and education level in the population profile.

**Seek opportunities for sharing experiences, disseminating information and problem solving.** The small countries initiative can assist countries to promote health and reduce health inequalities by means of information exchange and capacity building. It will also contribute to building up a broader network of services that promote people-centred health systems. Small countries can also continue to work towards the goal of integrating themselves within international health networks and avoiding isolation by establishing joint procedures with other European countries.



## 1. Background

This publication describes the experience of San Marino in developing its national health plan (2015–2017), which integrates the core elements of Health 2020 (1–2). Chapters 1–2 provide a general summary of Health 2020, the European policy for health and well-being, followed by a description of San Marino including general facts, its government structure and population health status. Chapter 3 describes the national health plan including its guiding principles, overarching goals and health objectives (1). Chapter 4 describes in detail the development process undertaken by San Marino and the stakeholders involved. Chapters 5–6 discuss the enabling factors and challenges faced in developing and implementing the national health plan. Chapter 7 concludes by highlighting key messages, both reflective and forward-looking, that may provide insight to countries embarking on a similar process.

### 1.1 Health 2020

Significant improvements in health and wealth have occurred in the WHO European Region, but in an uneven and unequal fashion. In all European countries, including small ones, good health and well-being is not equitably distributed across society. As evidenced by the *Review of social determinants and the health divide in the WHO European Region* (3), European countries face the challenge of remedying health effects arising from social gradients. Countries need a framework to accompany Europe’s evolving health profile, marked by new demands, challenges and opportunities. The Health 2020 framework responds to this need. It allows for a re-thinking of priorities, a new focus on key determinants, strengthened leadership and a renewed approach to current governance mechanisms across all government sectors and society as a whole. Within the context of an economic crisis, Health 2020 is a framework that allows for proactive identification of opportunities to invest in health promotion and disease prevention.

Health 2020 has two strategic objectives:

- improving health for all and reducing health inequalities
- improving leadership and participatory governance for health (2).

Health 2020 encourages governments to take actions to reduce health inequalities. This means acting on the social determinants of health by means of interventions that target the most affected, address the social gradient in health directly and are proportionate to the levels of health and social need. It also calls for a rethinking of mechanisms, processes, relationships and institutional arrangements across all sectors. This includes encouraging public participation in policy-making and approaches that build up community resilience.

Health 2020 also promotes collaborative leadership by means of innovative approaches to address behavioural determinants, the environment and health care. It recognizes the important role that advocacy and networking play in empowering citizens to know their rights and obtain the health services they need.

As health improvements cannot rely solely on the health sector, Health 2020 also calls for a whole-of-government and a whole-of-society approach that involves a range of stakeholders at all levels. It also has an equity focus, suggesting new ways to identify important health gaps and focus individual and collective efforts on ways to reduce them.

Health 2020's four priority areas are to:

- invest in health through a life-course approach and empower citizens;
- tackle Europe's major disease burdens of noncommunicable and communicable diseases;
- strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies; and
- create supportive environments and resilient communities (2).

Health 2020 is based on the values enshrined in the WHO Constitution: the highest attainable standard of health as a human right (4). Social determinants of health take centre stage.

The Health 2020 framework enables policy-makers to more effectively and efficiently address social, demographic, epidemiological and financial challenges by setting strategic objectives and proposing new governance modes adapted to the challenges of the 21st century. This could help catalyse action in other sectors and lead to the adoption of new approaches to organizing the

health sector. What follows is an example of how one country did this.

## 1.2 San Marino: spearheading the small countries initiative

San Marino plays a key role in the small countries initiative, as a co-leader who has worked closely with the WHO Regional Office for Europe from the outset. This initiative supports eight Member States with a population of less than one million and assists them, given their special needs, to implement Health 2020 and reduce health inequalities (Box 1). Started in 2012, the initiative focuses on aligning national health plans with the strategic objectives of Health 2020, and its values and principles for action to improve population health and well-being, reduce health inequities and build more equitable, cohesive and sustainable societies in countries with small populations. These principles and values are embedded in the San Marino Manifesto (Box 2) (5).

San Marino is the first in a group of small countries in the WHO European Region (Table 1) to document the process of aligning its national health plan with Health 2020. This publication describes the innovative intersectoral process that involved all parts of government and society from the outset in the remaking of a health plan belonging to the citizens. This country took the lead in developing a plan that encompassed both Health 2020's strategic objectives and priority areas, thus acknowledging the need to know more about the distribution of health outcomes in small countries.

### Box 1. Main outputs of the small countries initiative

The main outputs are:

- leadership for health in small countries strengthened;
- national health policies aligned with Health 2020 taking into consideration policy cycles;
- knowledge developed in specific know-how areas and utilized to implement Health 2020 in small country contexts;
- stakeholders supported in formulating and implementing multisectoral policies to address health inequalities;
- media engaged and capacity built to communicate effectively on health inequities and social determinants of health;
- civil society empowered to make healthy choices; and
- knowledge repository on practical implementation approaches built up.

## Box 2. The San Marino Manifesto at a glance

The first high-level meeting of the small countries initiative was convened by the WHO Regional Office for Europe on 3-4 July 2014. The San Marino Manifesto was drawn up and agreed upon by the eight small countries in the WHO European Region as a sign of their cooperation and commitment to act as facilitators, catalysts and advocates of the right to the highest level of health for all as a key value embedded in Health 2020.

The Manifesto attests to the commitment of small countries to work to:

- amplify the voice of small countries in European and global health fora;
- share existing resources and maximize assets, innovating and applying solutions to increase capacity to improve health;
- align national health policies with Health 2020;
- strengthen technical capacity on core Health 2020 aspects, with an emphasis on all determinants of health including the social determinants;
- use an intersectoral approach and sustainable actions to address the four priorities of Health 2020; and
- create a platform for sharing experiences and mutual learning about Health 2020 implementation and beyond.

Source: the San Marino Manifesto (5).

Table 1. Participants in the small countries initiative and population

Country	Population
Andorra	77 000
Cyprus	864 000
Iceland	321 000
Luxembourg	531 000
Malta	428 000
Monaco	36 000
Montenegro	622 000
San Marino	33 000

Source: European health for all database (6).

## 2. San Marino

### 2.1 General facts

San Marino lies on the Italian peninsula on the north-eastern side of the Apennine Mountains and is surrounded by several Italian regions. Its size is just over 61 km<sup>2</sup>. San Marino has a resident population of about 33 000 with almost one sixth of the population consisting of foreigners, mostly Italians (6).

The economy of San Marino relies heavily on industry, tourism and the service and financial sectors. The number of cross-border workers has increased due to the high demand for workers and favourable economic conditions that have resulted in business opportunities and job creation. In terms of education levels, an important social determinant of health, over 51% of the population has a secondary education and 13% has a university diploma (7).

### 2.2 Government structure

San Marino is one of the oldest sovereign states and constitutional republics in the world. It has the political framework of a parliamentary representative democratic republic: two Captains Regent act as co-heads of state. The State Congress (government) exercises executive power. The Grand and General Council (parliament) is a unicameral legislature composed of 60 members. Legislative power is vested in both the parliament and the government. The judiciary is independent of the executive and the legislature. Elections are held every five years by proportional representation in all nine municipalities (Box 3). Every six months, parliament elects two Captains Regent who serve a six-month term. They preside over the parliament and coordinate the government.

### 2.3 A snapshot of health

The health profile of citizens of San Marino formed the basis for the development of the national health plan. It provided socio-demographic indicators and data on the main causes of morbidity and mortality, tumour incidence, accidents and injuries (home, work and road traffic), lifestyles, preventive care coverage and use of health and social health services. As of 2014, San Marino was one of five

### Box 3. The municipalities of San Marino

San Marino is divided into nine municipalities: Acquaviva, Borgo Maggiore, Chiesanuova, City of San Marino, Domagnano, Faetano, Fiorentino, Montegiardino and Serravalle. Each municipality has a local community council chaired by a captain. A local community council is composed of nine members from municipalities with more than 2000 inhabitants, and seven members from municipalities with less than 2000 inhabitants. Its duties and functions are deliberative, consultative and promotional, and used to control and manage local services. It can also foster decisions related to institutional bodies on issues of interest to the municipality. Both the local community council and captain are elected every five years by citizens aged 18 years and older residing in the municipalities.

countries in the world with the highest life expectancy (81.9 for males and 86.4 for females), with the difference in life expectancy between the sexes diminishing in the past five years (1). A large portion of the working population is aged 40–64 years, indicating an aging working population that continues to grow as the country's birth rates decline.

Between 2011 and 2014, the leading causes of all age mortality in San Marino were cardiovascular diseases (34.2%), neoplasms (33.6%) and respiratory tract infections (9.3%). Mortality from dementia and diseases of the nervous system has recently increased, with both attributable to an aging population. In 2012, 5.3% of the population suffered some kind of home injury. The main environmental risks faced by the population of San Marino are health effects arising from air and water pollution, exposure to harmful chemicals and noise, environmental factors contributing to inadequate nutrition and lack of physical activity, as well as road safety (1).

Lifestyle issues of particular relevance are linked to nutrition and lack of physical activity, smoking, alcohol use and substance abuse. In 2012, 15% of the adult population smoked (1). While San Marino still has lower youth smoking rates than Italy and other European countries, the country still saw an increase in young smokers from 10.8% in 2010 to 15% in 2014 (8). Alcohol use is also a growing problem among youth. The Health Behaviour in School-aged Children survey data from 2014 showed that almost 13% of adolescents aged 11–15 years in San Marino had consumed alcohol on at least one day in the 30 days prior to the survey; this figure is 11% in other countries (1,9). Overweight and

obesity are also higher in San Marino than in other European countries; 21% of youth aged 11–15 years in San Marino are overweight or obese compared to 14% in other countries (10).



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## 3. National health plan

### 3.1 The making of health policy

In San Marino, the State Secretariat for Health and Social Security (health ministry) has strong links with two bodies that shape and deliver health policy in the country. The Health Authority for Authorization, Accreditation and Quality of Health Services provides technical support to the health ministry and plays a coordinating and development role for the national health plan. The Institute of Social Security (ISS) manages and oversees delivery of health, social and social security services. An advisory body to the government on health planning tools, social health and the fundamental acts of ISS issues a binding opinion on the national health plan and the social health plan, as well as on other ISS documents.

From the outset, San Marino has viewed health as a primary asset and a community heritage. Its health system is based on the Beveridge model (1955) with universal health care coverage financed through general tax revenues (11). In 1955, San Marino legally established ISS, the second oldest system in the world after the United Kingdom. By doing so, it introduced a public welfare system wholly financed from the state budget, marking a shift from a charity hospital-based system to a state one. In 1978, the country underwent a socio-sanitary reform, which gave ISS management and planning tools and set up neuropsychiatric, elderly and child health and social services. The evolution of the state-financed health and social welfare system continues today. A 2004 reform in which two laws were enacted (Law No. 69/2004 and Law No. 165/2004) created the Health Authority as an independent technical body to provide support to the health ministry. ISS was charged with management and delivery of all health and social services.

San Marino has had two national health plans, covering 2006–2008 and 2015–2017 respectively. The plan for 2006–2008 integrated social and health care services in the country. Between 2011 and 2013, a health plan guidance document was drawn up as a first step towards development of the new national health plan (2015–2017). This health plan guidance document never evolved into a full-fledged plan, but provided guidance on yearly planning. In 2013, work started on a new health plan guidance document, which was published in 2014 (12). Both health plan guidance documents and the plan for 2006–2008 provided a strong basis for development of the national health plan

(2015–2017). The remainder of this publication refers only to the health plan guidance document published in 2014.

A qualitative analysis of the first plan's strengths and weaknesses, targets reached and general performance was used to identify priority areas – physical and mental health and well-being – for the national health plan. In the midst of a national review of the national public spending system, San Marino's approach to restructuring sought to improve the quality of health and social services, and transform services, systems and governance through the empowerment of all users and operators. This is likely to involve a longer-term shift of resources dedicated to curative services, and a move towards integrating prevention and health promotion services. This vision is present in the national health plan and will be developed further in the coming decade.

## **3.2 Guiding principles**

The national health plan's stated vision is health and well-being for the population and a people-centred health system. In fact, the vision goes beyond health effects alone to consider social determinants of health and the effect of socioeconomic, cultural and environmental factors; community and social cohesion; and individual lifestyles and how this affects people at a given age, of a given gender, and according to their innate physical factors. The national health plan is forward looking in its use of a positive, salutogenic approach that focuses on factors supporting human health and well-being, called assets, rather than on those causing disease (13).

### **3.2.1 Overarching goals**

The national health plan's novelty lies in a set of seven overarching and cross-cutting goals that enhance the national health plan's effectiveness and reach. These goals are in line with Health 2020, in particular, with an emphasis on prevention of health inequalities through actions on the social determinants of health. The goals are:

1. consideration of health as a universal right and common good;
2. health promotion and prevention of health inequalities by taking action on the social determinants of health;
3. reduction of disease risk factors and premature mortality;

4. increased integration between health and social services and across sectors;
5. promotion of organizational and economic sustainability of the health system;
6. strengthened governance in health system actions and engagement in external cooperation to avoid isolation; and
7. provision of support to further develop human resources.

### **3.2.2 Health objectives**

The national health plan also has specific health objectives, putting people at the centre of health care and following the life-course approach. These objectives take into account disease conditions or other factors that are potentially harmful to health with the ultimate aim of responding effectively to the needs of the individual and community.

The national health plan has three health objectives.

#### **Promote health and prevent disease by focusing on lifestyles, work and home environments, vaccinations and screening.**

Health promotion and disease prevention play an important role in health and social policies since acting upon modifiable health determinants, such as lifestyles, work and home environments and on specific diseases, has been shown to dramatically reduce morbidity, disability and mortality from noncommunicable and communicable diseases. The lifestyles surveillance system in place in San Marino since 2010 allows for monitoring of lifestyles and risk behaviours among youth. A multidisciplinary and intersectoral working group on coordination and planning of health promotion interventions in school settings has already highlighted the need to identify strategies to promote healthy behaviours. Work and home environments have also been given attention by means of the European Environment and Health Process (14) and the Parma Declaration on Environment and Health (15) where priority is given to intersectoral action to reduce the impact of environmental risks to health within a ten-year period, including actions on climate change.

**Use a life-course approach to focus on maternal and newborn health, child and adolescent health, healthy aging, women and gender policies, and disabled and migrant populations.**

A life-course approach to health leads to longer life expectancy in good health, as well as an increased sense of well-being. These elements are all critical to economic, social and individual prosperity. In San Marino, the life-course approach to health will be strengthened from both ends of the spectrum due to the demographic profile of the population. This calls for health and social interventions that go from early childhood to the elderly years to ensure that children get a good start, and that the aging population remains active and healthy. Another example is reducing gender inequality in health, with action aimed at men of all ages. Adults and minors with disabilities will also receive special attention. Law No. 142/2014 will ensure that children with disabilities can take part in training programmes to improve their life skills.

### **Address the burden of disease due to noncommunicable and communicable diseases.**

Both noncommunicable and communicable diseases have a significant impact on the individual and strain the health system. In line with Health 2020, action will be taken on disease prevention, diagnosis, care and treatment. This is also in line with the national health plan's overarching goals and the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (16)*. This calls for intersectoral collaboration nationally and globally with priority actions on the main causes of morbidity and mortality in the country.

The collection and use of blood, cells and tissues is important for San Marino and is linked to the country's no isolation policy specified in the overarching goals. A focus on this issue also exemplifies solidarity among citizens and alignment with European Union directives and institutional accreditation, which will favour collaboration in donations and exchange of blood and blood components between ISS and Italian and international transfusion centres (Box 4).

### **3.3 New features**

The national health plan applies a comprehensive life-course approach to health, covering all life stages and the contribution of different sectors to health and well-being. Each section of the national health plan features relevant international health policies and data, followed by a national health profile, strategies, objectives and actions to be taken.

#### Box 4. Elements forming the basis of health planning in San Marino

Different elements formed the basis of health planning including:

- legislation creating ISS (Law No. 42/1955);
- the 2004 reform and two supporting laws (Law No. 69/2004 and Law No. 165/2004);
- international health policies and agreements such as the WHO small countries initiative and Health 2020 (2);
- European Union health directives and future association agreements; and
- relations with neighbouring countries, for example, Italy and the memorandum of understanding and action plan 2015–2017, and the Emilia-Romagna region collaboration agreement (see Article 4 (1)).

The national health plan will render itself accountable by means of:

- a new health information system
- yearly priority setting and objective setting
- service delivery monitoring and an evaluation using SMART<sup>1</sup> objectives.

The new information system will allow for qualitative and quantitative epidemiological population data (healthy and with disease) to obtain information for health and social services planning, and identify priority health needs. It will also link a number of existing data sets in the country and track patient use of ISS services according to the care pathway followed. Information will be made available with different degrees of access depending on the function of the person consulting the system.

The main goals of the information system are to:

- monitor programmes to assess the effect and appropriateness of interventions on health status, hospitalization outside the country and costs; and

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<sup>1</sup> SMART objectives are characterized by being specific, measurable, achievable, relevant and time-bound.

- manage health services by improving internal and external communication such as computerized bedside assistance, electronic prescriptions and medical records, building up the electronic patient health record and electronic examination requests and prescription retrieval.

Health services will be managed internally and externally by means of electronic data on patients, e-prescriptions and other health documentation; pathology registers; initiation of an electronic patient history, as well as an electronic system for test and medication requests. Electronic health records will be generated to collect and transmit health and social services information and patient clinical data to ensure continuity of care and service provision. The electronic health record will require infrastructure that can guarantee the integration of the different health system generated events while ensuring secure access to authorized operators and individuals.

As the national health plan covers three years, priority-setting, planning and evaluation will take place on a yearly basis to make reaching performance and other objectives more feasible. The Health Authority and ISS will conduct the yearly planning exercise and develop yearly SMART objectives, to be approved by the government. Subsequent to this, an implementation plan will be developed, staff trained and programmes initiated or continued if already in existence.

The national health plan will be evaluated using SMART objectives and, where available, data disaggregated by socioeconomic status to analyse morbidity, mortality, health determinants, use of services and health policy factors. ISS performance in service delivery will be evaluated looking at process, appropriateness of service offered and clinical quality. These objectives will verify that planned goals are met.

## 4. The development process

### 4.1 Whole-of-government and whole-of-society approach in practice

San Marino has a history of working across sectors for health. Prior to developing the national health plan, the country already had the background elements necessary to implement Health 2020, such as experience in working across government and across society, and a life course approach to health. Examples include working groups such as the education and health working group (education and health sectors, since 2013); the Kyoto Protocol working group (education, environment and health sectors, since 2010) and the road safety working group (environment and health sectors, since 2009).

When developing the national health plan, three sectors (health, environment and education) came together and provided input from their respective sector's perspective. Each sector's input allowed for broadening of the health profile of San Marino, as it provided necessary data showing clear links between the sector's policies and outcomes on population health.

Table 2 shows some examples of intersectoral collaboration in place before this development process began. These established relationships made it easy for non-health sectors to identify how they could contribute to improving health, and provide feedback on the national health plan.

### 4.2 Stakeholders involved

Stakeholder involvement during the national health plan's development was comprehensive and occurred frequently. Stakeholder input was solicited using top-down and bottom-up approaches and integrated into draft versions of documents on a regular basis. Engaging a wide range of stakeholders from government and society was relatively easy for San Marino, given its established tradition of intersectoral cooperation and the small size of the country.

Volunteer associations, nongovernment sectors, civil society and the consultation mechanism used by the municipalities, also played an active role in shaping the national health plan. Stakeholders contributed through a series of consultations that included government-level meetings, working groups, and community or special interest forums. The Minister of Health and Social Security, Social Affairs, Family and Economic Planning

(health minister) made a point of attending these meetings to see how the national health plan was taking shape. Table 3 shows the diversity of stakeholders involved in the national health plan development process.

**Table 2. Intersectoral collaboration**

Working group/sector	Collaboration
Education and health working group	<p>Established by a 2013 resolution, this multidisciplinary and cross-sectoral working group was set up to plan and coordinate health promotion in schools, from children's earliest years, such as daycare, and through the school years. It also provides an operational plan for all initiatives and proposals for health promotion and education in schools, compatible with the social and national health planning and education programmes.</p> <p>Guidelines were produced for the proper management of public health risks in school environments, and on how to ensure effective communication between health care providers and schools. The working group also foresees the need for capacity building for school staff and parents, a monitoring system and collaboration with the youth observatory.</p> <p>Prior to the 2013 resolution, collaboration took place with work on nutrition and food quality in school environments.</p>
Environment and health sectors	<p>The environment and health sectors have been working hand-in-hand since 2009 with their involvement in the Fifth Ministerial Conference on Environment and Health in Parma, Italy. In the European Environment and Health Process (14), environment and health ministers agreed on a shared set of national priorities, which are in the national health plan.</p>
Kyoto Protocol working group	<p>Established in 2013, this working group comprises education, environment and health representatives. This previously established relationship led to the insertion of a health chapter in the country's second communication to the United Nations Framework Convention on Climate Change, part of routine reporting to the Convention (7). The national health plan cites this working group as one of the actors to involve when developing yearly objectives. The Kyoto Protocol objectives relevant to water, environment, climate change and communicable diseases also appear in the national health plan, demonstrating synergies between climate change and the national health plan's objectives.</p>

Table 2 contd

Working group/sector	Collaboration
Road safety working group	This working group, set up in 2009, aims to obtain updated information on road safety in the country and to monitor the health, social effects and costs of road traffic accidents. It focuses on youth, the elderly population and working populations with the aim of correlating road traffic accidents with economic, social and behavioural data. Such data has helped in understanding the effect of already implemented actions, as well as the need for new interventions.
Youth observatory	<p>The Health Authority, the University of San Marino Training Department and the Mental Health Department of ISS set up the youth observatory with the aim of establishing a database on youth in San Marino. This project has allowed for collection of data to better understand the most suitable interventions for youths.</p> <p>San Marino has also been involved in OKkio alla Salute<sup>a</sup>, which aims to obtain a better understanding of the behaviours most common among primary schoolchildren with regard to nutrition and physical activity (9). The youth observatory provided input to the national health plan on matters relating to youth lifestyle, as well as data for policy-making.</p>

<sup>a</sup> OKkio alla Salute is the name of the Italian WHO Childhood Obesity Surveillance Initiative (COSI).

Table 3. Stakeholders involved in the national health plan development process

Stakeholder	Role
Parliament	Parliament provided input and granted final approval.
Government	Prior to going to parliament, the government played a major role in approving the national health plan and provided considerable input into the national health plan's development.
Health ministry	The health ministry engaged political parties in development of the national health plan. It also gave the Health Authority the mandate to draft the national health plan and ensured distribution to other ministries. The health minister attended all government and nongovernmental stakeholder consultations.

Table 3 contd

Stakeholder	Role
Health Authority	The Health Authority coordinated the development process, integrated input and drafted the national health plan. The director of the Health Authority attended all government and nongovernmental stakeholder consultations.
ISS	ISS played a key role in the national health plan development. Input on health objectives was provided from top management down to department level according to their specific area of expertise.
Majority political party representatives	Representatives were engaged by means of a formal meeting where they had the opportunity to provide feedback on the national health plan.
Opposition political party representatives	Representatives were engaged by means of a formal meeting where they had the opportunity to provide feedback on the national health plan.
ISS Executive Committee (Director-General, Administrative Director and Health Director)	ISS Executive Committee members were key players in development of the national health plan as they would be managing and implementing it once approved. ISS was involved at different levels in collaborating with the Health Authority and in drafting the national health plan and other documents.
ISS departmental directors (hospitals, prevention and social services)	The departmental directors provided feedback on the national health plan and helped to engage ISS managers. ISS was involved at different levels in collaborating with the Health Authority and in drafting the national health plan and other documents.
ISS organizational unit managers	Managers of every organizational unit provided topic-specific input to the national health plan.
ISS professional staff	These doctors, pharmacists, veterinarians, nurses and biologists provided topic-specific input to the national health plan, as well as operational insight into future implementation.
Municipalities and their communities	Public meetings were held in the municipalities as an opportunity for civil society to propose interventions on local problems (pharmacies, primary health centres).
Representatives of the nine municipalities	Representatives of the nine municipalities played a leading role in local communities by encouraging the sharing of local problems and identification of possible solutions.

Table 3 contd

Stakeholder	Role
Volunteer association representatives of health, social health and social services	Representatives of the Blood and Organ Donor Association, Agenda 21, Leukemia and Blood Diseases Association, Oncology Association, Disabled Children's Association, Disabled People's Association, Cardiology Association, Pro-Children Association, Deaf Sports Cultural Association, Pro Domina Association and the "Batticinque" Association participated in consultations.
Public administration departments (environment and education ministries)	The environment and education ministries provided sector-specific input into the health plan guidance document (12) and the national health plan via working groups already in place.
Education and health working group	This working group, already in place prior to national health plan development, helped to ensure the incorporation of health into education matters.
Kyoto Protocol working group	This working group, already in place prior to national health plan development, ensured the incorporation of health into environment matters.
Road safety working group	This working group, already in place prior to national health plan development, provided data needed for planning interventions in the national health plan.
Intersectoral working group on lifestyles	This working group planned and coordinated the promotion of health education programmes in schools.
Equal Opportunity Authority	The Equal Opportunity Authority provided input on domestic and gender violence issues, as well as child maltreatment.
Health Advisory body to the government	This body advises the government on health planning tools, social health and the fundamental acts of ISS. It issues a binding opinion on the national health plan and the social health plan, as well as on other ISS documents. It comprises eight members, including two labour union representatives and two from employers and self-employee associations.
WHO Regional Office for Europe and its WHO European Office for Investment for Health and Development in Venice, Italy	WHO provided policy guidance with regards to alignment with Health 2020 and technical support as needed during the process.  The WHO European Office for Investment for Health and Development provided policy guidance throughout the process and afterwards. It played a coordination role, maintained active and regular communication, provided capacity building opportunities and actively participated in meetings and national consultative processes. This included initial discussions on the health plan guidance document and promoting the documentation of the process as part of the small countries initiative.

### 4.3 Roadmap for developing the national health plan

The national health plan was developed over a period of 20 months. First, San Marino's political (health ministry) and technical (Health Authority) representatives met to discuss the need for the new health plan. Then, the Health Authority developed the health plan guidance document (12). Next, ISS was requested to provide input to the health plan guidance document. Then stakeholders, including civil society, volunteer organizations, other ministries and political parties, provided feedback on the health plan guidance document. Once parliament approved the health plan guidance document, work began on transforming it into the national health plan by means of an extensive consultation process covering all parts of government and society. The timeline shows major milestones in developing the national health plan (Fig. 1).

The following steps and series of consultations took place with the aim of receiving feedback and approval of both the health plan guidance document and later, the national health plan. The number of meetings or consultations that took place was quantified as much as possible indicating if a formal encounter took place. In addition, many informal exchanges took place that also helped shape the national health plan. Although difficult to quantify, they demonstrate the value of frequent encounters and discussions on the national health plan's development.

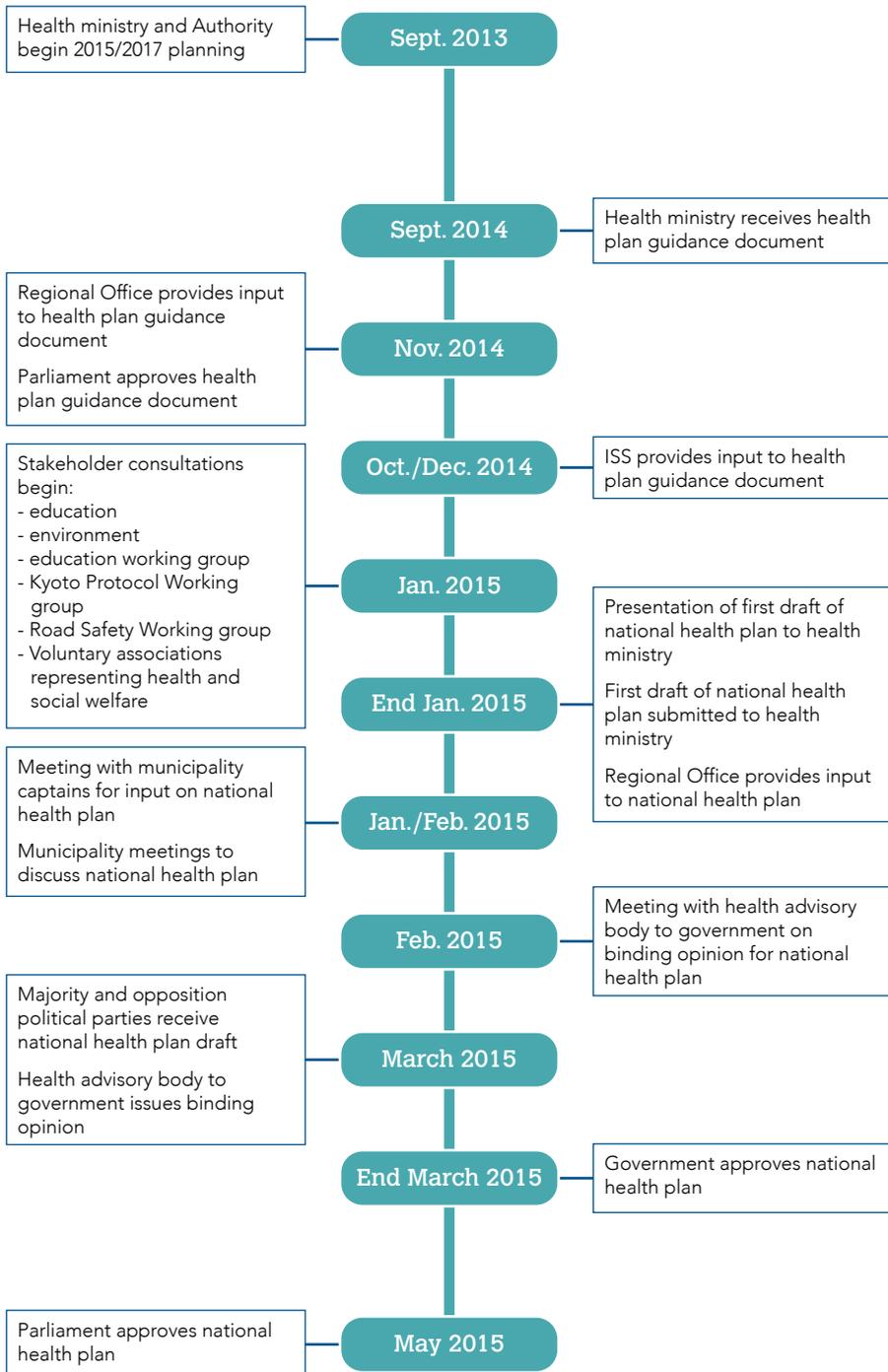
A. Preparatory steps within the health ministry include the following.

1. The health ministry and the Health Authority begin planning the national health plan.
2. The Health Authority develops a health plan guidance document as the basis for the national health plan.
3. The Health Authority, ISS Executive Committee and ISS departmental directors meet (three formal meetings).
4. The Health Authority and ISS organizational unit managers meet (30 formal meetings).

B. Initial review and approval include the following.

5. WHO reviews the health plan guidance document to see how it aligns with Health 2020.
6. WHO provides official input and technical feedback to the Health Authority.
7. Parliament approves the health plan guidance document.

Fig. 1. Timeline



C. Reaching out to other sectors includes the following.

8. The health minister, the Health Authority and captains of municipalities meet (one formal meeting).
9. The health minister, the Health Authority and civil society in municipalities meet (approximately nine formal meetings).
10. The health minister, the Health Authority and volunteer associations meet (one formal meeting).
11. The Health Authority and intersectoral stakeholders meet (approximately four formal meetings).
12. WHO provides input on draft national health plan.

D. Then follows a review period and integration of stakeholder input.

13. The health advisory body to the government reviews and approves the national health plan (two formal meetings).
14. The health ministry, the Health Authority and government majority parties meet (one formal meeting).
15. The health ministry, the Health Authority and government opposition parties meet (one formal meeting).

E. Final steps and approval conclude the process.

16. The government approves the national health plan (one formal session).
17. Parliament discusses the national health plan (one formal session).
18. Parliament approves the national health plan.

#### **4.3.1 Preparatory steps within the health ministry**

This illustrates the process followed to develop the health plan guidance document within the health ministry prior to external consultation.

The Health Authority met early on with the health minister to get the overall vision sought for the national health plan, which should provide continuity from the previous plan, but also include several new and important elements, such as Health 2020 and the seven overarching goals.

After meeting with the health minister and some internal discussions, the Health Authority started developing the health plan guidance

document. The Health Authority was charged with requesting input from ISS during this stage.

The Health Authority met with upper management from ISS, as it was important to get them on board early on in the development of the national health plan they would later implement. ISS was able to provide a hands-on perspective to the health plan guidance document so that when expanded, it would reflect real life actions that could be taken.

In preparation for these meetings, the Health Authority distributed the health plan guidance document to all ISS organizational unit managers to allow them time to become familiar with it. Organizational units also received a form used to identify health plan objectives for 2015–2017. ISS staff were asked to complete and return the form to the Health Authority prior to meeting with them. The Health Authority analysed and consolidated the responses, which served as the basis for meeting agendas and discussions with ISS staff. Any questions ISS staff had were addressed during these meetings, with participation limited to three people per meeting. This process helped ISS personnel become engaged and informed on the health plan guidance document and provide their input. It also gave the Health Authority the opportunity to understand any important concerns or issues that ISS staff had.

### **4.3.2 Initial review and approval**

The WHO Regional Office for Europe is a key technical supporter of the small countries initiative to align their health policies with Health 2020. Thus, San Marino requested feedback from experts at WHO to ensure that the health plan guidance document was in line with Health 2020.

At a meeting with the Health Authority, WHO provided official input such as the need to have a longer-term vision for the national health plan. This meeting helped San Marino verify that the health plan guidance document was in line with Health 2020 and receive technical feedback from an international organization. It also helped WHO understand how integration of Health 2020 was taking place in Member States.

Parliament played a critical and active role in both the development and approval of the health plan guidance document. The Health Authority sent the health plan guidance document to the health minister who then took it to the government for distribution. Members of the

government were provided with sufficient time to review and analyse the document prior to the session in which it would be discussed. Discussion and final approval of the health plan guidance document took place during a parliamentary session.

Many practical and constructive proposals were made, which enriched the health plan guidance document and were later integrated into the national health plan.

### **4.3.3 Reaching out to other sectors**

The health minister and the Health Authority requested that a meeting be held with the captains of the nine municipalities to obtain their feedback on the health plan guidance document prior to drafting the national health plan. Prior to the meeting, the document was sent to the captains. At the meeting, local health problems were discussed, as well as possible solutions; feedback from the meeting and follow-up communications were recorded including consolidated suggestions and ideas. The captains appreciated this meeting as they became actively involved in the development process.

The consultation mechanism used by San Marino's municipalities played a critical role for getting the input of community stakeholders. Meetings were organized with each municipality to explain the main objectives, hear community concerns and ideas and solicit community support. On other occasions, public municipal meetings allowed people to propose interventions on local problems that their communities were experiencing (such as pharmacies, primary health centres).

A meeting was also held with health, social health and social services volunteer associations; the health minister; and the Health Authority. Prior to the meeting, volunteer associations were provided with the health plan guidance document, with sufficient time for reflection. During the meeting, the health minister presented the document and requested feedback from the perspective of the respective association.

The first draft of the national health plan was developed and incorporated all stakeholder feedback.

Horizontal consultations took place within each of the sectors, as well as some vertical consultations across sectors. In preparation for these meetings, the Health Authority sent each sector representative

an advanced draft of the national health plan and the health plan guidance document for review. A joint meeting took place between the environment (representative from the Kyoto Protocol working group), health and education sectors. As these three sectors were already working together, this type of meeting was commonplace. All three sectors provided extensive feedback on both documents. The environment ministry made a point to involve all staff to provide considerable input that was integrated into the national health plan. Formal acts were also received from the environment minister. A one-on-one meeting took place with the education ministry (via the education and health working group) and another with the Equal Opportunity Authority.

During the development of the national health plan and after, the consultation mechanism used by San Marino's municipalities played a critical role for getting the input of community stakeholders. Captains of the municipalities were sent the health plan guidance document and subsequently, meetings were organized to explain the main objectives, hear community concerns and ideas and solicit community support. The local community councils sent the Health Authority written feedback including consolidated community suggestions and ideas.

WHO was requested to review and provide input on the draft national health plan. The document was sent to the WHO European Office for Investment for Health and Development in Venice, Italy, and distributed internally; consolidated input was provided to the Health Authority.

#### **4.3.4 Review period/integration of stakeholder input**

Once stakeholders were consulted, the national health plan began to take shape and included all stakeholder input. Based on input from stakeholder discussions and written feedback, an overall set of objectives for the national health plan were selected. These would serve as guidance for annual planning and future accountability. In this phase, a number of key entities were consulted for review of the draft document.

The health advisory body to the government played a critical role in approval of the national health plan, as they are legally required to issue a binding opinion on health plans and other ISS documents. The advisory body received the national health plan one week prior to the first of two meetings. At the first meeting, the national health plan was

presented and a long discussion ensued. At the second meeting, the advisory body unanimously approved the national health plan and issued its binding opinion in the form of a document that indicated the national health plan's strengths and weaknesses. This document will be used for future strategic planning, as well as the operational part of annual planning. Both meetings and the discussion offered the advisory body the opportunity to provide input and ask questions prior to formulating and issuing the binding opinion.

In the same period, government majority and opposition parties were sent the national health plan and had 15 days to review it. In separate meetings with the majority and opposition parties, the health minister presented the national health plan, and the Health Authority explained the details of its structure.

#### **4.3.5 Final steps and approval**

Once the national health plan was fully reviewed, the Health Authority sent it to the health minister who then distributed it to the government for approval. The national health plan was put on the government agenda and awaited approval in the appropriate session.

After the government approved the national health plan, the health minister presented it to parliament for discussion in a formal session where parliament members could provide input.

After discussion in parliament, the national health plan was inserted into a formal parliamentary session and approved, marking the final step of the process described in this section.

## 5. Getting started: moving from development to implementation

Initial implementation of the national health plan will be marked by four key activities:

- an official launch
- information meetings for the public
- capacity building
- annual planning process.

As the community contributed to the national health plan's development, an **official launch** will raise awareness among stakeholders and to set expectations on the national health plan. This will involve training of the media at the second high-level meeting of the small countries initiative with the aim of having one media person act as a focal point. The press and media will also be informed and provided with materials to allow them to effectively communicate the national health plan's main points to the public. Information materials will also be produced and distributed in key locations for maximum coverage and attention.

The national health plan is very broad and covers a wide range of topics. To make it more tangible and ensure community involvement, municipal **information meetings** will be held to solicit civil society input on specific interventions that could be implemented.

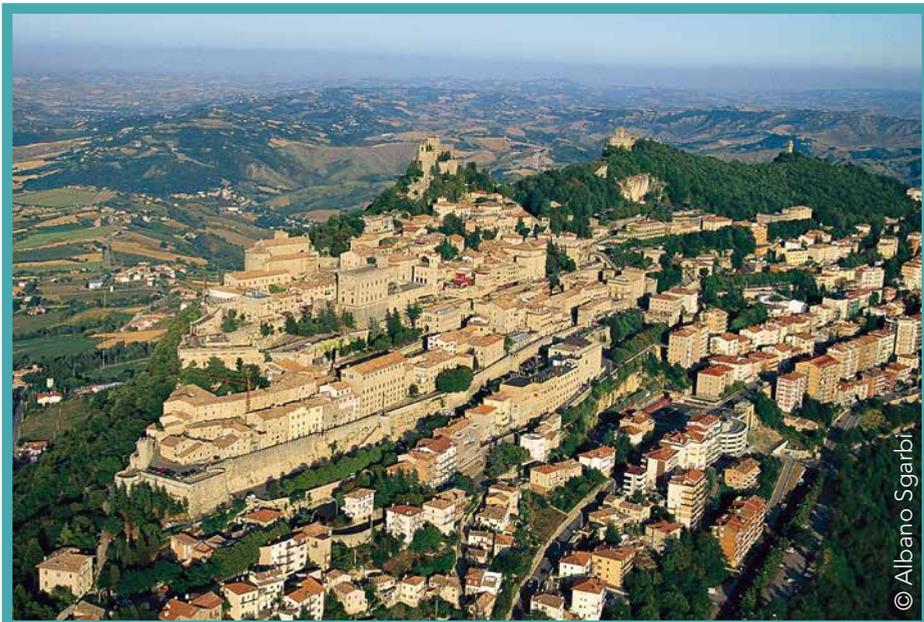
ISS will be offered training at various levels (from management to practical training for operational staff) to strengthen its capacity to implement it in line with Health 2020. Training will also be offered to professionals and members of civil society that work in public health social services or development in the country. Non-health sectors will be engaged in capacity-building efforts as well. Training will take place in three separate two-day events. WHO has identified key elements in the health and social service system that impede health promotion and the reduction of health inequities. These elements will be analysed and discussed during the training course, and participants will share experiences and explore solutions to these systemic problems.

The training programme aims to produce:

- a sense of accountability in addressing the critical areas inherent in implementing the national health plan and its alignment with Health 2020;

- a clear understanding of the challenges and opportunities faced by San Marino for improving population health and ensuring health equity by means of intra- and intersectoral mechanisms and actions;
- an exchange of know-how and good practice to promote the uptake of actions that produce health for the country;
- a repositioning of health policy at the centre of the country's development strategies; and
- an opportunity to review current actions and future plans, and examine good practices in San Marino and in other European countries to help align policies and public health programmes with those set out in the national health plan.

An **annual planning process** will take place in which yearly priorities will be decided and SMART objectives for measuring progress will be agreed upon. The main parties to be involved will be the health ministry, the Health Authority and the ISS Director-General. The Health Authority will make a proposal to the government and once approved, ISS will transform the proposal into annual objectives.



## 6. Enabling factors and challenges

San Marino faced and will continue to address a number of challenges in the process of developing and implementing the national health plan, as described below. San Marino also identified a number of enablers, many inherent to being a small country, as well as others that are worth highlighting as they may be helpful to other Member States embarking on a similar national health care reform.

### 6.1 Enabling factors

Factors already in place helped San Marino throughout the development and implementation of the national health plan.

The country embarked on development of the national health plan demonstrating the **shared political** will to not sacrifice health care and continue to provide universal health and social service coverage to all despite an economic crisis.

San Marino could take advantage of the **intersectoral work** that was **already in place**. Engaging other sectors was relatively easy as many ministries were already accustomed to working together by means of working groups. Stakeholder engagement was active and wide as there was also high interest and active participation of many, even those from other sectors such as environment, education and civil protection.

**High levels of trust and established relationships to build upon** were key factors. The country's small size was a big advantage since familiarity with persons throughout led to direct (and faster) contact with stakeholders. The close relationships between policy-makers and communities were of great advantage to San Marino.

Certain **existing consultation mechanisms** and societal structures were already in place, which provided a great advantage. Of note was the mechanism used by the municipalities, which continued to play an important role during the communication and implementation of the national health plan.

**Open communication and stakeholder engagement** contributed to the development process. Effective communication of the national health plan took place during its development, and many stakeholders took part. This communication will need to continue and take place in

a multifaceted manner to maintain the diverse stakeholders involved. Regular involvement of stakeholders during implementation will also be needed. Stakeholder analysis to identify a few national priorities could provide an accurate picture of how to best address them. Further participation of citizens, communities and volunteer associations via consultation mechanisms would also benefit national health plan implementation. Opportunities engaging various stakeholders will ensure strong partnerships with institutions and citizens, and will achieve the whole-of-society approach the country has already begun to work on.

**International support of the process** was helpful. WHO's support and technical expertise during the development of the health plan guidance document and the national health plan were of considerable benefit to the process. It demonstrated to other countries that they are not alone in their efforts to integrate Health 2020 in their country's health plans.

## 6.2 Challenges

**Establish clear roles to facilitate coordination.** Finding a balance among key stakeholders such as the health ministry, the Health Authority and ISS that is best for development and implementation of the national health plan was a challenge that remains. With clear understanding of each stakeholder's role, implementation will run smoothly and every stakeholder's role acknowledged. It will be important to consolidate functional relations with ISS in order to align management service delivery with health and social policies developed by the Health Authority.

**Prioritize while implementing.** The national health plan is very comprehensive and includes many issues of importance to the country. Because of this, it will be critical to ensure prioritization and feasible operationalization of the plans laid out. San Marino will face this challenge by means of a process, which identifies and sets yearly objectives that are concrete and measurable.

**Engage in a longer-term vision while acting in the short term.** Another challenge for San Marino was to engage in a longer-term vision for the national health plan when the country's legal framework allowed for a three-year plan. In the interim, identification of potential future challenges, needs and opportunities during implementation will prepare the ground for future national health plans.

**Achieve accountability and results with an information and monitoring system.** A health plan as complex and comprehensive as the national health plan needs to be accountable and demonstrate results to ensure the sustainability of health outcomes and future funding. In order to allow for measurement of health system performance, the challenge continues to be the development of an information system with performance indicators that allows for both national and international comparisons (benchmarking), and meets the data requirements of the national health plan (objectives and population well-being).

The information system needs additional functionality to provide timely and continuous information on diseases (e.g. morbidity registries) and other factors affecting the health and well-being of the population, such as availability of health, social and socio-educational services, an analysis of health service supply and evaluation of their performance.

An accompanying monitoring system comprised of annually agreed upon SMART indicators will help ensure that objectives are being reached. The monitoring system will also need to be in line with the requirements of European Union directives on the production and/or distribution of drugs (including advanced therapies), medical devices, and research and clinical trials carried out by entities operating in San Marino.

San Marino faced a **data challenge** while developing its national health plan as health data are not disaggregated by age, socioeconomic status and education level in the population profile. Steps will be taken to collect and analyse these data to provide an equity profile and indications for future national health plans.

Training is needed for the gamut of implementers from inside and outside the health sector. Systematic **training and capacity-building efforts** with non-health sectors and with a focus on Health 2020 will help to reach this goal. Ensuring continuous training of health staff through the development of a continuing medical education system may take some time to start up, but this investment will pay off with better informed and more satisfied staff in the long-run. Capacity building in other sectors will help them employ a so-called **health lens** when making policies. Mechanisms are needed to increase knowledge on the safety and quality of health services, and aspects of health education, by creating or strengthening accreditation systems, and through regular monitoring and supervision.

Linking the health and social services system with the University of San Marino and research will be necessary to support training and capacity-building efforts. This can be done by adopting joint rules with the University of San Marino for the recognition and evaluation of training of health professionals, as well as joint research programmes, testing and educational activities with the aim of achieving health and health system objectives agreed to in health planning and social service documents.

San Marino will continue to work towards the goal of integrating itself within the international health network and avoid isolation. This challenge will be faced by developing joint procedures with Europe, Italy and the Italian regions and favouring the increased integration of San Marino in the international organ donation network and ensuring safety in the collection and use of blood, tissue and organs by means of such procedures.

**Maintain a leadership role.** Relations between San Marino, Italy and its regions and Europe in the field of social health and social education will also be pursued in order to build up a broader network of services that promote putting people at the centre of the health system. San Marino will also work towards extending its role as operational leader of the strategic platform for small population countries with the aim of promoting health and reducing inequalities by lending its assistance to other countries in WHO European Region.

## 7. Key messages

**Consolidate and strengthen political will.** This entails demonstrating that quality health services will not be compromised and universal health care and social service will be maintained despite an economic crisis. Focusing on social gradients to tackle inequalities rather than on gaps between the extremes of the socioeconomic spectrum makes this task more feasible.

**Engage and maintain diverse and multisectoral stakeholders** prior to and during the process of developing and implementing the national health plan. Stakeholder participation should be varied and vast. This means involving non-health sectors, as well as civil society, using mechanisms that have wide reach. Engaging other sectors allows them to identify how their sector could contribute to improving health. Through such relationships, other sectors will not only be able to discuss health but also promote health in their policies.

**Utilize and strengthen existing entry points for intersectoral work.** Intersectoral work has proven to be easier in small countries due to their small population size. Nonetheless, existing intersectoral mechanisms could be used as entry points for joint work, regardless of country size. Often certain societal structures are already in a country that can be of great advantage to national health plan development such as the consultation mechanism used by San Marino's municipalities, associations and other interest groups. Partnership with these societal structures can contribute to the development, communication and implementation of national health plans. Such intersectoral mechanisms might also be useful to larger countries.

**Prioritize while implementing and look beyond the short term.** National health plans are comprehensive in their nature. Because of this, it is critical that yearly priority and objective setting take place with concrete and measurable targets. Identification of future challenges, needs and opportunities during implementation can prepare the ground for future health plans.

**Achieve accountability by means of an information system with performance indicators.** The system should have sufficient capacity for national and international comparisons (benchmarking), as well as meet data requirements of the national health plan.

**Face data challenges head on to show changes in country health equity profiles.** Challenges posed by health information systems in small countries (e.g. a lack of disaggregated data) can be addressed through joint data collection, joint reporting and agreed sets of core indicators. Steps can also be taken to begin collecting data disaggregated by age, socioeconomic status and education level in the population profile.

**Seek opportunities for sharing experiences, disseminating information and problem solving.** Regular dissemination and (appealing) communication to external audiences through both scientific and lay mechanisms (reports, presentations, papers, etc.) will help build support for the small country initiative, and highlight country experiences that will be helpful to Member States large and small.

**Map out the country's capacity-building needs.** Systematic training and capacity-building efforts with non-health sectors, and with a focus on Health 2020 will help them employ a so-called health lens when making policies and implementing programmes within their own sectors. Ensuring continuous training of health staff through the development of a continuing medical education system will result in better informed and more satisfied staff in the long run. Engaging other sectors in capacity-building will also help them employ a so-called health lens when making policies within their own sectors.

**Build up the country's leadership role.** The small countries initiative can assist countries to promote health and reduce health inequalities by means of information exchange and capacity building. It can also contribute to building up a broader network of services that promote people-centred health systems. Small countries can also continue to work towards the goal of integrating themselves within the international health network and avoiding isolation by establishing joint procedures with other European countries.

**Seek out support from WHO** to facilitate the resolution of the most common problems faced by small countries such as data collection, data sets not of sufficient size to be statistically significant, reduced human resources and health emergency preparedness.

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This publication describes the experience of San Marino in developing its national health plan (2015–2017), which integrates the core elements of Health 2020. It provides a general summary of Health 2020, the European policy for health and well-being, followed by a description of San Marino including general facts, its government structure and population health status. This is followed by a description of the national health plan including its guiding principles, overarching goals and health objectives. The core of the publication is the detailed description of the development process undertaken by San Marino and the stakeholders involved, followed by enabling factors and challenges faced in developing and implementing the national health plan. The publication concludes by highlighting key messages, both reflective and forward-looking, that may provide insight to countries embarking on a similar process.

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ISBN 978-92-890-5096-8



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