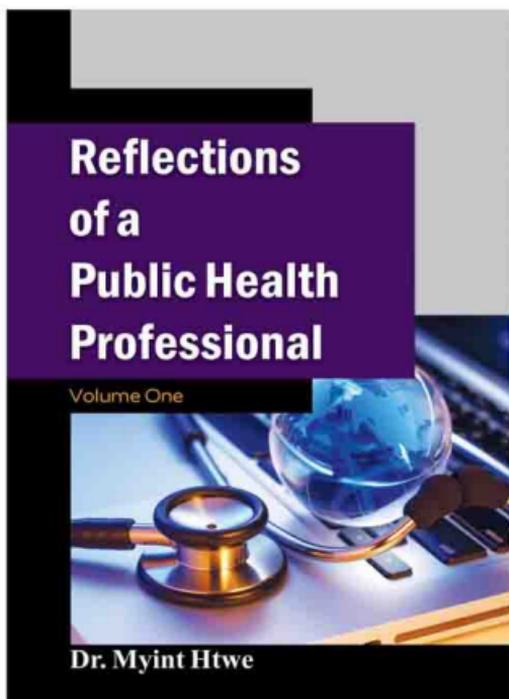


Reviewing and Revising National Health Plan - A Practical Perspective



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14. Reviewing and revising national health plan: a practical perspective

(Based on presentations made at the consultative meeting on “Reviewing and Revising Health Policies and Plans” 15-17 June 2013, Department of Health Planning, Nay Pyi Taw).

Purpose

The ultimate purpose of reviewing and revising the National Health Plan, strategies and activities with reference to National Health Policy is to obtain cohesiveness among the two entities. This would facilitate in:

- (i) Streamlining the framework of implementation together with adjustment of monitoring and evaluation processes;*
- (ii) Improving and streamlining administrative, logistics, management and technical efficiency of different programmes;*
- (iii) Avoiding duplication of work and thereby achieving efficient utilization of scarce resources especially human resource for health;*
- (iv) Achieving effective and efficient programme management by senior officials of the Ministry of Health (MoH); and*
- (v) More importantly, the review process will greatly facilitate the development of next National Health Plan.*

Basic tenets for review of National Health Plan

Although the words “review” and “development” are somewhat different in nature, the review process and its outcome will greatly assist in the development of National Health Plan. The two processes are complementary. If the National Health Plan is reviewed mid-way, it will be very beneficial for any mid-course change in direction. It is, therefore, recommended to do a mid-way review of National Health Plan. The basic tenets for this review are:

- (i) *National Health Policy and National Health Plan must be closely interlinked;*
- (ii) *The spectrum of National Health Plan must be within the framework of National Health Policy and other relevant policies of the country; and*
- (iii) *National Health Plan must be cohesive by itself and comprehensive enough to cover the demand and need of the country's contemporary health situation.*

National Health Plan must be *reviewed in a very systematic and careful manner*. The technical team should represent a wide spectrum of professionals consisting of broad-minded health planners, health administrators, senior researchers, senior epidemiologists, health economists, sociologists, policy researchers, policy analysts, public health ethicists, biostatisticians, project managers, and possibly collaborating partners and stakeholders. For ground reality checks and to elicit the *modus operandi* at the peripheral level, it is worthwhile to include senior and experienced basic health service workers. Careful selection of members of the review team is crucial. Otherwise, the whole process cannot move smoothly due to the tenacity and absolute stubbornness of some individuals. The members should give their technical views with an open mind, not affiliated to the programme or project or agency they are working for. They should be able to give balanced and unbiased decisions, devoid of vested interest and also with a “sense of compromising attitude”. The whole process must be carried out in a good environment and the work area must be conducive to deep thinking or peaceful work environment. There should be less outside interference such as calls from MoH or requests to attend other meetings. Such interference will disturb the thought process and disrupt the discussion momentum of team members.

Some of the basic techniques that can be applied in the process of review of National Health Plan are management and qualitative research

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methods such as brainstorming, nominal group technique-Delbecq, Delphi, focus group discussion, key informant interview, in addition to epidemiologic and basic statistical methods. If the method selected is simple, there will be less stringent assumptions. The assumptions are sometimes highly biased. Mid-course correction of National Health Plan is allowable and preferable. Mid-course correction is very cost effective.

Initial steps

Before we initiate the process of reviewing National Health Plan, it would be advisable to do a quick review of National Health Policy itself. National Health Policy was formulated in our country in 1993. Since that time, the following scenarios have emerged:

- (i) Changing epidemiological conditions of diseases and conditions;*
- (ii) Changing pattern of human resource for health;*
- (iii) Increasing quantum of external aid and changing funding scenario;*
- (iv) Increasing involvement of UN agencies, foundations, organizations, new international and national NGOs, civil society organizations, community-based organizations, and the private sector in the field of health;*
- (v) Directional changes in overall policy of the country;*
- (vi) Increasing demand for health from the people;*
- (vii) Changing disease occurrence pattern and population structure;*
- (viii) Research findings are pointing towards “change”; and*
- (ix) The increasing importance of border area health work and high momentum of inter-country collaboration.*

The evidence of the above conditions must be substantiated by available data and information and the findings should be submitted to the National Health Committee. It is important that the findings are prepared in the form of policy briefs with clear cut supporting evidence. If the report is prepared in

a highly technical manner, it will defeat its purpose. The mandate to review National Health Plan and strategic policy guidance to this effect should come from the National Health Committee. Based on the findings, a situation can unexpectedly emerge that we may even need to reformulate National Health Policy. But reformulating National Health Policy is costly, time-consuming, and labour intensive. Many sensitive and undesirable issues or weaknesses might also emerge during the review process. It can lead to either positive or negative implications for some programmes of MoH.

Generally, review of National Health Plan involves the following key steps.

- (i) Forming Steering Committee and Technical Working Group comprising of professionals from different disciplines with clear-cut, time-bound Terms of Reference for this process;*
- (ii) Information gathering and critical and holistic review on the information obtained applying epidemiological thinking skill, systems approach, and analysis; and*
- (iii) Develop overall framework and approaches for the review after thorough brainstorming on the methodology to be used.*

Preliminary quick review of existing scenario in the context of National Health Plan

- 1. Quick review of available data and information from annual reports of various technical programmes, routine and survey data, situation analysis reports and relevant research findings;*
- 2. Quick review of internal and external evaluation reports of various technical programmes;*

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3. *Quick review of relevant policies or health-related policies of other ministries.*
4. *Quick review of overall policy framework of the Government;*
5. *Quick review of works of development partners, international and national NGOs;*
6. *Quick review of World Health Assembly and WHO South-East Asia Regional Committee resolutions and Ministerial declarations;*
7. *Quick review of Millennium Development Goals and Post-millennium Development Goals, Sustainable Development Goals, health-related UN General Assembly commitments and resolutions; and*
8. *Quick review of speeches of Chair of National Health Committee and recommendations of National Health Committee.*

Generic review of National Health Plan

The following preliminary generic criteria that can be used to review/ assess National Health Plan are:

- (i) *Relevant to the current needs of the country (in terms of problem magnitude, specific population affected, urgency, severity, imbalanced priority, etc.);*
- (ii) *Able to achieve its intended objectives within the stipulated time frame;*
- (iii) *Cost effectiveness;*
- (iv) *Specificity and concreteness;*
- (v) *Feasibility (in terms of capacity to implement in the context of human resource for health, time frame, etc.);*
- (vi) *Completeness; and*
- (vii) *Untoward implications or unwanted effects.*

Each of the above variables can be categorized by giving a score (0 for not relevant, and 1, 2, 3, in terms of degree or strength, or dichotomous

response such as “Yes” and “No” can also be applied), although it may be subjective to a certain extent. The scores given by professionals can be averaged out so that outliers and skewed scoring can be avoided. The detailed process can be fine-tuned and modified when the actual process is considered. Several options of scoring are available.

Critical and in-depth review of National Health Plan in terms of: (not exhaustive)

(During the consultative meeting on “Reviewing and Revising Health Policies and Plans” conducted at Department of Health Planning in June 2013, the author presented the actual scoring process and also showed how to do critical and in-depth review of one specific programme in the National Health Plan.)

The following eight parameters can be assessed by applying the above seven criteria, as appropriate. The eight points mentioned below should be applied for each and every programme in the National Health Plan.

1. *Cohesiveness and linkages between general and specific objectives;*
2. *Cohesiveness and linkages between strategies and activities;*
3. *Cross-referencing and analysis of strategies versus specific objectives;*
4. *Cross-referencing and analysis of priorities versus situation analysis findings;*
5. *Cross-referencing and analysis of priorities versus monitoring indicators;*
6. *Cross-referencing and analysis of monitoring indicators versus targets;*
7. *Cross-referencing and analysis of situation analysis findings versus programmes and project activities;*
8. *Cross-referencing and analysis of quantum of specific activities versus resources allocated.*

Critical and in-depth review of National Health Policy versus National Health Plan

The assumption we have made here is that National Health Policy (1993) is a reference health policy and it is still relevant and valid. In fact, overall policy of the country, speeches by head of State, speeches by Chair of National Health Committee and Health Minister and relevant decisions of parliament must also be referenced and considered. In fact, overall National Health Plan and its key strategies, health plan of collaborating partner agencies, organizations and associations must be reviewed and analyzed simultaneously with reference to all the policies, speeches, and decisions mentioned above.

1. *Cross-referencing and analysis of National Health Policy versus directions of National Health Plan;*
2. *Cross-referencing and analysis of National Health Policy versus objectives of National Health Plan;*
3. *Cross-referencing and analysis of National Health Policy versus objectives and strategies of each programme of National Health Plan;*
4. *Cross-referencing and analysis of National Health Policy versus strategies and major interventions/activities of UN agencies, organizations, foundations, international and national NGOs, civil society organizations, and special programmes of Global Fund, GAVI, 3MDG, etc.;*
5. *Cross-referencing and analysis of National Health Policy versus WHO Country Cooperation Strategy, activities of GAVI Alliance, Common Country Assessment and United Nations Development Assistance Framework (CCA UNDAF), if applicable;*
6. *Cross-referencing and analysis of National Health Policy versus domains in National Health Plan.*

Critical and in-depth review of National Health Policy versus important policy related issues (not exhaustive)

1. *Cross-referencing and analysis of National Health Policy versus allied ministries' health-related activities;*
2. *Cross-referencing and analysis of National Health Policy versus healthy public policies existing in the country;*
3. *Cross-referencing and analysis of National Health Policy versus all major internal and external evaluation mission findings;*
4. *Cross-referencing and analysis of National Health Policy versus National Health Research Policy;*
5. *Cross-referencing and analysis of National Health Policy versus national health information system data set being transformed into information;*
6. *Cross-referencing and analysis of National Health Policy versus Head of State speeches, National Health Committee decisions, Ministers' and Deputy Ministers' speeches, and health issues emanating from the parliament;*
7. *Cross-referencing and analysis of National Health Policy versus key findings/decisions of senior national officials from country tour notes.*

General overarching review on appropriateness of National Health Policy

1. *Cross-referencing and analysis of National Health Policy with reference to recent key reports on major disease outbreaks, special evaluation reports, etc.;*
2. *Cross-referencing and analysis of National Health Policy versus key research findings related to policy;*
3. *Cross-referencing and analysis of National Health Policy with Framework for Economic and Social Reforms (FESR);*

4. *Cross-referencing and analysis of National Health Policy with National Comprehensive Development Plan (NCDP) 2011-2030;*

What should the revised plan generally look like?

The revised plan should have the following basic characteristics:

- (i) Rational and forward looking;*
- (ii) Activities are concrete and implementable with available resources (especially budget and human resource);*
- (iii) Activities in plan are conducive to ease of action;*
- (iv) Absence of duplication of work of different programmes of National Health Plan;*
- (v) Absence of duplication of work with stakeholders' work plan;*
- (vi) Work plans of different stakeholders are complementary and in synergy with the National Health Plan activities;*
- (vii) Monitoring and evaluation processes are simple, robust, responsive and with provision for action or follow-up; and*
- (viii) Compact and well-integrated activities to tackle contemporary health situation and need of the country.*

Conclusion

National Health Plan should be like a deeply rooted big tree with a strong trunk, healthy branches, twigs, fruits, cones, flowers, buds and leaves where project managers of different technical projects/programmes, collaborators, development partners and stakeholders can nurture each part, representing the activities of different projects/programmes, in line with their policies, strategies, mission and vision statements. After the review and analysis of National Health Plan, the toughest decisions faced by decision makers are:

- (i) *Should we prioritize and how should we prioritize programmes in National Health Plan?*
- (ii) *Should we prioritize activities and how should we prioritize activities in each programme? and*
- (iii) *How should we allocate budget, using a certain set of criteria, among different programmes?*

For long-term beneficial effects, an oversight committee with concrete terms of reference should be formed to oversee implementation of National Health Plan throughout. Reviewing National Health Plan in the context of National Health policy is a *huge undertaking* and we should not underestimate it. *Systematic preparatory work* must be done and a holistic approach must be applied. A sizeable amount of financial resources is required in addition to availability and involvement of professionals with vast experience in doing this type of review. The process will be beneficial to the country if available data and information are reliable and valid.

The whole process of review calls for a team approach and team spirit. This is absolutely essential. Fact finding and not fault finding should be the order of the day because many deficiencies will be exposed during the process. External technical and funding support may be required. Broad participation from many health related disciplines is important. The overall framework and roadmap of activities must be chalked out from the very outset together with responsible entities. The development of a Gantt chart type of framework will greatly facilitate the process. It is a holistic process and all concerned must be involved without predetermined notions and also without vested interest. The review process is a big undertaking but with collective wisdom, we can do it successfully.

(NB. Sometimes projects and programs are used interchangeably.)

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