

Recent developments and the future of health planning in African countries

Desenvolvimentos recentes e o futuro do planejamento em saúde nos países africanos

Delanyo Dovlo

Director, Health Systems and Services Cluster, World Health Organization Regional Office for Africa, Brazzaville, Republic of Congo

Humphrey C. Karamagi

Sustainable Development Goals coordinator for Africa, World Health Organization Regional Office for Africa, Brazzaville, Republic of Congo
karamagih@gmail.com

Kevin Ousman

Health Systems and Services Cluster, World Health Organization Regional Office for Africa, Brazzaville, Republic of Congo

Martin Ekekemonono

Health Systems and Services Cluster, World Health Organization Regional Office for Africa, Brazzaville, Republic of Congo

Resumo

Os indicadores de saúde na região africana têm melhorado nos últimos 15 anos, embora ainda enfrentem muitos desafios e ameaças. Para progredir são necessárias melhorias nos processos de planejamento em saúde como parte integrante do esforço para fortalecer a governação em saúde. A história do planejamento em saúde é rica em empenho e mostra evolução de acordo com o paradigma de gestão em saúde prevalente a cada momento. Como resultado do surgimento das metas de desenvolvimento sustentável é imperativo que o processo de planejamento em saúde seja realinhado com as necessidades de governação e com as expectativas dos vários países. Reconhecer os desafios persistentes em planejamento relacionados com diálogos políticos deficitários, desiguais capacidades de priorização, processos rígidos, fraca integração de instrumentos de planejamento e com ações intersectoriais e condução da implementação, o escritório regional da OMS propõe a adoção de uma grelha abrangente de planejamento e definição de processos que tenha em conta os referidos desafios. A proposta define as ferramentas e processos necessários para um planejamento em saúde efetivo, incluindo as respetivas interligações. A adoção de um processo de planejamento abrangente vai propiciar o alcançar dos objetivos em saúde e conduzir os países em direção às metas de desenvolvimento sustentável. Ferramentas e procedimentos adequados serão desenvolvidos no quadro desse processo de planejamento abrangente para facilitar a sua aplicabilidade nos diversos países.

Palavras Chave:

Planeamento em saúde, África, metas para o desenvolvimento sustentável, governação em saúde.

Abstract

The health status in the African Region has increased in the past 15 years, though still faced with many challenges and threats. To move forward, improvements in the health planning process are needed as part of the effort to strengthen health governance. The history of health planning is rich in effort, and shows evolution with the prevailing paradigm of health management at each point in time. As a result, with the advent of SDGs as health security preparedness needs, it is imperative that the health planning process be realigned with the governance needs and expectations of countries. Recognizing persisting planning challenges relating to poor policy dialogues, uneven prioritization capacity, rigid processes, poor linkages of planning tools and with inter-sectoral actions and implementation guidance, the WHO regional office is proposing adoption of a comprehensive planning framework and process that takes cognizance of these challenges. It defines the respective tools and processes needed for effective health planning, including their relationships and linkages. Adoption of a comprehensive planning process will support attainment of health objectives, and guide movement towards SDGs in countries. Appropriate tools, and procedures will be developed in line with the comprehensive planning process to facilitate its application in countries.

Key Words:

Health planning; Africa; SDGs; health governance.

Introduction

In the last 15 years, the Africa health status has shown an improving trend[1]. This has however been uneven with focus on a few areas[2]. Countries currently face complex health challenges with a double disease burden, plus increasingly epidemic outbreaks[3]. The political, social and environmental landscape of Africa has changed, with increasing democratization and need for accountability, urbanization particularly of the economically productive cohorts, and environmental challenges in regard to climate change[4] all leading to new health challenges. Persistent poverty and poor income distribution complicate the challenges to health.

The region however has witnessed unprecedented increases in support, with new global health initiatives complementing increases in domestic financing and traditional donor support[5]. If channeled appropriately, this should help the countries further accelerate the improvements they are witnessing in their health sectors.

The Sustainable Development Goals (SDGs) recognize the need for country specific system wide approaches to respond to this complex situation[6]. The quality of health planning in a country impacts on government effectiveness, and so effective use of available resources[7].

Planning progress so far

Health planning has been a feature of health services delivery in Africa for many decades, evolving and driven by different motivations[8]. Pre-independence, most planning was limited to coordination of public hygiene services in areas where colonialists resided[9]. With independence, most countries adopted centralized planning, though focused on expansion of clinical services. With the adoption of the Primary Health Care approach, planning shifted in the 1980s from clinical services expansion to access to selective vertical interventions [10,11]. With the structural adjustment and public sector reforms of the 1990s, this planning process again shifted to management of downsizing of services and strengthening decentralized planning[12]. By the time we entered the current global health phase in the 2000s, the planning process shifted towards scaling up provision of country specific essential services[13]. Current efforts to improve planning were boosted at the 2008 conference on PHC and Health Systems[14], where it was recognized

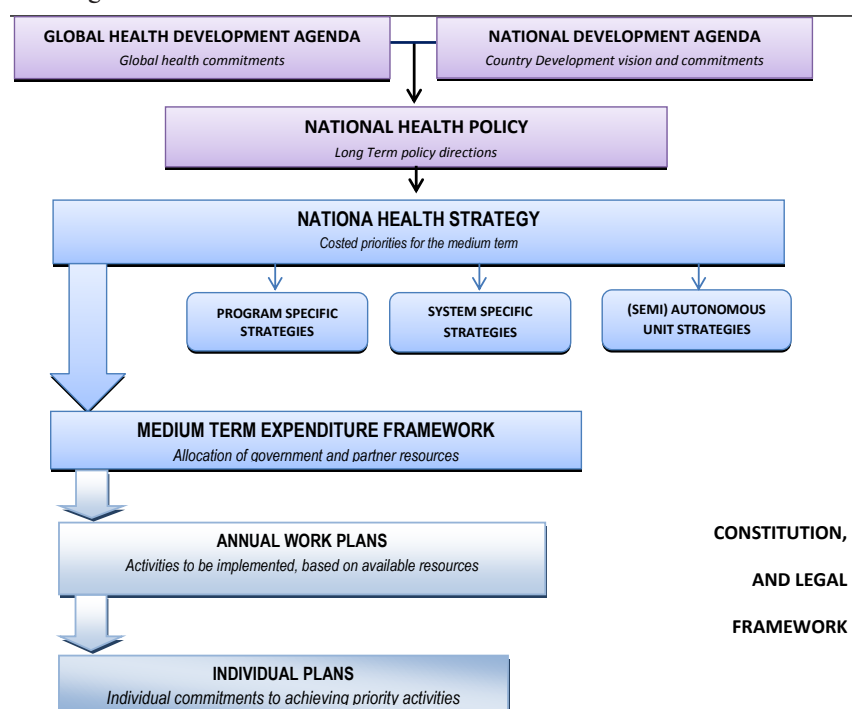
as a key expectation of good governance. A common planning framework for countries was developed as a result, and within 5 years post conference 19 of 46 countries of the Africa region had developed national health policies, and 22 had national health strategies.

Challenges faced

However, there are still persistent challenges with the planning process reported by countries

- Mismatch between planning process, and actual priorities. The process is unduly driven by funding sources, with some priorities like NCDs, or clinical services inadequately featured.
- Rigid planning process that is difficult to adapt to changing priorities. In emergencies, the process becomes inappropriate as shown in the Ebola Virus Disease outbreak[3]
- Limited capacity for forward planning, with most efforts driven by past and current challenges as opposed to predicting emerging challenges
- Poor guidance on and interaction amongst planning tools. Countries have various combinations of tools, with little understanding of their respective utilities and expected interlinkages.
- Inadequate interactions with the wider government planning processes, making inter sectoral actions difficult to implement[15]
- Weak implementation guidance, and plan translations to individual health worker actions

Planning framework for health



Moving forward

The WHO Africa Regional Office is proposing a comprehensive planning framework to respond to these challenges, and align the planning process to the current needs of countries.

This aims to further align the planning process to current needs. Specifically, it should help to:

- Link their health planning process to the global health, and national development agendas. National health policies should be guided by the national development, and global health agenda in addition to the health situation analysis.

- Highlight the health planning tools, plus their inter-linkages and implementation tools.

- o National health policies as the long term 'statements of intent', and be implemented through national health strategic plans.

- o National health strategic plans as medium term costed priorities. These should be comprehensive enough to inform the budgeting process, specific health program (HIV, Malaria, etc.), health system (human resources, health financing, etc.), and (semi) autonomous units (districts, tertiary hospitals, etc.) strategies. These are implemented through the budgeting framework by operational plans

- o Budgeting framework allows allocation of government, and funding partner resources to priorities.

- o Operational plans represent the activities to be implemented annually with the funds allocated from the budgeting framework from government and partners.

- o Individual plans are derived from the operational plans

- Different planning tools are applied at the different levels of the health sector, depending on the level of decision space held at that level in a country.

- o At the macro level (national, and subnational devolved units) where there is decision making authority, all the planning tools are applicable

- o At the meso level (subnational deconcentrated / delegated units) where decision making authority is handed down from the macro level, planning tools applicable are from the strategic plan downwards.

- o At the micro level (implementation units) that directly manage frontline health workers, planning tools applicable are the annual and individual work plans

- The framework is also designed to facilitate forward planning through having a scoping tool that maps forward risks, and have inbuilt flexibility with a robust monitoring and redesign process that takes cognizance of changes in current or future situation. Additionally, countries will be able to improve alignment of their systems to needs to ensure these are resilient enough to respond to expectations.

Going forward, the region intends to elaborate specific guidelines for each of the planning tools that provide clarity on its scope and components, how it is to be used, the process towards its elaboration, and how to monitor its effectiveness. This is all aimed at further improving the quality of the planning process amongst countries in the region, and so impact on the quality of governance and attainment of the country's health objectives.

References

1. World Health Organization. Atlas of African Health Statistics. *WHO African Heal Obs Knowl Manag.* 2014;(1):1-181. doi:10.1007/s13398-014-0173-7.2.
2. Murray CJL, Barber RM, Foreman KJ, et al. Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990-2013: Quantifying the epidemiological transition. *Lancet.* 2015;386(10009):2145-2191. doi:10.1016/S0140-6736(15)61340-X.
3. Heymann DL, Chen L, Takemi K, et al. Global health security: The wider lessons from the west African Ebola virus disease epidemic. *Lancet.* 2015;385(9980):1884-1899. doi:10.1016/S0140-6736(15)60858-3.
4. McMichael AJ. Globalization, Climate Change, and Human Health. *N Engl J Med.* 2013;368(14):1335-1343. doi:10.1056/NEJMr1109341.
5. McCoy D, Chand S, Sridhar D. Global health funding: How much, where it comes from and where it goes. *Health Policy Plan.* 2009;24(6):407-417. doi:10.1093/heapol/czp026.
6. Hafner T, Shiffman J. The emergence of global attention to health systems strengthening. *Health Policy Plan.* 2013;28(1):41-50. doi:10.1093/heapol/czs023.
7. WHO. *Strengthening Health Systems to Improve Health Outcomes: WHO Framework for Action.* Geneva, Switzerland: World Health Organization; 2007. http://www.who.int/healthsystems/strategy/everybodys_business.pdf.
8. Akbar Zaidi S. Planning in the health sector: For whom, by whom? *Soc Sci Med.* 1994;39(9):1385-1393. doi:10.1016/0277-9536(94)90369-7.
9. Freund PJ. Health care in a declining economy: The case of Zambia. *Soc Sci Med.* 1986;23(9):875-888. doi:10.1016/0277-9536(86)90216-9.
10. WHO. Declaration of Alma Ata (6-12 September 1978). *Int Conf Prim Heal Care.* 1978. http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf.
11. Magnussen L, Ehiri J, Jolly P. Comprehensive Versus Selective Primary Health Care: Lessons For Global Health Policy. *Health Aff.* 2004;23(3):167-176. doi:10.1377/hlthaff.23.3.167.
12. Berman P, Bossert T. A Decade of Health Sector Reform in Developing Countries : What Have We Learned ? *DDM Symp Apprais a Decad Heal Sect reform Dev Ctries.* 2000:0-20. <http://www.harvardschoolofpublichealth.net/ihsq/publications/pdf/closeout.PDF>.
13. Mueller DH, Lungu D, Acharya A, Palmer N. Constraints to implementing the Essential health package in Malawi. *PLoS One.* 2011;6(6). doi:10.1371/journal.pone.0020741.
14. World Health Organization. Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health in Africa in the New Millennium. *Brazzaville.* 2008:28-30.
15. Chircop A, Bassett R, Taylor E. Evidence on how to practice intersectoral collaboration for health equity: a scoping review. *Crit Public Health.* 2015;25(2):178-191. doi:10.1080/09581596.2014.887831.