Strategic Health Planning:

Guidelines for Developing Countries

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The inputs of the above to the production of this document is as follows. The document was drafted by Andrew Green and Charles Collins and commented upon by other authors. The document draws on the research carried out in three countries[1], led by colleagues in Eritrea, Mozambique and Zimbabwe, and on a comparative analysis[2].

[1] Hagos, B, Gebreselassie, S, Omar, M and Stefanini, A et al (2002) *The Practice of Strategic Planning in Health Sector Reform: Eritrea Case Study*

Chapman, G and Green, A (2002) *The Practice of Strategic Planning in Health Care Reform: Zimbabwe Case Study*

Adam, Y, Abdula, M and Craveiro, I (2002) *The Practice of Strategic Planning in Health Care Reform: Mozambique 2001 Strategic Health Care Plans: Change or status quo maintenance*

[2] Green, A, Collins, C and Gideon, J (2002) *The Practice of Strategic Planning in Health Care Reform Comparative report on Eritrea, Mozambique and Zimbabwe*

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Foreword

It is a great pleasure to write a foreword for this important and useful document. As part of its overall research programme, the European Commission provides substantial funds every year for research into health and development. The overriding objective of this is to increase knowledge that can be used practically to enhance the health of the poorest countries. This document is the product of one such research project and is intended to strengthen an area which is of increasing importance – the development of robust strategic plans for the health sector.

Whilst considerable knowledge exists on the causes of ill-health and technical interventions that could improve the levels of health, there is far less understanding as to how such interventions should be implemented. Some of the problems encountered are undoubtedly attributable to poor planning systems. The very low levels of resources available to African health systems reinforces the need for strategic planning which sets clear and implementable priorities for the use of these resources in the most appropriate and cost-effective manner. This document, which stems from collaborative research between European and African partner institutions in three African countries, provides useful and accessible guidance for planners as to how to strengthen such strategic planning processes, within the context of a changing environment. The EC is proud to have supported such research as a contribution to the enhancement of health of the poorest populations in Africa.

Dr Anna Karaoglou, Principal Scientific Officer
European Commission, DG Research,
International Co-operation

Acronyms used

SWAp	Sector Wide Approach
EC	European Commission
NGO	Non Governmental Organisation
HMIS	Health Management Information System
TBA	Traditional Birth Attendant
WHO	World Health Organization

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It should, as is normal, be pointed out that the involvement of the above does not imply endorsement of the contents of this document

Contents

Background

Strategic planning has become a widely used term in recent years and is often linked to the development of Sector Wide Approaches (SWAps). It is often seen to be a response to the need for explicit leadership for the health sector at a time of considerable challenges including very constrained resources, and complex and increasing health needs. Health ministries in a number of countries have developed, or are currently developing, their own strategic plans or strategies and yet there is little guidance on how to approach the task.

This short booklet aims to provide guidance on the process of strategic planning and key issues arising from this. It was developed as part of the research funded by the EC which was conducted by a group of institutions interested in the current state of strategic planning in the health sector. The guidelines drew on both the experience of the researchers and primary research. This investigated the processes of strategic planning during 2000-2001 in three quite different African countries – Eritrea, Mozambique and Zimbabwe - and suggests a need for strengthening of planning systems. A similar study was also carried out in Portugal in the same period.

Aim of the guidelines

The aim of these guidelines is simple - to assist governments and in particular ministries of health within the African region to assess their own strategic planning systems in order that they can, where appropriate, be strengthened. It should be stressed, however, that this is not a 'how to do it' manual. There is no single blueprint for a planning system. The particular environment within which the planning system operates, and its country-specific and potentially different requirements, inevitably means that each country will need different solutions and ways of planning.

[3] The research resulted in three country reports and a comparative report; details of these are provided in the footnote on page 2.

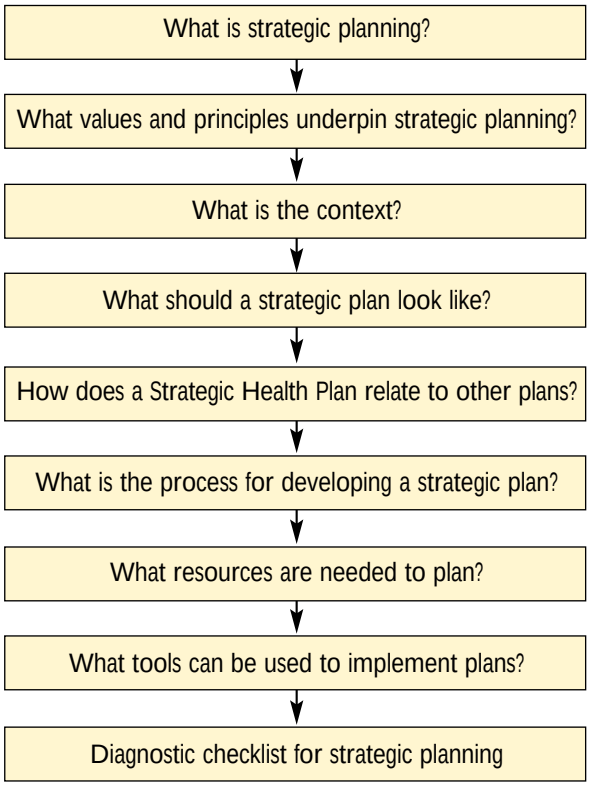
[4] Whilst this is aimed primarily at the African region, it is expected that it may be of wider use.

Instead it is intended that this booklet will identify the main issues that need to be kept in mind in strengthening a planning system at the national level, and provide suggestions as to the process of diagnosing and strengthening this system. It is recognised that for a number of experienced planners much of this will be familiar, but it is hoped that even they will find it of use.

Structure and use of the guidelines

The guidelines are divided into 9 sections as illustrated in Figure 1. It is suggested that the guidelines should be read in order, and discussed by a strategic planning team prior to developing a plan.

Figure 1: Contents of the guidelines



What is Strategic Planning?

It makes sense to begin by getting agreement among stakeholders as to what is meant by strategic planning. A typical definition of strategic planning would see it as *a process of setting agreed priorities and direction for the health sector in the light of given resource constraints*. There are, however, less obvious purposes. For example, it may be seen as:

- a means of developing a more constructive public-private partnership
- a means of regulating the private sector
- a means of giving content to the stewardship function of the health sector
- a process of developing intersectoral collaboration for health development
- a means for ensuring technical, political and financial sustainability
- a means of institutional change
- a means of streamlining or regulating donor participation or an instrument for negotiating with donors

While many of these purposes are compatible, there can also be contradictions between them. They also can lead to different implications for the content and style of a strategic plan. As such it is important that the team responsible for developing the strategic plan agrees the purpose(s) of the plan.

Whatever purposes are agreed, a common theme is the issue of constraints. The resources available to the health care system in Africa are severely limited, seemingly restricting the capacity of strategic planning to achieve its purpose. Other constraints exist such as the political environment (for example, instability or frequent changes of government). Whilst for some, such constraints limit the potential for planning, strategic planning may also be viewed as a response to such constraints, providing a sense of continuity and direction.

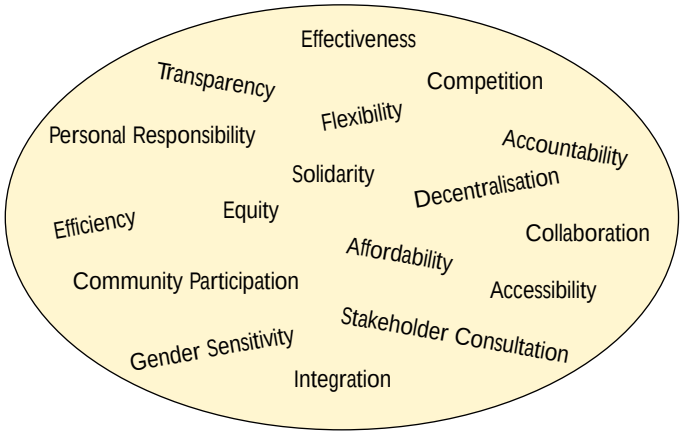
It is also important to recognise that planning relates to politically defined policies and involves:

- *activities* like carrying out situational analysis, options appraisal, implementation, monitoring and evaluation
- *information and knowledge* on needs, resources, constraints, technology, interventions and attitudes
- *structures* such as planning units and planning groups that have responsibilities in the planning process
- *people* who are the planning stakeholders
- planning *products* such as documents.

What values and principles underpin Strategic Planning?

The values and principles that underpin the purpose of strategic planning are critical in determining the eventual plan. They will inevitably vary between countries. Examples of these are shown in Figure 2.

Figure 2: Possible planning values and principles



The values and principles can affect the type of planning process to be developed as follows.

Process of defining the values

The extent to which stakeholders are involved in determining the values will influence the extent to which they have a sense of ownership of the planning process. Often these values are not explicitly defined at the beginning of the planning process, but emerge during the process.

Dealing with conflicting values

One value may conflict with another value. For example, an emphasis on market-based values of competition and individual responsibility for health care can sit uneasily with broader community values and institutional collaboration. Though this may be inevitable, it is important that the planning team recognises this and looks, where possible, for consistency.

Making values real

For values to have meaning, they have to be brought into planning, influencing the structures and systems of planning. For example, if transparency is seen as important, then decisions need to be made as to how it is put into practice in the planning processes.

Understanding the context

Developing a planning process cannot be done in a vacuum. The context which surrounds and influences planning has to be taken into account. Failure to do so can lead to an inappropriate system. In particular, the context can affect:

- the extent to which priority is given to strategic health planning
- the purpose and values expressed in the planning process
- the role of different stakeholders in the planning process and the impact they can have on the planning process
- the form and structure of the planning process
- the extent to which resources are used in the planning process
- the degree of ownership of the plan.

A typical set of contextual factors is set out in Box 1. This provides an example of each factor and suggests questions which the planning process need to address.

Box 1: Contextual factors and their impact on planning processes

Factor	Example of factor	Typical questions for the Planning Process
Health problems	Epidemiological transition with new health problems (such as non-communicable diseases) superimposed on communicable diseases	Is there capacity to interpret health changes?
Health care system	Leadership role of health ministry in the health sector	Does the health ministry have the capacity and legitimacy to provide leadership in strategic planning?
Health sector reform	Health sector decentralisation	Is there an appropriate balance between national and decentralised planning and is the relationship well-defined?
Ideology	National self reliance	Is the role of donors in the planning process well-defined and appropriate?
Social and political events and conflict	Political cycles resulting from elections	Does the planning process allow for a balance between political changes and planning continuity?
Economic change and policy	Liberalisation and shift to a market economy	Has planning adapted to the changing roles of agencies in the health field?
International	Relations between government and international agencies	Can the planning process respond appropriately to changes in international financing mechanisms such as SWAps?

Understanding the planning context is not easy. Each factor in the second column in Box 1 affects not only the planning system as shown, but can also affect other aspects of the context - which in turn impinge on the planning process. For example, a downturn in the

economy may lead to increased reliance on international financial agencies which may require, as a condition for economic support, health sector reforms (such as an increased role for the private sector and decentralisation). This, in turn, will influence the planning process. In trying to understand the planning context, it should not be expected that all stakeholders will agree on what the context is and how it affects planning. Furthermore the context does not stand still. It is changing and planners have to monitor and analyse it.

What should a Strategic Plan look like?

There is, of course, no single answer to the above. It will depend on a number of factors, not the least of which is the purpose of the plan, which as we have seen, can vary significantly. However there are a number of considerations about the possible content, which need to be thought about in the process of developing a plan.

Degree to which content is controversial

Ideally a strategic plan should set out very clearly the direction of the health sector and its broad aims. Planners should be prepared to be bold in their plans, if such plans are to be genuinely strategic. This inevitably will include controversial elements (e.g. the relationship towards the private sector; or whether to improve health care quality of existing services or extend health care coverage at current low quality levels). However there may be times when such a controversial plan is unfeasible, perhaps for political reasons, and a more bland and less controversial approach may be needed to ensure the acceptance of the plan.

Box 2 sets out the advantages and disadvantages of these different approaches to controversy.

Box 2: Degree to which the plan is controversial: advantages and disadvantages

Plan type	Advantages and disadvantages
Neutral bland plan	More generally owned, may therefore be useful during a period of political fragility; avoids making difficult choices but does not provide real leadership or contribute to real stewardship
Controversial plan with clear signals over direction	Makes the necessary hard choices; provides clear leadership and stewardship for the health sector and external partners; may encounter strong opposition from 'losers'; can reduce flexibility

Degree to which the plan is 'finished'?

The format of a plan can vary considerably. For example, strategic plans can be:

- General statements of health sector priorities with no set time period. Such documents are often called strategies or policies rather than plans
- 'Organic' documents with inbuilt processes for updating the document as circumstances change or as further information is gathered or analysis carried out.
- 'Finished' products with set periods for implementation (say five or ten years) with new plans produced towards the completion of the period

Box 3 sets out some advantages and disadvantages of these plan types.

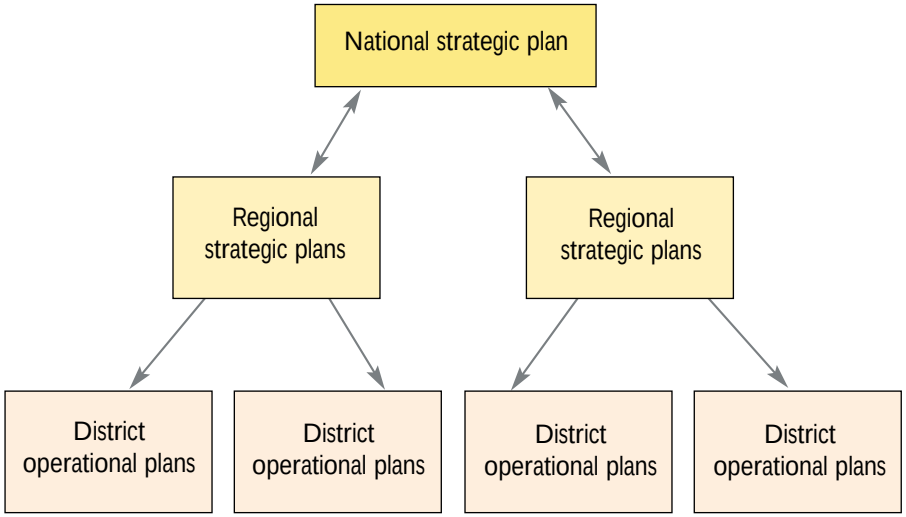
Links to resources and operational plans

Plans can be seen as hierarchical statements with the national strategic plan providing the overall framework within which the plans of lower administrative levels fit. Figure 3 gives an illustrative example of such a relationship. Whilst it is necessary that national strategic plans are realistic in their aspirations and as such are linked to a broad envelope of likely resources, plans may differ in the degree to which they specify the *precise* allocation of resources to different activities or strategies. This will depend both on the degree to which they are 'finished' (as discussed in the previous section), and the number of different administrative levels below the national level and their degree of autonomy to set their own local strategies.

Box 3: Degree to which the plan is 'finished': advantages and disadvantages

Plan type	Advantages and disadvantages
Open, not time-bound, strategy	Provides general direction; less easily monitorable; could be insufficiently binding
Strategy with explicit process for regular updating	Provides flexibility to allow updating as context changes; may be less clear about direction; potentially useful in periods of uncertainty
Finished time-bound plan	Gives clear direction; easily monitorable; may become out-dated if circumstances change unexpectedly

Figure 3: Possible relationship between strategic and operational plans[5]



[5] This is a simplified illustration showing the general relationship. In practice any level may have both strategic and operational plans.

Box 4 sets out the possible advantages and disadvantages related to such linkages.

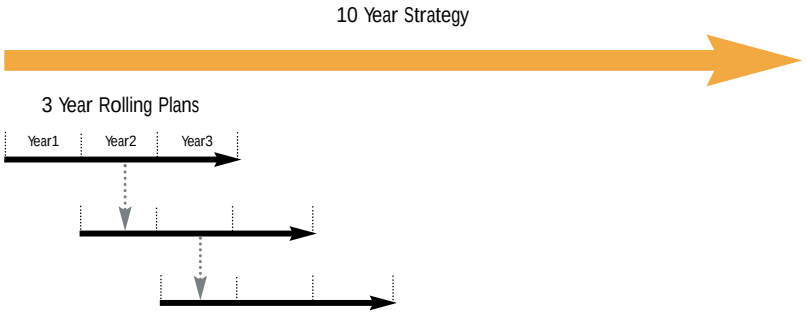
Box 4: Degree of linkage to operational plans and resources: advantages and disadvantages

Explicit links	Ensures lower level operational plans follow national strategic priorities; may be overly controlling and provide insufficient opportunities for decentralised discretion.
Unspecified links	Provides greater flexibility for the operational levels; potentially less national control of strategy.

The plan timeframe

As we have seen, plans can be open-ended or with a clear set time-frame. Traditionally plans in many countries have been set for a five-year period, but alternatives are being increasingly used. For example, it is possible to have a very broad general long term strategy which covers a period of around 10 to 15 years supplemented by shorter 3 to 5 year strategic plans which give greater detail. These in turn would then be complemented by shorter operational plans which link into annual budgets for implementation purposes. Rolling plans may also be used in combination with a long term strategy. These cover a set period, such as 3 years, but are 'rolled' on every year to form a new period of planning. This combination of a long term strategy and short rolling plans is illustrated in Figure 4.

Figure 4: Plan time frames



Box 5 sets out the advantages and disadvantages of potential different time-frames.

Box 5: Different time frames: advantages and disadvantages

Plan time-frame	
Long-term plan	Provides greater long-term continuity and opportunity for significant strategic impact; may become outdated
Short term plan	Remains relevant to current context, but provides little opportunity for long-term strategy
Rolling plan	Provides a potential balance between long and short-term plans

Structure of the plan

The structure of a strategic plan is bound to be constrained by the purpose of the plan and for whom it is written. For example, if the plan is required by a national planning authority, then it is likely to be constrained by its requirements. Similarly if the plan is linked to the development of a SWAp, then there are likely to be requirements from external partners concerning its contents. It is suggested that early in the plan process, the structure, level of detail and length of the plan is agreed by the team who is ultimately responsible for its development. Clear explicit guidelines at this stage will help to gain agreement to the plan at the later approval stage.

As an example, Box 6 sets out the possible contents of a strategic plan.

Health or health care plan?

Plans written by health ministries are usually called '*Health* Plans'. However the reality is that such plans focus largely on health *care* issues. In part this reflects the background of most ministry officials as health care providers; it also reflects an understandable preoccupation within health ministries on those activities that they can directly influence. However many health issues are the result of factors lying outside the health care sector. As such it is important that consideration is given as to how the health implications of other sectors can be analysed and their activities influenced, One possibility is for the strategic plan to become a genuine *health* plan with specific strategies related to advocacy activities designed to influence other sectors. Another alternative is more radical. This involves recognition that the health ministry cannot be more than a health care ministry, with alternative arrangements, perhaps in a central co-ordinating ministry such as the planning ministry or the President's office, for the wider intersectoral health promotion strategies.

Box 6: Possible contents of a strategic plan

- Current and projected health situation
- Current and projected resources including financial and human
- Current and projected environmental context
- Identification and assessment of key priority issues
- Goals, aims, objectives and targets
- Strategies for health promotion
- Strategies for health care delivery
- Institutional framework including:
  - Public – private relations
  - Decentralisation
  - Relation with other sectors
- Timeframe
- Resource implications
- Potential risks and key assumptions
- Relationships with operational plans
- Updating process including contingency plans to deal with inforeseen circumstances
- Monitoring and evaluation of the plan progress

Health sector or *public* health sector plan?

The final key issue which needs to be decided prior to the development of the strategic health plan is how wide its scope is in terms of the health care providers and in particular the private and non governmental sectors. Traditionally public sector plans have focused on the activities within the public sector with little attention being paid to the private sector which is not directly under the control of the health ministry. If however the strategic plan is genuinely intended to cover the whole health system then it needs to

give adequate attention to the activities of private, including NGO, providers. This may include ensuring that an adequate regulatory framework is provided which includes attention to:

- Any limits on numbers, activities and geographical location of such providers
- An appropriate balance between incentives and controls
- Regulation and licensing of health professions
- Development of norms and standards of care
- Guidelines for contracting out

How does a Strategic Health Plan relate to other plans?

A strategic health plan cannot be seen in isolation but, to be effective, needs to be clearly related to other relevant policy statements and plans. These may include:

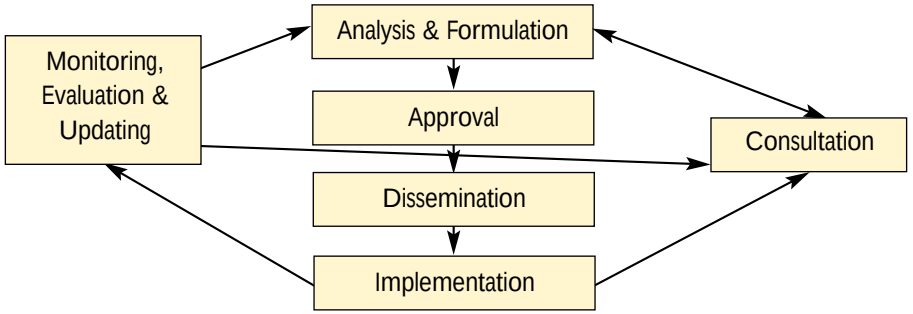
- Central government plans such as those from the Ministry of Planning and general government development policies
- The plans of other sectors, such as education, which have an impact on wider intersectoral considerations
- Other health-related plans such as human resource plans
- The plans of other public sector health service providers outside the direct control of the health ministry; these could include those of local government, social insurance organisations, the Ministry of Defence, and parastatals
- The plans of private sector health care providers including both NGOs and private for profit organisations
- The plans of lower levels in the health system including semi-autonomous hospitals, and district levels
- The existing plans of vertical health programmes such as AIDS or EPI

The development of a Ministry of Health strategic plan will be both influenced by existing plans and be potentially able to influence them. It is important, in the process of developing a strategic health plan, that a mapping exercise is conducted of existing and potential plans and their relationship to the strategic plan.

What is the process for developing a Strategic Plan?

Different stages in strategic planning (and their interrelationships) can be identified as shown in Figure 5.

Figure 5: Stages in strategic planning



These are not necessarily sequential and some may occur in parallel. Issues related to each stage are briefly examined below.

Analysis and formulation

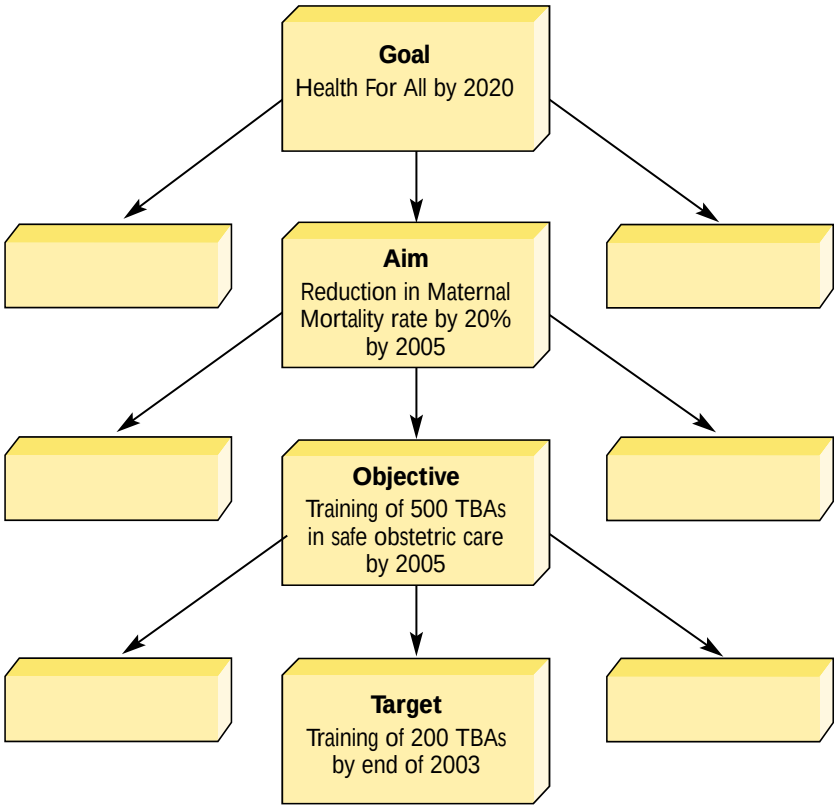
The precise process for developing a strategic plan will depend on various factors, including most importantly, the purpose and type of plan to be produced. The formulation of the plan can itself be divided into different stages including:

- Situational analysis including analysis of:
  - the health context
  - the likely resource constraints
  - the health system
  - other contextual factors

- Development of agreed priorities and objectives for the plan
- Development of alternative strategies to meet the priorities
- Assessment of the alternative strategies
- Formulation of the plan

Given the importance of priority-setting in planning, particular attention needs to be given to this activity. It is helpful in doing this to consider a hierarchy of objectives which go from the general level to the very specific. Figure 6 gives an example of such a hierarchy with an example at each level from the field of maternal health.

Figure 6: An example of a hierarchy of objectives[6]



[6] Note that different terms may be used by different organisations, for example within logframes. The principle of the hierarchy however is common.

Ideally in a national strategic plan, only the top two levels would be considered, with the last two being seen as the focus of an implementation plan

Consultation

Plans may fail to be fully implemented as a result of lack of ownership by key stakeholders. It is important therefore that sufficient attention is given to the process of consultation during the development of a strategic plan. This involves three key decisions:

- Who should be consulted?
- At what point should they be consulted?
- How should they be consulted?

WHO SHOULD BE CONSULTED?

The decision as to who should be consulted reflects again decisions as to the purpose of strategic planning and the underlying values and principles. If, for example, a key function of the strategic plan is to develop a SWAp then international donor partners will be a key group to consult. Other likely groups to consult include:

- Communities
- Political actors including parliament and political parties
- Key ministries
- Health professionals
- Private sector health care providers
- Other sectors

It is important to recognise the need to search actively for the voiceless in this process.

AT WHAT POINT SHOULD THEY BE CONSULTED?

The point in the process at which consultation occurs can also be critical to gaining both ownership and genuine inputs into the process. Consultation can be seen primarily as seeking views on:

- priorities and strategies at the *beginning* of the planning process
- alternative *options* once these have been formulated
- a formulated *plan*
- *implementation*, *monitoring*, *evaluation* and *updating*

The later in the process that consultation takes place, the more it may be viewed as a formal and even tokenistic process. The earlier it takes place, the more likely it is to influence the thinking behind the development of the plan.

HOW SHOULD THEY BE CONSULTED?

There are various alternative ways in which consultation can take place including:

- Directly with the stakeholders themselves or through representative organisations
- By surveys or focus groups
- By putting documents on the internet for consultation and feedback
- Through special mechanisms set up, or through structures related to ongoing management

Each of these alternatives has advantages and disadvantages in terms of the resources (including availability of technology) and time required and the robustness of the information gathered. The most appropriate for a particular country will also depend on the existing mechanisms and consultation practices.

Approval

Each country will have its own mechanisms for the approval of the plan. There are likely to be some approval requirements within the Ministry of Health, and others at a more central government level. The precise requirements for these will also depend on the purpose of the strategic plan.

Dissemination

Health ministries are often not well equipped to disseminate policies and plans. Yet, with the changing nature of the health sector and greater diversification, traditional methods of plan distribution within the public health system are unlikely to be sufficient. If the plan is to be widely accepted, then dissemination needs to be adequately planned and resourced. It is suggested that, as part of the development of the strategic plan, a dissemination strategy be developed, perhaps related to the consultation processes.

This could include a variety of dissemination methods including:

- public meetings
- media publicity
- short accessible versions of the plan widely distributed
- workshops with key stakeholders

The health ministry may not have much expertise in this area, and consideration may need to be given to use of outside commercial agencies.

Implementation

A plan is of little use if not implemented, and yet we are aware that many plans remain as unfulfilled aspirations. As we have already seen it is important that very explicit links are made between the strategic plan and operational plans and budgets as the mechanisms for implementation.

Monitoring, evaluation and updating

The final component concerns the process of monitoring, evaluating and updating the plan.

In designing the plan, it is important to consider how its progress will be monitored and its achievements evaluated. As such, the plan needs to include indicators for monitoring the progress. Given that the strategic plan provides a statement of broad direction (in contrast to operational plans), these indicators should be few, should focus on outcomes and should be sensitive to the measurement of the strategic shifts planned. Operational plans should be required to demonstrate their own contribution to the achievement of the strategic plan, and contain their own monitoring mechanisms.

Evaluation processes should also be built into the plan to assess the progress and any constraints encountered. Both the monitoring and evaluation processes need to be linked to the updating of the strategic plan. As we have seen this may occur in the form of a new plan, phased sequentially and developed towards the end of the current plan period, or may be a rolling plan process with more frequent updating of the plan.

Plans may of course also be revised with the advent of new governments with new policies to be reflected in the plans.

By whom can the plan be formulated

There are various processes by which a plan can be written. Three examples of this are:

- led by an existing planning department
- led by a specially constituted team of people (perhaps a mixture of health ministry and external members) with a time-limited task of developing a plan
- led by consultants

Each of these has its advantages and disadvantages particularly in terms of speed of delivery and in terms of broad ownership. For example a group of consultants may produce very quickly a plan which is technically robust, but which has little shared ownership within the health sector. As such, in making a decision as to how to develop a plan, the purpose and available planning resources need to be considered.

What resources are needed to plan?

For planning to be effective, resources are needed to drive the process. The key resources are staff, information and budget for other costs.

Staffing

The development of strategic planning requires a range of skills, many of which are likely to be available within the health sector already. These do not however all need to be located within the planning unit itself, as long as the process for accessing them is clear. Some of these skills are well recognised – in particular those of epidemiological and economic analysis. There are two other skills that may be less obvious. Firstly those of contextual analysis which, we have seen should be a critical element in the development of a strategic plan. Secondly the skills of facilitation and dissemination which are required if the process is to be inclusive and genuinely open to a wide range of stakeholders.

Information

In order to carry out strategic planning, information is required. Information systems within the health sector are variable in quality and an assessment of their relevance and robustness is likely to be needed. Typically information will be needed on:

- health needs - current and projections
- the health system including health services, interventions and key problems
- resource projections both in terms of finance and real resources such as health professionals
- views of stakeholders on priorities

Some of this information will be available through routine HMIS, but some will not be readily available, or of appropriate quality, and resources may be required to obtain it. This may require research and capacity for this may be limited. Planners are likely to need access to international information on, for example, cost-effectiveness of different strategies. This may be obtained through consulting external expertise, literature review or access to databases such as the Cochrane Centre.

It is also important to recognise that for strategic planning purposes, detailed information may not be required. Furthermore, though accuracy of information is desirable, pursuit of very high levels of accuracy may result in delays in the development of the strategic plan or reflect a reluctance to deal strategically with difficult issues. Pursuit of ‘accurate’ information may also be used as a device by particular interest groups to obstruct strategic decision making which may be perceived to affect that group.

What tools can be used to implement plans?

A variety of tools are available for planning in terms of the implementation of the strategy. As we have already seen, there need to be clear links made between the framework strategic plan and the operational plans of the lower levels. Many planning systems rely heavily on the use of traditional guidelines, which are associated with ‘command and

control' approaches to planning. The following outlines some of the potential planning tools available.

Guidelines and procedures

Planning guidelines are still widely used to transmit policy from the centre to the lower levels within a managed system. Within more decentralised countries, however, the nature of such guidelines is likely to change, with more focus on technical requirements rather than the translation of these into specific plans, which will be the responsibility and, indeed, rights of the lower levels.

Resource allocation formulae

One mechanism that is necessary in a more decentralised system is a resource allocation formula to provide global budgets to lower levels. Such formulae should reflect the broad strategic direction set by the plan. Thus, if the plan sees equity as a key objective, then the allocative formula needs to be based on indicators that assess need – such as population, relative burden of disease and levels of poverty. Often resource allocation formulae are driven by existing service coverage, which will not redress inequities.

Regulatory tools

With the growth in interest in policies encouraging a greater public/private mix, there is increasing need for clear regulatory tools which set out the desired roles of and standards for the private sector providers and which have clear mechanisms for assuring these. Such tools may require legislative action, and the development of bodies either within the health ministry or as quasi-governmental organisations to operate them. Decentralisation and the development of greater operational autonomy by public sector providers are likely to require different processes than the more traditional inspectoral processes. It is also important that within the area of quality control, double standards are not developed, but that similar minimum standards are required from all providers.

Intersectoral planning

Though perhaps more an approach than a tool, it is clear that there is a real challenge to find means of crossing sectoral boundaries – particularly if the strategic plan is to relate to health rather than health care. Devolution provides a possible route, though this will not in itself necessarily lead to greater intersectoralism. National level initiatives perhaps located outside the health ministry, in the central planning ministry or the cabinet or president's office may be necessary to give sufficient priority and authority to intersectoralism.

Lobbying and Advocacy

One potential role for the health ministry in the pursuit of broad health rather than health service objectives is advocacy of particular health promoting policies to other sectoral agents and institutions. This may require resources at the central level in terms of such skills as communication and negotiation.

Subsidies to and contracts with, non-government providers

A number of countries provide public funds to health service agencies outside the direct control of the health ministry. This may include NGOs (including church providers), local (including municipal) authorities and private for profit providers. Such funds may be in the form of general grants or may be more specifically tied to particular activities through contracts.

Use of donor funds and SWAps

External funds play an important part in many African health systems. However the projectised nature of much external support is increasingly recognised to constrain the ability of the government to plan strategically across the sector. This has led to interest in developing a Sector Wide Approach (SWAp) with donors committing funds alongside government funds to meet agreed strategic plans. The processes for developing a SWAp are still at an early stage in many countries.

The way forward - a diagnostic checklist for strategic planning

The final section sets out in Box 7 a checklist for assisting in the diagnosis of the current state of strategic health planning in a particular country. It is suggested that it is used by health planners wishing to develop a strategic plan.

Box 7: A diagnostic checklist for Strategic Health planning systems

- Is there an agreed understanding of what strategic planning is?
- Is there explicit agreement on the underpinning values and principles?
- Do the processes for strategic planning and current plans accord with these principles and values?
- Is there a robust process for analysing the context?
- What sort of strategic plan is desirable:
  - Should it make explicit hard choices?
  - Should the plan be open-ended, time-bound or process focused?
- To what degree does the strategic planning process link to operational plans?
- Is the planning time-frame appropriate?
- What content is included in the plan? Is it appropriate?
- Does the plan lead to a health or a health care focused plan?
- Does the plan focus on the public health sector or all health providers?
- How does the strategic plan relate to other planning processes?
- Are the processes appropriate and well-defined for:
  - Analysis and formulation
  - Consultation
  - Approval
  - Dissemination
  - Implementation
  - Monitoring, evaluation and updating
- Who is responsible for formulating the plan? Is this appropriate?
- Are the resources for planning adequate:
  - Staff?
  - Information?
- Is there an adequate range of tools used to implement plans?