WORLD HEALTH ORGANIZATION

Regional Office for the Eastern Mediterranean

ORGANISATION MONDIALE DE LA SANTÉ

Bureau régional pour la Méditerranée orientale

SUB-REGIONAL MEETING ON HEALTH FOR ALL BY THE YEAR 2000

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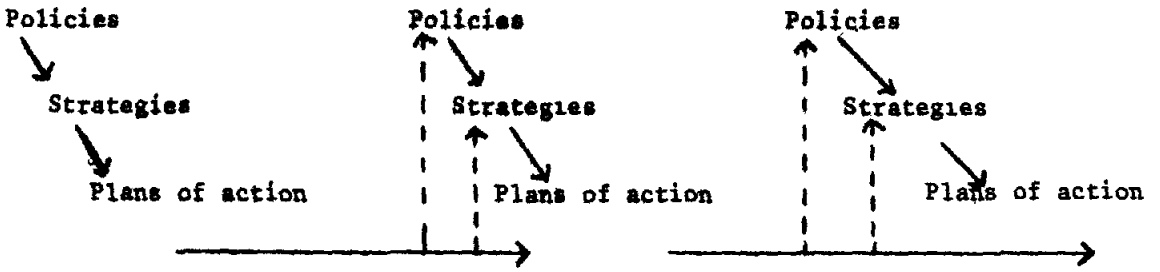
DISCUSSION GUIDE ON PLAN OF ACTION

1. Definition of plan of action

"The conversion of strategies into operational programmes that include the specific objectives, targets, technology, manpower, infrastructure, financial resources, time, as well as their interrelationships required for implementation and for integrating programmes into the health system."

(From the Report of the Inter-regional Seminar on Country Health Programming, Dubrovnik, Yugoslavia, 11-12 November 1979).

Planning for action is not just drafting a text - it is a continuing process requiring constant feedback and redefinition of the targets, technology, manpower and resources needed. The process should be such as to provide the elements for setting new policies and strategies if implementation should show that this is necesary.



In other terms, a plan is meaningless unless it is translated into practical steps which through change, will lead towards the targets decided upon. In the context of HFA/2000, the plan may have to reflect essentially changes in concepts, approaches, structures.

2. The planning process

While planning techniques may vary in complexity and sophistication, the elements of a plan centre around a few, simple concepts.

2.1 What to do

Planners of HFA/2000 will need to analyze existing overall and sectoral plans in relation to the new policies, objectives and strategies set for the programme and translate these new priorites, objectives and strategies in quantified targets.

They should identify and assess such means of action as legislation, administrative and managerial procedures, national economic projections, main future development programmes in the country, etc. (and the constraints relating thereto), which will condition the plan's implementation.

Provision should also be made for a continuing monitoring of the plan's application, as well as for an evaluation of the changes occurring in the health situation and in the health system, and of the impact of the actions taken.

2.2 How to do it

Consideration may need to be given to how to:

- perfect available knowledge of the baseline for the plan, i.e. the existing situation in terms of infrastructure, human, physical and financial resources and such other information as may be considered of relevance to the plan;
- decide on priorities (unless already set in detail by the policy makers), on the timing and on the techniques to be applied in relation to the plan, for example, whether to cost activities individually, by aggregation, etc.;
- analyze the impact of such factors as demography, social structure, cultural behaviour, educational patterns, the economy, environmental conditions, the administrative structure, etc., on the development process leading to HFA/2000. Such analysis will have to take into consideration not only the existing situation but also middle and long-term projections as well as ways to improve, on a continuous basis, the flow of information (including research findings) into the planning process.

Numerous planning technologies exist and WHO is perfecting its country health programming approach.

Broadly, a first general master plan can be established which in turn leads to the formulation of detailed programmes and projects, refining the processes of thought and of forecasting which are required for the translation of targets into concomitant and/or sequential decisions and actions. These programmes and projects should, to the extent possible, be quantified in terms of manpower, physical facilities, equipment and supplies, and of financial requirements. A time-table of action is established. The inter-dependence with other programmes and projects will require identification and the implications taken into account. Constraints as well as favouring factors are also to be considered, since decisions such as the location of health units cannot be taken in abstract but must take into account local politics, cultural factors, geography, comunications, the existance of other health systems and resources, etc.

In other terms, planning for action is not a desk operation utilizing mathematical formulae, but must be closely geared to the countries' realities, to the will of its leaders and to the desires of the people.

2.3 When to do it

Time is an essential factor in all plan formulations; while the planning horizon may be set at the year 2000, it may be necessary to decide on shorter targets - say three to five years - depending also on the time frame of the national overall development plan and on existing health plans. Planning is however a continuing affair.

Those responsible for preparing the plan of action should, to the extent possible, be actors, or at least spectators, of the policy and strategy setting process so as to be fully aware, in advance of undertaking their task, of all the underlying principles, thoughts and compromises which have conditioned the decision makers.

2.4 With what resources

The planning process should, by definition, provide estimates of the costs of the different actions considered as well as budgetary projections. Financing of HFA/2000 may not only need central and regional governmental support, but also that of the communities concerned. Consideration should also be given to sources of external assistance already known to exist and to other new ones which might be obtainable for the effort. To keep the plan within realities it is advisable to distinguish, in terms of priorities, between activities for which funding is secure and others which may or may not materialize.

2.5 By whom

Planning requires a central mechanism with a certain weight in the decision making process, and with some sophistication for the collection, elaboration and presentation of data, facts, ideas, alternatives and proposals. It can however not be done by the central office in isolation. Preparation of a plan of action, and more particularly one ultimately aimed at achieving total coverage of the population as HFA/2000, needs full participation and commitment by the different levels of the health hierarchy: central, regional, local, with sufficient geographical and professional representation as well as of the people themselves, the actual "consumers" of the services. This is possibly, in the whole planning effort, where new ground needs to be broken and experiences made to make the purposes of HFA/2000 clear so as to ensure a broad acceptance of the different steps and measures proposed by the plan, thus increasing the possibilities of succcess.

It will also be the responsibility of the central planning unit to study existing plans, trends and programmes in health and in other socio-economic development sectors and to reflect the consequences in the HFA/2000 planning process. In this process needs for coordination mechanisms can be identified and translated in practice and new linkages in support of HFA/2000 established.

Health planning requires a variety of technical expertise in other fields such as economics, finance, demography, sociology, education, administration and management, etc. which may be obtained on a permanent or on an ad hoc basis.

Finally, planners should constantly keep in mind that the ultimate value of a plan of action will depend on its capacity to act as a successful management tool in the establishment of a proper technical, administrative and logistic system for the delivery of health for all by the year 2000.

3. Discussion group topics

It is suggested that the working groups discuss, respectively, the following topics:

Group A

The main differences between a long-term plan like HFA/2000 and the more usual, short-term plans; and what kind of changes in planning methods should countries consider to ensure HFA/2000 is effective.

Group B

How should the HFA/2000 plan be linked to other existing or scheduled national plans.