1. Review of National Health Strategy

1.1. Assessment of Political Commitment

Lack of political commitment to the PHC strategy is one of the major constraints to its realisation. The problem is even more complex because of differing interpretations of the principals of PHC and the very real implications for social, economic and bureaucratic changes, which are politically difficult to implement in most countries. PHC is however a "multi-headed" process whereby countries may move on many different fronts at different rates. For example, some countries may find restructuring and re-orientation on the health care system a more difficult process than mobilizing community involvement; others may have made major attempts to re-allocate health resources but have done little to involve communities in managing health care etc. Political commitment can also itself be viewed as a process: Not only are there different levels of commitment, different stages of awareness of the full meaning and implications of PHC, but there are also different views on how it can be achieved, and the rate at which specific changes can occur, given the political and economic pressure. There are also different perceptions, and levels of commitment within government leadership, and within the Ministry of Health.

The following illustrate some of the criteria which may be useful to assess the level of political commitment in a country.

1.1.1.   Existance of political statements/declaration of commitment to PHC at the highest political level (i.e. beyond Ministry of Health)

1.1.2.   Health issues considered or given priority in development planning (increased involvement of general development planning bodies with health concerns)

1.1.3.   Establishment of national intersectoral policy-making or review bodies, their composition in terms of authority and level of representation, their effectiveness (how often they meet - if at all), relevance of agenda etc. Whether supported by active secretariat and/or a National Health Development Network*.

1.1.4.   The establishment of subnational intersectoral planning and management organizations for health and decentralisation of some authority to their bodies.

1.1.5.   Evidence of identification and concern with lowest socio-economic groups in plans and especially in plans for allocation of new resources.

1.1.6.   Evidence of shifts in financial resource allocation in the health sector.

1.1.7.   Redeployment of health personnel, introduction of new training programmes or modifications of curricula.

1.1.8.   Introduction of new legislation (e.g. on drugs policies, activities of breastmilk substitutes, occupational health, medical education etc.)

1.1.9.   Introduction of structural changes in Ministry of Health.

---

* A National Health Development Network is a strategy promoted by WHO, and adopted in some countries, to organize and co-ordinate a network of supply institutions and sectors to support the national management of health strategies in terms of planning, training, research, etc.

1.2 <u>Evaluation of Current PHC Strategy</u>

This involves the collection and collation of existing information
and asking a series of questions related to the objectives of PHC.
An objective critical analysis needs to be applied both to the plans
and to the process of implementation, the latter identifying
incongruities between what is planned and what is happening.

1.2.1.   An analysis of plans would include whether the following
           information was taken into account:

           -     Population distribution and ecological factors
           -     Community characteristics, socio-political structure,
                 cultural behavioural factors, potential community
                 resources.
           -     epidemiological patterns
           -     Availability, sources and distribution of exising
                 health resources, financial, human and physical

           If this information was not available some further actions
           might be needed, several community based surveys on health
           manpower studies, etc.

           In some situations information is available but has not
           used in planning the strategy. Such information may require
           a wider search (eg. studies from other sectors or academic
           institution). This can be used for advocacy for promoting
           an alternative strategy if the existing one as
           inappropriate, or for reviews and evaluations as well as
           programming for a new programme.

Other criteria for assessing the plans are:

- Do they include an intention to re-allocate resources?
- Is this institution reflected in the programme?
- Is there any analysis of existing resource allocation patterns?
- Has a realistic assessment of existing and potential financial and human resources been made as a basis for the plan or programme?
- Does the plan include structural or legislative changes and how these will be implemented?
- Does it include changes in the functions and roles of health manpower and arrangement for training?
- Do plans deal with ways in which logistics and supplies will be managed (including transport management); how subnational management will be strengthened, how intersectorial linkages will be developed.
- Do plans emphasize the role of communities and how they will be involved, what mechanisms will be used for their participation in decision-making, etc.
- Are there adequate arrangement for ensuring support for the health system for community level workers in terms of training, supervision and referral.

1.2.2.   The second stage involves an assessment of the implementation of the plan. This will involve review of reports and evaluations and most importantly field visits and interviews. Similar kinds of questions will be asked relating to coverage for different services and especially who is not covered, community involvement, the functions of community workers, the linkage with and role of other sectors, the effectiveness of support from the health sector and others. The review would identify gaps and bottlenecks and the organizational, managerial and other operational constraints. In the light of the review of implementation of PHC a re-assessement of the plan may be required.

3. Sources of Information

The following are sources of information for reviewing the PHC strategy:

- Political statements
- National health plan
- National development plan and the health section of this
- PHC documentation or Health for All strategy documentation, if any
- Workshop or committee reports
- Local district committee and other reports
- Pilot project reviews or demonstration research project reports
- Evaluations, if any
- WHO/World Bank and other reports (sociological, epidemiological, economic and agricultural)
- KAP studies, National statistical surveys, Water & Sanitation data, etc.

4. Suggested Sequence of Action to Assess PHC Strategy and Process in Implementation

4.1 Collection and collation of information

4.2 Assessment of political commitment

4.3 Assessment of quality of data available including how much is community based and how much is based on service data, how accurate, how biased, etc.

4.4 Identification of need for more information and methods or feasibility of obtaining it (e.g. community surveys, health resources allocation patterns in relation to socio-economic or geographic distribution, etc.)

4.5 Assessment of implementation of plans - field visits, interviews, etc.

4.6 Identification of major constraints

4.7 Re-assessment of plans

5.   What can UNICEF do?

UNICEF can play an important role in contributing to the development
of an effective national PHC strategy in the following ways:

5.1   Involvement of national especially influential decision-makers
      in as many of the sequence of steps outlined above. Joint field
      visits are especially valuable. Sometimes UNICEF can provide
      assistance (transport, an excuse) to National supervisors to
      encourage them to visit the field. The kind of questions asked
      by UNICEF and the national directors can be an important
      sensitising and learning process for everyone.

5.2   Assistance to improving the implementation of the existing plan
      (if found to be relevant and feasible) by addressing some of the
      constraints.

5.3   Advocacy for a more appropriate PHC approach.

5.4   Support for further analysis or special studies to document more
      convincingly the problems which may be generally known
      intuitively. More accurate information can be used politically
      - it is harder to ignore. More information can also lead more
      directly to a better programme.

5.5   Promotion of a national PHC review process or an evaluation.

5.6   Analysis and review of alternative PHC approaches already
      ongoing in the country. These may be run by NGO's or
      universities or be part of basic services projects already
      supported by UNICEF. This may involve collection and collation
      of information on these, drawing out strengths and weaknesses
      and applicability for wide application. This can be brought to
      the attention of decision-makers through advocacy, use of
      reports, illustrated case studies, seminars and workshops.

5.7   Development of special projects to test and demonstrate
      alternative approaches. This could be using an area project
      approache which may be developed initially using another section
      as lead agency - (see section _____ below). These may
      already be existing projects suitable for developing PHC.

1096L

Financial Issues
Traditional Health Sector
NGO's
Private Sector

(Am preparing notes on all these, but am not now sure that this fits
under Part II No. 1, as we originally planned) If the content is available,
maybe the consultant can see where it fits most appropriately later eg.
Financial issues under 1.2.1. in assessing plans

CF-RAI-USAA-PD-GEN-2007-000084

Expanded Number CF-RAI-USAA-PD-GEN-2007-000084

External ID

Title

"Review of National Health Strategy. Part II." Informal paper, undated, UNICEF? Probably 1983-1984.

Date Created / From Date	*Date Registered*	*Date Closed / To Date*
1/1/1983	**8/10/2007 at 2:21 PM**	

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09399 (In Container)**

Fl2: Status Certain? **No**

Itm Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-09399 (Upasana Young)' since 8/15/2007 at**

Fl3: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records
Container **CF/RA/BX/PD/CM/1986/T006: PSC Files - Programme Support Comn**

Date Published	*Fd3: Doc Type - Format*	*Da1:Date First Published*	*Priority*

Record Type **A01 PD-GEN ITEM**

Print Name of Person Submit Image	*Signature of Person Submit*	*Number of images without cover*
SAROJA DOUGLAS	Saroj Dyl,	7