

Managerial Process for National Health Development

Guiding Principles



WORLD HEALTH ORGANIZATION

GENEVA

1981

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*Guiding Principles for Use
in Support of Strategies for
Health for All by the Year 2000*



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"HEALTH FOR ALL" SERIES, No. 5

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Executive Summary

The Member States of WHO are engaged in preparing strategies to reach the goal of "the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life", a goal that is popularly known as "health for all by the year 2000".

The International Conference on Primary Health Care, held in Alma-Ata in 1978, declared that primary health care, as the main focus of a country's health system and an integral part of its social and economic development, is the key to reaching this goal. Yet, even if the broad goal and the key to reaching it have been identified, a managerial process has to be applied by each country in order to formulate and implement the strategy for reaching the goal in a manner that is consonant with the country's own health situation and resources, social and economic conditions, and political and administrative mechanisms. In recent years the importance of decentralizing the managerial process and involving communities in taking decisions concerning their own health care has come to the fore.

Most countries already have some form of managerial process for national health development. Despite wide variations from country to country, it is possible to identify certain common components. These are:

- (a) *The formulation of national health policies*, comprising goals, priorities, and main directions towards priority goals, that are suited to the social needs and economic conditions of the country and form part of national social and economic development policies.
- (b) *Broad programming*—the translation of these policies, through various stages of planning, into strategies to achieve

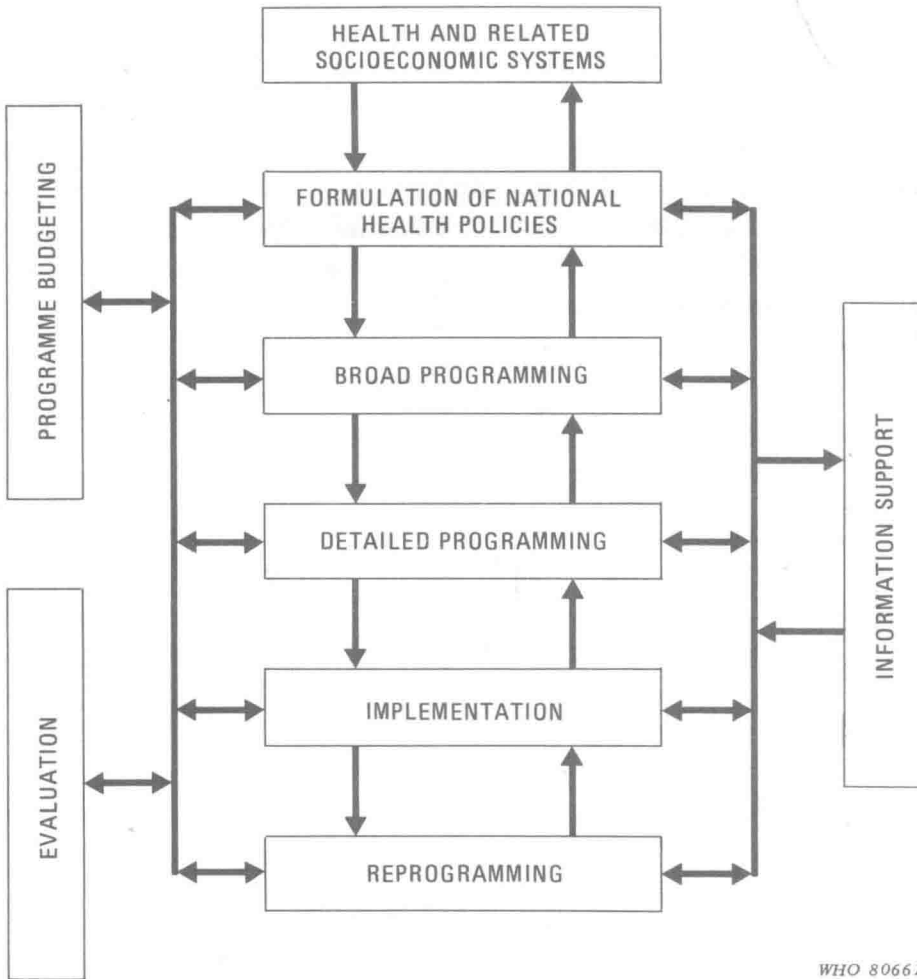
clearly stated objectives and, wherever possible, specific targets.

- (c) *Programme budgeting*—the preferential allocation of health resources for the implementation of these strategies.
- (d) The *master plan of action* resulting from broad programming and programme budgeting and indicating the strategies to be followed and the main lines of action to be taken in the health and other sectors to implement these strategies.
- (e) *Detailed programming*—the conversion of strategies and plans of action into detailed programmes that specify objectives and targets, and the technology, manpower, infrastructure, financial resources, and time required for their implementation through a unified health system.
- (f) *Implementation*—the translation of detailed programmes into action so that they come into operation as integral parts of the health system; the day-to-day management of programmes and the services and institutions for delivering them, and the continuing follow-up of activities to ensure that they are proceeding as planned and are on schedule.
- (g) *Evaluation* of developmental health strategies and operational programmes for their implementation, in order progressively to improve their effectiveness and impact and increase their efficiency.
- (h) *Reprogramming*, as necessary, with a view to improving the master plan of action or some of its components, or preparing new ones as required, as part of a continuous managerial process for national health development.
- (i) Support, in the form of relevant and sensitive *information*, for all these components at all stages.

This paper outlines a total managerial process for national health development, describing the above components and their interrelationships (see Fig. 1), as well as the mechanisms required in order to provide continuity in the process.

FIG. 1

MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT



WHO 80661

The paper also offers suggestions as to how national strategies and plans of action for attaining health for all should lead to well-defined countrywide health programmes and organized health systems to deliver them, based on primary health care and an appropriate referral process for providing more complex services and support.

The principles presented in this paper are intended to form the basis for more specific national guidelines to be developed by countries themselves. Each country will, no doubt, have to apply these principles in a flexible manner in keeping with its own particular circumstances. The process is presented in this paper in a neat, systematic way. In practice, many aspects of the managerial process take place at the same time in a manner that is less systematic and sequential than the guiding principles might suggest. In real life, national health development can proceed from any point in the cycle, provided the necessary political will and support exist at government level. Nevertheless, a systematic and sequential presentation, as in this paper, may help to clarify boundaries and interrelationships between various components of the process.

1. Introduction

1. The Thirtieth World Health Assembly in 1977 decided that "the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". The International Conference on Primary Health Care held in Alma-Ata in 1978 collectively defined the global priorities for the attainment of health for all by the year 2000. The Conference declared that primary health care, as the main focus of a country's health system and an integral part of its social and economic development, is the key to attaining health for all.¹ Also, the Executive Board of WHO has defined the various components of a national strategy for attaining health for all by the year 2000.²

2. It can be seen that health goals have been specified more clearly than ever before. So have the means for reaching these goals, namely: health systems based on primary health care; the integration into these health systems of countrywide programmes that deliver appropriate health technology; health workers who have been trained to function as part of the health system; and community involvement, as well as political commitment at government level, in order to foster and sustain such health systems. This being the case, is there still a need for a managerial process for national health development?

The need for
a managerial
process

3. The answer to the above question is that the decisions taken and the statements made by the Alma-Ata Conference, the Executive

¹ *Alma-Ata 1978. Primary health care*, Geneva, World Health Organization, 1978 ("Health for All" Series, No. 1).

² *Formulating strategies for health for all by the year 2000*, Geneva, World Health Organization, 1979 ("Health for All" Series, No. 2).

Board of WHO, and the World Health Assembly are very general and need to be made more specific by each country. Thus, each country has to specify its own priorities within the framework of general priorities for attaining health for all by the year 2000. It also has to specify the activities that are appropriate to it with respect to the various components included in the model of a national strategy proposed by the Executive Board of WHO. An appropriate national managerial process is, therefore, required to formulate strategies and plans of action for attaining health for all, to convert these into programmes, to strengthen the health system in order to deliver the programmes in the best way possible, and to monitor and evaluate its own performance and that of each of its component parts, as part of a continuing cycle.

4. Most countries already have some form of managerial process for national health development; even if such processes differ widely in nature, certain common components can be identified. These are described in this paper in a systematic and integrated manner.¹ It is intended to provide at a later stage more detailed guiding principles for each of the component parts, as well as learning material to illustrate certain issues.

The managerial
process

5. The managerial process presented is much more than a methodology: it is a systematic, continuous process of national planning and programming. It includes policy formulation and the definition of priorities. It involves the preparation of programmes to give effect to these priorities, the preferential allocation of budgets to them, and the integration of the different programmes within

¹ In 1978 the Thirty-first World Health Assembly urged Member States "to introduce or strengthen, as applicable and as appropriate to their social and economic conditions, an integrated process for defining health policies; formulating priority programmes to translate those policies into action; ensuring the preferential appropriation of funds from the health budget to those priority programmes; delivering those programmes through the general health system; monitoring, controlling and evaluating health programmes and the services and institutions that deliver them; and providing adequate information support to the process as a whole and to each of its component parts" (resolution WHA31.43).

the overall health system. It also deals with the implementation of strategies and plans of action, and the programmes and services and institutions for delivering them, as well as with their monitoring and evaluation with a view to modifying existing plans or preparing new ones as required, as part of a continuous cycle. Finally, it outlines the information support required throughout.

6. A practical health planning process which has demonstrated its usefulness in many countries in recent years is known as country health programming. This mainly comprises the activities required to define health strategies and ensure the appropriation of adequate funds for them—"broad programming" and "programme budgeting"—and to formulate detailed programmes accordingly. Country health programming thus forms an integral part of the broader managerial process for national health development presented in this paper.

7. The health planning process, and the formulation of programmes to give effect to plans, have developed a mystique of their own. There is a need to demystify and simplify the process in the same way as there is a need to demystify and simplify other health technologies. This document aims at doing so, as far as possible in non-technical terms, for health policy-makers and managers. But no matter how one attempts to simplify the process, health planning and programming remain complex matters.

8. The principles presented in this paper are intended to form the basis for more specific guidelines to be developed by countries themselves. Each country will no doubt have to apply these principles in a flexible manner in keeping with its own particular circumstances. The process is presented in a neat, systematic manner. In practice, such sequential phasing and subsequent replanning and reprogramming in an orderly cycle will rarely be as neat and systematic as the presentation of the guiding principles might suggest. Many aspects of the managerial process take place at the same time; for example, detailed programming of some programmes may be carried out while the master plan of action is still under consideration, or the activation

of some programmes and the development of institutions may precede the formulation of certain other programmes. Nevertheless, presentation of the process in a logical sequence is useful in that it clarifies the boundaries and interrelationships between the various components of the process. In real life national health development can proceed from any point in the cycle, provided the necessary political will and support exist at government level. Although decisions are often taken without regard to managerial logic, it nevertheless helps if this logic is available.

9. Also, while developmental planning activities are taking place, operational activities in the health system have to be improved. In addition, in view of the multisectoral nature of health development based on primary health care, the managerial process for health development has to involve various sectors other than the health sector as necessary.

Terminology

10. Since various terms with similar or somewhat different meanings have been used in various national, regional or global contexts to denote "planning" and "management" of the national health development process, it is necessary to clarify the meaning of these terms.

11. The term "country health programming" has been defined by the Executive Board of WHO as:

a systematic, continuous national planning and programming process. It includes policy formulation and the definition of priorities. It involves the preparation of programmes to give effect to these priorities, the preferential allocation of budgets to them, and the integration of different programmes within the overall health system. It also deals with the monitoring and evaluation of strategies and plans of action, as well as programmes and the services and institutions for delivering them, with a view to modifying existing plans or preparing new ones as required, as part of a continuous cycle.¹

12. In some countries and regions the terms "national health planning" or "national health planning and management" have

¹ *Formulating strategies for health for all by the year 2000*, Geneva, World Health Organization, 1979 ("Health for All" Series, No. 2), pp. 21-22.

been used to describe the activities of planning, programming and implementation, together with the evaluation and information support provided throughout the process. In others, this has been referred to as the “national health programming process”. This paper uses the term employed by the World Health Assembly in 1978 in resolution WHA31.43, which called for the integration of various managerial components into a unified process under the title “managerial process for national health development”.