

Contents

Acknowledgements	xv
Chapter 1 Introduction	1
1.1 Rationale for this handbook	3
1.2 Context in the 21st century	4
1.2.1 Sustainable development goals, strengthening health systems and universal health coverage	4
1.2.2 The fiscal gap and the importance of domestic resources	8
1.2.3 A whole-of-government and a whole-of-society approach to policy dialogue	10
1.2.4 Different contexts, different countries, different strategies for strengthening a health system	16
1.3 NHPSPs in the 21st century	19
1.3.1 Good practice for the development of robust NHPSPs	19
1.3.2 Dynamic 21st century process	29
1.4 The handbook scope and content	31
1.4.1 Scope	31
1.4.2 Content	31
References	34
Chapter 2 Population consultation on needs and expectations	35
Overview	37
Summary	39
2.1 What do we mean by 'capturing population needs and opinions' on health issues?	41
2.1.1 What is a population consultation?	41
2.1.2 The spectrum of population consultation	43
2.2 Why do we want to capture population expectations?	44
2.2.1 A key source of information for policy-making	44
2.2.2 An essential component for influencing policy	45
2.2.3 Increasing population's ownership	45
2.2.4 Increasing accountability and transparency	46
2.2.5 Support monitoring and evaluation	46
2.2.6 Support for resource allocation decisions to MoH	46
2.3 When to conduct a population consultation?	47
2.4 Who should be involved – roles and responsibilities	48
2.4.1 Multiplicity of stakeholders	48
2.4.2 Role of the MoH	49
2.4.3 Role of independent facilitators	49

2.4.4 Role of the media	50
2.5 Methodological approaches	53
2.5.1 Face-to-face dialogue with large population sample(s)	58
2.5.2 Consultative methods with invited participants from different population groups	61
2.5.3 Survey types and survey tools with invited/selected population groups	65
2.5.4 Referendum	67
2.6 Factors for success: translating the theoretical approaches into practical realities	68
2.6.1 Reaching the hard-to-reach	68
2.6.2 Ensuring relevance of the findings	72
2.6.3 Ensuring communication and feedback	75
2.7 How to measure the success of a population consultation	77
2.8 What if ...?	79
2.8.1 What if your country is decentralized?	79
2.8.2 What if fragmentation and/or fragility is an issue in your country?	82
2.8.3 What if your country is heavily dependent on aid?	88
2.9 Conclusion	91
References	92
Further reading	95
Annex 2.1 Review of individual survey tools	96
Annex 2.2 Checklist: Selecting the most appropriate type of survey for my setting	100
Annex 2.3 Questionnaires vs interviews: some aspects to consider	101
Chapter 3 Situation analysis of the health sector	103
Overview	105
Summary	107
3.1 What do we mean by "situation analysis" of the health sector?	109
3.1.1 What is a situation analysis?	109
3.1.2 The spectrum of a situation analysis	110
3.2 Why do we want to undertake a situation analysis?	111
3.2.1 It is a crucial step in the planning cycle	111
3.2.2 In order to give a voice and a platform to all health sector stakeholders, including the population	111
3.2.3 In order to increase accountability and transparency	112
3.2.4 In order to support and strengthen monitoring and evaluation	115
3.2.5 It contributes to concretizing roles and responsibilities	116
3.2.6 It helps to establish consensus on the status of health in the country	118
3.3 When should the situation analysis take place?	119
3.4 Who should be involved in the situation analysis?	120
3.4.1 Ministry of health	121
3.4.2 Sub-national health systems authorities	121

3.4.3 Civil society, including professional associations and special interest groups	122
3.4.4 Private sector	122
3.4.5 Parliament	123
3.4.6 Media	123
3.4.7 Development Partners	123
3.5 Methodology: how should a situation analysis be organized and conducted?	125
3.5.1 Organization of the situation analysis	125
3.5.2 Three streams of analysis	134
3.5.3 How long does a truly participatory situation analysis approximately take?	142
3.5.4 Link between Streams 2 and 3	144
3.5.5 Link between situation analysis and priority-setting	146
3.6 Some issues to consider	147
3.6.1 Factors of success	147
3.6.2 Dissemination of situation analysis results	148
3.7 What if ...?	149
3.7.1 What if your country is decentralized?	149
3.7.2 What if fragmentation and/or fragility is an issue in your country?	151
3.7.3 What if your country is highly dependent on aid?	152
3.8 Conclusion	155
References	156
Further reading	157
Chapter 4 Priority-setting for national health policies, strategies and plans	159
Overview	161
Summary	163
4.1 What is priority-setting?	165
4.1.1 Priority-setting in the context of universal health coverage (UHC)	167
4.1.2 Some priority-setting basics	168
4.2 Why do we want to prioritize?	171
4.2.1 Priority-setting is necessary to adapt to a changing context	171
4.2.2 Priority-setting is the process which addresses challenges raised during the situation analysis	171
4.2.3 Priority-setting identifies challenges expected to be prominent in the future	174
4.2.4 Implicit priority-setting happens if it is not consciously made explicit	174
4.3 When should we conduct a priority-setting exercise?	175
4.3.1 Periodicity and scope of priority-setting	175
4.3.2 Priority-setting as part of comprehensive health sector development	177
4.4 Who should be involved in priority-setting?	178
4.4.1 Clients/citizens	179
4.4.2 The state: politicians and policy-makers	179

4.4.3 Providers	180
4.4.4 The media supports all three health governance stakeholder groups	182
4.5 How should we do priority-setting?	183
4.5.1 Criteria for priority-setting	183
4.5.2 Contextual factors	191
4.5.3 Approaches, methods and tools	193
4.5.4 Process	206
4.6 Common challenges and factors of success	209
4.6.1 Constraints and challenges	209
4.6.2 Factors of success	210
4.7 What if ...?	212
4.7.1 What if your country is highly centralized?	212
4.7.2 What if your country is decentralized?	213
4.7.3 What if fragmentation and/or fragility is an issue in your country?	215
4.7.4 What if your country is highly dependent on aid?	217
4.8 Conclusion	222
References	223
Annex 4.1 Methods and tools for technical approaches	225
Annex 4.2 Methods and tools for value-based approaches	231
Chapter 5 Strategic planning: transforming priorities into plans	235
Overview	237
Summary	239
5.1 What is strategic planning?	241
5.1.1 Definitions	241
5.1.2 Strategic planning in relation to other phases in the policy and planning cycle	242
5.1.3 A brief overview of strategic planning approaches	247
5.2 Why is it important to transform priorities into a plan?	248
5.2.1 To concretize priorities	248
5.2.2 To keep focus on the medium to long term	248
5.2.3 To avoid fragmentation of the health sector	249
5.2.4 To help focus the policy dialogue on health sector priorities	249
5.3 When should strategic planning be done?	251
5.4 Who should be part of strategic planning?	253
5.4.1 The state: politicians and policy-makers	254
5.4.2 Clients/citizens	254
5.4.3 Providers	255
5.5 How do we transform priorities into plans?	257
5.5.1 How can we ensure that the NHPSP is actually used as a key orienting text?	258
5.5.2 Some strategic planning basics	259

5.5.3	Multisectorality	262
5.5.4	Mitigating risks	262
5.5.5	Approaches to policy development	263
5.5.6	Process steps for developing the NHPSP	264
5.6	Common NHPSP development challenges, mistakes and possible solutions	273
5.6.1	Common challenges to the NHPSP development process and possible solutions	273
5.6.2	Common mistakes observed in NHPSPs	276
5.6.3	Health sector governance	278
5.6.4	Intersectoral action and NHPSPs	279
5.7	What if...?	281
5.7.1	What if your country is decentralized?	281
5.7.2	What if fragmentation and/or fragility is an issue in your country?	282
5.7.3	What if your country is highly dependent on aid?	284
5.8	Conclusion	285
	References	286
	Further reading	288
Annex 5.1	Review of existing policies and strategies to ensure inclusion in and harmonization with NHPSP	289
Annex 5.2	Mind mapping	290
Annex 5.3	Formulating strategic objectives on the basis of SMART criteria	290
Annex 5.4	Intervention logic as a tool for strategic planning	291
Annex 5.5	Gantt chart	291
Chapter 6	Operational planning: transforming plans into action	293
	Overview	295
	Summary	295
6.1	What is operational planning?	297
6.1.1	Concepts and definitions	299
6.1.2	Strategic planning vs operational planning	301
6.1.3	Operational planning and budgeting	303
6.1.4	Participation and inclusiveness of operational planning	303
6.2	Why is operational planning crucial to strategizing for health?	305
6.3	When should operational planning take place?	305
6.4	How does operational planning work?	308
6.4.1	Some operational planning issues to consider	308
6.4.2	Steps in operational planning	312
6.5	Who are the main actors involved in operational planning?	321
6.5.1	Planning is done best by those who will be carrying out the plans	321
6.5.2	Multi-stakeholder playing field	321
6.6	What if...?	325

6.6.1	What if your country is decentralized?	325
6.6.2	What if fragmentation and/or fragility is an issue in your country?	327
6.6.3	What if your country is heavily dependent on aid?	328
6.6.4	What if your country has strong vertical health programmes?	329
6.7	Conclusion	331
6.7.1	Key take away messages for the central health planning authority	331
6.7.2	Main points for operational planners to keep in mind	331
	References	332
	Further reading	333
	Chapter 7 Estimating cost implications of a national health policy, strategy or plan	335
	Overview	337
	Summary	339
7.1	What do we mean by “estimating the cost implications” of a NHPSP? How does it fit into the broader health financing context?	341
7.1.1	What do we mean by costing in the context of this handbook?	342
7.1.2	How does NHPSP costing fit into the broader health financing context?	345
7.2	Why estimate costs for the NHPSP?	346
7.2.1	Because a NHPSP cost estimation is a necessary basis for policy dialogue on the affordability of the NHPSP	346
7.2.2	Because costing can help promote cohesive support for the NHPSP	350
7.2.3	Because NHPSP cost projections put the MoH in a stronger position during the budget negotiation stage	350
7.2.4	Because costing strengthens accountability	352
7.2.5	Because the costing can help in the selection of relevant priorities according to available funds	354
7.2.6	Because costing can be a useful approach to inform discussions around efficiency	354
7.2.7	Summary of rationale for costing of the NHPSP	355
7.3	Timing of NHPSP costing	356
7.4	Roles and responsibilities of NHPSP stakeholders in the costing process	358
7.4.1	Ministry of health	358
7.4.2	Other ministries, including ministry of planning and ministry of finance	358
7.4.3	Sub-national health authorities, including community level	359
7.4.4	Parliamentarians	359
7.4.5	Private sector	360
7.4.6	Development partners	361
7.4.7	Civil society, including professional associations and special interest groups	362
7.5	How to estimate NHPSP costs: methodological approaches	363
7.5.1	Getting started: setting objectives and defining an approach for the NHPSP costing	363
7.5.2	Costing the NHPSP in 20 steps	366

7.5.3	Different approaches, methods and tools to inform NHPSP costing: some issues to consider	372
7.5.4	Assuring high-quality cost estimates	381
7.6	What if...?	384
7.6.1	What if your country is decentralized?	384
7.6.2	What if your country is heavily dependent on aid?	385
7.6.3	What if fragility is an issue in your country?	385
7.7	Conclusion	387
	References	388
	Further reading	389
Annex 7.1	Examples of purposes of estimating and analysing costs, at different levels of the health system	390
Annex 7.2	Sample content to be included in a report for costing an NHPSP	391
Chapter 8	Budgeting for health	393
	Overview	395
	Summary	397
8.1	What is meant by budgeting for health? Some key concepts	399
8.1.1	What is a budget?	399
8.1.2	Public financial management	399
8.1.3	Medium-term expenditure framework (MTEF)	399
8.1.4	Line-item budgeting for health	400
8.1.5	Performance budgeting	400
8.1.6	Fiscal space and fiscal space for health	401
8.1.7	Strategic purchasing	402
8.2	Why is it important to understand the health budgeting process?	403
8.3	When does the budgeting process take place?	405
8.3.1	Budget cycle steps – a brief overview	405
8.3.2	Fiscal vs calendar year	406
8.4	Who are the people involved and engaged in the health budgeting process?	
	Roles of different stakeholders	407
8.4.1	MoH: engaging in health budget formulation and execution	407
8.4.2	Role of civil society organizations (CSOs) in the health budgeting process	412
8.5	How does the budgeting process work from the point of view of NHPSP stakeholders?	415
8.5.1	Budget formulation	416
8.5.2	Budget approval or enactment	420
8.5.3	Budget execution	420
8.5.4	Budget evaluation	420
8.6	Important operational issues for health planning stakeholders to consider during the health budgeting process	421

8.6.1	Legal considerations	421
8.6.2	How can countries introduce and effectively undertake multiyear budgeting?	422
8.6.3	How can countries move from a line-item to a programme-based budget?	425
8.6.4	When and how should countries assess fiscal space for health?	428
8.6.5	How can the necessary data be collected?	429
8.6.6	How should countries understand and influence the political economy of budgeting for health?	431
8.6.7	Looking beyond budget: importance of public finance systems for health financing and UHC	433
8.7	What if...?	434
8.7.1	What if your country is decentralized?	434
8.7.2	What if your country is heavily dependent on aid?	438
8.7.3	What if fragmentation and/or fragility is an issue in your country?	440
8.8	Conclusion	441
	References	442
	Further reading	444
Chapter 9 Monitoring, evaluation and review of national health policies, strategies and plans		447
	Overview	449
	Summary	451
9.1	What do we mean by monitoring, evaluation and review of NHPSPs?	453
9.1.1	What are the differences between monitoring, evaluation and review?	453
9.1.2	Monitoring, evaluation and review need a strong, country-led M&E platform	453
9.2	Why are monitoring, evaluation and review important?	455
9.2.1	Because progress and performance of the national health strategy need to be tracked	455
9.2.2	Because country monitoring is the basis for regional and global monitoring of priority health issues	455
9.2.3	Because reporting progress on health-related SDGs requires sound M&E systems	455
9.2.4	Because health inequities need to be monitored.	456
9.2.5	Because countries need functional surveillance mechanisms	456
9.2.6	Because monitoring, evaluation and review are a necessary basis for accountability	456
9.2.7	Because there is a growing interest and demand for quality data for decision-making and accountability	457
9.3	What are the components of an M&E platform?	459
9.3.1	Sound policy and institutional environment for M&E	459
9.3.2	Well-functioning data sources	468
9.3.3	Strong institutional capacity for data collection, management, analysis, use and dissemination	471

9.3.4 Strong mechanisms for review and action	473
9.4 How can a country-led M&E platform be strengthened?	476
9.5 Who should be involved in monitoring, evaluation and review?	478
9.6 When should monitoring, evaluation and review take place?	479
9.7 What if ...?	481
9.7.1 What if fragmentation and/or fragility is an issue in your country?	481
9.7.2 What if your country is decentralized?	482
9.8 Conclusion	485
References	486
Further reading	487
Annex 9.1 Template/outline of an M&E plan	490
Chapter 10 Law, regulation and strategizing for health	491
Overview	493
Summary	495
10.1 What do we mean by law and regulation?	497
10.1.1 Some key concepts	497
10.1.2 Ways in which law and regulation are used in the health sector	502
10.2 Why do we need law and regulation in the national health planning process?	506
10.2.1 A legal road map for the national health planning process	507
10.2.2 Law and regulation as a key implementation mechanism for health policies and plans	511
10.2.3 Law and constraints on government powers	514
10.3 When should legislation be used?	514
10.4 Who should be involved in work on law and regulation? What are their roles and responsibilities?	515
10.5 How do we go about work on law and regulation in the context of national health planning?	520
10.5.1 Specific law and regulation issues to consider during each stage in the national health planning process	520
10.5.2 Legal impediments and constraints to consider in national health planning	523
10.6 Conclusion	537
References	538
Further reading	539
Chapter 11 Strategizing for health at sub-national level	541
Overview	543
Summary	545
11.1 What is strategizing at sub-national level?	547

11.1.1	What do we mean by “sub-national”?	547
11.1.2	What do we mean by “strategizing at sub-national level”?	547
11.1.3	What do we mean by “decentralization”?	548
11.1.4	What does decentralization look like in practice? Some country examples	550
11.1.5	Sub-national planning in a decentralized environment	550
11.1.6	Sub-national planning in an unresponsive central environment	555
11.1.7	The social roots and political dynamics of decentralization	557
11.2	Why is strategizing for health at sub-national level important?	559
11.2.1	Positive impact on the accountability of public policy to the recipients of services	559
11.2.2	Increased (community) participation and engagement	559
11.2.3	Increased flexibility	560
11.2.4	Better mitigation of geographical and social imbalances	560
11.2.5	Improved bottom-up intersectoral and multi-stakeholder collaboration	561
11.2.6	Legal necessity	561
11.3	When should sub-national planning be considered during the planning cycle?	565
11.4	Who should be engaged in sub-national planning?	566
11.5	How to strategize for health at sub-national level?	568
11.5.1	Population consultation	568
11.5.2	Situation analysis	570
11.5.3	Priority-setting	572
11.5.4	Strategic planning	574
11.5.5	Operational planning in a decentralized context	577
11.5.6	Costing and budgeting in a decentralized context	578
11.5.7	Monitoring and evaluation in a decentralized context	580
11.5.8	General issues to consider at sub-national level during all steps in the planning cycle	584
11.5.9	General issues to consider when putting in place sub-national planning structures during an on-going decentralization process	588
11.6	Conclusion	591
	References	592
Chapter 12	Intersectoral planning for health and health equity	597
	Overview	599
	Summary	601
12.1	What is intersectoral planning for health and health equity	603
12.1.1	Health equity and social determinants of health – how do they relate to national health planning?	603
12.1.2	The Sustainable Development Goals (SDGs) – a marked accent on intersectorality	606

12.1.3 Intersectoral planning made explicit: good examples from New Zealand and Norway	608
12.1.4 Intersectoral planning as the focus of this chapter	609
12.2 Why do we need intersectoral planning?	610
12.2.1 Burden of disease	611
12.2.2 Social determinants	612
12.3 When should we engage other sectors?	616
12.4 Who should be involved: roles and responsibilities	618
12.5 How should we plan for and implement intersectoral action?	623
12.5.1 A good starting point: the situation analysis phase of the national health planning cycle	624
12.5.2 Policy dialogue and negotiation	626
12.5.3 Monitoring and accountability	630
12.6 Conclusion	634
References	635
Further reading	637
Annex 12.1 Entry points for health equity and intersectoral collaboration and strengths of the SDG links	638
Chapter 13 Strategizing in distressed health contexts	641
Overview	643
Overview	645
13.1 The context of “fragile” states	647
13.2 Aid in fragile states	650
13.3 Health policies, strategies and plans in distressed settings	653
13.3.1 Context and actors	653
13.3.2 Information, the foundation of the policy and planning process	654
13.3.3 General principles	658
13.3.4 Learning from international experience	664
13.3.5 Specific situations, calling for tailored approaches	667
13.3.6 Essential aspects to be considered in relation to some subsectors	672
13.4 Conclusion	681
References	682
Further reading	684
Annex 13.1 Assessing the usefulness of a health policy/strategy/plan	688