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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

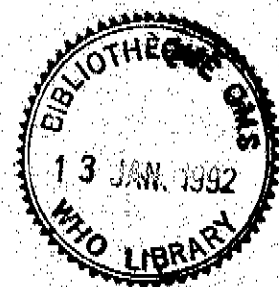
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SUMMARY REPORT

Working Group on the Development of Subnational Policies for Health

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EUR/HFA target 33

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ABSTRACT

As more and more policies for health for all are developed at the subnational level, the experience gained by pioneers in this field needs to be gathered and shared with newcomers. A Working Group of 30 people from 9 countries met to build a knowledge base for subnational health policy development. The group examined seven case studies on current experience with such development and discussed issues in both the formulation of policy and its implementation, monitoring and evaluation. The main technique was the identification, for each policy discussed, of strengths, weaknesses, opportunities and threats (SWOT analysis). The meeting of the Working Group was a start in the compilation of information on health policy-making at the subnational level.

TARGET 33

HFA POLICY DEVELOPMENT

By the year 2000, all Member States should have developed, and be implementing, policies in line with the concepts and principles of the European health for all policy, balancing lifestyle, environment and health service concerns.

Index:

REGIONAL HEALTH PLANNING
HEALTH POLICY
HEALTH FOR ALL
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Introduction

The Working Group was organized jointly by the Federal Government of Switzerland, the cantons of Berne, Geneva, Ticino and Vaud and the country health policies programme of the WHO Regional Office for Europe. The Group comprised 30 participants from 9 countries (Belgium, Czechoslovakia, Germany, Spain, Sweden, Switzerland, the USSR, the United Kingdom and Yugoslavia) and with a rich variety of experience. The Working Group had three main objectives:

- to build a knowledge base of the processes and mechanisms of and the incentives and possible obstacles to the development of policies for health for all at the subnational level;
- to devise means of easy access to this knowledge base for people interested in initiating similar processes; and
- to set up a network of experts to give management support to subnational policy development throughout the European Region.

Seven case studies on current experience in subnational health policy development were presented in plenary sessions, but the main emphasis was on discussion in small groups. Everyone who presented a case study was directly involved in the activity described, and thus able to give first-hand information on the factors that facilitated or inhibited particular aspects of the work.

The presentations and subsequent discussion focused on two topics: policy formulation (including issues such as priority definition and target setting, equity, participation in decision-making, consensus building and forging partnerships) and policy implementation, monitoring and evaluation (including issues such as designating responsibility for policy implementation, allocating resources, incentives to trigger policy development, and monitoring systems to provide feedback for revision and adjustment). The discussion employed a technique to identify the major strengths, weaknesses and opportunities of and threats to a proposed or current policy (accordingly called SWOT analysis).

Topics

Defining priorities and setting targets

Two presentations described consultative documents on policies for health for all that were under discussion in the Autonomous Community of Catalonia, Spain and England, United Kingdom. The case studies presented were instrumental in identifying the strengths and weaknesses of a focus on disease-oriented, quantified targets in the policy formulation stage. It is important to set targets that are sufficiently challenging, yet not so daunting as to become disincentives to achievement. The Group also discussed the value of narrowing the focus to comparatively few targets, as in the English case, or broadening it, as in Catalonia, which had tentatively set over 260 outcome and process targets.

Targets should be set with a clear understanding of the actions by which they will be achieved. Further, targets should be robust and convey a sense of purpose determined at the centre, but still offer incentives to local action.

It is important to avoid setting targets that are understood only by specialists or do not offer explicit opportunities for the reappraisal of progress and priorities over time. If quantified targets, whether focusing on disease or not, are not seen to result from an extensive consultation process involving interdepartmental policy sectors, health-related professions, lay associations and the community, the policy may suffer in subsequent stages of development, particularly that of implementation. In setting disease-oriented, quantified targets, strategies and tactics should be considered to address issues such as equity, intersectoral action and the reorientation of health services.

Forging new partnerships

The analysis of the experience gained in Wales, United Kingdom offered opportunities to discuss a wide range of options and incentives for involving new partners in health policy formulation. This task demands the tailoring of negotiating and bargaining skills and methods to the context of policy development. Facilitating factors - such as leadership development, consensus building and legitimization processes - require particular attention at different stages of policy development.

In forging new partnerships, an attractive vision of the future, expressed by a set of clearly defined goals and targets, is instrumental in reaching consensus and fostering motivation in relevant sectors and professional and vested interest groups. The Welsh authorities have succeeded in putting forward such a vision: taking the people of Wales into the twenty-first century with a level of health comparable to the best in the Region. The visions must be supported, however, by effective strategies to sustain the motivation and commitment of established partners, and provide incentives for new alliances for health policy development.

Organizational structures such as the Welsh Health Planning Forum had provided a visible focal point in a non-threatening environment free from day-to-day administrative concerns. This had been effective in opening debate on policy issues, bringing new people into the negotiations, providing informal coordination of effort and pushing for innovation.

Designation of decision-making responsibilities

Among the new challenges and opportunities for policies for health for all at the subnational level are the search for effective ways of managing resources that are both in line with the principles of health for all and within a dynamic process, and the determination of the relationship between the national and subnational levels of policy-making. Many examples of these challenges and opportunities were found in the case studies, which described the relationship of and the division of responsibility between the central and other levels in the countries concerned. The clear designation of responsibility for decision-making both provides the essential political and administrative framework for action and ensures a vital degree of flexibility. In Switzerland, the federal level and four cantons had worked fruitfully together to formulate and evaluate the development of policy for health for all. The Swedish county of Östergötland had developed its own method of policy implementation within a broad national framework, while the Land of Lower Saxony, as is usual in Germany, had developed a more independent strategy.

Information systems

One of the challenges for health policy development at the subnational level is to identify an information system geared to the effective implementation of policies for health for all. Participants from both the Swedish county and the Swiss canton of Ticino made lively contributions to the discussion of various options for monitoring the achievement of targets for health for all at the subnational level and for disseminating the information gained to policy-makers, professional groups and the lay community. These options range from the use of opinion polls (for example, to monitor changes in the attitudes of citizens and the expectations of professional groups) to comparisons of target achievement in different sections of the population (for example, to assess the equity issues and the degree to which targets are met in different segments of the population), and from comparison between targets (to reset priorities) to the comparison of target achievement at the regional and local levels (for example, to support the development, monitoring and evaluation of projects starting at the local level, with the aim of moving to larger regional programmes).

Establishing special steering committees or auditing bodies with a mandate to link the monitoring and evaluation exercise with policy-making would facilitate monitoring the achievement of targets for health for all at the subnational level.

Conclusion

The building of a knowledge base to facilitate the exchange of information on subnational health policy development will be increasingly important in the 1990s. The Working Group hoped that WHO would continue to strengthen the collection, analysis and dissemination of relevant information in this area. The participants in the Group committed themselves to cooperate with WHO in this endeavour.

Through the case studies presented, the ensuing discussion and participants' replies to a check-list, a start was made on compiling information on the formulation, implementation, monitoring and evaluation of policy at the subnational level. It was stressed, however, that this experience was relevant to decision-making at both the country and local levels.

It was agreed that an outline of the discussions, the outcome of the SWOT analysis and the case studies should be included in a full report of the Working Group. Finally, it was agreed to explore as quickly as possible the most effective means by which the WHO Regional Office for Europe could support the development at the subnational level of health policies based on the principles of health for all.

