

East African Medical Journal Vol. 86 (Supplement) January 2009

A REVIEW OF NATIONAL HEALTH POLICIES IN SEVEN COUNTRIES IN THE WHO AFRICAN REGION

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ABSTRACT

Objectives: This paper proposes an analytical framework for assessing compliance of national health policies with WHO/AFRO guidelines.

Data sources: Data for this study was obtained from the national health policies of Botswana, Eritrea, Liberia, Namibia, Swaziland, Gambia, and Uganda.

Study selections: National health policies of seven of the 19 Anglophone countries of the WHO African region were selected for review using simple random sampling method. These include: Botswana, Eritrea, Liberia, Namibia, Swaziland, Gambia, and Uganda.

Data extraction: An analytical framework derived from WHO/AFRO guidelines for developing national health policies and plans was used in the review. It identifies components which are pertinent for appropriate national health policy formulation.

Data synthesis: It appears that aspects related to policy content are well addressed. In relation to the process, there is need for improving the mapping of stakeholders and specifying their roles and aspects of collaboration; and the implications for meeting broad service and impact targets.

Conclusion: Development of health policies needs to focus on all aspects of the analytical framework with emphasis on improving the articulation for mapping out stakeholders and specifying their roles and aspects of collaboration; and the implications for meeting broad service and impact targets.

INTRODUCTION

This paper reviews the structure of national health policies in the African Region with a view to assessing their potential to influence effective development and implementation of health sector priorities. National health policies are intended to provide consistency to strategic and operational decisions at the different levels of the sector through a framework that ideally captures the stakeholders, the processes important for change to occur and the actual content. Walt and Gilson noted that the focus of health policy development has remained largely at the perspective of content (1).

The principles of good governance imply that the national policy which is intended to provide direction to the health sector should be participatory in its formulation and implementation; comply and promote the rule of law; be transparent by ensuring information availability to all stakeholders; respond to the identified needs in a reasonable time frame; be consensus oriented by mapping out all relevant actors with their mandates and interests; focus results to meet the needs of the society it is intended to serve hence contributing to effectiveness and efficiency (2,3).

Concerned about the variability with which health policies in the region take account of processes and stakeholder mapping in their documentation,

the WHO/AFRO office has distributed guidelines for developing national health policies and plans intended to address these gaps. The guidelines take into consideration principles of good governance. They also place emphasis on stakeholders' mapping and describing the enabling processes for policy formulation and implementation (4).

MATERIALS AND METHODS

A review was undertaken in 2008 in order to assess how well policies in the region comply with WHO guidelines (4). For this review, all policies for the Anglophone countries were eligible for inclusion.

The review intended to sample at least one third of all Anglophone country policies. A total of seven were randomly selected among the 19 Anglophone country policies available at the WHO/AFRO. These include: Botswana, 2000; Eritrea 2006; Liberia 2006; Namibia 1998; Swaziland 2007; Gambia 2007; and Uganda 1999 (5-11).

Analytical framework for assessing compliance with national health policies guidelines: The proposed analytical framework identifies components which are pertinent for appropriate national health policy formulation. Assessment of the policy structure relied solely on a review of the policy document.

Table 1

Analysis framework to assess compliance of national health policies with expected standards in the region

Prerequisite	Expected action and policy structure	Justification
Actors are described	The various stakeholders are mapped out with their various mandates and roles	This provides the ground for the policy development process to be inclusive and creates grounds for ownership of the process and commitment to realistic actions based on mandates and roles of the stakeholders thus garnering consensus
Processes that are critical for policy implementation are identified and described	The health policy document needs to outline how key shortcomings will be addressed e.g. mechanisms for engaging stakeholders in the implementation process The improvements that need to be made in organisation and management in relation to service delivery need to be specified.	Encourages dialogue to limit duplication of resources Organisational and management concerns for improving service delivery include – human resource numbers, skills and remuneration; financing, essential medicines and technologies and service organisation and infrastructure development
The policy content should be relevant	For a policy to be relevant it must address the circumstances for which it is being formulated. In the case of health, the relevant circumstances include: <ol style="list-style-type: none"> 1. A situational analysis that identifies main ill health conditions, health service and resource gaps; describes the relevant external environment that influences volume and quality of service delivery as well as resource levels. 2. Broad direction on how identified strategies will be resourced as well as how unfunded priorities will be addressed as well as the implications of this. 3. Projection of realistic estimates for broad service (access) and impact (equity; maternal mortality ratio; infant mortality rate) targets in light of available resources 	A comprehensive situational analysis provides the basis for appropriate policy formulation, including the prioritization of essential strategies. Cost implications for implementing the policy are identified Enables realistic policy aspirations for improved population health outcomes.

RESULTS

Inclusiveness of the policy development process and planned partnership

The development process appears to be most widely consultative in Eritrea and Liberia. In both countries, different levels of decision making at the Ministry of Health and various development partners were engaged using both formal and informal approaches. The process in Swaziland is described as focusing on in-house consensus building meetings, potentially leaving out a number of stakeholders.

In terms of the planned partnerships with stakeholders, all policies describe a wide range of partners from beneficiaries at community level, traditional health service providers, private sector, private-not-for-profit providers, and financing agents through to development partners. Additionally, most policies have the intention of nurturing partnerships with the sectors whose activities have a direct impact on attainment of health sector goals. However, the specific roles and mandates for the identified stakeholders are not explicit in most policies. The most commonly addressed role is that of financing which includes government, communities with out-of-pocket payments, and external funding from various development partners. The arrangement of the Swaziland policy to cater for implementation of planned partnerships is through '... standing committees to handle matters as they arise'. The Liberia policy provides for participation of stakeholders through the Technical Advisory Committees and the Health Sector Coordinating Committee whose members are from both the health sector and other sectors considered relevant in attaining health development goals. The Eritrea policy is even more particular in the identification of stakeholders by linking implementation gaps to the specific area of collaboration. Other policies are not as explicit.

Processes that are enabling for policy implementation:

How does the policy address issues of governance and leadership? For all seven policies reviewed, the status of good governance as either enabling or impeding factors in the situational analysis was not assessed. Subsequently, they are not explicitly addressed as strategic concerns that require intervention. There is cursory mention of some of the aspects of good

governance but it is not clear how this relates to situational analysis in the sector.

In the Botswana Health Policy and Strategic Framework, accountability is mentioned within the mission statement. In the Swaziland policy, accountability is mentioned as one of the guiding principles along with transparency and fairness. In the Liberia policy leadership, good governance; accountability and transparency are mentioned as some of the values to guide its implementation. The intention to streamline implementation of the health policy within the legal and regulatory frameworks is addressed in the Liberia, Namibia and Uganda policy documents.

How does the policy address organisational and management in relation to service delivery? Overall the organisational and management concerns that are identified in relation to service delivery included the need to improve managerial efficiency, quality of health care, equity in service delivery, fostering community participation. Most of the health policies identify an over-centralized management as the main contributor to the identified problems. Subsequently, decentralization to sub-national levels including autonomy to hospitals and other institutions was identified as a key solution.

In terms of rolling out the decentralization recommendation, all the policies define new roles and responsibilities for the new management levels. The Botswana policy in addition recognises the need to describe transitional arrangements so as not to lose continuity of services provided through vertical structures. Namibia similarly emphasizes the need to introduce this change in a gradual and flexible manner. Botswana, Gambia and Liberia policies spell out the importance of providing technical and management support to the newly decentralized structures. General strengthening of management and administration is mentioned in the Eritrea, Namibia, Swaziland and Uganda policies.

Intersectoral collaboration is seen as critical in preventing duplication of effort by development partner support and a trigger for improving allocative and technical efficiency of all resources. It is emphasized in most of the policies.

Is the policy content relevant?

All policies identify the main ill health conditions and the health system gaps for service delivery. The

most frequently cited health system gaps are human resources skills and numbers; weak management capacity; medicines and other related supplies; weak logistic system; inadequate health information system; non-functional referral system; inequity in access to quality services; poor quality of services; inadequate infrastructure and equipment; low levels of funding coupled with conditionality of the financing mechanisms.

Poverty is the most commonly cited external environmental factor, being mentioned in the Eritrea, Gambia, Liberia, Swaziland and Uganda policies. Other external factors cited include: trends in government and development partner funding to the sector (Gambia, Uganda); reduction in real Gross Domestic Product (Swaziland); parallel policies (Namibia – the potential effect of out-sourcing and commercialization on health service delivery); HIV / AIDS (Botswana, Swaziland); high emergency threats/risks such as drought, war and epidemics (Eritrea); pressure from elites to focus on costly curative interventions (Botswana). Some policies only mention that formulation has been made in the context and provision of other national and global policies but stop short of describing exactly how these parallel policies are expected to influence implementation. The Liberia health policy is exceptional by identifying the aspects of other related policies that are pertinent to its implementation.

All the policies reviewed provide a clear framework for addressing main ill health conditions as well as the health system gaps. Commonly a basic/essential package is described with emphasis on technical and perceived quality and equity. The health system gaps that are addressed include: human resources; medicines and supplies; infrastructure; organizational effectiveness and efficiency; referral systems; health information systems; allocative and technical efficiency; creating mechanisms for community empowerment and participation; health systems research; and sustainability.

The Botswana, Gambia and Namibia policies identify mechanisms that moderate negative external factors. For example, Botswana intends to promote partnerships with other sectors that have a direct impact on health such as universal education, increased food availability to vulnerable groups, water and sanitation projects for rural and urban poor. Similarly the Liberia policy identifies

promotion of partnerships for health development and intersectoral activities as key to addressing factors outside the jurisdiction of the sector. The Gambia policy intends to lobby for improvements in the agricultural sector so as to improve food access to the vulnerable. The Namibia policy intends to advocate for the provision of basic housing as well as other social welfare services.

In some cases, selected strategies are not convincingly laid out e.g. in the Eritrea policy, the situational analysis mentions that 'hospital autonomy' is absent and later proposes it as a key intervention.

All policies describe the financing mechanisms for identified strategies. Most policies identify government; development partner funding through a sector wide approach; and out-of-pocket expenditure as key sources of funding.

Although efficiency and accountability are mentioned as key principles in all the sampled policies, none of them except that for Liberia is explicit in noting any potential deficit in financing and how this might influence type and volume of interventions.

Generally, most of the policies do not provide clear direction on how to finance the health sector. The Swaziland policy identifies the decreasing investment in health as a potential gap but does not propose a mechanism for bridging it and it is not explicit on how this might influence the attainment of health goals. It does propose an increasing reliance on individual expenditure but this might undermine the principle of equity and is in contradiction to the prevailing poverty which is described as a hindering external environment factor. The Liberia policy anticipates that commitment of government to spend 15% of the budget on health will provide an incentive for development partners to invest more in the sector to complement the government efforts.

The importance of the policy stating broad service and impact targets is to provide guidance to the strategic plan in terms of its scope. None of the policies apart from that of Liberia project estimates for broad service (e.g access, availability, quality, utilization and equity) and impact (e.g maternal mortality ratio; infant mortality rate) targets in light of available resources. The Liberia policy acknowledges that the estimates made are quite ambitious.

DISCUSSION

For most documents, the areas that are consistently well articulated are related to policy content. This is consistent with the observation made by Walt and Gilson (1) more than a decade ago. For instance, most policies are articulate in identifying the main ill health conditions, health system gaps and strategies for addressing these. In addition, all policies identify some financing strategies but tend to be silent on how to improve funding and social protection mechanisms to cushion their populations from catastrophic health expenditure through direct out of pocket payments. Most policies also do not project the health impact targets in light of available resources. Although hindering external factors for health situational status and partners for collaboration are identified, few policies specify how and in which areas partners can contribute to achieve sector goals. Having a comprehensive situational analysis focuses policy formulation on society needs and provides a basis for appropriate policy formulation. It thus promotes the values of effectiveness and efficiency. Merely identifying potential stakeholders in health policy formulation and implementation is a first step but inadequate by itself in nurturing ownership and commitment to the process. Most policies are not explicit in teasing out the specific functions for partners at various levels and how they could best be engaged in light of their mandates and roles. This perhaps contributes to the varied approaches proposed by countries in engaging partners – those with not so clear identification of partners tend to propose ad hoc arrangements whilst those that are more explicit propose more permanent and promising structures.

The way organisation and management in relation to service delivery; and more so good governance are included in the policy documents suggest they have been adopted as fashionable statements of the day. For instance, decentralization is proposed as a panacea to most of the organization and management shortcomings. Also instead of a careful assessment of which aspects of good governance need to be addressed, the statement is included without indicating its relevance. To be more meaningful, these enabling processes need to be linked to the situational analysis as well as strategies adopted to address service delivery gaps.

CONCLUSION

This review assesses how well national health policies in seven countries of the African region comply with the WHO guidelines (4). Although there is reasonably good compliance with the expected standards for the region, there are areas that still need improvement. Development of health policies needs to focus on all aspects of the analytical framework with emphasis on improving the process, ensuring good articulation for mapping out stakeholders and specifying their roles; strengthening of intersectoral collaboration; providing guidance on how to adequately finance the sector and ensure social protection; and indicating the implications for meeting broad service and impact targets.

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