

Guide for Development of National Health Strategy

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1. Introduction

This guide is intended for use during the process of **developing National Health Strategy**. Government agencies and other key stakeholders in the health sector, both public and non-public/private sector, shall cooperate in the process of policy and strategic plan development, and follow a collaborative and evidence-based approach. The guide introduces to the key aspects and addresses the relevant issues while recommending on both content and process for strategic development. It provides details to ensure a systematic approach while it is fully aligned with the corresponding national legislation. International experiences and best practices shall also be considered during the strategic planning therefore the guide serves as a master document based on review and assessment of practices relevant and applicable to Georgia.

As the Government of Georgia has been committed to **ensure quality and efficient services** to the population, it is important to set a clear direction through an evidence-based policy that needs to be translated into a strategic plan that finally provides further strategic directions for operational and implementation plans. These three layers need to be aligned and developed in a coordinated manner.

The **assessment on existing policies and strategic plans** in the health sector concluded that a comprehensive approach and a collaborative process are needed during the present strategy development to harmonize sub-sector policies that often are not derived from the national sector policy, and there are sub-sectors where policies have not been translated into strategic plans, in addition strategic plans exist without their corresponding policies.

By 2012, nearly 38% of the county population was insured by the State, and 8.43% citizens enjoyed private and corporate insurance respectively and the rest approximately 54% remained without any health insurance. Therefore, in 2013, to increase access and quality of care, the Government of Georgia launched the **Universal Health Care Programme (UHC)**, a minimum service package for all citizens with no state or private insurance. The goals of UHC are to increase geographic and financial access to primary health care; to rationalize expensive and high-tech hospital services by increasing primary health care (PHC) utilization; and to increase financial access to urgent hospital and outpatient services. Yet out-of-pocket expenditure remains a barrier to accessing health services.

Georgia has no traditional national health strategy. Instead, the *2014-2020 State Concept of Healthcare System of Georgia for 'Universal Health Care and Quality Control for the Protection of Patients' Rights* serves as a national policy framework. The concept is aligned with the Health 2020 (i.e. strategic objectives aims at improving health for all and reducing health inequalities). However, it has no indicators.

The market-based health care system had a negative effect on quality of health care, thus the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA) has taken steps **to improve quality of care**. Priorities of the national healthcare policy in 2014-2020 are as follows:

1. Health in All Policies - a common state multi-sectoral approach.
2. Development of healthcare management.
3. Improvement of the system of financing the healthcare sector.
4. Development of quality healthcare services.
5. Development of human resources in the healthcare sector.
6. Development of information systems for healthcare management.
7. Facilitation of maternal and child health.

8. Improvement of the prevention and management of priority communicable diseases.
9. Improvement of the prevention and monitoring of priority non-communicable diseases.
10. Development of the public healthcare system.

Despite the efforts and initiatives, the Government of Georgia has taken since 2013, **further improvements and measures are needed to increase the efficiency of the healthcare system as well as the accessibility of a full range of health services and improve the quality of health services.**

The Healthcare and Social Issues Committee of the Parliament of Georgia has developed **a vision for developing the healthcare system in Georgia by 2030.** The vision has been built upon the fundamental right to health by means of the efficient health care system and that every citizen of Georgia can afford quality health care services and products without facing financial hardship. To realize the vision the following basic principles have been agreed on:

- Protection of human rights in healthcare and the inviolability of honour and dignity in both civilian and penitentiary systems;
- Fair distribution of lifelong healthcare risk management between an individual, the market and the government;
- Compatibility with the country's economic and demographic development trends and the general vision of social policy;
- Focus on primary healthcare, integrated service-based approaches and declaring disease prevention and primary healthcare as the fields of priority;
- Exclusive responsibility of the state for public health and public health programs;
- Common rules on the healthcare market: equal coexistence of public and private sector representatives under general, homogenous regulations.

2. Definitions

2.1. Policy

Policy is a formal statement of intent which defines priorities and parameters for action in response to needs and in context of available resources and other considerations to guide and determine present and future decisions aimed at achieving rational outcomes. Strategy and actions need to derive its rationale from this policy.

2.2. Planning

Planning is a systematic process of identifying and specifying desirable future goals and outlining appropriate courses of action, and determining the resources required to achieve them.

2.3. Strategic Plan

A **strategic plan** is a document that communicates the desired future, translated into broadly defined medium to long-term goals and objectives, set priorities, expected results and targets as well as the means to be used to achieve them. It is about setting a direction for the sector. The strategic plan does not define the detailed tasks and activities to be assigned to involved organisations, institutions, or programmes.

2.4. Action Plan

Action plan (often referred to as operational plan or implementation plan) defines and presents the detailed actions that are needed/identified to achieve the intended outputs or expected results of the strategic plan. It indicates what is to be done (i.e. actions), when it is to be done (i.e. timeline), who will do it (i.e. responsible institutions and collaborative partners), how it will be done (i.e. description of tasks/activities) and how one will track progress to the desired targets (i.e. monitoring and evaluation plan and indicators). It also provides the budget for each action (i.e. costed plan).

3. Guiding Principles

3.1. Coordination Structure

A **committee responsible for the development of National Health Strategy** could be set up to oversight the whole process. The committee could be constituted from the leadership of the Ministry of Health, while for sub-sector policies different teams could be appointed including staff/experts of the relevant departments of the Ministry of Health. If a sector coordination committee already exists, the work of the oversight committee could be validated by the sector coordination committee. Alternatively, technical working groups (TWGs) could be set up depending on the thematic areas. Terms of reference would need to be developed to guide the work of TWGs. The TWGs should be chaired by the Ministry of Health officers.

3.2. Consultative and participatory process

The **consultative and participatory process** involves all key stakeholders including beneficiaries and decision-makers, among others. Conducting stakeholder assessment and mapping is crucial for involving stakeholders in policy and strategy planning. Stakeholder consultation throughout the strategy development process is important to produce a comprehensive and implementable plan that results in the demanded outputs. As part of a participative approach, consultations with key stakeholders help strategic planning and development.

3.3. Documented process

The entire **process should be clearly documented**, including methodologies used. Development of the documents must have a strong evidence base. The process should have a clear peer review mechanism. The documents must be well disseminated and communicated to all stakeholders.

4. Situation Analysis

4.1. Introduction

The strategic planning process can be described by a **planning cycle** (*Figure 1 and Table 1*). Planning is seen as a continuous and cyclical process passing iteratively through the following stages: situation analysis; setting priority, goal, and objective; option appraisal; programming; implementation, and monitoring and evaluation.

Figure 1 Planning Cycle

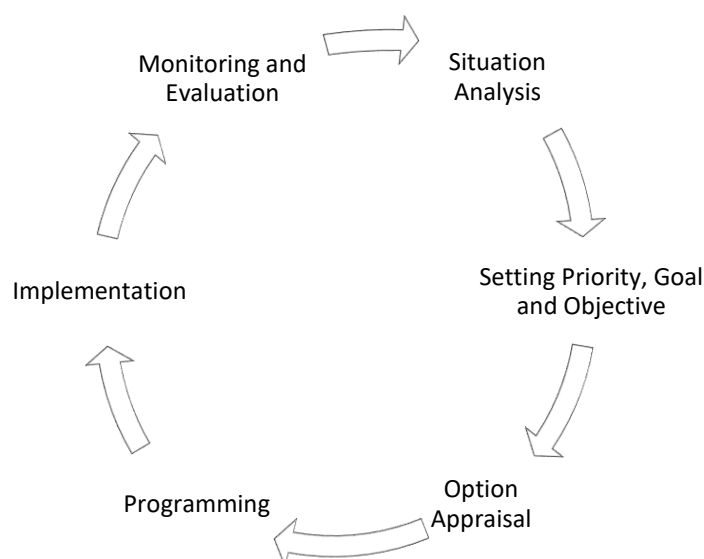


Table 1 Stages of planning cycle

Stages in the planning cycle	Objective	Technique
Situation analysis	To define broad problem areas underpinning immediate health system problems	Problem tree
Setting priority, goal, and objective at strategic level	To identify selected response to broad problem areas	Convert problem tree into hierarchy of objectives
Setting priority, goal, and objective at operational level	To identify options within prioritized strategy areas and identify sectoral response	Detailed problem tree (hierarchy of objectives)
Option appraisal at strategic level	To explore inter-relationship between broad problem response To choose between broad problem responses (strategy areas)	Mapping Ranking methods
Option appraisal at operational level	To explore inter-relationship between options within strategy areas To choose between options within prioritized strategy areas (tactical response)	Mapping Ranking methods

This document provides details about the conduct of **situation analysis** in the process of developing National Health Strategy and Action Plan. The Situation Analysis document closes the planning cycle and opens a new cycle. Its evaluation component reviews the problems and challenges facing the Government in the health sector.

The analysis aims at understanding the current state of affairs, the performance of the functions and building blocks of the health system, the trends and the underlying causes and issues, the stakeholders, and beneficiaries, and the socio-economic and -cultural factors and environment. It identifies the priority problems and the major potential challenges in addressing them while providing baseline information for both setting targets and planning monitoring and evaluation process.

The situation analysis should be systematic and comprehensive, and could use the following check list (Table 2).

Table 2 Check list for situation analysis

<i>Understand the population</i>	<i>Understand the service environment</i>	<i>Identify the health service needs</i>
Profile the population (demography and trends)	Scan the environment (including impact of environment on health status)	Identify health issues (including current and projected needs for health care)
Profile and understand the health status of the population (epidemiology and trends)	Profile the geographical context (including physical access to health services)	Identify health service issues (including current and projected issues)
Profile the health status (risk factors and determinants of health)	Profile service arrangements (including organization and quality of service delivery)	Develop an approach to categorise and analyse needs

There are several methods that can be used to undertake a situation analysis:

- Identify and review information and data that already exists, and analyse the gap of information and data that is not available.
- Review literature including policies, strategies, reports, studies, surveys, census, papers, etc.
- Review sector and programme reviews and evaluations, assessments, and studies.
- Interviews and focus group discussions

4.2. Aim of Situation Analysis

The first step in development of the National Health Strategy is to conduct of initial **problem analysis** known as the situation analysis. Defining policy-related problems and their root causes is the central aspect of the development of health policy and the corresponding policy documents. A thorough understanding of problem(s) of the health system in Georgia is required to decide on taking the right direction and to materialize the intended results.

The situation analysis is based on the evaluation of previous strategy and a comprehensive baseline study. The **baseline study** provides key findings, problems and their root causes supported by relevant data, therefore it gives decision makers and policy makers a general understanding of challenges in the field.

The situation analysis is answering the following questions:

- What type of problem are the sectoral actors dealing with?
- What is the scale (size) of the problem and its prevalence in the entire population?
- What factors may cause this problem?
- What is a likelihood of the problem to emerge and at what frequency it may emerge?
- Who and what does the problem affect?
- Who has the ability and capacity to manage or solve the problem most effectively?

The situation analysis will result in outlining sectoral priorities, goals, objectives, impact and outcome indicators and data sources. All of these will comprise the main part of the logical framework of the National Health Strategy, Action Plan, and the corresponding policy documents.

4.3. Methodology

The following methods could be used for the situation analysis:

1. PESTEL Analysis

2. SWOT Analysis
3. Stakeholder Analysis
4. Problem Tree Analysis
5. Assessment of health system functions and building blocks.

4.3.1. PESTEL analysis

PESTEL analysis is a tool to analyse factors affecting a sectoral policy. The acronym stands for the Political, Economic, Social and Technological , Environmental and Legal issues that could affect the strategic development of a sector. Identifying PEST influences is a useful way of summarising the external environment in which organisations and businesses operate. Further, it must be followed up by consideration of how a sector or a business should respond to these influences.

Table 3 lists some possible factors that could indicate important environmental influences for health sector under the PESTEL headings.

Table 3 Possible factors that could indicate important environmental influences for health sector

Factors	Political	Economic	Social	Technological	Environmental	Legal
Key questions	<ul style="list-style-type: none"> - How do political processes (elections, government program, political priorities, etc.) affect a policy? - Are there any other (new) political obligations that must be taken into account in a policy? 	<ul style="list-style-type: none"> - How do current or forecasted economic development indicators (consumption, employment, inflation, income level, etc.) affect a policy and its target group? - Will additional solutions be required? 	<ul style="list-style-type: none"> - What is the impact of demography, cultural restrictions, level of education and healthcare on a policy and its target group? 	<ul style="list-style-type: none"> - How does the technology affect (positively or negatively) a policy and its target group? - Which new technologies, if available, may improve effectiveness and cost efficiency of a policy? 	<ul style="list-style-type: none"> - How do the climate change, environmental pollution and other environmental factors affect a policy area? 	<ul style="list-style-type: none"> - Is the existing legal framework conducive to planned changes? - What is the impact of European or international legislation? - Is there a need to draft new laws/bylaws or to revise/amend legislation?
Examples for aspects of analysis	Political stability	Government spending on health	Labour / social mobility	Government spending on research	Energy use and costs	Legislative and regulatory framework
	Government organisation and attitude	Economic growth (overall and in health sector)	Demographics (age structure of the population; gender; family composition)	Government and industry focus on technological effort	Living conditions (housing, amenities, pollution)	Fiscal, monetary and taxation legislation
	Taxation (corporate and consumer)	Stage of the business cycle (effect on short-term business performance)	Income distribution (change in distribution of disposable income)	New discoveries and development	Environmental protection and climate change policy	Competition regulation
	Consumer protection	Economic "mood" - consumer confidence	Education	Speed of technology transfer		
	International cooperation	Inflation (effect on costs and selling prices)	Health status of population	Rates of technological obsolescence		
	Policy towards unemployment (minimum wage, unemployment benefits, grants)	Taxation (impact on consumer disposable income, incentives to invest in capital equipment, tax rates)	Lifestyle changes (e.g. home working, single households)	Impact of changes in Information technology and digitalization/internet		

4.3.2. SWOT analysis

SWOT analysis is widely used to support developing policy document. SWOT is an abbreviation for Strengths, Weaknesses, Opportunities and Threats

Strengths and weaknesses are internal factors, while opportunities and threats are external factors.

It is worth pointing out that SWOT analysis can be very subjective. Accordingly, SWOT analysis is best used as a guide and not a prescription. Adding and weighting criteria to each factor increases the validity of the analysis.

Some of the key areas to consider when identifying and evaluating Strengths, Weaknesses, Opportunities and Threats are listed in *Table 4*.

Table 4 SWOT Analysis

	Positive factors	Negative factors
Internal factors	Strengths – characteristics of the sector, its organizations, institutions, or programmes that give them an advantage over others Questions to ask: <ul style="list-style-type: none">• What are the advantages?• What do the actors do well?	Weaknesses – characteristics that place the sector, its organizations, institutions, or programmes at a disadvantage relative to others Questions to ask: <ul style="list-style-type: none">• What could be improved?• What is done badly?• What should be avoided?
External factors	Opportunities – external chances to make greater success for the sector, its organizations, institutions, or programmes Questions to ask: <ul style="list-style-type: none">• Where are the good chances facing the actors?• What are the current trends?	Threats – external elements in the environment that could cause trouble for the sector, its organizations, institutions, or programmes Questions to ask: <ul style="list-style-type: none">• What obstacles do the actors face?• What are the competitors doing?• Are the regulations and legislative framework changing?• Are there financial risks related to service delivery?

4.3.3. Stakeholder Analysis

A stakeholder analysis is an analysis of the actors and their influence in the strategy development process and its implementation. Stakeholder identification and analysis is essential to ensure all relevant stakeholders are considered and their role in the National Health Strategy and its implementation is understood. Stakeholders include those groups, persons or institutions that are likely to affect or to be affected by the strategy outcomes. Stakeholders can include government agencies, service providers, service users, and private, non-government and community groups/individuals.

Categories of stakeholder are as follows:

1. primary stakeholders who are those affected by the strategy;

2. secondary stakeholders who are those that affect the strategy;
3. key stakeholders who can directly influence, or are important to the strategy;
4. external stakeholders who are those that are interested in the outcome but who are not directly involved.

The following questions may help you identify and assess the interest and impact of stakeholders:

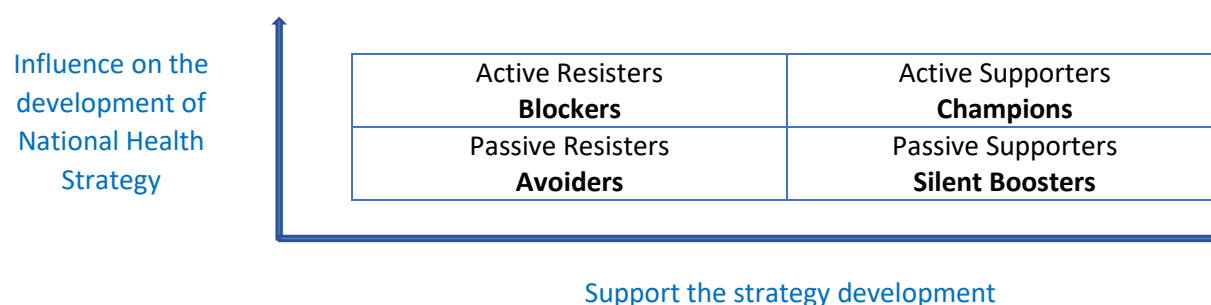
- What interest do the stakeholders have in the outcome of the National Health Strategy? Is it positive or negative?
- If they are not likely to be positive, what would engage them to support the Ministry of Health to develop National Health Strategy?
- What information do the stakeholders need from the Ministry of Health? What is the best way of communicating key message to them?
- What is their current opinion of the performance of Ministry of Health? Is it based on valid information?
- Who/what does influence their opinions generally, and who/what does influence their opinion of the Ministry of Health? Are these influencers important stakeholders in their own right?
- If the Ministry of Health is not able to engage them in the strategy development, how can they be managed in opposition?

The stakeholder analysis may involve various tools and approaches such as:

- Guided desk review and stakeholder mapping;
- Stakeholder meeting informant interviews;
- Survey of individuals or focus groups;
- Workshops.

The stakeholders can be mapped in a 4-quadrant grid considering their influence on the development of National Health Strategy and their willingness to support the strategy development (*Figure 2*)

Figure 2 Stakeholder Analysis Grid



- **Champions:** High power, interested stakeholders: these stakeholders must be fully engaged, and the greatest efforts must be made to satisfy them.
- **Blockers:** High power, less interested stakeholders: put enough work in with these stakeholders to keep them satisfied, but not so much that they become bored with messages.
- **Silent boosters:** Low power, interested stakeholders: these stakeholders need to be adequately informed, so talk to them to ensure that no major issues are arising.

- **Avoiders:** Low power, less interested stakeholders: monitor these stakeholders, but do not bore them with excessive communication.

4.3.4. Problem Tree Analysis

A **problem tree analysis** is a method of defining a problem, its scale, and causes. A problem tree reviews all the root causes and consequences of a problem that are already known and outlines the context of problem development (as well as potential solutions). This method allows to think about the meaning and context of the problem by collecting relevant empirical evidence and communicating with stakeholders to learn about their opinions. The problem tree analysis is a key component of conducting a situation analysis, especially for designing a logical framework.

The problem tree explains key problems and their respective cause and effects, in order to develop clear strategies for addressing the issue. Immediate causes are those that directly affect individuals and households, and underlying causes normally involve service delivery and behaviour. Root causes include tradition, economic resources, and ideology, among others.

A problem tree graphically displays how one problem is linked to another problem and how they, for their part, are linked to the core problem. A real situation is quite complex in the majority of cases. Links between causes and consequences is often two-way with causes and effects, sometimes, representing problems themselves. Overloading a problem tree will undermine the effectiveness of this method.

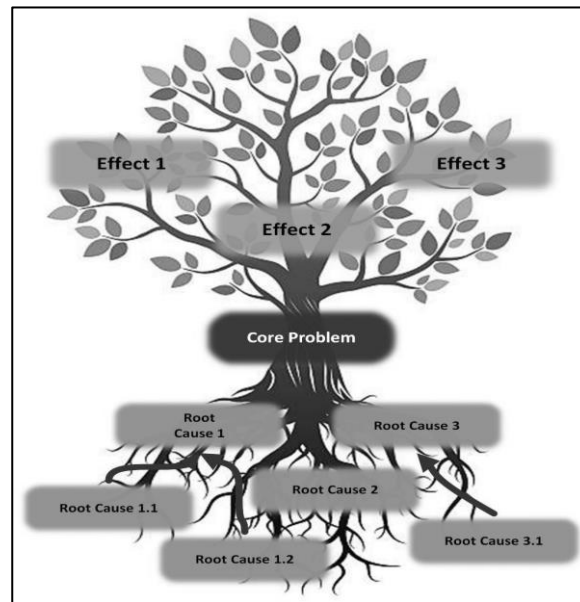
Designing of a problem tree includes the following steps (*Table 5* and *Figure 3*).

After creating a problem tree, a strategic planning process often uses an “*Objective Tree*” tool too, which provides positive formulations of the issues identified in the problem tree and may become a structure of a logical framework defining a strategic part of the policy document.

Table 5 Problem Tree Analysis

	Stage	Explanation
1	Identifying and agreeing the core problem in a sector.	Discuss and agree on the most important problem (or following from the complexity of an issue, several problems). The core problem is the trunk of the tree .
2	Identifying and agreeing root causes (primary and secondary) of the core problem.	Identify the primary root causes, and secondary root causes (if any) of the problem. Root causes become roots of the tree .
3	Identifying and agreeing negative effects of the core problem.	Identify direct effects (impact) of the core problem. Negative consequences become branches of the tree .

Figure 3 Problem Tree

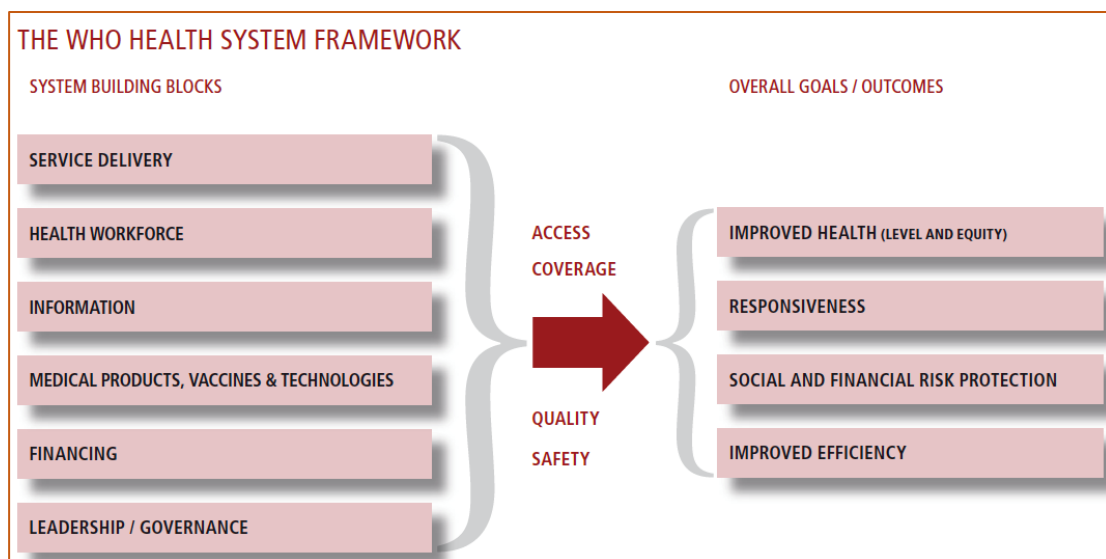


4.3.5. Assessment of health system functions and building blocks

For development of National Health Strategy, a systematic assessment of the performance of the health system functions and building blocks and their effect on the performance of the sector and the programs could identify the health system gaps that may need to be addressed.

The WHO defines four ultimate goals or outcomes of health system such as improved health and health equity, responsiveness, financial fairness, the best, or most efficient use of available resources (*Figure 4*).

Figure 4 WHO Health System Framework



Source: WHO, 2007

Further, health systems perform key functions that only together can ensure accessible, effective, efficient, equitable, quality health services the population need. These basic functions of health system are as follows.

Stewardship/governance: The way the health system is run and how institutions involved in it, both public and private, are overseen. This encompasses (i) setting, planning, and monitoring the direction for the health system; (ii) regulating the system and the actors within it; and (iii) collecting and using the related intelligence.

Financing: The way in which revenues are raised, accumulated into fund pools, and allocated to providers. This also involves the definition (explicitly or implicitly) of the entitlements and obligations of the population, often referred to as the benefits package.

Generation of human and physical resources/inputs: The way core inputs such as personnel, equipment, technologies, technical and managerial knowledge, physical resources and facilities, supply chains, and information, among others, are produced and made available.

Service delivery: The way that specific inputs are combined to produce and deliver services to individuals (i.e. personal health care services) and groups (i.e. population-based services). This also encompasses how and where services are delivered, as well as their management and organizational arrangements.

The above functions are performed through subfunctions that are interconnected. These subfunctions are often referred to as building blocks that contribute to the operation (and requires strengthening) of health systems in different ways. First, cross-cutting components, such as stewardship/governance and health information systems, provide the basis for the overall policy and regulation of all the other health system blocks. Second, key input components include financing and the health workforce. Third, medical products and technologies and service delivery, reflect the outputs of the health system.

The following check list could be used for each building block (*Table 6*).

Table 6 Health system functions and building blocks assessment check list

Health System Functions	Building Blocks	Assessment Domains
Stewardship and Governance	<i>Leadership and Governance</i>	<ol style="list-style-type: none"> 1. Availability of strategic policy frameworks 2. Effective oversight 3. Coordination and partnership including coalition building 4. Provision of appropriate regulations and incentives 5. Accountability
	<i>Health Information System (HIS)</i>	<ol style="list-style-type: none"> 1. Availability of population and facility-based data (e.g. censuses, household surveys, civil registration data, public health surveillance, medical records, data on health services and health system resources) 2. Availability of individual and institutional capacity for data analysis (e.g. tools, methods, equipment, and human resources) 3. Availability of reports. 4. Quality of data (i.e. accuracy, reliability, timeliness)
Financing	<i>Health Financing</i>	<ol style="list-style-type: none"> 1. Financing strategy 2. Sources of funding 3. Trends in health financing 4. Efficiency 5. Transparency and accountability 6. Tracking of funds and expenditure 7. Information on health financing 8. Resource mobilization 9. Risk pooling
Generation of Resources	<i>Human Resource for Health</i>	<ol style="list-style-type: none"> 1. Regulation, norms, and standards 2. Quantity and availability 3. Quality and skill mix 4. Competency 5. Education, training, retraining 6. Deployment and recruitment 7. HR information system

		8. Motivation
	<i>Medical products, vaccines, and technologies</i>	1. Policies and regulations (licensing) 2. Procurement, supply chain management 3. Quality, safety, and efficacy 4. Cost-effectiveness 5. Rational use
<i>Service Delivery</i>	<i>Service Delivery</i>	1. Availability 2. Accessibility 3. Demand and utilization 5. Infrastructure and logistics 7. Organization and management 8. Quality and safety 9. Efficiency 10. Community participation

5. Policy Planning

5.1. Vision

A long-term vision on the preferred future health of the nation should be clearly stated taking into account the national context.

1. The **National Health Care Strategy 2011-2015** set the vision as affordable quality health care. The strategy aimed access to quality medical care to improve the health of the population and address the health care challenges the nation then faced. The health care strategy was a political response to both the population's health and the health system's challenges. The Health Care Strategy also aimed to inform the Georgian population and medical society about the reforms planned to help ensure their active involvement during the implementation. Transparency of the reforms and the government's accountability to the public were considered essential for the successful implementation of the reforms.
2. The Government of Georgia in the **Social-economic Development Strategy of Georgia "Georgia 2020"** set the aim of policies to be implemented to increase the population's life expectancy and improve public health by decreasing household expenditure on healthcare including impoverishing out-of-pocket payments while preventing the main causes of morbidity and mortality through improving the quality of medical service and streamlining healthcare management system. This is in line with the launch of the Universal Health Care Programme, a minimum service package for all citizens with no state or private insurance, in 2013.
3. However, the **2014-2020 State Concept of Healthcare System of Georgia for 'Universal Health Care and Quality Control for the Protection of Patients' Rights'** (Decree No 724 of the Government of Georgia of 26 December 2014) did not state a vision other than the development of the healthcare system, which integrates the fundamentals of the development of this sector with respect to internationally and nationally recognised principles and values.
4. Most recently, the Parliament of Georgia in its **Vision for Developing the Healthcare System in Georgia by 2030** wrote the following. The main purpose of the healthcare system of Georgia is to realize the fundamental right to health by means of the efficient health care system so that every citizen of Georgia can afford quality health care services and products without facing financial hardship. The best possible health condition is particularly important for the well-being of the population and the socio-economic development of the country. A healthcare system is a joint effort of all organizations, institutions, and resources whose goal is to promote and improve the health of the population. According to this definition, the healthcare system consists of the provision of healthcare services, primary and secondary prevention, treatment, care, and rehabilitation; actions to deliver healthcare services, especially, funding, resource generation and management functions, and administrative activities. It is essential for the building blocks of the healthcare system to function properly and efficiently.

The methodology of developing a vision for the National Health Strategy places great emphasis on shared vision. The vision must capture the wishes and aspirations of the actors of sector and sub-

sectors as well as the people. Further, the vision must be aligned with the national vision for socio-economic development. Like other key aspects of the process, the vision statement should be formulated with cooperation from stakeholders.

5.2. Mission

A clear mission in health care should have the following elements:

1. **Purpose** – Why does the sector, its organisations, institutions, or programmes exist? The mission does not state an outcome and contains no time limit or measurement.
2. **Strategy and Strategic Scope** – A mission statement should define the products or services the sector, its organisations, institutions, or programmes offer, and the competences through which they try to succeed.
3. **Policies and Standards of Behaviour** – A mission needs to be translated into everyday actions.
4. **Values and Culture** - The values are the basic, often un-stated, beliefs of the people who work in the sector. These would include principles, loyalty and commitment, guidance on expected behaviour.

The mission aims at addressing the following four questions:

1. **What do we do?** – The mission defines the needs of the population to be served and specify which of those needs the sector, its organizations, institutions, or programmes intend to address.
2. **Whom do we serve?** – The mission defines the target population.
3. **How do we do it?** – The mission defines the means, resources, or strategies by which the sector, its organizations, institutions, or programmes intend to reach the goals.
4. **Why do we do it?** – The mission defines the basic reasons behind the objectives.

5.3. Guiding principles and values

A policy should identify the values that are cherished by the organizations, institutions or programmes, and the principles that are essential to guide the choices.

5.3.1. Core values

Core values are the fundamental beliefs of an organization that dictate behaviour and action. They help to determine what is right from wrong in the operations and business of an organization (e.g. respect of human rights, ethics).

5.3.2. Guiding Principles

Guiding principles are parameters that guide the successful and sustainable implementation of the policy (e.g. promotion of equity; ensure women empowerment; adoption of patient centred approach to service delivery; partnerships and collaboration).

5.4. Goals

The **goals** describe ideal states or results to be achieved in the future (long-term) that are in line with the set vision and mission. Goals represent the critical priorities of the sector. Achieving the goals should help the organizations, institutions or programmes better realize the mission and to move towards the vision.

5.5. Objectives

Policy **objectives** describe what the organisations, institutions or programmes aim to do to achieve the set goals. They are specific, measurable, achievable, relevant, and time-bound (SMART). These should be established in relation to priority health needs identified in the situation analysis.

5.6. Policy Directions

The **priority interventions** should reflect for each policy objective that the strategic direction is set to achieve. Emphasis should be made on the functions and building blocks of the health system, thus, finance and financing mechanisms, aspects of human resources, health services organization and management, strengthening health information system and promoting research to guide decisions and to improve the health system's performance.

6. Governance Framework

It is important to develop a **governance framework** that brings all stakeholders' efforts together. The governance framework should describe how the policy will be implemented. The process of developing an implementation framework should involve all key stakeholders and should best be initiated after the plan objectives have been defined.

In this framework, the following should be highlighted:

- Stewardship and governance structures;
- Accountability mechanisms
- Organization and management of sector or sub-sector to deliver results;
- Partnership and coordination structures;
- Monitoring and Evaluation framework.

7. Logical Framework

The strategic planning process will result in the **Logical Framework** (*Table 7*) that will be used throughout the planning cycle. It is considered displaying the progression and achievement through the term of strategy, and enables the Government to follow up on the activities and to see how successfully the strategy is being implemented. The indicative log frame matrix will evolve during the lifetime of a strategy. The activities, the expected outputs and related indicators are indicative and

may be updated during the implementation of the strategy. Indicators should reflect baselines as starting point of the indicators, and targets as intended value of the indicators by the end of the specific term of the strategy implementation. Indicators, when possible, should be disaggregated by sex, age, urban/rural, disability, any disadvantaged group, income quintile etc.

Table 7 Logical Framework

	Results chain: Main expected results	Indicators (at least one indicator per expected result)	Sources of data / Means of verification	Assumptions and risks
Impact (Goal)	The long-term (10+ years) change to which the strategy contributes at country, regional or sector level, in the political, social, economic, and environmental global context.	Quantitative and/or qualitative variable that provides a simple and reliable mean to measure the achievement of the corresponding expected result. Indicators should have a clear measurement unit and are formulated in a neutral way.	Ideally to be drawn from the Government's agencies, taking into account the SDGs indicators.	
Outcome (Specific Objectives)	The main medium-term (5-10 years) effects of the strategy focusing on behavioural and institutional changes resulting from the implementation. If the strategy has several components, these may be reflected in several Specific Objectives.	As above.	Sources of information and methods used to collect and report (including who and when/how frequently).	Factors outside the control of sectoral agency that may influence on the outcome-impact linkage.
Outputs	The main short-term (3-5 years) outputs, which are the direct/tangible infrastructure, goods, and services) delivered by the strategy and that are directly under the control of the Government. If the strategy has several specific objectives, outputs should be linked to the corresponding specific objective.	As above.	Sources of information and methods used to collect and report (including who and when/how frequently).	Factors outside the control of sectoral agency that may influence on the outcome-impact linkage.

The logical framework serves as a useful tool for monitoring and evaluation. Thus, the monitoring and evaluation framework should be built upon the following:

- Identification and agreement on a set of indicators;
- Sources of data;
- Roles and responsibilities of stakeholders;
- Methods for data collection and analysis;
- Reporting mechanisms and periodicity;
- Data quality assessments and improvement;
- Periodic reviews – annual, mid-term review, end review.

8. Outline for National Health Strategy

8.1. Executive Summary

The **executive summary** of the National Health Strategy should contain brief and concise data and information about:

- Where are we and what do we want / where do we want to go?
- What are we going to do and how is this different from what we used to do?
- What will this get us at what cost and in how much time?
- Who will be doing it?

8.2. Overarching Goals

This chapter is about:

- Overarching goals and linkages to the policy and to other national development frameworks (in alignment with policy orientation)
- Process for development of National Health Strategy and the layout of the strategic plan document.

8.3. Situation Analysis

This chapter should keep emphasis on elements relevant to the goals layout in the strategic plan.

- Where is the country in terms of the outcomes?
- What levels of services (i.e. inputs, activities) have been contributing to the outcomes achieved so far?

The information and data in this chapter is grouped and flow as:

- Context, (socio-economic and political context);
- Health and services status;
- Recent achievement, gaps, and key health issues.

8.4. Vision, Mission and Strategic Objectives

The vision and mission section in the strategic plan should well align the vision and mission statements defined in the policy that governs the strategic plan. This chapter includes definition of outcomes and objectives to be achieved by the programme, in line with other strategies of Georgia.

8.5. Strategic Framework

This chapter is about:

- **Interventions** to address the identified strategic problems according to the strategic objective and direction. Strategic interventions should aim at addressing the underlying causes. A clear cause-effect analysis should inform the choice of the strategic interventions. The interventions

must be appropriate to the priority problems and risks, and those must be effective, coherent, efficient, as well as feasible.

- **Choice of what we will do and not do, and why.** While the focus of the National Health Strategy is on former, latter may help understand why the strategy addresses the selected objectives and to be implemented in a selected manner.

8.6. Resource Plan

It is crucial to assess the needs and to plan the use of the various **resources** that will be required to undertake the interventions. The strategy should consider what resources (e.g. financial, human resources) already exist, and what additional resources will be required over the period of the implementation.

8.7. Implementation and Risk Mitigation Plan

This chapter is about:

- **Governance, coordination, and implementation arrangement:** Who will do what and when? How to mobilize resources? What are the potential sources of funding?
- **Monitoring and Evaluation Plan:** What are the indicators? Periodicity for indicator monitoring? What are the sources of data and methods of data collection? How will we measure progress, plan for strategic plan refreshment? Periodicity for indicator monitoring and reviews and evaluations (annual reviews, mid-term reviews, end evaluation).

To ensure that monitoring and evaluation is facilitated, a monitoring and evaluation plan should be developed indicating the activities to be undertaken, when and by whom. This plan should be costed, and the cost of the plan included in the overall cost of the strategic plan.

8.8. Risks and Assumptions

It is especially important to understand the **risks** associated with the implementation of the strategic plan. Risk analysis refers to analysis of factors which may influence the implementation of the plan and hence the achievement of objectives. It is necessary to identify both internal and external risks, and alternative strategies that may be needed to manage the risk.

Assumptions describe situations and conditions, which are necessary for success, but which are largely beyond the control of the governing or implementing organisations. Thus, it is needed to look at the institutional context (e.g. laws, political commitments, trends in financing) in addition to other possible impact of the environment.

9. References

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