# Health Care Plans and Dust Collection in the Pacific

**Stevenson Kuartei***

**MD. Director, Bureau of Public Health, MOH- Palau*

*Abstract*

***Health information systems in the Pacific have been described as the world's biggest information cemetery, which means that, information is collected, stored and remained that way and not touched by human thoughts. In many Health Departments around the region there are health care plans, strategic plans, action plans and other plans which for one reason or another have never been implemented and continue to collect dust on the shelves. It is apparent that there is a mismatch between the design and implementation of these plans. This paper attempts to query how plans are designed and implemented and what the barriers to these processes are. It will draw conclusions from the review of several plans and attempt to address how to achieve a certain level of dynamicity in the activities of the planning process; the development, the translation, the operationalization and the evaluation of the plans within health care systems around the region. (PHD, 2005 Vol 12 No 2 Pages 155 - 158)***

## Introduction

Planning is one of the core activities of the health care systems as they attempt to be cost effective, expedient and accountable to the limited resources for health care delivery and philosophies that guide them. All over the Pacific there are many offices that deal specifically with planning. For example: Offices of Planning and Statistics, Offices of Health Planning, Offices of Urban Planning and many other planning offices. The outcomes of having these planning offices are plans dealing with various developmental, social and economic issues and a lot of times they overlap to the extent that duplication occurs. These plans vary in content, length, quality, complexity and perhaps more so, implementability. There are master, inter-sectoral and sectoral plans that deal with either single or multiple issues. In many of these plans, expert consultants are involved in the process of planning. While these "experts" are supposed to serve as facilitators and advisors to provide technical assistance to the planning process, they typically override the planning process and interfere with the content of the plans. Few of the plans are ever implemented and are placed on the shelf and never to be revisited.

Perhaps a systematic way to design plans in health in the Pacific by incorporating certain basic and critical elements of the planning process will go a long way to improve the probability that the plans will be utilized.

## Planning Process

The process of planning is not a foreign activity because the peoples of the Pacific have been involved with planning ever since the beginning of time. Their migration, governance and survival have been due to planning, obviously some fatal and some successful. The process of planning has been oratory and in many ways through consensus not only to the process of planning but also to the content and the authority of the plan. In Palau, traditional planning process is automatically a community process with predetermined hierarchy that involves the ten clans that would make up a particular community. In the older days, planning was done utilizing the kelulau (whispering), a process through a messenger to minimize any ill feelings toward an opposing view. The implementation and the monitoring of the plan was through community "policing" that had very specific rules that would assure subjective implementation of the plan for that particular community.

In the modern times, the process of planning is described as "top down" or "bottom up" and usually with goals, objectives and activities written down. Because it is written down, it is sometimes difficult to make adjustments of the activities. It also minimizes the social interaction that is intrinsically part of an oratory plan. The implementation of these written plans is usually done by an institution and is evaluated by an "outside" agency to assure its objectivity for the community at large.

These two processes of planning actually co-exist in the Pacific today, which sometime lead to a "schizophrenic" ownership of many plans in the Pacific. This is perhaps one of the reasons why plans remain on the shelves in the Pacific. The merging of elements from these two planning processes might actually lead to plans in health that are implemented and lead to true reform in health.

## The Review of Several Plans

Six different plans are reviewed to look at the type of plan, the authors, the complexity, the length and the

planning process. This is to figure out what elements of the plans are critical in designing implementable plans.

**1. Palau National Master Development Plan:** This plan is a "master" development plan for Palau. It was published in April 1996 and has over 430 pages. It was "prepared for The Republic of Palau through a project jointly funded by United Nations and United States Department of Interior by SAGRIC International Pty Ltd." There were 10 international consultants, 5 local consultants (2 are Palauans) working with a Master Plan Task Force. The Task Force was made up of the 2 Paramount Chiefs, 2 Cabinet Ministers, the Vice President, 1 Governor and 3 community people. This plan is long, inaccurately superficial, has no clear operationalization strategy and lacks an evaluation piece. This was a "top-down" planning process, which resulted in a plan that has been sitting on the shelf since it was finalized in 1996. (SAGRIC, 1996)

**Ownership of plans is a critical element in how plans are implemented and followed through**

**2. Republic of Palau: Ministry of Health Five Year Health Plan 1993-1998:** This plan was published in October 1992 and has 220 pages. The plan was developed by the "Ministry of Health Staff with consultation by the Intersectoral Planning and Evaluation Group." It was a "top-down" plan however, utilizing health workers at the Ministry of Health. The plan utilized Gantt Charting and PERT Network, which are quite complex systems to follow in the plan. Because of the complexity of this plan, it has been sitting on the shelf since it was written in 1992. (Palau MOH, 1992)

**3. Agriculture, Livestock, and Forestry Five-Year Action Plan (1997-2001) - Palau.** This particular plan is included in this discussion because it relates to food production and security. This plan was "prepared by Trish Wilson, Technical Assistant. University of Oregon Micronesian and South Pacific Program and a team representing the Bureau of Natural Resources and Development." It was funded by the Bureau of Natural Resources and Development (Palau), U.S. Department of Interior, Office of Insular Affairs and University of Oregon. The plan is 95 pages long, readable and easy to follow. It is a realistic and implementable plan, however, it lacks the evaluation and follow up component to see whether it was truly implemented or not. (Wilson, 2001)

**4. Federated States of Micronesia, Truk State. Five Year Comprehensive Health Plan 1990-1995:** This plan was prepared by the Office of Health Services Department and Health Planning Office of Truk (now Chuuk) State, Federated States of Micronesia. It contains 236 pages and represents one of the plans that have been written by a national institution. The plan however, is written in a narrative style, which makes it very difficult to translate into operations. The set up of the plan includes goals, objectives and indicators but is missing a critical piece, the activities. Because of that, it is unclear whether the goals and objectives were achieved and through any activities. (Chuuk DOH, 1995)

**5. Development Study for Promotion of Local Economy in the Republic of Palau. May 2000**. This report is reviewed because it includes a plan of action toward economic development, a critical aspect of health care delivery. The report was put together by Japan International Cooperation Agency (JICA) and the Office of Planning and Statistics (Palau). The report is about 135 pages and is quite technical and includes a lot of statistical analysis. The quality of the information in the report is good however, this report is too technical and needs to be translated into a simpler plan for operation. Because of its technicality, it has not been properly translated to a viable plan of action that is implementable. (JICA, 2000)

**6. Ministry of Health & Environment. Republic of the Marshall Island-Fifteen Year Strategic Plan 2001-2015.** This plan was published on April 2000 and was "created internally within the Ministry of Health and Environment and is a plan genuinely created by those who will be required to put it into effect." The plan is about 140 pages and is organized in a manner that is easy to follow with determined timeline. The plan however, does not include a clear vision on where health care and environment is going in the Republic of the Marshall Islands that would guide the over all strategies of the plan. The evaluation of the plan's effectiveness over the 15 years is not clearly document and therefore, it will be difficult to recommend any changes in strategy over that length of time.(Capelle, 2000).

## Elements of a Dynamic Plan

The review of several plans have clarified several issues that must be integrated into health plans if they are going to be dynamic rather than static plans. To achieve such level of dynamicity, all planning in health must at minimum posses the following elements. These elements should be sought out in the traditional and modern planning systems especially when communities are involved in the implementation of the plan.

**1. Ownership-** Ownership of plans is a critical element in how plans are implemented and followed through. The sense of ownership is a subjectively emotional element, which is hard to objectively measure. It is an element obtained mainly through participatory engagement to the process and the contents of the plan.

**2. Simple Quality-** Quality of the plans is more to do with appropriateness than complex and scientific technicalities. The appropriateness of the needs assessment, the solutions and the translation of these solutions into operations with measurable outcomes spells the basis of quality. The length, the layout, the appearance, the "followability" and adoptability are important qualities on whether the plan is used or not. The plan must be "a quality plan made simple."

**3. Readiness-** This element has to do with the readiness of the implementers as well as, the implementees. The issues of readiness include preparatory education to clarify common grounds for which the plan could be negotiated. Readiness is an issue of the will to engage, to own, to act and to reform accordingly.

**4. Measurement-** The plan must have in place a simple, implementable monitoring and evaluation processes. It should have built in quality control of the implementation and measurement of the outcomes of the plan. It is always hoped that the outcome will always be positive but they are not and that is the value of monitoring and the evaluation processes.

**The appropriateness of the needs assessment, the solutions and the translation of these solutions into operations with measurable outcomes spells the basis of quality**

**5. Commitment-** The element of commitment involves resources including finance, human, intellect, experiences and other resources. It revolves around the ability to carry out the activities of planning and of the plan. Some plans are made because of funding is made available due to regional priorities, while some plans are made because a need is identified nationally which necessitate a plan of action. Either way, the commitment always comes when a need is clearly identified and concerned stakeholders are mobilized to engage on identifying the solutions.

## Prevention of Dust Collecting Plans in Health (a case study in process)

Planning in health is definitely a core activity that Departments of Health in the Pacific need to do in order to set the direction for health. It is evident that plans that end up in the shelves around the Pacific are missing some or all of the elements listed above including lack of ownership, simple quality, readiness, measurement and commitment.

The Non Communicable Disease (NCD) Strategic Planning workshop was held in Palau on October 2004. The goal of the workshop was to develop a community based strategic plan for NCD based on the four determinants of NCDs including tobacco, nutrition, physical activity and alcohol. The development of the plan was facilitated by the various governmental agencies with guidance from the Ministry of Health staff dealing with the particular NCD determinant. Expert advice was provided by Dr. Ross Spark, a WHO consultant from Queensland, Australia. The content of the plan was from the community represented mainly by the Public Health community advisory groups, traditional leaders, elected leaders, non-governmental organizations and from the community at large. A template provided was designed to capture core (1-2 years), expanded(3-4 years) and optimum(5-6 years) activities at the national, community, clinical and social marketing levels. This framework was adopted from the Samoa and Tonga NCD Strategic Plans. This was followed by a Memorandum of Commitment, which has been signed by the President and his cabinet, the Vice President, the two paramount chiefs of Palau, the two chiefesses, most members of the congress and more than 100 from the general public. Four working committees have been formed to steer the implementation strategies of the different determinants of NCD. The process is still ongoing including teaching and obtain the signatures from school, churches, governmental and non-governmental organization and the community at large. Ulekerreuil a Klengar, the NCD Community Advisory Council for Public Health, which had been incorporated a year ago, will serve as the monitoring entity to ensure that the strategic plan is being implemented properly. An annual meeting has been set to monitor the progress of the implementation make the necessary adjustments. (Palau NCD, 2004)

## Conclusion

Many plans in health remain on the shelves all over the Pacific because they are not implementable for one reason or another. This paper has described several planning elements that when incorporated into the planning process they might lead to a dynamic plan. A dynamic plan that could be translated, operationalized, measured and re-oriented to achieve the goals of the plan. A case study in process, the NCD Strategic Plan is used to show how those elements were used in planning process.

A sample product of this planning process has not only been the NCD Strategic Plan, but also the capacity building with regards to appropriate process of planning in the Pacific that might lead to active and dynamic plans in health. Perhaps at the end, the Pacific could be described as a place where plans are worn out from overuse and that the health reform takes place because of these plans.

## References:


1. Durham, G. Making a Difference: Strategic Initiatives for the Health of Pacific People. A Consultant Document. Ministry of Health, Manatu Hauora, Wellington. 1997.
2. MOH NCD Section. National Injury Prevention and Control Plan for the Republic of Palau. Ministry of Health, Palau. 2000.
3. Capelle, D. Fifteen Year Strategic Plan 2001-2015. Ministry of Health and Environment, Republic of the Marshall Islands. 2000.
4. JICA & OPS. Development Study for Promotion of Local Economy in the Republic of Palau. Interim Report. Pacific Consultants International. 2000.
5. Wilson, T., Francisco, H., Brel, M., Remarii, J., Rengulbai, K., Remeliik, C., and Ngiralmau, M. Agriculture, Livestock, and Forestry Five-Year Action Plan(1997-2001). Ministry of Resources and Development, Republic of Palau. 1996.
6. Department of Health and Offices of Health Services and Planning. Truk State Five Year Comprehensive Health Plan. Truk (Chuuk), Federated States of Micronesia. 1990.
7. MOH and Intersectoral Planning and Evaluation Group. Ministry of Health Five Year Health Plan. Ministry of Health, Republic of Palau. 1992.
8. SAGRIC International. Palau 2020 National Master Development Plan. Issues, Options and Strategies for Palau's Development. The Foundation for Development Final Report. Republic of Palau. 1996.
9. Bureau of Primary Health Care. Models that Work. Health Resources & Services Administration, USA. 1995.


**Many plans in health remain on the shelves all over the Pacific because they are not implementable for one reason or another**

**You can pray freely, But just so God alone can hear.**
**(Tanya Khodkevich – 1999)**