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Institutionalizing Explicit Processes for Setting National Health Priorities:

Learning from Country Experience

November 2022

USAID LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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Contents

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Acronyms

COVID-19	Novel Coronavirus 2019
DOH	Department of Health
JLN	Joint Learning Network for Universal Health Coverage
LHSS	Local Health System Sustainability
MOH	Ministry of Health
MOF	Ministry of Finance
MTEP	Medium-Term Expenditure Program
TA	Technical Assistance
UHC	Universal Health Coverage
WHO	World Health Organization

1. Introduction

In the context of commitment to improve progress toward universal health coverage (UHC), low- and middle-income countries need to set clear national priorities to guide resource allocation and budgeting. By institutionalizing explicit processes for setting these priorities—processes that are evidence-informed, equitable, inclusive, transparent, and accountable—countries can help ensure that health policies, strategies, plans, and resources align with national health and development goals.

Ministries of health (MOHs) know that priority setting is important, but explicit priority-setting processes are not institutionalized—they are not routinely incorporated in national planning and strategy development cycles—in many low- and middle-income countries. This can lead to underinvestment in areas such as primary health care, health system strengthening, common goods for health (including outbreak preparedness), and communicable and non-communicable conditions that cause preventable deaths. Governments may be unable to deliver on their promises, and underserved populations may be systematically de-prioritized in public spending (WHO 2016).

MOHs need to effectively navigate the technical steps in explicit priority-setting processes as well as contextual and political factors that can pose barriers to institutionalization, but practical advice is lacking (Chalkidou 2016). Documenting and sharing promising practices that some MOHs have implemented, with a focus on practical steps, can benefit other countries that want to accelerate progress in institutionalizing explicit priority-setting processes.

In August 2021, the USAID-funded Local Health System Sustainability Project (LHSS), in collaboration with the Joint Learning Network for Universal Health Coverage (JLN), launched the **Institutionalizing Explicit Processes for Setting National Priorities Learning Exchange** for MOH practitioners. The learning exchange was a time-limited, facilitated virtual platform to identify and share promising practices and jointly problem-solve. This shift to a virtual platform allowed the activity objective—to support countries to institutionalize more explicit national priority-setting processes for health—to be achieved while adhering to COVID-19-related travel restrictions introduced in 2020. LHSS solicited expressions of interest to identify countries willing to devote their time to strengthening national priority setting even at the height of the pandemic.

Eight countries were selected to participate as learning partners in a series of three virtual learning exchange meetings. Three of these countries—Bangladesh, Lao PDR, and Malaysia—also participated in a parallel LHSS joint learning process on improving MOH budget execution, which identified weak alignment of budgets with national priorities as an important inhibiting factor. The learning exchange meetings were followed by technical assistance (TA) to two participating countries—Lao PDR and Thailand—to support teams to identify promising practices to adapt for their own countries.

Learning exchange partners

- Bangladesh
- Ethiopia
- Lao PDR
- Malaysia
- Philippines
- Rwanda
- South Africa
- Thailand

This learning resource presents key learning from the activity literature review, learning exchange meetings, and TA workshops. It complements the available normative guidance from the literature on this subject. It begins with a summary of the activity implementation process. This is followed by summaries of findings, including learning partners' understanding of, and shared vision for, good explicit national health priority setting and promising practices for institutionalizing successful processes. The promising practices included in the resource come primarily from countries who were able to sustain their involvement over the series of learning exchanges--Lao PDR, Malaysia, the Philippines, and

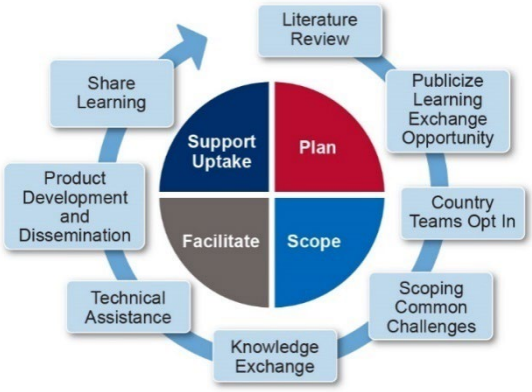
Thailand. The resource focuses particularly on stakeholder engagement and institutionalizing stronger links between national health priorities, sector plans and national budgets, which learning partners identified as their most pressing issues. It concludes with a synthesis of key learning from the activity.

2. Activity implementation process

Literature review. The activity began with a literature review that examined normative guidance and country experience with efforts to institutionalize explicit national health priority setting. There is a sizeable literature about how issues become priorities in countries when there is no explicit process, but little detail about how explicit national priority-setting processes have been institutionalized. Partners such as the World Health Organization (WHO) and the World Bank provide guidance on the steps and technical requirements for successful priority-setting processes—particularly in the areas of stakeholder engagement and decision analysis. This guidance was shared with learning partners and used to help develop a technical framework to guide the learning exchange. The most useful resources are listed at the end of this report.

Learning exchange. LHSS built on lessons from previous JLN in-person learning exchanges to develop a virtual approach to facilitate cross-country dialogue and information sharing on common interests and learning needs.

Figure 1: Steps in the learning exchange



Key steps in the learning exchange process included:

- Assessment of country demand by issuing an invitation to submit expressions of interest and nominate teams of MOH and national health insurance agency officials to participate in meetings
- Gathering country-specific information through a survey and scoping calls with the eight country teams on each country's health planning and priority setting context
- Co-development of a technical framework, with country teams, using the literature review and information from the survey and scoping calls
- Use of the technical framework, at a launch meeting, to establish a common understanding of key terms and agree on the focus of learning exchange meetings
- Facilitation of two virtual meetings focused on topics prioritized by the countries

The TA process for Lao PDR and Thailand. Following the three learning exchange meetings, LHSS facilitated a 4-month TA process focused on identifying first steps for promising practices that Lao PDR and Thailand could implement to institutionalize improved explicit national priority setting. Travel restrictions imposed by governments to tackle the COVID-19 pandemic prevented delivery of in-person TA for this activity. LHSS and the country teams therefore agreed to extend and adapt the virtual joint learning approach to include TA. The team from the Philippines opted to remain engaged in this stage of the process and continued to share learning from their experience.

The teams from Lao PDR and Thailand participated in a virtual meeting to identify their priorities for TA support. They chose to focus on stakeholder engagement and institutionalizing closer links between priorities, sector plans and national budgets. LHSS provided TA through two virtual workshops. Given the limited duration of the TA, the objectives were (1) to provide teams with guidance and clarity to begin defining and adapting the successful practices they have chosen to apply to their country and (2) to provide them with information and tools to continue this work after LHSS technical support ends. LHSS

worked with the countries to dig deeper into their challenges and provided targeted guidance through country-specific discussions and facilitated learning from the Philippines and other country experience.

3. Understanding institutionalized explicit national priority setting

The literature review that was the first step of this activity showed that national priority setting, also sometimes referred to as macro-level priority setting, is an important stage of countries' strategic planning processes for health. WHO describes its place in the process as follows:

"In health, priority-setting determines the key objectives for the sector for a given period, thus directly feeding into the content of the national health strategy. The priority-setting exercise generally follows a situation analysis and precedes decisions on resource allocation and planning." (WHO 2016)

WHO has identified a series of steps that an explicit national health priority-setting process should follow (WHO 2016). These are shown in Box 1. Which of these steps is implemented, and how, influences the success of the process and the extent to which it becomes institutionalized.

Box 1. WHO-recommended steps for a priority-setting process

1. Adopt a clear mandate for the priority-setting exercise
2. Define the scope of the priority setting and who will play what role
3. Establish a steering body and a process management group
4. Define approach, methods, and tools
5. Develop a work plan and ensure availability of required resources
6. Develop an effective communication strategy
7. Inform the public about the priority setting and engage stakeholders
8. Organize data collection, analysis, and consultation processes
9. Develop or adopt a scoring system
10. Adopt a plan for monitoring and evaluating the priority-setting process
11. Collate and analyze the scores
12. Present the provisional results for discussion; adjust if necessary
13. Distribute the priority list to stakeholders
14. Ensure the formal validation of recommendations of the priority-setting outcome
15. Plan and organize the follow-up of the priority setting, i.e., decision-making steps
16. Evaluate the priority-setting exercise

The MOH is typically the institution that leads national priority setting, but an explicit priority-setting process can be said to be fully institutionalized only when it becomes part of the norms and rules that are routinely and consistently incorporated in successive national strategy development and planning cycles. This requires a budget and a clear mandate for the process, and the MOH must have the human resource capacity, systems and information necessary to carry it out. The process does not change significantly when government officials change. Finally, there is a clear mechanism that routinely links the resulting priorities to the subsequent planning and budget formulation process.

Relatively little detail is documented about the priority-setting processes that countries follow, and the process by which countries move toward more systematic approaches to national priority setting has not been well analyzed (Glassman et al. 2012; Habtemariam 2018). For example, many countries' strategic planning and review documents refer to consultative processes with stakeholder engagement, but most do not provide detail about who was involved or how priorities were determined. Similarly, there is an extensive literature focused on tools, whether for measuring the different characteristics of issues or interventions (such as burden of disease or cost-effectiveness analysis) or for weighing up different criteria for decision-making (such as multi-criteria decision analysis or program budgeting and marginal analysis). Yet a 2017 synthesis of the literature on the use of a range of these different approaches found that

"while the intention of developing the priority setting approaches is for them to eventually be used to guide routine policy making, to date, not many have been integrated into routine practice" (Kapiriri 2017).

The priority-setting process in learning exchange countries

In the scoping stage of the learning exchange, learning partners helped to fill in gaps in the available information by describing the priority-setting process that they currently implement. While all participating countries have a process to identify priorities, the processes diverge from normative guidance and often fall short of what would be considered explicit and institutionalized. Learning exchange countries use priority-setting processes that are designed to help them achieve national objectives and international commitments, such as the Sustainable Development Goals and associated targets including UHC. Countries reported that this typically results in well-established priorities receiving funding—for example, in South Africa, the strategic plan focuses on health outcomes in the areas of maternal, newborn and child health; HIV/AIDS and tuberculosis (TB); non-communicable diseases; and violence and injury. All countries found it difficult to introduce new priorities or to re-align budgets to respond to disparities in access and use of health services (Ethiopia).

While the priority-setting processes described by the learning partners differ in their steps and in the extent to which they generate priorities that make it into health plans and budgets, there are some commonalities across the countries.

- All the participating countries have a clear mandate, scope, budget, and roadmap for a consultative process to identify priorities for the health sector plan and budget, with clear roles and responsibilities for the MOH.
- The learning exchange countries all collect and use evidence as a basis for identifying priorities. For example, Malaysia and South Africa use existing studies, surveys, and surveillance data to inform the priority-setting process. Ethiopia generates a country situational analysis based on a review of performance under the previous Health Sector Transformation Plan as well as a SWOT and stakeholder analysis. Some countries make efforts to share data with stakeholders. Thailand uses digital data-sharing platforms, and in South Africa, the media is a key partner in communicating with the public about priority setting.
- Learning partners use a variety of approaches to identify and engage stakeholders. Ethiopia and Rwanda use stakeholder engagement structures at all levels of the health system to ensure input from the district and regional levels. In the Philippines, government agencies are mandated to include civil society in budget formulation, and Malaysia uses various analytical tools such as root cause analysis and stakeholder analysis to ensure an inclusive and equitable consultative process.
- Following stakeholder consultations, countries finalize results and make decisions about which priorities will be put forward for inclusion in national health plans and strategies. In some countries, this is a formal process. For example, in the Philippines, the Department of Health (DOH) conducts a National Health Sector Meeting to present and discuss policies and strategies for sector-wide implementation, to get buy-in and feedback from local government units, development partners, and other stakeholders. In others, like Malaysia, the process is internal to the MOH, with decisions made by MOH leadership and shared with stakeholders. In Lao PDR, the MOH is the main decision maker although all stakeholders are informed.
- In the final stage of the process, countries aim to link priorities to strategies, plans, and budgets. In the Philippines, the DOH develops mid-term costing scenarios to guide the

decision-making process and liaises strategically with legislators to advocate for MOH priorities. In Thailand, organizations at all levels develop their strategic plans and budgets to align with the priorities selected for inclusion in the draft National Health Strategy.

Figure 2 below illustrates common approaches across countries.

Figure 2: Steps in the priority-setting process common to all participating countries

Learning partner countries have different approaches to institutionalization. Countries in Asia—Lao PDR, Malaysia, Philippines, and Thailand—have more rigidly defined processes, strongly linked to national development strategies, with less room for adaptation from cycle to cycle. Box 2 shows the well-established steps in the priority-setting process for Thailand's Twenty Year National Strategic Plan for Public Health. The priorities set in this plan guide the development of subsequent 5-year plans. Planning for the 15-step process begins one year before new plans are launched. The team confirmed that priorities anchored in this plan are typically protected from changes in MOH leadership that may affect short-term priorities.

Box 2. Thailand's 15-step priority-setting process

1. Start from the outcomes from a high-level meeting to develop new vision, goals, mission, core values, and strategies for the Ministry of Public Health (MOPH)
2. Focus on the ministry's four strategies of excellence (Promotion, Prevention and Protection Excellence; Service Excellence; People Excellence; Governance Excellence)
3. Organize two meetings with stakeholders inside and outside the MOPH
4. Organize a meeting to draft Twenty-Year National Strategic Plan for Public Health
5. Collect feedback from all stakeholders on draft
6. Present draft to regional stakeholders
7. Present draft to regional stakeholders in TBM meeting
8. Invite the academic representative to discuss indicators in draft
9. Present draft to regional stakeholders in the Bureau of the Budget
10. Present indicators in the ministry's Academic Conference
11. Organize meeting to announce the draft and the ministry's policies to all stakeholders
12. Have each organization review and draft their strategic plans and budget plans
13. Organize meeting for organizations to draft 20-year plan aligned with Twenty-Year National Strategic Plan
14. Collect organizations' plans and report to the chief executive to consider
15. Present organizations' plan to the chief of the government sector in all levels

Countries from sub-Saharan Africa—Ethiopia, Rwanda, and South Africa—described formal and well-defined but less rigid priority-setting processes. The planning process for Rwanda's 6-year Health Sector Strategic Plan, for example, follows the broad guiding principles set out in Box 3 rather than fixed steps. The process is led by the MOH planning department and facilitated by consultants, with the Ministry of Finance and Economic Planning (MINECOFIN) playing an overall coordinating and steering role. Steps include an MOH preparatory meeting, a Joint Health Sector Review Meeting with the MINECOFIN, a desk review by technical working groups, key informant interviews, field visits to selected districts, and a consultative workshop.

Box 3. Guiding principles for priority setting in Rwanda

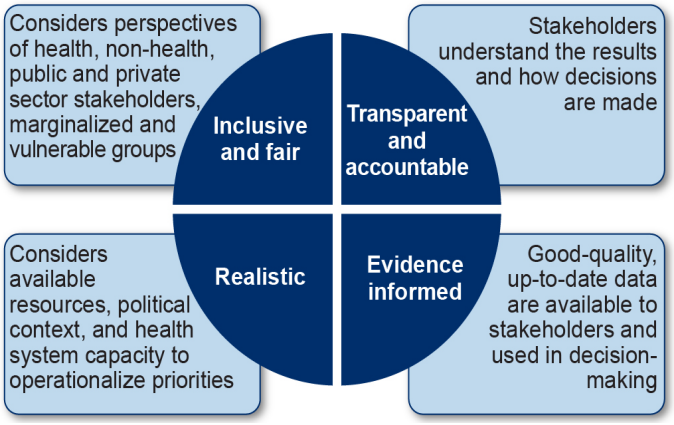
- The process should be as consultative and participatory as possible, involving all key stakeholders including beneficiaries and decision makers, among others. Undertaking effective stakeholder management and consultation throughout the policy and strategic plan development process is critical to producing a policy and plan output that is comprehensive, well informed, and implementable.
- The process should not be rushed and should be comprehensive and thorough.
- Development of these documents must have a strong evidence base.
- The entire process should be clearly documented, including methodologies used.
- The process should have a clear peer review mechanism.
- The documents must be well disseminated and communicated to all stakeholders.
- These documents are developed for a clear and strong cause: solving a given problem.

Source: Republic of Rwanda, Ministry of Health. National Guide for the Health Sector Policy and Strategic Plan Development. April 2014.

4. Technical framework and promising practices

LHSS used findings from the literature review and scoping phase to develop the vision and technical framework that guided learning partner discussions. Learning partners agreed that an institutionalized, explicit priority-setting process is inclusive and fair, with inputs from a range of stakeholders, including marginalized and vulnerable groups; transparent and accountable, with information on decision-making processes and results widely shared; with stakeholder input informed by evidence; and realistic to ensure that priorities are feasible given available resources and capacity (Figure 3).

Figure 3: Learning partners' shared vision of an explicit priority-setting process



Technical framework

Learning exchange partners developed a framework for thinking about how to achieve the vision that has four main components: the framework and structure that govern the priority-setting process; the mechanisms used to engage stakeholders; use of evidence throughout the process; and the institutional links between the results of the priority-setting process and subsequent strategic plans and budgets.

Using this technical framework, the partners described what an enabling environment for institutionalizing explicit priority setting would look like.

Process framework and structure. Learning partners agreed that an enabling environment for institutionalizing explicit priority setting requires formalized principles consistently and fairly applied; a mandate from government and adequate budget for implementing the process; clear roles and responsibilities for MOH agencies, and capacity to carry them out at the national and subnational levels. MOHs face common challenges that include gaps in transparency in decision-making processes, and effective use of evidence and communication platforms.

Stakeholder engagement mechanisms. Stakeholder engagement mechanisms that enable institutionalization of good priority setting were defined as those that strategically identify and engage a wide range of stakeholders within and outside the health sector and are transparent and fair. Challenges arise when objectives of stakeholder engagement are unclear, when multiple mechanisms are used but are poorly coordinated, and when there is insufficient flexibility to change the stakeholders engaged from one strategic planning cycle to the next. (See section 5 for more information.)

Use of evidence. Participants identified strong information systems and technical capacity in the MOH to use evidence to inform decision-making as important components of the enabling environment. The team from Thailand identified a need to better use quantitative data to assess potential new priorities, such as reducing road traffic accidents. The team

from Lao PDR wanted to see more transparent, evidence-based criteria used to make decisions about which priorities to cut when budgets fall short.

Impact on plans and budgets. Routinely following the steps in the priority-setting cycle is not guaranteed to help countries achieve their high-level objectives. Grounding the priority-setting process in economic and political reality helps to create an enabling environment for institutionalizing the link between priority setting and formulation of plans and budgets. Unrealistic priorities and poor communication between the MOH and decision makers, such as the MOF and the legislature, during the priority-setting process are significant inhibiting factors. Many MOHs see the decision-making process that follows priority setting as a black box over which they have little influence. (See section 6 for more information.)

A separate LHSS and JLN collaboration has explored country experiences with improving health budget execution. One area prioritized for learning by participating countries was how to ensure that planning and budgeting are aligned and that budgets reflect priorities identified by a range of stakeholders through a consultative process. The learning is available here ***Improving Health Budget Execution: Learning from Country Experience***

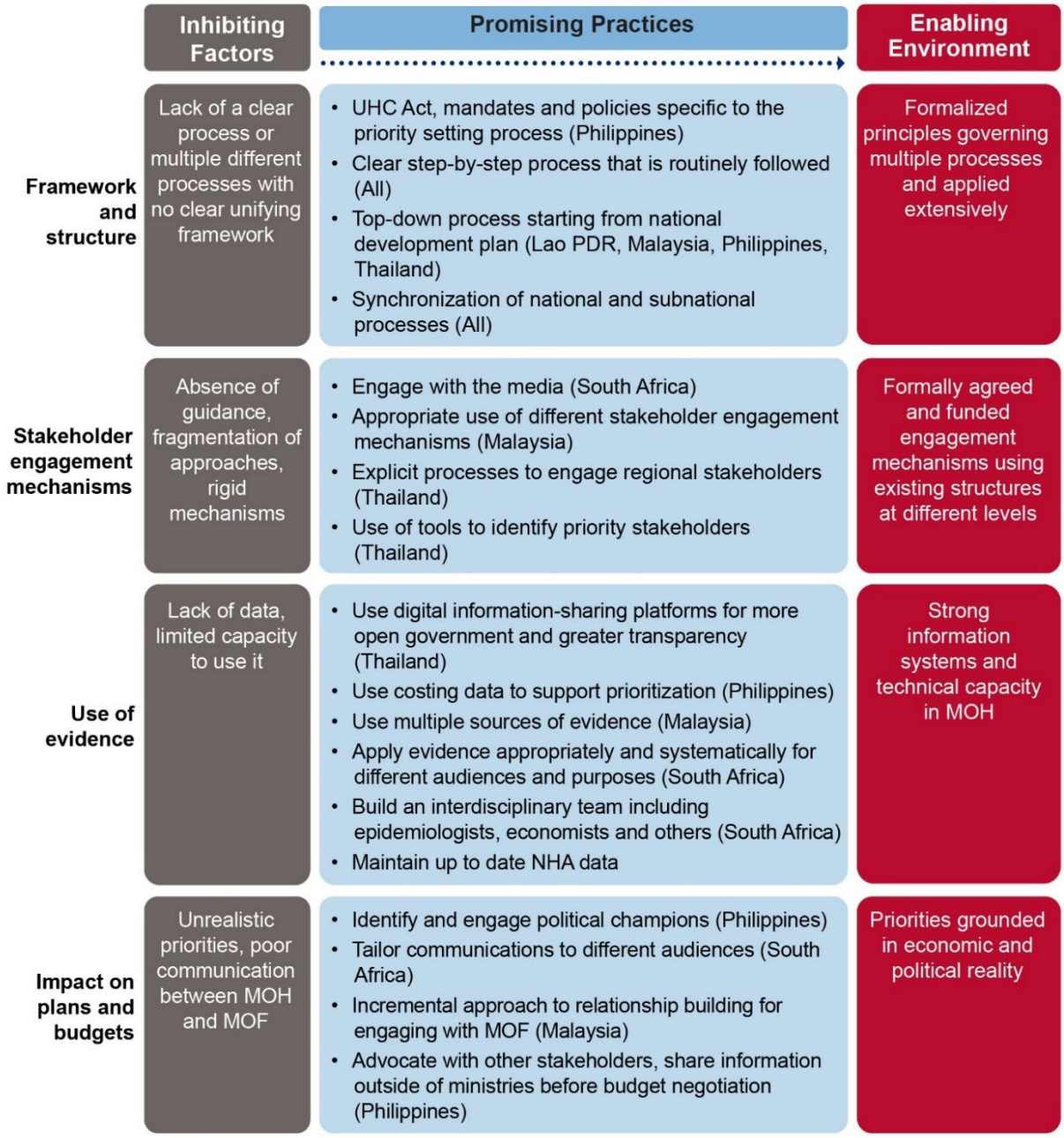
Promising practices

Building on the agreed framework set out above, the learning partners shared promising practices to move beyond the challenges they had identified and make progress toward an enabling environment for institutionalizing explicit processes to set national health priorities. Figure 4 summarizes promising practices across the learning partner countries. Sections 5 and 6 provide more detail on strengthening stakeholder engagement mechanisms and increasing impact on plans and budgets.

Countries' experiences demonstrated that, in practice, the four enabling factors set out above are not independent. Successful stakeholder engagement requires both a clear framework and good use of evidence, and institutionalizing a link between priorities, plans, and budgets in turn requires both good stakeholder engagement and strategic use of evidence. Furthermore, institutionalization requires seeing the priority-setting process as a cycle (see Figure 2) rather than a sequence of steps. Over the long term, this perspective enables countries to refine the priority-setting process, incorporating learning and building on existing capacity and resources to improve outcomes.

Participants prioritized two aspects of the enabling environment to focus on during the virtual learning exchange meetings and subsequent TA workshops—stakeholder engagement and linking priorities to budgets and plans.

Figure 4: Promising practices on the path from inhibiting factors to enabling environment



5. Stakeholder engagement

Country teams wanted to learn from each other how to select and engage stakeholders to increase the impact of explicit national priority-setting processes on the outcomes they are trying to achieve. This need aligned with findings from the literature review that there are particular gaps in engaging the public, and especially poor and marginalized people, in the process. A recent WHO handbook on social participation for UHC provides practical guidance on social participation for UHC, with a particular focus on identifying who is not at the table and what can be done to address or compensate for this (WHO 2021).

Learning partners face challenges with engaging specific groups including political leaders (Lao PDR), the MOF (Lao PDR, Malaysia), the public, especially remote communities (Lao PDR), and private sector organizations both inside and outside the health sector (Malaysia, Thailand, the Philippines, Lao PDR). Other challenges relate to bringing stakeholders together to work more effectively (Thailand), coordinating different stakeholder engagement processes (South Africa), and ensuring that not only those with the loudest voices are heard (Malaysia).

A range of promising practices emerged from the learning exchange meetings. Countries typically conduct a stakeholder analysis early in the priority-setting process and use this to identify key stakeholders. Guidance for strategic planning in Rwanda emphasizes undertaking effective stakeholder management and consultation. In Thailand, stakeholder engagement begins with an analysis of the roles of a wide range of stakeholders, including those working on health strategy implementation. The committee and working group drafting the Twenty-Year National Strategic Plan use the findings to select representatives of the most important stakeholder groups. The teams from Malaysia and the Philippines described how they carry out stakeholder analysis to identify a wide range of key stakeholders and then use a variety of tailored mechanisms to engage them (Box 4).

Setting national priorities requires engagement of stakeholders at all levels of the health system. Both Ethiopia and Rwanda use existing structures to engage stakeholders from the national down to the community level. In the Philippines, local government representatives are engaged to ensure that priorities at the subnational level are fed into the broader consultative process. Thailand uses formal tools to collect feedback from subnational stakeholders in the four regions; local organizations run regional meetings and send reports to the central MOH.

While tailoring mechanisms to different stakeholder groups can make engagement with them more effective, learning partners stressed the importance of clear objectives for engagement and strong coordination. Teams in Malaysia and South Africa identified fragmentation of approaches to stakeholder engagement as one of the factors inhibiting the institutionalization of successful explicit priority setting.

Box 4. Promising practices for stakeholder engagement

Creating an enabling environment for partnership in the Philippines
In the Philippines, the Department of Budget and Management National Budget Circular No. 536, dated January 31 2012, mandates National Government Agencies to partner with civil society organizations and other stakeholders in budget preparation. This mandate has also enabled participatory budgeting and progressive broadening of constructive partnerships. In line with this policy, citizen participation for greater openness, transparency, and accountability is pursued through annual budget consultation with civil society organizations during the preparatory phase and through consideration of the organizations' concerns by the DOH programs in the development of the final DOH budget proposal.

Using multiple mechanisms to reach different stakeholder groups in Malaysia
The Malaysia team described how they use a variety of mechanisms to engage different stakeholders, including government ministries, subnational administrative and health authorities, academics, community representatives, patient groups, and funders. Focus groups, technical working group meetings, workshops, seminars, dialogue sessions, and roadshows allow stakeholders to engage in the most constructive way. The MOH-led technical working groups bring in perspectives from outside the health sector, while engagement with central government agencies ensures they understand the rationale for priorities, which in turn strengthens the link to planning and budget allocation decisions.

Stakeholder engagement does not happen only at the beginning of the priority-setting process, and different stakeholders may need to be engaged or re-engaged at critical points. For example, in Thailand stakeholders participate in brainstorming before the Twenty-Year National Strategic Plan is drafted, then to provide feedback on the draft plan, and finally, to ensure that their organizations' missions are aligned to the final plan. The Philippines DOH engages through quarterly meetings to increase stakeholder buy-in. In Malaysia and Rwanda, the MOF is a key stakeholder that is involved throughout the priority-setting process.

Finally, stakeholder engagement should be accompanied by actions for accountability, including making key stakeholders aware of the outcomes of the priority-setting process and the rationale for these decisions. Stakeholders should also be encouraged to advocate for their priorities in plans and budgets. The South Africa DOH, for example, engages the media to help communicate with the public, and the DOH in the Philippines identifies and engages with champions for health priorities in the legislature. Importantly, at the end of each strategic planning cycle the Malaysia MOH routinely assesses the quality and results of stakeholder engagement with the goal of strengthening it in subsequent cycles. Such actions help to institutionalize continued engagement of stakeholders in the priority-setting process.

A TA workshop with the teams from Thailand and Lao PDR focused on how MOHs can be more strategic in identifying and engaging the right stakeholders at the right points in the priority-setting process to meet their overall objectives, including increasing the impact on plans and budgets. There are multiple elements to this: stakeholder analysis and selection; motivating stakeholders to engage; and sharing evidence to support stakeholder participation.

Stakeholder analysis and selection. It is essential for MOH practitioners to start out with a clear understanding of what they need to achieve through stakeholder engagement at each step of the priority-setting process so that resources can be directed to the most relevant and influential stakeholders. Existing tools can be used to identify and classify priority stakeholders, including those outside the current process and system (Box 5).

Box 5. Examples of tools discussed by learning exchange participants

Political economy analysis	The team develops specific questions to be answered in a few interviews; the questions are broadly cast to understand the issue from multiple perspectives
9 C's analysis	Champions, contributors, commissioners, customers, collaborators, commentators, consumers, channels and competitors
Power vs interest grid	Map stakeholder influence, importance, and interest. Uses a grid to map power and interest against each other
Salience stakeholder model	Define the most important stakeholders by mapping stakeholders according to their power, urgency and legitimacy

Priority setting is a highly political process and institutionalizing an explicit national priority-setting process where there has not been one before will not succeed without political buy-in and leadership. This requires an understanding of the national political landscape and the views of political parties and interest groups. Stakeholder analysis should enable MOH to identify its allies and detractors and determine the best strategy for engaging each group. Participants discussed how using tools such as political economy analysis and mapping and categorizing health stakeholders can support more strategic stakeholder engagement by helping the MOH to systematically identify and understand priority stakeholders.

Motivating stakeholders. Stakeholder analysis should lead to action. Clarity about the purpose of stakeholder engagement at each step of the process is important for communicating to stakeholders the importance of their participation in the priority-setting process and for keeping them engaged throughout. Power, access, and resource constraints can limit the engagement of key groups, but stakeholder analysis can help with understanding and addressing these challenges. A politically aware engagement process identifies the incentives and constraints impacting involvement of stakeholders.

Using evidence. Teams discussed how using evidence is important for maximizing the participation of key stakeholders in the priority-setting process and securing support from stakeholders and advocate for inclusion of priorities. In the TA workshop, the Philippines shared the costing approach that the DOH uses to estimate, and then share with decision makers, the resources needed to finance health priorities that are essential for progressing toward achieving the Sustainable Development Goals (Box 6).

Box 6. Generating evidence to support stakeholder engagement in the Philippines

The Philippines has also institutionalized a mechanism for generating and using evidence to support budget choices. The DOH develops a Medium-Term Expenditure Program (MTEP), which it uses as a regulatory and technical tool to align the budget to priorities and to advocate for increased investments for health priorities. The MTEP is a three-year spending plan that reflects the estimated fiscal space for government health expenditure. It estimates low-, medium-, and high-cost scenarios, with the high-cost scenario presenting the full cost of meeting all health strategic plan commitments without development partner support.

The plan uses a two-tier budgeting approach for each scenario: the tier 1 budget includes ongoing programs and activities, and the tier 2 budget is based on the expansion or introduction of new items. In this way, decision makers can clearly see the programs and activities that can be delivered for different levels of funding and how the various scenarios affect progress toward UHC as they consider how to link priorities to plans and budgets.

6. Impact on plans and budgets

No explicit priority-setting process can be judged as successful if its conclusions do not feed through into policy choices and resource allocation. Following well-established priority-setting processes, with inclusive stakeholder consultation, does no guarantee that resulting health priorities will be reflected in national health plans and budgets. Where national plans and regulatory frameworks set out sector priorities, health budgets may not be well aligned with these priorities: rather they tend to be historically based (WHO 2016). Given the financing constraints low- and middle-income countries face, it is very difficult to influence the overall size and direction of the health budget, particularly where human resources take up a large proportion of the budget. Therefore, only relatively small budget changes to reflect new priorities are likely to be possible in any given year.

A main challenge identified by countries is an asymmetric or opaque relationship between the MOH and decision makers, including the MOF. Learning partners described a lack of clarity on the criteria that the MOF uses to decide where cuts should fall if the budget ceiling for health sector is less than the budget request in each year. The teams from both Lao PDR and Thailand wished to move toward more transparent and productive communication with MOF decision makers to increase the influence of priority-setting processes on decisions around which health priorities are included in the budget.

The virtual TA workshop, facilitated by an LHSS technical expert and former minister of health, focused on steps that the MOH teams could take to build trust and improve relationships with the MOF. Participants agreed that while good budget management is a shared goal, working effectively with the MOF is often undermined by time constraints. Developing a partnership requires time to get to know each other, and a good first step is to work with the MOF to agree on how to ensure adequate time to negotiate, discuss, and consider evidence.

As a starting point, the teams learned how to use a strategic triangle approach to develop steps the MOH can take to be a better partner to stakeholders, including the MOF. These steps might involve:

- *Looking inward* to identify gaps in MOH capacity, systems, or procedures and opportunities for performance improvement, such as limited absorptive capacity, limited understanding of macroeconomic analysis and limited ability to link health outcomes with broader economic and development goals, which undermine its position in budget negotiations.
- *Looking upward* to assess leadership capacity to set a vision and clear goals that provide a basis for an enabling relationship with the MOF. To manage this, MOH staff need to consider how to sensitize and advocate with the information they need to provide to secure commitment of high-level authorities.
- *Looking outward* to the users of proposed health programs to improve communication and increase transparency. Having advocates in the population as well as advocates in leadership positions is key to sustain the change. This is particularly important where the MOH is planning to introduce a significant change in programming priorities. Important potential allies to educate the public on benefits for users include legislative bodies and the media.

Based on this analysis, the teams discussed concrete actions that MOHs can take to be better partners, including:

- **Secure political support for priorities from highest political level**. As negotiations at the level of technical staff are unlikely to lead to the outcomes desired by the MOH, dialogue at the highest political levels is very important as it demonstrates political commitment to the priorities. This is an important first step that can open a window of opportunity to pursuing bigger changes in the health budget. In the Philippines, the DOH identifies and works closely with champions in the legislature as described in Box 7.

Box 7. Working with political champions in the Philippines

One promising practice shared by the Philippines DOH is to strengthen its partnership with the legislature by engaging political champions. For each congress the DOH develops a Health Executive Agenda for Legislation that reflects national health goals and strategies; national and international commitments; directives from the president, secretary of health, and DOH executives; and operational and political feasibility. This agenda is mapped on to legislators' interests, based on the political climate and structure of the House of Representatives and Senate, and the mapping is used to select champions. This increases the likelihood that the champions will support and advocate for the DOH's policy reforms. The DOH provides technical and administrative support to facilitate the champions' advocacy, establishing rapport with legislators, responding to their requests efficiently, conducting briefings on bills, and supporting networking.

- **Change to a mid-term mindset** to account for inertia in the budget and low probability of changes to priorities from one year to another. A more realistic approach is to aim for incremental change by shifting to a midterm timeframe, as demonstrated by the Philippine experience using the Medium-Term Expenditure Program (MTEP) as a regulatory and technical tool to align budget to priorities.
- **Share timely, accurate information to** demonstrate the positive impact of investments. While it can be difficult to show benefits of new investments, evidence from other countries' experience—such as systematic reviews—can also be useful to help gather available information. Furthermore, the MOF may see the MOH as consuming resources with weak linkages to outputs/results and service improvement. Timely and accurate information on performance and efficiency is needed to counteract this perception. The MOH can develop short- and medium-term performance indicators that can be monitored by MOH-MOF.
- **Strengthen technical and political capabilities with the MOH** to improve efficient budget management and controls. This is also key to be able to communicate using the economic language of the MOF to articulate the soundness and feasibility of budget requests. Where there is high staff turnover, it may be particularly difficult to maintain this capacity and institutional memory. Improving staff induction programs is one way to mitigate this. Even where staff are technically component, there may be need to improve their ability to manage politically.

7. Conclusion

Real-world priority-setting processes are not well documented or understood. Learning shared through this activity helped to fill this gap and revealed that the processes countries are using differ, in some respects, from what is set out in normative guidance. All participating countries follow a process that includes five broad stages—agreeing on the design of the process, collecting and analyzing evidence, identifying and engaging stakeholders, using evidence and the results of stakeholder consultations to develop priorities, and linking priorities to plans and budgets. It is clear that they all face challenges, especially with the related issues of stakeholder engagement and using evidence to strengthen the link to plans and budgets.

Institutionalizing explicit national priority setting is a long-term commitment and there is no common solution that all countries can adopt. Countries should start with what they have—their own promising practices—and build on these, but there is a clear appetite for sharing learning across countries. Experiences shared by the learning partners offer practical lessons that other countries can adapt to their own context. Together these approaches can help MOHs move from an inhibiting to an enabling environment for institutionalizing explicit priority setting for health and, ultimately, make faster progress towards national goals such as UHC.

- Institutionalization of an explicit priority-setting process should include maintaining flexibility to respond to changes in the broader context such as COVID-19 or other shocks. Countries need to strike a balance between having a process that is routinely used to set priorities as part of strategic planning and being able to adjust the process so that it can continue meeting its main objectives if circumstances change. Viewing the process as a cycle that can be continuously improved rather than as a linear process that follows fixed steps helps to create an enabling environment for successful institutionalization.
- Stakeholder analysis that systematically examines relationships with stakeholders can help countries consider important factors, including the institutional structures, roles, and relationships across levels of government and how MOH priority-setting processes are perceived by other key agencies such as the MOF.
- Securing high-level political support for the priority-setting process and the resulting priorities is an important first step that can open a window of opportunity for new priorities to be included in plans and budgets. Efforts to build political commitment are more likely to succeed when political champions are matched with priorities in areas that interest them. Providing the champions with technical and administrative support for their advocacy efforts also helps to ensure that technical and political priorities are aligned.
- It is important for MOHs to have the capacity to gather and analyze relevant evidence and to use it effectively in engaging political champions and other stakeholders at key points in the priority-setting process. Evidence is crucial for demonstrating the soundness and feasibility of budget requests, whether it is information on MOH performance or information from other countries that shows the potential of new proposed priorities.
- Effective communication is essential for successful stakeholder engagement. MOHs can improve their communication and influence by thinking in terms of strengthening their partnerships with the different stakeholder groups that need to be strategically engaged at different stages of the process. This requires MOHs to recognize that communication is a two-way process and there are steps they can take to tailor their communication to different partners and to improve both sides of the dialogue.

- Finally, MOHs should be realistic about the timeframe for introducing changes in the budget. The process of generating priorities, gathering evidence, and building relationships and political commitment takes time and change is usually incremental. Shifting to a medium-term timeframe, as demonstrated in the use of the MTEP in the Philippines, can be an effective way to overcome inertia in the budget.

Additional resources

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Annex A: Learning partner teams

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