

WP7 3rd Meeting
2-3 July 2015
Rome, Istituto Superiore di Sanità



SWOT analysis

Strengths, Weaknesses, Opportunities, Threats
of National Policies and Programs



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An overview of National policies and programs on prevention and management of diabetes

The aim of the WP7 SWOT analysis is

- to **give a qualitative overview of the current policies and programs** across Europe
- to **offer insights** on what makes a policy/program

APPLICABLE SUSTAINABLE EFFECTIVE

from a public health and from the stakeholders perspectives

- the **basic preconditions** for its implementation
- the **lesson learnt** from the experience

SWOT analysis: the methodology



SWOT analysis: the methodology (1/2)

Aims

- method used to evaluate Strengths, Weaknesses, Opportunities, and Threats of a project, an intervention, a program or a policy
- generally used for strategic planning, to outline the key internal and external factor that can influence the policy/program success

Timing

- **ex-ante**: to improve planning and integration of the program in its context
- **intermediate**: to determine whether, in relation to the changes in the context, the lines of actions identified are still relevant; provides elements to decide changes in the program
- **ex-post**: for evaluation purpose

SWOT analysis: the methodology (2/2)

Stakeholders

- Based on the expert point of view
- Based on participatory methodology (Delphi, focus group, ...), to provide shared scenarios among experts and other stakeholders

Phases of the analysis

- Analysis of internal S&W
- Analysis of external O&T
- Identification of strategic actions that can leverage on S and O in order to address W and T
- Produce recommendations based on lesson learnt (final) and a set lines of actions to be implemented (intermediate)



T may stand in the way of the policy/program implementation

Conditions that are outside the direct control of the program

External



O may facilitate the policy/program implementation

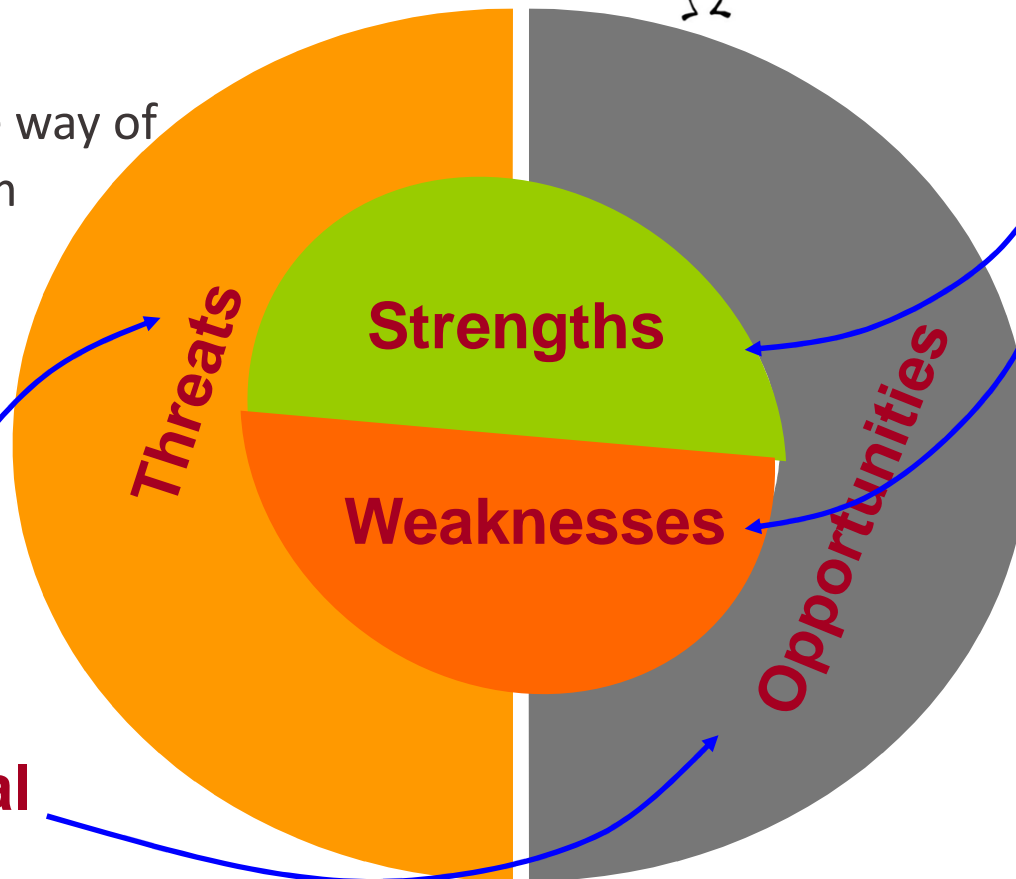


S can be used to address **W**

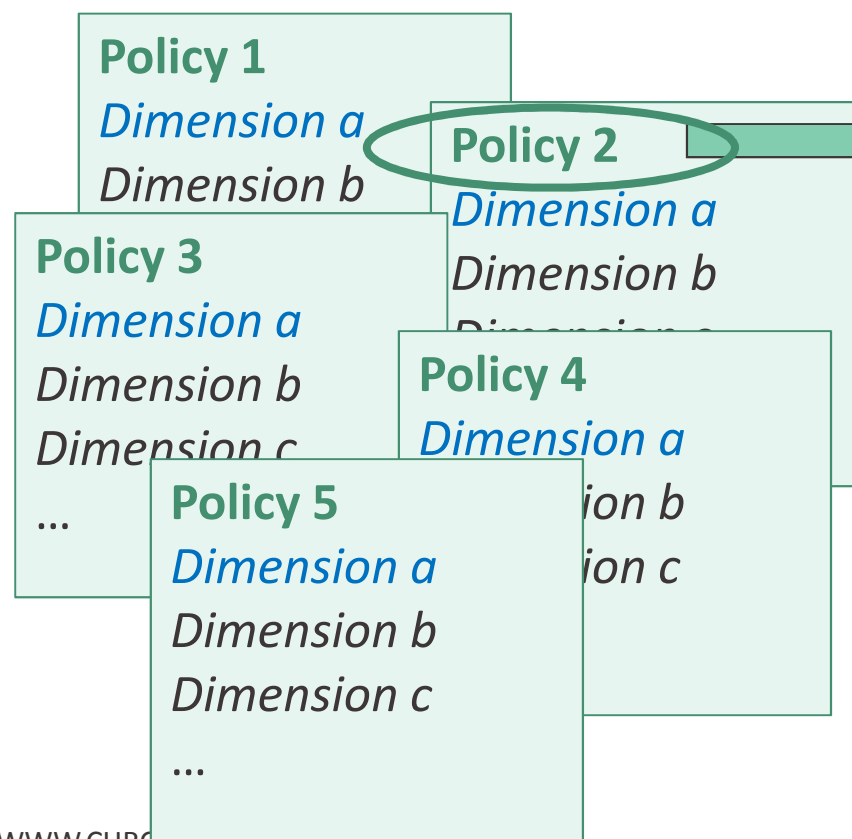
Internal

they fall within the scope and control of the program

W need to be addressed



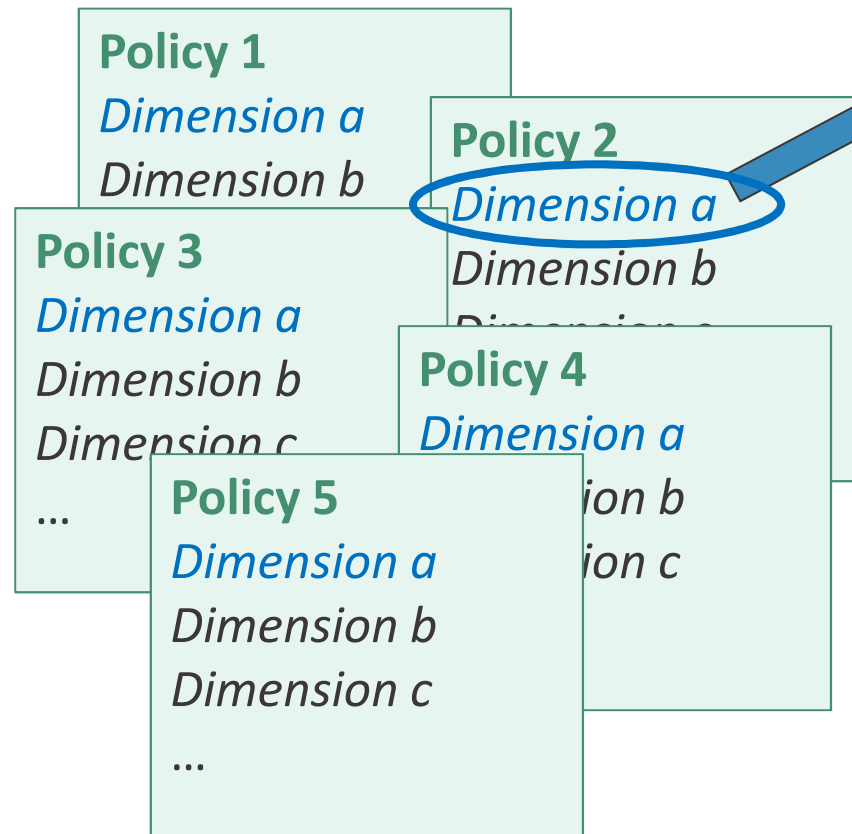
SWOT analysis: the options



Examples

National Diabetes Plan
National Diabetes Program
National Prevention Plan
National Health Plan
National Plan for Chronic Conditions
National Plan to address inequalities
...

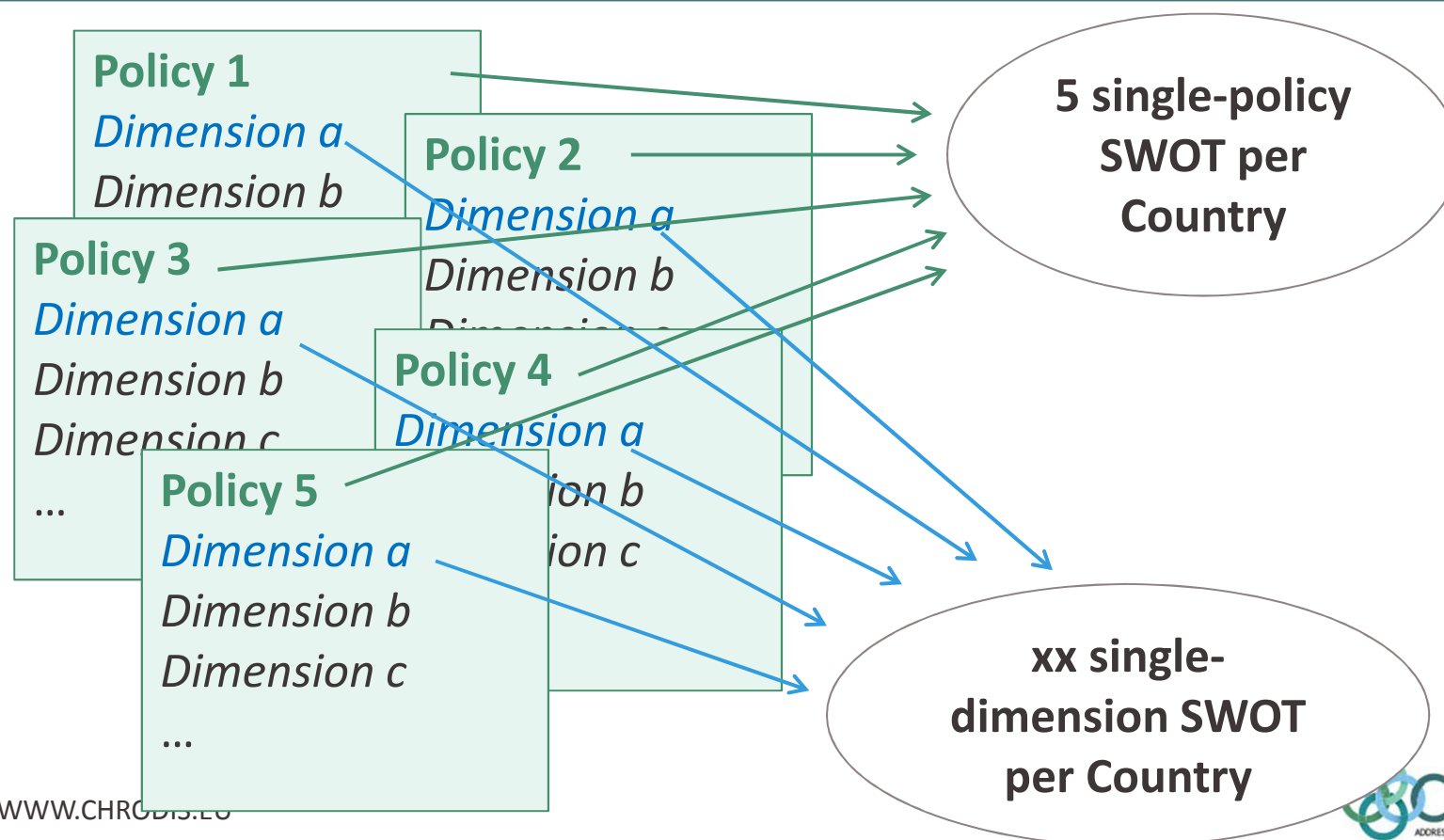
SWOT analysis: the options



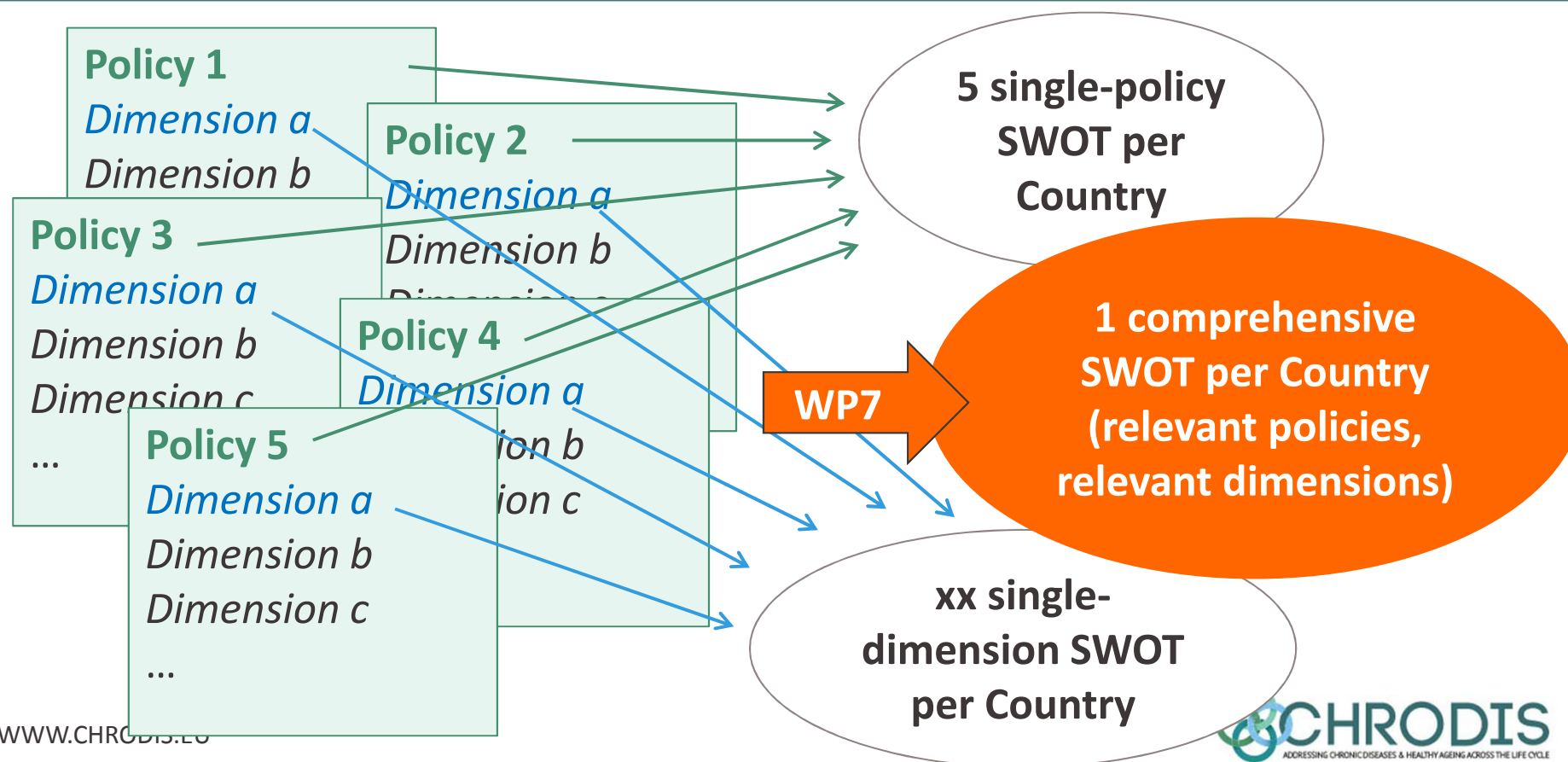
Examples

Planning process
Endorsement by policy makers and stakeholders
Organizational changes
Management
Human resources and technology
Information system
Funding
Integration with other policies/programs
Support by law or regulation
Leadership
Monitoring and evaluation
Internal and external communication

SWOT analysis: the options



SWOT analysis: the options



Example 1: single dimension SWOT analysis

<i>The delivery of public health services: SWOT analysis</i>	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Developed network of PHIs. • Well defined surveillance systems and organized institutional networks for control of infectious diseases. • Robust crisis management arrangements. • Effective and comprehensive vaccination programmes and coverage. • Effective food safety control systems throughout most of the region. • Established procedures for air, water, sanitation. • Significant attention to environmental protection. 	<ul style="list-style-type: none"> • Capacity building needed in health assessment. • Preventive services: • Lack of analysis of participation in preventive services. • Screening programmes for NCDs are underdeveloped in some countries. • Health promotion services: • Underdeveloped, with few services targeted at health behaviour. • Insufficient role for GPs; lack of GP consultation time. • No evaluation of health promotion. • Social determinant of health not reflected or incorporated into services. • Rural access to services, lack of provision outside main cities, linked to rural poverty.
Opportunities	Threats
<ul style="list-style-type: none"> • The European context presents significant opportunities for improvements in services including through raised standards. • Continued and extended support of international community and organizations for supporting service provision in some vital areas. • Develop health promotion and intensifying campaigns for increasing the public's awareness of determinants of health. 	<ul style="list-style-type: none"> • Any disengagement from EU accession process, affecting strategy or other factors such as economic growth, and therefore funding. • Any disengagement by international organizations. • Lack of coherence between the activities of international organizations. • Unstructured private sector provision of services. • Failure to address health behaviour and the challenge of chronic diseases could strain services severely. • Demographic challenge to services.

Source: Evaluation of Public Health Services in south-eastern Europe. World Health Organization 2009

Example 2: single policy/context, multi dimension SWOT analysis

STRENGTHS	WEAKNESSES
<p>Human resources: Team works well together despite the challenges Competence of technical staff in place</p> <p>Technical resources: Wealth of documentation available on any health area Intercountry and regional sharing of information Ability to establish technical networking and leverage technical assistance from other WHO offices</p> <p>Service provision: Capacity to provide effective response to emergency situations (disease outbreaks, etc) Capacity to generate evidence for policy, advocacy and practices</p> <p>Leadership: Strong leadership, effective communication, negotiation abilities</p> <p>Purpose and planning: WHO mandate, neutral and convening power</p>	<p>Human resources: Short-term contracts Need for more professional development Inadequate staffing (need for more in-house expertise on key priority areas) and vacancies in key areas</p> <p>Finances and systems: Shrinking funds Difficult to reallocate budget among strategic objectives Highly bureaucratic</p> <p>Partnerships: Insufficient collaboration with other UN agencies and partners</p> <p>Service provision: WHO not always providing sufficient quality support to the MoHSS (more administrative and less technical support)</p> <p>Public relations: Not good at promoting the strength of the Organization; insufficient advocacy efforts</p>
OPPORTUNITIES	THREATS
<p>Public relations: Increasing attention to health globally and high level commitment to health in the country; high expectation from partners</p> <p>Service provision: Capacity-building</p>	<p>Human resources: Insufficient staff in MoHSS and other partner agencies to address technical needs HIV/AIDS impact detrimental to economically active population including health workers; reliant on expatriate staff</p> <p>Economic environment:</p>

Analysis of the internal and external environment of the WHO Country Office

Source:
WHO Country cooperation
strategy 2010–2015

Table 2.1. Chronic disease management in Denmark: strengths and weaknesses

<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
Equitable and accessible tax-based health care system	Budgetary constraints	Increased political interest	Competing political priorities in other areas
Access to health care services free at the point of use	Tripartite health care system (municipalities, general practice and hospitals) and resultant conflicting policy goals between the three levels	Local initiatives may result in useful programmes	Lack of resources
Gatekeeper function for GPs	Lack of demand for ongoing training of GPs	New collaboration agreements between the sectors	Lack of data
Increasing political interest in chronic disease management	Lack of demand for evaluation GP competences	Implementation of the NIP	Weak financial incentives
New health care agreements	40% of Danish general practices are single-handed practices, potentially impeding the implementation of guidelines and of technological advances	National IT strategy	Lack of a national plan for local development
Social and health care services are integrated at municipality level	Municipalities have	Development of national chronic disease plans and programmes	Extensive decentralized decision-making
A high degree		New structural reforms partially	Free choice for patients can result in uncoordinated care
			Health care costs can be excessively

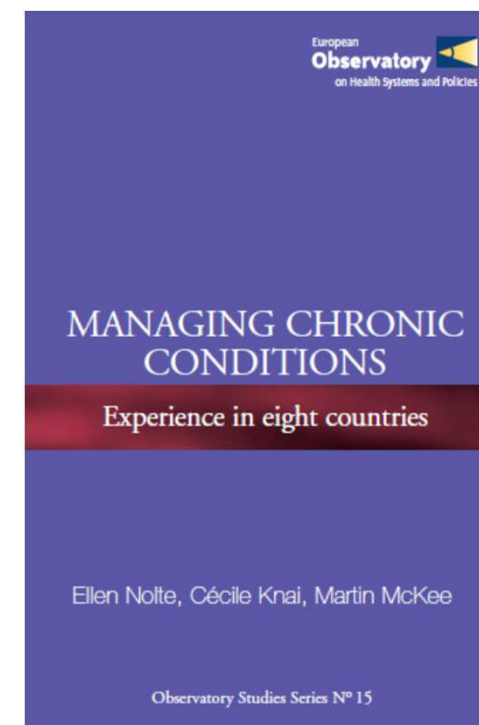


Table 3.2 Chronic disease management in England: strengths and weaknesses

Dimensions	<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
Policy content	Focus on self-care Focus on care in the community Based on consultative process	Conflicting policies and incentives Budgets devolved to small areas	Opportunity to incentivize changes within acute sector Opportunities to build on local planning and SWOT analysis	Lack of ongoing national evaluation Lack of focus on equitable access
Policy consistency	Attempts to provide joint policy for health and social care	Some potentially competing policies Lack of legal requirements to build on model	Possibility of nationally recognized business case for chronic care	Varying local interpretation Competing policies may polarize primary and secondary care
Short- versus long-term perspective	Mix of long-term aims and short-term goals	Expectation of large scale reductions in admissions within short time frame	Flexibility to change as new evidence emerges	Lack of time and resource allocated to examining impacts Too great a focus on quick wins
Influence of electoral cycles (change in government)	Potential for voters to influence where spending is directed	Policy is greatly influenced by electoral cycles	Potentially inconsistent or problematic policies can be reversed	Lack of continuation and consistency Uncertainty for staff

(cont.)

Table 3.2 (cont.)

Dimensions	<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
Impact of institutional framework	Includes control at local level so decisions can be based on local needs	May be insufficient resourcing at local level to implement national policies	Mix of local, regional and national organizations to provide support	Lack of continuation and consistency Uncertainty for staff Regular changes in organizational configuration
Impact of macroeconomic conditions / constraints	Greater health spending in recent years, some of which has targeted disease management	Large focus on debt reduction and cost recovery rather than on improving well-being	Practice-based commissioning policies may be influenced by local needs	Devolved control of budgets may lead to inequitable service provision
Influence of other agencies / policies (e.g. WHO, European Commission)	International evidence considered when developing national policies	Evidence is sometimes considered after policies are implemented (e.g. case managers)	Opportunities to learn from other countries and trial new models, as well as sharing local experiences	Localized control may lead to being insular and less aware of international trends

Source: Authors' own compilation.

Notes: WHO: World Health Organization; SWOT: Strengths, weaknesses, opportunities and threats.

The WP7 SWOT analysis (1/3)

SWOT analysis of National Policies/programs

- Pilot
- One SWOT analysis per Country/MS
 - Identification of 5 main policies or programs with Task Leaders, APs and CPs
 - Identification of responders for each Country/MS
- Data collection
- Data analysis, synthesis and final report

Strengths	Weaknesses
<ul style="list-style-type: none">• ...• ...• ...	<ul style="list-style-type: none">• ...• ...• ...
Opportunities	Threats
<ul style="list-style-type: none">• ...• ...• ...	<ul style="list-style-type: none">• ...• ...• ...

The WP7 SWOT analysis (2/3)

What should be addressed

- the current policies/programs on prevention and management of diabetes as a whole, with specific reference when needed

Level of analysis

- national/federal or sub national
- If no policies are available in the Country, analyze external opportunities and threats that might affect its feasibility

Number of policies/programs to be included

- most relevant (max 5)

The WP7 SWOT analysis (3/3)

Dimensions to be explored

different aspects of the policies/programs that you deem relevant, i.e.

- *planning process*
- *endorsement by policy makers and stakeholders*
- *organizational changes*
- *management*
- *human resources and technology*
- *funding*
- *information system*
- *integration with other policies/programs*
- *support by law or regulation*
- *leadership*
- *monitoring and evaluation*
- *internal and external communication*
- *.....*

SWOT ANALYSIS
Pilot 02/07/2015

Name of responder: _____ Country: _____

Included policies and programs:

1. _____
2. _____
3. _____

	Positive ↓	Negative ↓
internal →	S trengths <ul style="list-style-type: none">• ...• ...• ...	W eaknesses <ul style="list-style-type: none">• ...• ...• ...
external →	O pportunities <ul style="list-style-type: none">• ...• ...• ...	T hreats <ul style="list-style-type: none">• ...• ...• ...

Lessons learnt:

Suggested actions:

SWOT Pilot

- 1 hr individual or group work
- 40 min SWOT presentation



The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)*



* This presentation arises from the joint action on chronic diseases and promoting healthy ageing across the life cycle (JA-CHRODIS) which has received funding from the European Union, in the framework of the Health Programme (2008-2013)