



**Arab American University
Faculty of Graduate Studies**

**Evaluating the Effectiveness of Strategic Planning
within the Palestinian Healthcare Sector**

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requirements for the Master's degree in
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Declaration

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Abstract

Healthcare sector in Palestine faces many obstacles since it has been formed, and many attempts has been made to build the health sector under special occupational circumstances. However, strategic planning is formed to strengthen the health sector and create opportunities for a developed sector which can assimilate the Palestinian society.

The purpose of this study is to evaluate the effectiveness of strategic planning process performed by the Ministry of Health within the Palestinian healthcare sector and assessment of the strategic planning formation process, this includes a view of the Palestinian internal and external environments, besides evaluation of the formation steps of the Palestinian healthcare sector and strategic plans formed over years.

The framework of this research includes a general strategic planning view, and an overview of the Palestinian healthcare sector and services, also desc ription and analysis of the formation process of strategic planning in Palestine including steps and barriers, then the documentation, follow up and implementation processes has been exposed. Moreover, a detailed analysis of every primary and essential healthcare plan performed from 90s until these days.

Findings of the study show that the Palestinian healthcare sector has a great chance to be developed to a better level when performed with formal strategic planning process, with all commitment spirits and step from all partners.

The process of creating a strategic plan document is effective but it needs strict follow up and observed implementation within the Palestinian context in relation with the internal and external barriers mentioned.

The public sector plays a major role in the planning process which has the great responsibility to build up the healthcare sector in coordination with the private sector, but there is a big gap between the two sectors which needs to be solved, to end up with an effective strategic plan and effective objectives to be achieved and implemented.

In addition, the findings indicate that the implementation process is weak and needs to be monitored and evaluated within timelines and distributed roles to apply plans and get the maximum outcomes.

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Chapter 1

Introduction of The Thesis

1.1 Research background

Improving national health system in parallel with global health regulations and development to achieve national health goals and public satisfaction is an imminent goal that any government should pursue. One of the core critical sectors in any country is the health sector. Prosperous and wealthy countries continuously working to develop their health sector, strengthen health services, maintain satisfying public health demands and work to improve their health status. This definitely will reflect on the citizens roles in building up the country and support social and economic development. Health sector is a very special sector in the sense that it has more humanitarian, social, psychological aspects than just a financial and/ or the business aspect (WHO, Country cooperation strategy for WHO and the Occupied Palestinian Territory 2017– 2020, 2017).

Globally, countries are battling in developing their healthcare systems, and continuously drafting strategic plans to improve it. Nations do exert huge efforts to build these plans on real data, collected from the healthcare sector. They employ all power and determination in implementing these plans step by step to raise the level of health status in their societies. Moreover, they compete to attract people from other nations, to benefit from the high standard of healthcare services, which works to support their economic status in return (WHO W. H.).

In the Arabian countries, despite the availability of wealth and resources, there still be a vital development gap in healthcare services, that needs to be bridged (WHO, STRENGTHENING HEALTH SYSTEMS TO IMPROVE HEALTH OUTCOMES, 2007). This is said, despite the

fact that reports are showing some progress in healthcare services as reduction in infant and child mortality, increase in life expectancy and increase in access to healthcare are recorded in the Arab world (WHO W. H.). Nevertheless, there are still major problems and challenges need to deal with in the healthcare sector. Major part of these issues and problems can be sorted and dealt with in the course of professional and flexible strategic planning in the healthcare sector. This is why this research will deal with analyzing strategic planning in healthcare sector.

Locally in Palestine, healthcare sector is trying to cover population health needs with the available resources. However, still there are a lot to do to reach high standards in satisfying the increasing needs of the populations in that regard. One major area that needs to be improved, which will affect the entire service quality in healthcare is strategic planning. All stages of strategic planning, including preparation, drafting, implementation, and evaluation of these plans need to improved. Despite years of efforts made by the Ministry of Health (MOH) and other healthcare stakeholders, including private sector, to build national health plans, still slow improvement is witnessed in health services in comparison with some neighboring countries. This thesis is meant to analyze the efforts made by successive Palestinian governments in preparing, drafting, implementing and evaluating healthcare strategies, starting from the early stages of establishing the Palestinian authority in 1994, till now.

1.2 Research rationales

The major motive of this research comes from the existing gap between the Palestinian National Health Plans and the effectiveness of implementation and monitoring of these plans. As noted from the national plans over the past years, some goals are achieved and

some are not. We believe that despite the current political situations and shortage of resources, the health sector can be made more effective than its current status.

Another reason for selecting this topic for research is the lack of studies regarding strategic planning in the healthcare sector in Palestine. We believe that there exists a gap in the literature regarding the study of effectiveness of the strategic plans put by the Palestinian Ministry of Health. Most of the literature researching healthcare sector strategic planning were done in the developed countries context. Some scholars are trying to fill this gap in the Middle East, but none were done in the Palestinian context. While some articles provided an insight into the Palestinian health sector especially as example of a situation under conflicting and occupational circumstances, still what have been produced is not enough to give a clear picture of what is going on in that vital sector.

When it comes to the assessment of the effectiveness of the healthcare sector strategic plans, which reflects the efficiency and performance of the healthcare system, we notice the existence of a considerable gap. This research comes to fill in this gap by researching the Palestinian healthcare sector strategic planning process formation, implementation, effectiveness, follow up and assessment.

1.3 Problem statement

The previously mentioned causes for this research convey a list of classified problems in the healthcare sector strategic planning, which can be summarized in the following points:

- Despite the moderate experience of national healthcare strategic teams in practicing strategic planning, still there exist serious gaps in the sequence of planning process,

needs to be taken into consideration. Most importantly, linking the planning stage with the implementation stage. This is one of the major issues that will be analyzed in this thesis.

- Despite the progress in healthcare strategic planning in Palestine in general, the realization of the national healthcare plans needs to be monitored and evaluated periodically. Practices of monitoring at the institution level can be enhanced to higher levels, especially with the use of patient satisfaction.
- There exists a direct intervention of foreign and international aid providers in the setting up of the national strategies. These interventions in some cases deviate the plan from its national agenda, and adds some of these organizations' interest into the national agenda.
- There exists a gap in the literature of research related to studying and analyzing the Palestinian strategic planning in the healthcare sector. We believe that these studies will work to guide the officials and strategic planners in the healthcare sector towards better practices and ultimately more effective strategic plans in the future.
- The complicated status in Palestine, being political, economic, social, etc. add extra challenges on the shoulders of the researcher, since strategic planning needs to take all these issues into consideration. So, the most critical question becomes, can a nation like the Palestinians living in such a complicated context and environment manage to draft and stick to a long-term plan? Could it be better for them not to have a long-term plan and be more flexible with short term plans that can be managed on yearly or even monthly basis.

1.4 Purpose of the study

The purpose of this research is to evaluate the effectiveness of strategic planning process performed by the Ministry of Health within the Palestinian healthcare sector, and the way national healthcare plans are prepared, drafted and implemented.

That will be achieved through:

- ♦ Assessment of the strategic planning formation process within the Palestinian healthcare sector.
- ♦ Analyze the Palestinian national healthcare plans documents and their correlation with the Palestinian context.
- ♦ Compare the goals listed in the Palestinian national healthcare plans, with the projects and initiatives that are implements.
- ♦ Evaluate the implementation process of the Palestinian National healthcare plans.
- ♦ Assessing the periodic monitoring process of performing the plans at the healthcare sector.

1.5 Main research questions

Throughout this research project, the following questions will be dealt with;

- 1.5.1 What factors do influence the strategic planning formation process within the Palestinian healthcare sector?
- 1.5.2 What roles are played by international donors in the entire process of strategic planning in the Palestinian healthcare sector?

- 1.5.3 Do the Palestinian national healthcare strategies meet the standard and best practices of strategic planning?
- 1.5.4 To what extent there is an association between preset goals and planned projects and initiatives as stated by the plan document, and what realized on the ground?
- 1.5.5 How effective are an evaluation and monitoring processes performed in regards to action plan and the preset goals of the strategic plans and on what level these are implemented?
- 1.5.6 Is strategic planning an appropriate practice within the Palestinian context, or it is not worth the efforts and resources put forward by in these plans?

1.6 Statement of significance

The research drives its significance from the importance of the healthcare sector, and value it tries to contribute to this vital sector in Palestine. The findings of the research are expected to benefit strategic planning practitioners within the healthcare sector and help in guiding them through good practices. Moreover, it is expected that the research results will affect the decisions that will be taken by health policy makers and managers regarding the healthcare sector.

The research will try to define the foreseen obstacles and barriers that influence the effectiveness of strategic planning processes within the healthcare sector. Besides, it is expected to promote the process to higher levels built on collected and analyzed information.

It is also will discuss and assess the efficacy of existing plans according to the current situation, which will give a reflection of the quality and efficacy of the plans in return.

Finally, the research will form a useful ground for other researchers and academics to continue our efforts and do more extensive work in this vital field, both in planning of healthcare or in healthcare in general. We believe that this study will contribute to the advancement of healthcare sector and give deep insights into it.

1.7 Boundaries on the scope of the study

One main boundary that constrains this research, is the fact that it is limited to West Bank, with Gaza Strip and Jerusalem excluded from the study. This is because of the difficulty in getting information and reaching these regions.

Secondly, the lack of data regarding strategic planning within the healthcare sector. Throughout the stages of the research, we suffered from lack of credible and official data and information that could help us produce better research. The unavailability of these information, the difficulty in meeting officials, and the restrictions made on these data are among the reasons before having this vital information.

Thirdly, the research focuses on the governmental efforts and services in healthcare sector, which partly excludes the private sector, which is playing a growing role in healthcare sector.

1.8 Overview of the research project

This section gives an overview of the thesis structure. The thesis consists of six chapters, started with an abstract and the acknowledgements, and proceeds as described below;

Chapter One covers the introduction which consists of the research background, rational behind the research, the research problems, purposes of the research, the significance

and boundaries of the research.

Chapter Two provides a theoretical background for the research. It involves a historical background of the healthcare sector in Palestine, in addition to definitions of some prominent terms needed in the study. Moreover, it covers strategic planning definition, concept, and evolution, beside strategy elements. It also provides an overview of the healthcare sector in Palestine and finally, it discusses the strategic planning process in Palestinian healthcare sector. Chapter Three provides a summary of the related literature. It discusses research efforts that could be spotted in the subject matter, locally, regionally and internationally.

Chapter Four presents the methodology employed in performing the research. It gives a brief overview the use of qualitative method employed in performing the research, including data collection analysis and results extraction.

Chapters five provides data analysis, and chapter six provides a discussion of these results, and the formation of conclusions, followed by suggested recommendations for future research.

Chapter 2

Strategic Planning for Healthcare Sector Within the Palestinian Context

2.1 Overview

One of the most essential practices to manage and plan an organization activities and initiatives, especially for the long term, is strategic planning. Health sector being one of the most critical sectors for any nation, is the guarantee for country's citizens to receive high-quality of living and prosperities. In Palestine, being a country under occupation, the situation is more complicated than any other country, as there are many players who do have roles in setting up conditions; being political, economic, health and social welfare.

The years of ongoing occupation and its destructive impact on the macro and micro levels strongly negatively undermine the efforts made to establish and guarantee a healthcare system in Palestine.

As of 1994, the sign of the Oslo Agreement between Israel and PLO, healthcare system started to shape and provide improved services. Since then, the Palestinian Authority started to take over and put forward plans to improve various aspects of Palestinians lives, including healthcare (Mataria A1, 2009). This chapter will introduce strategic planning concepts, and best practices. It will also describe in some details the components of healthcare sector.

The chapter is divided into four sections; section one defines strategic planning from different perspectives including the definition of strategy concept, practices, methodologies. The section will also discuss the concept of strategic thinking followed by some models of strategic planning in public sector. Section two will focus on healthcare service sector and details some of the most critical features of this sector. It will present some information on the Palestinian healthcare sector and provides some national statistics that tries to clarify how the services are practiced within the

Palestinian context. Section three will describe strategic planning as practiced in the Palestinian healthcare sector and details its significance, characteristics, structure, levels and difficulties associated with its formation.

2.2 Strategic planning

For anything we want to practice in our life, there's always a room for strategic planning, whether on individual, organizational, or national level. Strategic planning generally speaking results in several benefits. It improves the way of thinking for the future, especially in achieving pre-set goals. Besides, it improves the skills needed for effective decision making via determining the most critical future needs. Strategic planning prepares individuals and organizations for future scenarios, and facilitates their confrontation of forthcoming challenge. Correspondingly, strategic planning forms the basic rule and instrument for the organization to adopt effectiveness, responsiveness, resilience and sustainability. (Bryson J., 2018).

All these benefits and others work to strengthen organizations and enhance their ability to develop, flourish, use their resources effectively, and professionally plan for the future.

2.2.1 Definition of strategic planning

Bryson defined strategic planning as a deliberative, disciplined approach to producing fundamental decisions and action that shape and guide what an organization is, what it does and why (Bryson J., 2017). The business dictionary defines it as “A systematic process of envisioning a future, and translating this vision into defined goals, objectives, strategies and tactics” .

Viljoen defines as it as “the process of identifying choosing and implementing activities that will enhance the long-term performance of an organization by setting directions and by creating an ongoing compatibility between the internal skills and resources of an organization and the changing external environment in which it operates” (Viljoen, 1994)

Another definition by Johnson states that strategic planning is the direction and the scope of an organization over the long term, which matches its resources to its changing environment” (G Johnson, 2008).

The term strategy derives from the Greek word “Strategos” which literally means; “general of the army” (490 BC), who was in that time annually elected to give advice about managing battles to win wars. With time the job of “Strategoi” grew to include civil duties as an official job (Blackerby, 2003).

In modern times early 19th century, strategy has been defined as; a plan of action designed to achieve a long term or overall aim (Oxforddictionary, n.d.).

Other definitions of strategy go as a careful plan or method for achieving a particular goal usually over a long period of time, or the skill of making or carrying out plans to achieve a goal (Merriam-Webster, 2014). And strategies in plural defined as, the science and art of employing the political, economic, psychological, and military forces of a nation or group of nations to afford the maximum support to adopted policies in peace or war, or a carefully developed plan or method for achieving a goal or the skill in developing and undertaking such a plan or method (Merriam-Webster, 2014).

2.2.2 The evolution of strategic thinking

Strategy development has received renewed attention from both practitioners and scholars, as environments become more competitive, and as academics and consultants advocate the necessity of enhancing strategic thinking within firms.

The first wave of strategy making practices occurred during the late 1940s and 1950s. It was first practiced in budgeting, with the principal objective of ensuring that the pre-set budget will actually be met, debtors were paid, and costs were controlled. During this period both internal and external environments were relatively stable, and the economies of most western countries were enjoying a high growth rate. This was the post-World War II period, and which moved till the start of the Korean War in 1950s (Kuncoro, 1998).

Then it was found that as the environment in which businesses operate becomes more turbulent and competitive, budgeting becomes an ineffective and indeed risky strategic tool as it tends to rely on past performance, not on future changes in the internal and external environment. By 1960s, rapid changes in technology as well as the expansion of both organizational size and business opportunities, started to occur. This forced managers to consider long range planning (Shahin B. , 2011). This new approach shifted the focus onto the capabilities of the enterprise and an analysis of the environment. The next step occurred during the 1970s, during this period, strategic planning replaced long-range planning. Many companies embraced this next level of strategy maturity when management began to understand the fundamental forces in their external environment rather than reacting to them or simply trending the past. And during the 1970s international competition was increased due to the removal of international trade barriers, the energy crisis 1973, and the explosion of the availability of information, all

that made the strategic planning concept more popular (Behara, 1980).

Another approach of strategic thinking that rose in the 1980s is “Strategic Conflict Approach” . This approach uses the tools of game theory: hence, it implicitly views competitive outcomes as a function of the effectiveness of a firm to keep its rivals off-balance through strategic investments, advertising, pricing strategies, signaling, and the control of information (Shahin B., 2011).

Another approach in strategic thinking is the resource-based approach. it emphasizes firm- specific capabilities and assets and the existence of isolating mechanisms, such as the fundamental determinants of firm performance (Rumelt, 1984). Unlike the competitive forces model where the focus is on the industry and the firms’ external environment, this model stresses the importance of the firms’ internal environment. This model relies on two facts: the first is the role of resources in defining the identity of the firm in terms of what it is capable of; the second is that profits are ultimately a return to the resources owned/ controlled by the firm. With the growing interest in the strategy concept within the business domain, numerous propositions have emerged, both supplementing and challenging the doctrines of the classical school. Over time, these contributions have culminated in a number of alternative frameworks, models and typologies. A notable aspect associated with this phase of development is a shift in emphasis from prescriptions towards descriptions of strategy.

Later on, ten different schools of strategy formation, which were classified as either the prescriptive or the descriptive type. They investigate whether these perspectives represent different processes of strategy making or different parts of the same process. They concluded that both scenarios are possible. The ten schools are grouped as follows: three prescriptive (design, planning, and positioning), five descriptive

(cognitive, learning, power, cultural, and environmental), and two schools have elements of both prescriptive and descriptive (entrepreneurial and configuration) (Shahin B. , 2011). After the 1990s the development of strategic thinking has been marked by the implicit and explicit integration of multiple perspectives leading to the adoption of more holistic frameworks. Also, there was a shift in thinking about strategy formation towards synthesizing the prescriptive and descriptive approaches into organic forms that emphasise organisational culture and learning, with an increasing recognition of the influence of organisational and environmental contextual factors. Overall, these historical developments have represented a shifting perception and treatment of the strategy concept, from a quasi-scientific (analytical-prescriptive), through to an art-like (evolutionary-descriptive), to a craft-like (integrative-organic) perspective (Habimana, 2014).

2.2.3 Strategic planning models in public sector organizations

Strategic planning as used in public sector, can be traced back to the late 1950s and early 1960s. The U.S. Department of Defense began to look for better and more useful ways to plan for its long-term needs while at the same time achieving cost savings. The advent of the Planning- Programming-Budgeting-System (PPBS) began what was to flourish into a series of varying strategic planning and budgeting systems. PPBS promised to do several things to improve federal governmental operations. Some of these anticipated improvements including: establishing long- range planning goals and objectives; examining the costs and benefits of these expected ends; comparing and contrasting alternative activities to achieve agency goals and objectives; and, establishing multi-year projections for both executive and legislative consideration

when considering annual budgets and appropriations (Young, 2003).

2.3 Strategy elements: content, process, context, and outcomes

Strategy process, content and context are not counted as different parts of a strategy, but are rather distinguishable dimensions of that strategy. Each strategic case is by its nature three- dimensional, process, content and context characteristics. It is by only by understanding of all three dimensions, organizations will be able to give the strategies real depth of comprehension. In particular, it must be acknowledged that the three dimensions do interact among each other's as stated by De Wit & Meyer.

The strategy content deals with the “what” of an organization, it outlines “what should be the course of action the firm should follow to achieve its purpose (De Wit & Meyer, 2004). Furthermore, it must be aligned to both internal scope and capabilities and external pre-requisites (De Wit & Meyer, 2004). The strategy process is the manner in which strategies come about is referred to as the strategy process. Stated in term of a number of questions, strategy process is concerned with the how, who and when of strategy. The strategy context is the set of circumstances surrounding strategy making, the conditions under which both the strategy process and the strategy content are formed (De Wit & Meyer, 2004). It could be said that strategy context is concerned with the where of strategy, in which firm and in which environment. And in

this research the context of the strategy is very important as we need to know all factor that affect the strategy forming and planning process (De Wit & Meyer, 2004)

There is another important aspect of strategy, which is the strategy outcomes, produced from implementation or execution of the strategic plan. These outcomes will invariably differ from the strategic goals. How close they are to the strategic goals and vision will determine the success or failure of the strategic plan. There will also arise unintended outcomes, which need to be attended to and understood for strategy development and execution to be a true learning process.

2.4 Strategic planning within the palestinian context

Since the signing of the Oslo accords in September 1993, the Palestinian government has worked diligently to establish and strengthen its institutional ability to plan and strategize its future course of actions. However, the unstable political environment post the Oslo period has undermined the capacity to develop and sustain effective government institutions and policies.

There are different levels of planning in Palestine associated with different levels of planning authorities. There is the Ministry of Planning (MOP) who is responsible for developing the National Development Plan (i.e. Palestinian Reform and Development Plan “PRDP”). Additionally, there is the Higher Planning Council (HPC) consisting of 16 members (chaired by the Ministry of Local Government (MOLG)) from different related ministries and institutions, which is responsible for defining the towns planning areas, approving of regional and local plans (general plans), reviewing master plans prepared by planning committees, and dealing with appeals on building licenses. The Ministry of local Government through its Physical Planning department is another

planning level. It works to prepare urban plans at the local and regional level of the local government units (LGUs) and prepares and approves detailed physical planning projects. The Ministry of Local Government (MOLG) in its attempt to regulate the local government sector and help in improving the local government planning and services allowed and issued regulations for the establishment of the Joint Services Councils for Planning and Development (JSCPD). The JSCPDs are responsible for developmental planning at their geographical area (Rammal & Hamad, 2008).

2.5 Overview of healthcare service sector

Healthcare system is an engine for innovation that develops and broadly disseminates advanced, life-enhancing treatments. Health systems are undergoing rapid changes, stems out of the requirements for conforming to the new challenges such as changing demographics, disease patterns, emerging and re-emerging diseases coupled with rising costs of healthcare delivery. As the countries examine their health systems in greater depth to adjust to new demands, complexities and problems identified are in continuous rise. Some health systems fail to provide the essential services and some are creaking under the strain of inefficient provision of services. A number of issues including governance in health, financing of healthcare, human resource imbalances, access and quality of health services, along with the impacts of reforms in other areas of the economies significantly affect the ability of health systems to deliver quality of services. The World Health Organization (WHO) defines the healthcare system as “all organizations, institutions, and resources that are devoted to producing health actions.” A health action is defined as any effort, whether personal healthcare, public health service or inter-sectoral initiative, whose primary purpose is to improve health. In

practice, the healthcare sector includes such a wide variety of practices and activities that precise definition of the sector's boundaries across countries and cultures can probably never be conclusive (WHO W. H.).

The best measure of a health system's performance is its impact on health outcomes. Without urgent improvements in the performance of health systems, the world will fail to meet health- related Goals. Health systems that function well have certain shared characteristics, they have procurement and distribution systems that actually deliver interventions to those in need. They are staffed with sufficient health workers having the right skills and motivation, and they operate with financing systems that are sustainable, inclusive, and fair. Besides, the costs of healthcare should not force impoverished households even deeper into poverty.

The WHO listed six building blocks which provide a useful way of clarifying essential functions and a definition of desirable attributes of an effective health sector (WHO, Country cooperation strategy for WHO and the Occupied Palestinian Territory 2017–2020, 2017):

1. Good health services are those which deliver effective, safe, quality personal and non- personal health interventions to those that need them, when and where needed, with minimum waste of resources.
2. A well-performing health workforce who works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances.
3. A well-functioning health information system, which ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.

4. A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost effectiveness, and their scientifically sound and cost-effective use.
5. A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.
6. Leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system- design and accountability (Who, Strengthening Health Systems To Improve Health Outcomes, 2007).

2.6 Overview of palestinian healthcare sector

Attempts to establish a health plan for the occupied Palestinian territory were made before the 1993 Oslo Accords. However, the first official national health plan was published in 1994 and aimed to regulate the health sector and integrate the activities of the four main health-care providers: the Palestinian Ministry of Health, Palestinian non-governmental organizations, the UN Relief and Works Agency, and the private sector. However, a decade and a half later, attempts to create an effective, efficient, and equitable system remain ineffective. This failure results from arrangements for healthcare system established by the Israeli military authorities in the period between 1967 and 1994. The nature of the Palestinian National Authority, which has diminutive authority in practice and has been burdened by inefficiency, cronyism, corruption, has also a role in that ineffectiveness. Additionally, the inappropriate priorities repeatedly

set to satisfy the preferences of foreign aid donors, complicated the issue even further (Mataria, et al., 2009).

Since the signing of the Oslo Peace Accords and the establishment of the Palestinian Authority in 1994, reform activities have targeted various spheres, including the health sector. Several international aid and UN organizations have been involved, as well as local and international non-governmental organizations, with considerable financial and technical investments. Although important achievements have been made, it is not evident that the quality of care has improved or that the most pressing health needs have been addressed, even before the second Palestinian Uprising that began in September 2000 (Giacaman & Abdul_Rahim, 2003).

There are several relevant organizations that are tasked with the provision of health services in the Palestinian territories, including the Ministry of Health, medical and military services, NGOs, civil society organizations, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) and the private sector. In addition, the Palestinian Authority (PA) allocates a large portion of its gross domestic product to the health sector. Yet the sector has not improved as expected since the establishment of the PA in 1994. Palestine ranks 113th in the Human Development Report 2015 published by the United Nations, which puts the country in the medium development category.

According to the Palestinian Health Annual report 2018 the Ministry of Health is considered the main provider of secondary health care services (hospitals) in Palestine. Where it owns and operates 3,462 beds in 27 hospitals in all governorates from 82 hospitals working in Palestine with 6,440 beds. 52 of the total hospitals are in West Bank including East Jerusalem with a total bed capacity of 3,897 beds which 60.5% from the total beds in Palestine, while the rest are in Gaza Strip. In Palestine, Non-

Governmental Organizations have 35 hospitals with a capacity of 2,141 beds and the private sector has 17 hospitals with a capacity of 631 beds. UNRWA has one hospital in Qalqilya with the capacity of 63 beds. Military medical services have two hospitals in Gaza Strip with capacity of 143 beds (MOH, Palestinian Health Annual Report, 2018).

Moreover, the number of primary healthcare centers in Palestine reached to 732 centers in 2018, of which 585 are in West Bank and 147 in Gaza Strip. 468 primary healthcare centers belong to the Palestinian MOH, which constitutes 63.9% of the total number primary healthcare centers. The number of primary healthcare centers managed by NGOs reached 182, constituting 24.9% of all primary healthcare facilitates, while the number of UNRWA centers reached 65, and the military medical centers reached to 17 centers (MOH, Palestinian Health Annual Report, 2018). MOH is the largest employer of human resources working in the health sector in Palestine. In 2018, the number of employees in the Palestinian MOH reached 14,430 employees at a rate of 29.7 per 10,000 population, of which 8,177 (56.7%) were employed in West Bank and 6,253 which is 43.3% in Gaza Strip. The number of medical staff working in MOH reached 9,317 including the supporting medical professions, which accounted for 64.6% of the total number of employees in the MOH, in addition to 5,113 employees working in the field of administration and services, representing 35.4% of the total workforce in MOH (MOH, Palestinian Health Annual Report, 2018).

In 2018, according to the Palestinian health information center and the ministry of health, Medical services in Palestine as mentioned are provided by MOH, non-governmental health institutions, military medical services, the (UNRWA) and the private sector. The number of medical cadres registered in various medical associations in Palestine reached 31,873 cadres, of which 24,432 were in West Bank 76.7%, and

7,441 were in Gaza Strip at 23.3%, while the number of medical staff working in MOH was 7,367 employees, 23.1% of the total human medical personnel working in the health sector (MOH, Palestinian Health Annual Report, 2018).

The Public Sector comprises the MOH and the Military Medical Services (a network of basic health services reserved for employees of the Palestinian security services). Currently, the MOH is the main provider of healthcare for the Palestinian population in the West Bank and Gaza Strip. It owns and manages the majority of PHC centers, with a total of 468 centers in 2018.

The United Nations Relief and Works Agency (UNRWA) provides a variety of social services of education, healthcare, and social relief and support to registered Palestinian refugees in the West Bank and Gaza Strip (including East Jerusalem), as well as, in the neighboring Arab countries. UNRWA primarily focuses on basic health services, such as disease prevention and control, primary care, family health, health education, physiotherapy and psychological support and environmental health, its health services are provided through a network of PHC centers throughout the WB and GS; 35 centers in the WB and 18 in GS, representing about 8.1% of all PHC centers in the OPT. In addition, UNRWA provides some secondary care services for which patients must pay 10-25 percent of the cost through a limited number of contractual agreements for hospital care with NGOs providers, besides its hospital in the WB with a total of 63 beds.

The Private not-for-profit Sector (NGOs) is represented by a network of Palestinian Non-Governmental and private voluntary organizations (PNGOs). PNGOs had a central role in providing healthcare before the creation of the Palestinian MOH in 1994. Currently, there are about 49 nongovernmental not-for-profit health societies providing

health services for the Palestinian population.

PNGOs contribute to the provision of all levels of healthcare, and have a tendency to provide PHC services to communities under-served by the other agencies, especially in rural areas of the WB. In addition to PHC centers, the non-governmental sector operates some 2,141 beds in 35 hospitals (representing 33.2% of the total beds). Compared with those run by the MOH, the non- governmental hospitals are found under-utilized, with substantial part of their working load being cases referred by the MOH.

The Private for-profit Sector has 17 hospitals with total capacity of 631 beds, includes clinics and hospitals; pharmacies; laboratories; radiology, physiotherapy, and rehabilitation centers; and medical equipment manufacturing facilities. In addition, there is a growing domestic pharmaceutical industry, which produces approximately 700 different products and supplies. The private sector has expanded rapidly in the past few years, with phenomena such as group practices and private health insurance schemes beginning to develop. However, the extent to which its practices are monitored and regulated, as well as, the implications of its rapid growth for the public sector remain unclear. A prominent aspect of the private for-profit services is their concentration in the urban areas of the WB (phic, 2018).

2.7 Strategic planning in Palestinian healthcare sector

The Palestinian Ministry of Health has a Planning and Policy Making Council formed of the Minister, Deputy Minister and Director General of the Ministry, with the assistance of local experts. There is also the General Administration for Research, Planning and Development which is the responsible body for formulation of the plans with donors. The general status of the Ministry of Health in Palestine is not well-

prepared to build a professional health plan. The Department of Health Planning (DHP) serves to meet peoples' needs and priorities and achieving the health for all strategy through peripheralization of health services, community participation in decision-making and intersectoral cooperation. The DHP uses participatory and data-driven approaches to generate reliable plans for health development. The DHP serves as a gatekeeper to link data to the decision-making process by verifying collected data and utilizing research methods, so these planning decisions are proactive, scientifically based and cost-effective. Additionally, the DHP serves as a leading edge in monitoring, coordination and evaluation for the implementation of health plans. (WHO, Health System Profile Palestine, 2006).

There have been several national health strategies in the past started with the 1994-1998 National Strategic including the 1994-1996 Interim Action Plan during the transition period after the Oslo Accords. The MOH also issued a National Strategic Health Plan for the period of 1999-2003. In 2008 the National Health Strategic Plan 2008-2010 was issued, which primarily focused on improving the main building blocks of the health system. In 2011, the National Health strategic Plan 2011-2013 was released. These strategic plans were able to push drafting of the national health insurance law, and the initiation of the Palestine Medical Complex, and improved the access of public to medical services, and the establishment of Basic clinics in many remote villages (health, 2011-2013).

In the latest years, specifically 2017, which witnessed that launch of the 2017-2020 National health strategy. This plan is a WHO's medium-term strategic called Country Cooperation Strategy, vision to guide its work in support of a country's national health policies, strategies and plans and to support a country's development efforts within the

Sustainable Development Agenda, as it forms the basis for the formulation of WHO's biennial country work plans with the Ministry of Health, and functions as a tool for harmonizing cooperation with partner United Nations (UN) organizations (WHO, Country cooperation strategy for WHO and the Occupied Palestinian Territory 2017–2020, 2017).

The development of the strategic agenda for 2017–2020 is based on consultations within WHO and with key partners and aims to align WHO priorities with those of UN and country partners. The strategic agenda has been developed to incorporate the common country analysis through:

- Consultations with WHO staff and key stakeholders on the outcomes of the previous strategic plans and a thorough review of WHO's role.
- Continuity of ongoing priority programs.
- A consensus to improve the coherence of WHO country strategic priorities in relation to global, national and WHO health development agendas.

It is also a timely opportunity to align priorities with the next United Nations Development Assistance Framework, the Palestinian National Policy Agenda and the new Health Sector Strategy. The strategic agenda for WHO cooperation in Palestine for 2017–2020 includes four medium-term priorities, for which WHO intends to focus its resources and technical assistance in support of the Palestinian National Policy Agenda and the Health Sector Strategy. In coordination with health development partners, it aims to:

- Contribute to strengthening and building the resilience of the Palestinian national health system and enhance Ministry of Health leadership to progress towards universal health coverage.

- Strengthen the country's core capacities for the International Health Regulations and the capacities of the Ministry of Health, its partners and the communities in health emergency and disaster risk management to carry out effective humanitarian health response.
- Strengthen the capacity of the Ministry of Health and partners to prevent, manage and control noncommunicable diseases, including mental health disorders, and risk factors for violence and injuries, with a particular focus on road safety.
- Strengthen the capacity of the Ministry of Health and health partners to advocate with all legal duty-bearers to protect the right to health of the population under occupation, reduce access barriers to health services, and improve the social determinants of health (WHO, Country cooperation strategy for WHO and the Occupied Palestinian Territory 2017–2020, 2017).

The start of strategic health planning process within the MOH faced many challenges especially the fragmentation of the health sector and continuous deterioration of the economic situation and lack of coordination between the different healthcare providers. In addition, there was no mechanism or authority to implement the health plan, which led to the weak performance of the health sector and continuity of the financial problem (MOH P. M., 2008).

Health sector reform processes in the developing world have been known to neglect crucial issues and be led by naive assumptions. In the case of the OPT, an unfair peace situation with continuous conflict is a main obstacle to reform. The resulting demolition of the country structures, as well as the collapse of the private sector and the economy, can only emphasize how faulty these assumptions have been. However, even in post-conflict situations, health development is contingent upon overcoming major structural

obstacles in these unstable and resource poor environments. In this situation, donors appear to operate in a manner similar to that in other post-conflict areas, seeking unsustainable quick impact solutions to health system problems that took years to generate in a context heavily burdened with under development (Giacaman & Abdul_Rahim, 2003). They operate in the absence of a comprehensive policy forum, neglecting policy dialogue, and focusing on plans derived from donor strategies instead. Although donor reports often mention the importance of Palestinian ownership of the development process, the reality is different. At the local level, even the actual processes of consultation in relation to proposed plans are flawed, appearing to some to be more rhetoric than substance, precisely because of the defective nature of the community participation processes (Giacaman & Abdul_Rahim, 2003).

As is the case in other developing countries, the swiftness of development planning in OPT to suit donor agendas and budgetary deadlines constitutes a major threat to appropriate policy development. The political motive of selling the peace process has only exacerbated the situation. With planning taking place at an inappropriate speed in relation to the requirements of the context, it becomes difficult, if not impossible, to address adequately the serious structural and systemic problems that come in the way of turning plans into successful realities. Increasing centralization, the absence of transparency, the weakening of civil society and the consequent diminishing space for demand-shaped reform and advocacy and the weak regulatory role of government, all work together to produce frustrating results, and give the unique situation of the process of strategic planning in the Palestinian health sector (Giacaman & Abdul_Rahim, 2003).

Chapter 3

Literature Review

3.1 Introduction

Health sector in any country is a main and critical part of building that country, and in Palestine it was a hard-long time to reach what the health sector is these days. But after doing this research it has been found that the health sector can be better in with the help of strategic planning process and implementation in a step by step way to end up with a professional health sector that can serve people in Palestine.

Here it comes this thesis to evaluate the effectiveness of the health sector in Palestine and the strategic planning process which done over years since 90s in the country.

3.2 Conceptual framework of the study

This study is formulated to search the effectiveness of strategic planning in the Palestinian healthcare sector, which faced many obstacles since 90s until these days. Palestinian Ministry of Health has made many attempts to improve the healthcare sector over years to end up with a system which should serve people and fulfills their medical needs.

This research views strategic planning concepts in general and the strategic planning process in the Palestinian healthcare sector in particular. Overview of the Palestinian healthcare sector has been written, and a description of what exactly happened to the formation process of strategic plans over years.

Then a description of how this thesis performed and what steps have been made to create this study, using a qualitative approach to analyze the strategic planning practices through the healthcare sector.

The Palestinian healthcare system can be improved to a better status, which this thesis tries to investigate through the formation of strategic planning process and continue to implementation process to raise up the healthcare level in the country. And to search the effectiveness of strategic planning process, data has been collected through various methods to seek research issue, such as open-ended questions, interviews and analysis of previous strategic plans and reports.

3.3 Knowledge gap

Healthcare sector consists of different managed healthcare services and facilities besides the biomedical companies and equipment, which should work together in a planned cooperative harmony to serve as one of the main blocks of any country.

Many of the literature discuss programming and solutions for healthcare implementation, and promotion of the level of healthcare besides the need of development and continuous improvement of the health sector, through reforming, planning and strengthening the health system which is a valuable element of sustainable countries' development. All that comes to reduce costs and increase outcomes, reduce prevalence of diseases, improve health practice and efficiency, community empowerment and economic development.

Green and Kreuter discussed the history of health promotion and development of developed nations and how it starts from changing in lifestyles and the need of health education for public and patients, and the responsible party of health promotion is the government; which can formulate policies, health education programs, provide leadership and generate data for health promotion, and so individuals will change their lifestyles and behaviors and promote health development in a collective organized

community that adopt health promotion. Then its mandatory to develop health resources; scientific knowledge, medical facilities and health personnel which are the infrastructure of healthcare. Later on, focus directed towards equitable redistribution of health resources, which aims that every citizen equally has the right of healthcare and health services, through distribution of medical centers and medical care programs with offering cost effective health insurance and medications. And rise in health development until reaching a level of balance between societal and personal responsibility with active engagement of individuals in designing the developed healthcare community (Green & Kreuter, 1990). While Frenk discussed the relation between strengthening national health systems and global progress, and that health is a key element of economic development sustainability, and to develop the health system, there are several determinants should be improved enclosed in the acronym LIST; which are Leadership, Institutions, System design, and Technologies. There should be leaders with strategic vision and knowledge to lead the health system, and institutions to be the main engine of the development process like the ministry of health. Moreover, a system with structures and procedures must be designed to deliver quality of health in conjunction of human, finance, technology, and knowledge. Also, for a successful health system it should be built with a set of interventions and technologies that serve the way of development (Frenk, 2010). Another paper of Virtue, Chausalet and Kelly states a link between healthcare planning and healthcare stakeholders to promote health sector improvement and that healthcare planning plays a key role to achieve efficiency improvements (Virtue, Chausalet, & Kelly, 2013). On the other hand, Laverack & Labonte titled the concept community empowerment as a main strategic goal to be considered by planners of health promotion programs, in which involving groups and

individuals in activities defined by health institutions, like disease prevention efforts (Laverack & Labonte, 2000). While a WHO's (World Health Organization) strengthening agenda of the health system aiming taking the action of changing the world to a well-developed health system to achieve better outcomes. And it illustrates a six building blocks to make up the health system, which are: Health services, Health workforce, Health information, Health financing, Medical products and vaccines and technologies, and Leadership and governance. Moreover, it discussed general challenges that the health system has to deal with, and what factor affect the capacity of the health system, like the operation level if its national or subnational, which affected by financial and human resources, and government policies, besides classification of the country if its low or high income, aging population, and variety of diseases (WHO, 2007). Following is a case of post-conflict reforming of the health system of Kosovo, which needed an emergency intervention from the WHO to play a primary role of developing a health policy framework for Kosovo and reforming its health sector (Shuey, Qosaj, Schouten & Zwi, 2003). Also, Jabbour reviewed the Arab world health situation and its development, and gave reasons that resulted in regression of health rather than progression, such as Israeli conflict and occupation, and gave some key issues that should be considered to develop health in the Arab world; such as the role of citizen through spread of knowledge and thinking of health, increasing inter-Arab cooperation through pooling of experiences, policies, and resources. However, the role of international agencies plays a crucial role to support promoting a high-quality health services through a locally developed agenda which addresses priority actions and emergencies, besides a framework that raise health level in coordination between citizens, countries and governments (Jabbour, 2003). Walt & Gilson touched reforming

the health sector but in developing countries, and put the blame on policies which don't give enough attention to the reform process in particular, and a policy analysis should be done to shift to a higher level of health development and planning (Walt & Gilson, 1994).

Other parts of the literature are planned strategies of health systems of different countries around the world like New Zealand, Ireland, USA, Europe, Asia, Saudi Arabia, Brazil, Rwanda, Iran, Tanzania and Turkey. They all stem from governments' concern of the health sector and its priority over other sectors, because of its positive effect on the country and the population. Some are platforms for change and address objectives of gaining positive outcomes and increasing patient's value and achieving good health, others are historical development and creation of the national health sector, while others are experienced organizational structures to face public and private health sectors challenges, and successful health transformations and models for other countries wishing to develop their strategic planning capacity. A discussion document of the New Zealand health strategy 2000, which built of a set of goals and objectives came from the need for change, and aims to ensure that health services are directed at those areas which will ensure the highest benefits for NZ population, focusing in particular on tackling inequalities in health, improving population health outcomes, build confidence and trust of the health sector and promote highest quality and access healthcare for people within the money available. It is a great example to follow for building a successful national health strategy (King, 2000). In his article Wiley follows the development of the Irish health system which also focused on quality of care, efficiency and decreases inequalities between the private and the public health sectors, and built a complementary system between the two sectors through strengthening the private sector

and funding the public sector, to increase the eligibility for health services for everyone (Wiley, 2005). And an article published by NEJM organization, addresses a structural strategy to reform the healthcare system in the United States, with the vision of increasing value for patients, that's to say that health outcomes achieved per dollar spent, and the goal is to achieve good health outcomes efficiently (Porter, 2009). While in the following book the author suggesting a health sector strategy for the Europe and Central Asia region (ECA) in 1999, and discussed many issues regarding building the strategy, like what produces good health for the population, what problems could face the success of the strategy there, besides the actions that must be taken to implement the strategy, and it illustrates an involvement of the world bank and its role in developing the strategy (Staines, 1999). Also, a paper of Al Yousuf, Akerele and Al Mazrou gives a brief information about the Saudi health system and its development, and analyze the structure of the health system in 2002. However, the author indicates some recommendations for the system problems which include, the duplication of services between the MOH and other governmental health sectors and low coordination level, strengthening of medical education and health information system besides data collection, as well as the cooperation between the private and public health sectors, and efficiency of health services (Al Yousuf, Akerele & Al Mazrou, 2002). In 2011 Paim, Travassos, Almeida, Bahia and Macinko report shows the historical development of the Brazilian health system, which was driven mainly by the civil society instead of the government, and discusses investments in human resources, science and technology, besides primary care, and increasing public awareness of participation and the right of healthcare for every citizen (Paim, Travassos, Almeida, Bahia & Macinko, 2011). Another article of Logie, Rowson and Ndagije discussed the health system but in

Rwanda, which is a country in East Africa suffers from few natural resources, shortage of health staff, and poor quality of care in health facilities. And it shows how the government spend third of its revenues on the health sector beside coordination of donors and non-government organizations, to build planned strategies and improve its health system (Logie, Rowson & Ndagije, 2008). And Mehrdad in his article discussed the development of the health system in Iran, which was a responsibility of the ministry of health and medical education to coordinate in planning, monitoring, and supervision of health-related activities for the public and private sectors to achieve the government goal; that every Iranian has the right to enjoy the highest attainable level of health (Mehrdad, 2009). An article from Gish in 1975, viewed another successful experience in planning the health sector but for Tanzania, which also a country located in East Africa, and how these plans in consideration of the ministry of health to attain the goal of access to health services is a basic human right for everyone, and built a national health plans ended up with a reliable healthcare system (Gish, 1975). A case study from Johansen in 2015 discussed the role of strategic planning in Turkey's successful health system, it analyses the development of strategic planning in the health sector, which followed the steps identified in accepted models of strategic planning, it also analyses the process of preparing the strategic plans for health sector, besides contents, vision, mission, strategic goals, and objectives, in parallel with monitoring and evaluation processes with indicators and targets. This is a great model to be followed and benefit from, to develop a health system based on strategic planning practice, which plays an important role in the success of the health system (Johansen, 2015).

While Hamdan and Defever wrote an article provided an insight into the Palestinian health sector and situation under conflicting and occupational circumstances, since

establishment of health plans before the Oslo Accords in 1993, and the regulation of the health sector through the first official national health plan which published in 1994. And described development of the health status and services through different plans, strategies and implementation, and reviews national strategic health plans over the years. The following article touches the development of health human resources under a conflicting situation in Palestine since 1994 to 2001, and discusses the role of human resources for health in strategies and implementation (Hamdan & Defever, 2003). A paper from Borowy and Davidovitch presented the story of health in Palestine from 1850- 2000, and how health system developed under an occupational environment and mention problems encountered in consideration of the private and public sectors (Borowy & Davidovitch, 2005). Also, Giacaman, Abdul-Rahim and Wick discussed reforming of the health sector in the occupied Palestinian territory and takes a critical look at developments in the health sector in Palestine, and if the implemented approaches to reforming the healthcare system can be effective in fulfilling people's health needs. And exposes the support of world bank, with the involvement of several international aid and United Nations (UN) agencies as well as local and international non-governmental organizations (NGOs) after the signing of the Oslo Peace Accords and the establishment of the Palestinian Authority (Giacaman, Abdul-Rahim & Wick, 2003). Also, the following article discussed the healthcare system in Palestine, which combined of the four main healthcare providers: the Palestinian Ministry of Health, Palestinian non-governmental organizations, the UN Relief and Works Agency, and a cautiously developing private sector. And how is the Israeli government plays an important role of the continuous failures to build and create a more effective, efficient, and equitable health system (Mataria, Khatib, Donaldson, Bossert, Hunter, Alsayed &

Moatti, 2009). And Giacaman discussed the status of health and its services in Palestine, using conventional indicators like infant mortality besides subjective measures based on people's knowledge of their health situation and life quality (Giacaman, Khatib, Shabaneh, Ramlawi, Sabri, Sabatinelli & Laurance, 2009). Here is a paper gives a look at health situation in Palestine through reports on and analyzes of the Palestinian National Strategic Health Plan (PNSHP 1999–2003), which conclude that health status should be promoted to a higher suitable levels and environmental health actions should be done urgently under the supervision of the Palestinian healthcare services and cooperation of international health support (Mourad, Radi, Shashaa, Lionis, & Philalithis, 2008). In a research studied strategies for strengthening the health system of a potential independent Palestinian state, assuming a successful Palestinian state, and successful development of the health system (Schoenbaum, Afifi & Deckelbaum, 2005). Other references compared private sector to public sector and touched strategic planning in health sector through applying private sector strategies to the public sector. And indicating the importance of strategic planning as a guided and useful tool for healthcare organizations and substantial part of the regional development plan.

This article examines strategic planning of the private sector, compared to the public sector and discusses and recommends applying private sector approach to public sector (Bryson & Roering, 1987). The Galilee is the northern region of occupied Palestine, for many years the region has suffered from inequities and inequalities regarding the availability and accessibility of a regional healthcare system, resulting in high mortality and morbidity rates and low quality of life. In March 2005, the Israeli government declared a national plan for its northern region, the Galilee. The region was to become an advanced, established and competitive society, economically strong, attractive to

new residents and sustaining a civil society with a high quality of life. And this article describes the planning process of the Galilee region (Peled & Schenirer, 2009). In the following article discusses strategic planning of the healthcare as an organization, in which it differs according to the unit's size, complexity, and service provided. And illustrates the essential role of each unit's leader to promote and ensure lasting of the plans and implementation (Perera & Peiró, 2012). A book by Stanley is a practice of planning in the health system, in which the author discusses challenges and problems that may cause failure of planning in health sector and supports public participation in the planning process (Stanley, 1987).

And when it comes to efficiency, some concerns directed to measure the performance of the health system and compare the efficiency of national health systems in producing health for different countries, through achievement of health system goals, while others discussed the efficiency of health plans, and other touched the quality of health care and patient satisfaction.

A model that evaluate the efficiency or performance of the health system in producing health of 191 countries, results that efficiency is positively related to the level of health expenditure per capita, and it is very difficult for countries to be good performers below an expenditure per capita of approximately \$60 in 1997 international dollars (Evans, Tandon, Murray & Lauer, 2000). Another article is about measuring the efficiency of health systems and discusses how does the health system in country X compare with that in country Y referred to the WHO report 2000 (McKee, 2001). While a study discusses the quality of healthcare and patient satisfaction at some Egyptian and Jordanian medical clinics, and examines major factors which affect satisfaction, and if the patient evaluates quality of healthcare similarly or differently between the two

countries. And the results can be used to support quality management process in the future towards patient opinions and participation (Zineldin, 2006).

And for well-planned effectively built healthcare system, part of the literature talked about essentials of managed healthcare and frameworks for healthcare planning and control that integrates all managerial areas in health care delivery operations.

The author here said that the existing planning and control frameworks for healthcare operations, are only focusing on hospitals or a single managerial area and ignoring the whole system as one cooperative organization and proposed a modern framework for healthcare planning and control that integrates all managerial areas in healthcare delivery operations and all hierarchical levels of control, to ensure completeness and coherence of responsibilities for every managerial area (Hans, Van Houdenhoven, & Hulshof, 2012). And a book covers all needed healthcare management of the united states, from insurance management to diseases management and health providers' behaviors, ends with medical managed healthcare and financial health plans (Kongstvedt, 2012).

Finally, some outlines the importance of achieving equity in health between different social classes, and discusses how social equity in health is important for the health system and achieving successful health sector improvements and health promotion and illustrates main policies and strategies to promote the social equity (Dahlgren & Whitehead, 1991).

None of the previous articles and studies evaluate the effectiveness of the strategies in the health sector, neither worldwide nor in Palestine, so this research comes to discuss the evaluation of effectiveness of strategic planning within the Palestinian healthcare sector.

3.4 Research rationale

First of all, this thesis is beneficial to view current healthcare situation in Palestine, which describes the development and evolution of Palestinian healthcare sector from 90s to these days.

The importance of the study is for healthcare stakeholders and authorities to preview the healthcare situation from researchers point of view, and it's a ready document to evaluate the strategic planning process in Palestine and its steps besides the implementation process, and to see the real reason which affect the achievement of planning objective from stakeholders point of view, and from parallel analysis of previous documents, reports and plans.

Besides, it shows the obvious gaps between healthcare stakeholders and absence of coordination between them, which affects the strategic plan process in a negative way, which reflected on healthcare sector in a bad manner.

Also, it shows the gaps between strategic plans periodic documents, and the real status of the healthcare sector, in spite of the long healthcare experience over years, which found that the healthcare sector can be in a better status if the plans implemented as they are.

Another point to talk about that the healthcare sector receives support whether its financial or on different forms, from a lot of external and internal supporting entities, it's a chance to track the supporting process and see what is done and what is not.

Finally, it's a data base for future researches to depend on, which this thesis conducted from stakeholders' interviews and analysis of different strategic planning documents.

Chapter 4

Research Methodology

4.1 Overview

This chapter presents a description of the methodology being used to perform the research and explains how the study is being conducted. It is divided into six sections. Section one describes the qualitative paradigm and method used in the research, section two describes the researcher role and what have been done to accomplish the research. The third section presents the source from which the data have been collected, and in section four the methods and techniques in which the data been analyzed. In section five the verification and validation of the results are explained, and in section six, the ethical considerations are presented.

4.2 Rationale for selecting the qualitative research approach

In this research we decided to adopt qualitative approach since the theme of the research is to deeply analyze the strategic planning practices within the healthcare sector. Qualitative methods offer an in-depth analysis and understanding of the situation which is rather hard to gain from quantitative approach. Participants will be able to freely reveal their views, experiences, thoughts and feelings generally without restrictions. Additionally, qualitative approaches offer a dynamic method to research, where the researcher has a freedom to follow up on answers given by respondents in real time, generating valuable conversation around a subject – something which isn't possible with a structured survey.

The nature of our research is closer to interpretivism than positivism research, as we shall be collecting and analyzing peoples' views in relation to strategic planning as practiced by stakeholders of the national healthcare sector. The overall goal of the present research is to spot flaws in the strategic planning process cycle in reference to

best practices. This is why we thought that qualitative research is more effective. Another reason for selecting the qualitative approach has to do with the fact that the research problem is not well defined, and we need to go and interview people for the sake of understanding the issue qualitatively.

4.3 Data collection methods

Various data collection methods were adopted in this research, to explore the research issue more efficiently and to have a deeper view of what is going on. A description of these methods is described below;

- 1- Open-ended questions questionnaire: this questionnaire was prepared at an early stage of the research to explore the effectiveness of strategic planning in healthcare sector, as seen by different participants selected from different stakeholders. The questionnaire consisted of 5 sections and covered strategic planning from different perspectives. Among these sections are; assessment of the preparation stage of the strategy, assessment of the planning approach, assessment of the execution stage, assessment of the evaluation and revision, and finally, an overall assessment of the effectiveness of the entire strategic planning process. In total 18 participants were participated by filling up the questionnaire, whom were selected from different stakeholders involved in the planning process. Data collected from these questionnaires were analyzed, studied and used as a guide for further data collection methods.
- 2- Documents Analysis: All healthcare sector strategies issued by the Palestinian ministry of health were thoroughly reviewed and analyzed. The analysis of these documents, allow us to understand the historical evolution of strategic thinking,

planning, implementation of these strategies. Other documents related to evaluation of these strategies, especially issued by international organizations, were also studied and analyzed. In total there are at least 40 documents that has been reviewed and analyzed.

- 3- Stakeholders interviews: Key individuals were selected for interviews whom by virtue of their positions or roles in an organization tend to have an overview of certain aspects of the topic under study. Those individuals do have some role of relationship to the planning process and included board members, management staff, etc. Care was taken to make sure that the list of interviewees is rather comprehensive and included individuals from different stakeholders' organizations.

Semi-structured interviews were employed to gather information from participants. The semi-structured approach for the interview is guided by a list of prepared questions that are used to guide the discussion into the intended issues, and to clarify positions of different participants on various issues. Most of the issues were covered by all respondents, though actual question sequencing and wording varied. A sample of typical questions were listed in Appendix 1.

Prior to start of the field work, the semi-structured interviews were piloted with three respondents, just to make sure that interviews go smoothly as planned. At the end of each interview, participants were briefed with the main points made and stressed by them.

The first wave in interviews were made during the period between February to June 2018 and the second were commenced during the period between October 2018 to February 2019.

Interviews lasted an average of 40 to 60 minutes. Appointments were scheduled in advanced, and some of the interviews were completed over the phone. Some of the interviews were audio recorded, and some others refuse to allow recording. In total interviews with participants done in one month, during the period between February 2018 till June 2018.

4.4 Triangulation and data analysis

Triangulation involves the study of the same issue using different sources of data. Triangulation is used basically for the sake of developing a converging view supported by information from different sources and perspectives; in our case; document analysis, questionnaires and stakeholders' interviews. Triangulation is performed by cross validating information gained from one source, with information gained from other sources. For instance, information gained from participants interview was contrasted with information extracted from documents analysis, which are the healthcare national strategies in our case.

Analysis of the data involves analysis at two levels; the first one is analysis of contents of the Palestinian National Plans regarding the healthcare sector, and compare them with other countries healthcare plans and planning standards in the healthcare sector, to investigate quality of the Palestinian healthcare national plans.

The second one is analysis of the interviews and questionnaires (Appendix 2) filled by responsible persons who participate to build the National healthcare plans in Palestine.

4.5 Verification

Verification of any study differs according to quantitative or qualitative analysis, as of qualitative verification of this study, it depends on comparison of the current healthcare national plans with other standard procedures and successful countries healthcare plans. Another type of verification is the current healthcare situations in the country compared with what written in the national plans. Moreover, the interviews and questionnaires with persons who are responsible of creating the health part of the national plans.

4.6 Ethical considerations

This research done in a professional way which follows all ethical principles, and data have been collected legally and interviews respected every word, in a way that all confidentiality classified information have been respected, and there is no misuse of information or data collected.

Chapter 5

Data Analysis and Research Findings

5.1 Overview

This chapter is meant to presents the data analysis and research findings of the present study, as revealed by healthcare professionals participated in the study.

The chapter will discuss first the strategic planning formation process in the Palestinian health sector. Secondly, the chapter will move to discuss the external and the internal barriers that might affect the strategic planning process. Thirdly, the process of documentation of the strategic planning will be discussed and evaluated. Fourthly, we shall be discussing the timeframe of the strategic plans, and finally, the most critical stage of the whole planning process which is the implementation and follow up of the health strategic plans will be discussed.

A separate section will be devoted to compare what was planned with what was implemented, in order to assess how wide is the gap between planning and implementation within the Palestinian context and how that is compared to other nations.

5.2 Strategic planning formation process

This section is devoted to discuss the strategic planning formation process in general as practiced by planners in the Palestinian healthcare sector. The starting point of any strategy is to realize and understand the importance and the need for strategic planning. Next comes the process to form the planning team which consists of committed participants and stakeholders. Afterwards, an organization's vision should be developed, which represents a desirable future image of the organization. Then comes the need to set out the purpose of the organization and its main activities to reach its future destination, which represents the mission statement. Once all of these are decided, the team should

assess the external and internal environments. This step helps to identify uncertainties and deal with them. Identifying internal and external environment in the course of strategic planning is accomplished by the SWOT analysis. This step is needed to define, the strengths, weaknesses, opportunities and threats within the context of the organization (Shahin B. , 2011).

In the Palestinian public sector, strategic planning process is initiated on national level. All sectors and ministries participate in this process under the supervision and instruction of the prime minister. The government determines the approach of the planning process, then the council of ministers distributes this approach to all ministries of the government to be adopted.

The planning process within the government starts with every ministry study and analyses its current status compared to the previous periods, and examine its priorities and objectives for the next period. After that a team of planning members is formed from different sectors, characterized by planning practitioners, professionals, academicians and highly ranked managers in the ministry.

Following the direction of the Palestinian government, the Ministry of Health has taken the initiative to develop a national health strategy in full cooperation with the private health sector, NGO's, UNRWA, Medical Relief Society and the Health Work Committees, and other health participants of health services all over the country. Every institution or part of the health sector send people who are eligible to participate. The planning team is formed out of those members and headed by the minister of health, with the participation of the deputy minister of health and the assistant deputy for planning affairs. The team then starts the planning process in a sequence of meetings that ends with a national strategy for the health sector. Strategic planning meetings are

normally repeated periodically every three to six months according to their agreement to build a strategic plan for 6 years.

As part of the planning process, the planning team decides the vision, the mission and the objectives to be achieved by the health sector in the decided period. The team also decides the priority of the projects to be implemented as a result of the plan.

The National Policy Agenda (NPA), which is drafted by the Palestinian government, provides a reference framework for all ministries and government agencies in general, and more specifically during the planning process and the setting up of the national strategies. NPA is used as guide for the planning process of any government body, including the health sector.

The formation process of the national health strategy is conducted in a participatory approach with cooperation and engagement of all providers of health services and sectors. The planning team start the process by reviewing previous strategies and analyze previous achievements and indicators. The current health situations are analyzed by means of a SWOT analysis. Then after multiple meetings and discussion sessions the objectives to be achieved are agreed upon. Next the ministry decision makers decide for a suitable budget. Afterwards a national team representing all health stakeholders is established for the sake of developing the national health strategy with support from the World Health Organization (WHO). Several meetings were held by the national team with consultations of healthcare providers and MOH to prioritize strategic objectives and formulate outputs of programs. Finally, a discussion with donors is held to decide for the budget, then the final draft of the strategy is ready to be approved from the minister of health and the council of ministers.

To evaluate the Palestinian health strategy, formation process was compared to other countries and formation process standards, to show any weaknesses and missed steps. After comparison with formation standards and other countries' formation process plans like Australia, UAE and Jordan, the following remarks were made on the formation process of health sector strategy.

1. **Standardization of the process:** It sounds professional practice to have a national scheme for all government bodies in planning their strategies for the future, however, it is not professional to standardize the process or the planning approach, and generalize that to all sectors. Sectors within any governments do have different nature, services, stakeholder, priorities, etc, therefore, it might need to have a different planning approach other than that decided by the national approach.
2. **Level of participants:** The second remark that we have on the formation process, has to do with the level of participants of the different stakeholders in the sector. Members of the planning committee of the ministry of health made this as a chief remark on the formation of the strategic planning team. They clearly stated their dissatisfaction with the level of the delegations sent over by other stakeholders. The level of participants of some delegations do not rise to the level of decisions makers, and the needed knowledge and experience that work to enrich the planning process. This was also noticed when we reviewed the list of participants of the different delegations of the strategic teams worked to formulate strategies over the years.
3. **Meeting schedules and commitments:** Many of the team members whom we interviewed were dissatisfied with the scheduling of the meetings and the seriousness of team members, with whom they worked. With regards to time scheduling of the meeting, they expressed frustration with the number of times a meeting is delayed or

cancelled. They also expressed disappointment with the commitment of other delegations rather than the ministry delegation. This is reflected on the seriousness of the participants and effectiveness of the follow-up process. Participants with whom we interviewed talked frequently about absence of members of the delegations, which is reflected on the quality of their participation.

4. **Lack of knowledge of the formation process:** it turned out that the details of the formation process itself is not well-known by stakeholders. This, in many occasions, created disputes among delegations, as some delegations think of different approach is to be adopted. Some teams participated in the planning process with minimum knowledge and experience in the whole planning process, and not only with the formation process. We believe that some orientation training should be practiced to all delegations' members before the planning process. Attendance of such orientation should be made obligatory for all team members who plan to participate in the planning process. We believe that will enhance harmony among planning team members, and significantly reduce conflict among them.

5.3 External and internal barriers to strategic planning

One of the major factors that works to enhance the effectiveness and the outcome of the entire planning process, is to be aware of the external and internal barriers that work to hinder the planning process. Out of our discussion with the health sector planning team, we came across some barriers both on the external and internal levels, that were classified as hindrances to the planning process and work to reduce their success rate. Below the intention is to discuss these barriers, and to make them clear so that they can be avoided in future plans.

5.3.1 External barriers to strategic planning

External barriers include those barriers that lie out of the control of the planning teams, and do have direct impact of the planning process itself and its effectiveness. In what follows is a description of these barriers with some details of how they influence the planning process.

1) Political instability

Strategic planning in general requires high level of stability, to allow planned projects to be implemented and traced. Instability definitely, hinder the planning process, since the future based on which the plan will be set is not guaranteed, and serious deviation from the course of action that was anticipated took a completely different direction.

As detained by strategic team members we interviewed, all of them emphasized that the ongoing constraints and obstacles imposed by the Israeli occupation undermine the development processes in all sectors including the health sector. These imposed measures by the Israeli military occupation is counted as the most critical hindrance of the entire planning process, which works to reduce the effectiveness and outcomes of planned projects. This is more pronounced in Area C and Jerusalem where both political, security and administrative affairs are all under the Israeli control. The same can be said on the southern governorates of Gaza strip, where a tough siege is imposed on that area since 2007.

Any development strategies in those areas are hindered by the occupational authorities. Generally speaking, for a government to draft a plan and to implement it, requires stability at least for the planning period of the strategy. This is very difficult to realize in Palestine, so any future plans and objectives may change and not achieved according to the political situation and agendas in the country.

2) Economic conditions

The Palestinian economy is strongly linked with that of the Israeli economy. It has very limited options to flourish, especially that the Israeli authorities are in full control of borders and resources. This situation makes it very difficult to set long-term strategic goals and objectives. Strategic planning for any institution should occur in a stable and self-control economic conditions (Giacaman & Abdul_Rahim, 2003), which makes it easy to plan, fund and implement projects that work to achieve the pre-set goals of any strategy.

Participants in the study emphasized instability of economic conditions as a major hindrance before effective planning and implementations of strategic goals, because of the volatility of national economy, and the complete trail of the Palestinian economy with that of the Israeli economy.

In that respect, a key participant expressed “we are facing a hard environment to deal with. Actually, it’s known that a lot of project and objectives are not achieved because of economical situations and financial shortage, and it’s an excuse for that goal not to be achieved or ask about it”.

And the chairman of the association of the private sector said that the public sector suffers from financial shortage and lack of financial support, and some project like Khalid Alhassan Hospital for cancer is still a project to be implemented for 3 years”.

3) Instability of international funds

Developmental projects and initiatives in Palestine are almost entirely funded by foreign aid organizations. Funds flowing from international aid agencies represent the major source for developmental projects recommended by strategic plans. The dependency, over the years, on foreign aids, which fluctuates based on political

atmosphere, resulted in fluctuation in funding and realization of developing projects, especially those stemming out of strategic plans. As noted by participants in the study, realization of strategic projects has undergone ups and downs phases following the fluctuation of foreign funds. For instance, nowadays Palestine is facing a boycott from some countries mainly from the United States and some other countries, which resulted in drying some of financial resources that used to be employed in funding developmental projects.

Participants in the study noted that the vast majority of projects proposed by strategies are funded by foreign donations, and local organizations, especially in health sector are fully dependent on these organizations. They noted that building new hospitals, opening up new sections, adding new services, buying medical equipment, training medical staff, etc. all rely on the availability of foreign donations.

5.3.2 Internal barriers to strategic planning

Internal barriers are more concerned with local Palestinian context, which are more or less under control of local authority and can be managed by them. Local experts and strategists reported below the major local barriers.

1) Financial resources

The health sector in Palestine is financed by the central government budget, the UNRWA budget, and the funding provided by international organizations and NGOs. The government budget is used mainly to finance the running cost of the health sector. As has been explained above, in the section related to external barriers, expansion and development is funded by foreign and international organizations. This funding scheme creates a crisis for developing and realizing strategies for the health sectors, as the

participants in the study have revealed. When foreign and international funding is guaranteed, then strategies can be thought off and can be achieved, other than that, nobody can think of proposing or developing strategies.

This situation, in which there is no room for financing strategic planning activities in the health sector locally is very critical, as it makes these vital activities placed under the mercy of international aid organizations.

However, the situation is different in the private sector, most of private hospitals and centers are owned by local individuals or businesses, where the financial support comes from stakeholders and owners of these institutions. The health private sector has expanded rapidly in the past few years, where increasing number of private hospitals and medical centers offering special types of curative care such as maternity and obstetrics, surgical and in vitro fertilization (IVF) services, do work to supports the public health services. However, a comprehensive system of adequate and reliable data about the private health sector is still lacking. Yet a prominent aspect of the private services is their concentration in the urban areas.

2) Lack of commitment of participants and stakeholders

The national team of health strategy 2017-2022 included 58 members, selected to participate in setting up the national health strategy. However, lack of commitment is witnessed from high percentage of participants, as remarked by the organizing committee of strategy. As the committee meet every quarter, the number of attendees members do not exceed 60% as they said. And from the 58 members who should participate in building the strategic plan, some of them said by themselves that they do not attend the periodic meetings. Reasons of not attending are that they waste time and some said that no need to be there, and others can't make it because of heavy work,

despite that it's their duty to be attend. This lack of commitment and lack of seriousness in dealing with the issue, reflected on the quality of the plan and plays some role to reduce its success rate.

3) Lack of agreement between health sectors and partners

The strategic planning should be a harmonizing process that invokes all health stakeholders working together to achieve enhanced health conditions and services. However, it seems that the situation is different from what it should be. Interviewees remarked that every stakeholder has been pushing towards achieving their private agendas as they consider each other's as competitors in the health field. Unfortunately, some of those whom we interviewed reported that some stakeholders even tried to create obstacles before drafting an effective and professional plan. The Chairman of private sector said that the private sector suffers from returning to the public sector to get licenses for expanding hospitals and centers and get new medical departments that aren't available in the country, but the public sector delay or even refuse to give licenses with many excuses, and the worse that the public sector itself doesn't has the ability to offer these new medical services. Here, it needs to make a collaborating environment between the two sectors to come up with positive results that returns good for all.

4) Lack of professional awareness in strategic planning

There should be a deep awareness of the strategic planning process from the side of all participants of the national team. This definitely will impact the quality of the plan, and works to hinder its practical implementation later on. As mentioned before the members who don't attend meeting have no awareness of the importance of strategic planning process to reach success, or the committee itself doesn't distribute awareness of

importance of the process. Some of members expressed that meeting are for controversy and health stakeholders can't meet in one meeting and come up with new ideas. And some said that if someone didn't attend why should I attend to hear what others say. Others complain of failure of accomplishing project between the health stakeholders. So, to make it clear for everyone, the strategic planning process should be expressed for every partner and awareness of its importance has to be distributed between every member, and present the positive future impact of the planning process.

5.4 Strategic planning documentation process

This section is meant to review the strategic plan documents and to assess the documentation process itself. Documentation is very fundamental in the planning process, where the outcome of every single step should be documented. Assessing the strategic plan document is an important part of this research. The strategic plan document is the tangible output of the whole strategic planning project, and the quality of the document produced is a reflection of the goodness of the whole planning project itself, as remarked by (Whelan & Sisson, 1993).

It is to be remarked that the published strategy documents do not contain the technical details of the proposed projects. An additional document should be produced to give technical, financial, and other details for the proposed projects to be funded and realized. A strategic plan document varies across organizations, some include most or all parts of a formal strategic plan document, such as vision and mission statements, values, strategic issues, assumptions, objectives, strategies, and KPIs. Other organizations include just a few according to the requirements of the organization.

When looking at the documentation process and the strategic plan document of the

Palestinian healthcare sector, it shows that it covers all elements and parts of a formal strategic plan document mentioned above, as vision and mission statements, values, strategic issues, objectives, strategies, KPIs. And they even included an analysis of the current situation besides the SWOT analysis and more components in reference to a professional strategic plan (WHO, Health system profile, occupied Palestinian territory, 2012). This reflects that there is a good level in creating a strategic plan document within the Palestinian context in the health sector.

Although the first national health plan was developed with inputs from many stakeholders, several researchers have expressed serious concerns regarding the planning process overall; with claims that the non-ministry stakeholders were not effectively involved in the successive planning and policy-making process (WHO, Health system profile, occupied Palestinian territory, 2012). There has been no overall development policy around which national and provider specific policies could be developed. But with years the MOH with its staff learned to build a strategy document covers all required contents, and that's maybe to fulfil donors' requirements to support development projects. On the other hand, although many of the objectives in successive national strategic health plans were clear and restricted, few have had target completion times or adequate budget preparation and prioritization.

5.5 Strategic plans follow up and implementation

In order to follow up with the strategic plan we need to measure the performance of the strategy implementation, there should be three steps to end up with a good flow of the process; monitoring, evaluation and modify or control. Therefore, there should be a system or a responsible team to monitor, evaluate and control the process to be in

parallel with the strategic plan objectives and outputs, and effective audit designates where improvements are required.

These steps are like keeping the plan up to date and to keep it remains effective and flexible to any changes or risks that may occur.

Implementation is the action taken by organization members aimed at accomplishing formulated strategies. Implementation is important to organization performance because strategies do not add value unless properly implemented (Hahn & L. Powers, 2010).

The implementation process, completes and gives a meaning to the cycle of strategic planning and to have the process and its activities applied on the ground, and not having it on papers and just documents to make reports, it moves strategic plan from being a hypothetical story to being a true story (Moore, 2000).

Unfortunately, the follow up and implementation of the strategies in healthcare in Palestine are considered weak, and rather limited. Periodical reports from the strategic team of what is accomplished and what is not of the proposed projects, were not found. Despite of the availability of monitoring and evaluation department related to the strategic planning department of the MOH. It is estimated that the average percentage of the implemented projects ranges between (30% - 40%), which is rather low. As explained by team members, reasons are referred to Israeli military occupation and the lack of financial resources.

In fact, strategic documents are prepared in a professional manner and contains all essential parts and steps, but when it comes to the implementation part, lack of effectiveness can be easily reported. Some of the interviewees referred this ineffective implementation to the lack of cooperation between the MOH and the ministry of Finance, which is the direct internal funder of the proposed projects.

5.6 Planning versus implementation of strategies

The first official Palestinian National Health Plan was published in 1994 by the Planning and Research Centre, which is a Palestinian non-governmental body under the auspices of the Palestinian Red Crescent Society in exile. Besides serving as a baseline for the subsequent five-year national plan of the MOH, the 1994 National Health Plan clearly stated the overall objectives of the national health policy as well as the key priorities for health system reform. Then developed the Palestinian Investment Program for the two years (1996-1997), then moved from its short-term format to the medium-term plan format, where the tripartite Palestinian Development Plan (1998-2000) was prepared, followed by the preparation of the first five-year development plan (1999-2003) as a general and comprehensive framework for economic development in Palestine, and included a review of the changes that took place in the health sector following the inception of the MOH. Besides addressing system-wide development issues, the plan provided micro-level assessment of needs, resources and the feasibility of changes in many areas, e.g. the number, type, and geographic distribution of primary care clinics and the different types of health care providers. Despite the difficulties and obstacles surrounding it, the PNA was able to develop plan after plan in order to develop the last published National Health Strategy Plan 2017-2022.

After a lot of searching efforts, I barely found information about the 5 national health strategy plans since the formation of the Palestinian government. These are; NHSP 1999-2003, NHSP 2008-2010, NHSP 2011-2013, NHSP 2014-2016 and the NHSP 2017-2022.

Although the first national health plan was developed with inputs from many stakeholders, several researchers have expressed serious concerns regarding the

planning process overall, with claims that the non-ministry stakeholders were not effectively involved in the successive planning and policy-making process. There has been no overall development policy around which national and provider specific policies could be developed. Although many of the objectives in successive national strategic health plans were clear and restricted, few have had target completion times or adequate budget preparation and prioritization.

Although analysis of plan implementation is the responsibility of the MOH in cooperation with other health providers, there have been no regular reviews or updates of these strategy documents, in terms of its objectives, planned projects, or the change of environment that might affect the implementation phase of the strategies.

Despite the large number of National Health Plans, goals and projects to date, the declared goals remain far from being met, this failure was mainly attributed to three interrelated factors: endogenous Palestinian features, external donors' policies, and political destruction that severely influenced the stated goals and priorities. In what follows the intention is to review the effective implementation of the published healthcare strategies to date.

- NHSP 1999-2003

The first Five-Year National Strategic Health Plan, 1999–2003 was published by the MOH. This included a review of the changes that took place in the health sector following the inception of the MOH. Besides addressing system-wide development issues, the plan provided micro-level assessment of needs, resources and the feasibility of changes in many areas, e.g. the number, type, and geographic distribution of primary care clinics and the different types of health care providers. Since many of the goals included in the (1999–2003) plan were not fully achieved, these goals were repeated in

the next plans.

The main barrier to the success of this plan may be due to the shift towards other priorities following the start of the second Palestinian uprising, and lack of follow-up due to political and socio-economic instability.

- NHSP 2008-2010

The national health strategic plan for the years 2008 to 2010 contained most elements of a successful strategic plan, and seems that they knew how to develop a strategic plan with all elements. As it included a vision, mission, objectives and a key steps to develop the plan which were; Strengthening the Health Policy and Planning Unit, Forming MOH technical committees, Invited the NHPSPC to meet in order to review and approve the general structure of NSHP, Coordination with different committees prepared the final draft of NSHP, Revision of the final draft, Endorsement NSHP, Distribution of the NSHP, Follow up and the Time Frame.

But the indicators were selected in order to view the best situations, and the SWOT analysis was shortened to challenges and opportunities. Moreover, the reasons for then failure of the plan were also the lack of follow-up, political reasons and lack of financial resources, as the plan itself mentioned that some sub objectives have not yet been funded with adequate budget (MOH, Ministry of Health MOH, 2008).

- NHSP 2011-2013:

This strategy focused on a few specified priorities like the health insurance, and getting results through the strategic framework, and it included a strategic direction of work and objectives, besides actions, outcomes, results and indicators, costs and means of verification. Approaches of this strategy development were set in a professional way, which included planning process, and it mentioned adopted the approach of

participation between health partners, also analyzed the situation and it considered the past experience and plans.

This strategy is a professional made strategy, it included all strategic plan pillars and details, but there was a problem regarding the implementation of the plan as it didn't specify who will be responsible of the implementation process, they gave the responsibility is to the directorates of departments. On the other hand, I think that there should be an external team responsible of the implementation process. And that's why some of the objectives were not attained even till these days, like maintaining and strengthen public-private partnership, and promoting health behaviors.

Finally, they forgot the quality of the healthcare services, as there was shortened quality services and low-quality health workforce.

- NHSP 2014-2016:

The preparation of this NHS is a result of participation of all key partners of the health sector under the leadership of the Ministry of Health (MOH). This strategy was developed based on a review of the outputs and outcomes of the 2011-2013 National Health Strategy as well as other national achievements of recent years. It considers the current situation in Palestine, the Israeli occupation and its obstacles, the socio-economic situation, the governmental financial crisis including lack of resources, and increased debts, and the need to enhance the health situation in Palestine.

The national health strategy is based on the vision of the MOH and health sector partners of a healthy society through an integrated comprehensive health system that operates with equity, efficiency, and meets international standards to ensure patient safety. The evidence-based and participatory strategic planning approach has been adapted to formulate this strategy.

The NHS comprises three main programs in accordance with the ministry's program budgeting process, including "sustainable high-quality primary healthcare services and promoting healthy life style", "high quality secondary and tertiary healthcare services, and "administrative and governance program".

But this strategy focused on the national health objectives more than specific objectives which interested and care of citizens themselves; like decreasing the waiting time at the hospital or facilitating the way of the ambulances to the hospital. There should be many problems to be discussed and resolved to make it easier for every citizen to have his right of health.

Also, the plan specified the monitoring and implementation responsibilities in a general way.

- NHSP 2017-2022:

This plan is developed according to the agreed national strategic planning approach for the six years 2017-2022, the Palestinian government launched the national strategic planning process for different sectors, and the National Policy Agenda developed to provide the overall national reference for all sectoral strategies. On this basis, the Palestinian MOH, in cooperation with all health sector stakeholders, prepared and developed this strategic plan.

The plan adopted the working towards nationalizing health services, but we still have a lot of challenges and problems from 90s till these days, like financial crisis, shortage of personnel and qualified professionals in certain fields, high prevalence of some diseases, low healthy lifestyle means and awareness, and for sure the Israeli occupation.

5.7 Main findings and their relation to the research question, existing body of knowledge and contribution sought.

The purpose of this section is to link the purpose and questions of the research with research findings related to questionnaires, interviews, literature and analysis of the national strategic plans. So, let's go through the following main propositions and discuss each one in relation to the strategic planning process in the Palestinian healthcare sector.

- Strategic plan formation process.

The planning process of the health sector has gone through multiple stages and has evolved over years since 1994, and the recent strategy plans themselves almost covered all strategic planning parts and seems to be perfect and done in a professional way. During interviews, the strategic planning formation process has been discussed with stakeholders, and compared to strategic plans documents and what is going on reality. It has been noted that the process is done step by step but not effective enough, and this refers to many discovered problems like incoordination between the healthcare stakeholders and a gap between public and private healthcare sectors, beside the shortage of financial resources and Israeli occupation. But creating process of strategic plan documents is effective as they end up with a perfect strategic plan document compared to other countries, despite that there are many objectives repeated and not achieved over years and not related to timeframes.

Another important issue to be mentioned is that there is a big problem regarding the implementation process, as the monitoring and evaluation process is depending only on periodical reports telling that this is done and this is not, with no actions taken seeking achieving objectives. Based on questionnaires' answers, it seems that the team has a

good level of planning skills without any need of external experts, and regarding meetings, they set periodical meeting to discuss and complete the planning process. The health strategy itself, forms a reference to all health sectors and stakeholders to have an enough knowledge regarding health situations in Palestine, as it covers all health subjects that affect citizens and affected by circumstances.

But all that and more is not enough to grow with the health sector and raise its level if the strategy forms a document just to show and distributed, and this will be discussed in the discussion part in the next chapter.

- Monitoring, evaluation and implementation process.

In general, the strategies included a monitoring and evaluation and implementation schedules and plans, also developed with years to be clear and simply followed, but if the team was an external team to monitor and implement the strategy, it would present more achieved goals and objectives, and will reflect on the health field.

- Achieving listed objectives and goals.

Based on questionnaires, objectives and goals were achieved every time with medium to high percentages, and they put them based on SMART approaches and build steps and plan to achieve them in a specified timeline and frameworks. But actually, if we take a look on the strategy plans, objectives and goals were not fully achieved and some are repeated over years, and also will discuss this part in the next chapter.

- Overcoming and conquering obstacles and challenges.

Obstacles and challenges are the same every plan and every year, there may be a little change, but the main two obstacles are the financial and occupational situations, which we are trying to overcome every year. All losses and failing achievements are attributed to these two obstacles, despite that the development can be done to what exists rather

than expansion to copy what exist.

All findings and reasons of why we are late and still developing our health sector will be discussed and go through what presented from interviews and individual discussions, will be discussed and presented in the next chapter.

Chapter 6

Discussion, Conclusions, and Suggestion for Further Research

In this chapter, the analysis and findings developed in chapter 5 will be discussed in regarding to what really happens through the planning process until implementation. Discussion will first cover the strategic planning formation process and will go through some internal steps which affect the planning process success and how participants are defective in proceeding on the process and its steps. After that, the internal and external barriers will be covered which concluded from the previously mentioned barriers and what mentioned from participants that affects the process in a negative way, which delay the results of the strategy plan. Then will talk about the strategy document itself and how this document been used after released and distributed over all health parts and stakeholders. Then will go through horizons and the role of monitoring and evaluation team which in reality limited to send reports of what has been done and what's not, without taking any legal actions for any delay or default of the process, which finally affects the implementations process, which depends on all health stakeholders and strategy steps to be done in an effective way, but unfortunately implementation process achieves 30% if achieved, from objectives and goals decided to be achieved, and that very low and should be improved.

6.1 Conclusions in regards to research propositions

After reviewing the planning process and the strategy plans in the healthcare sector as they are, obviously they are going smoothly on a good level and done with almost every strategy plan parts included, but if searching deeply and going through every step with every sector participant to see how really it is done, many conclusions will be developed which are the main explanations of what the country living now of poor and complicated health conditions, in spite of the good strategic planning process and a

good level strategy plan:

- Conclusion in relation to strategic planning formation

As previously mentioned, the strategic planning process done on a national standardization level, and each sector present its strategy plan related to and considering other sectors through many steps of strategic formation process, we do think that it would be wiser and more professional to give more freedom to strategic teams of different government bodies to decide their planning approach. This freedom in deciding the planning approach, will inspire the planning team to survey, study, and scan large number of strategies, from which they might gain more needed knowledge, good practice, and gives them higher planning flexibility suites their sector.

And after a long research and asking many heads of departments and stakeholders, some of them mentioned that there is a hidden reason of forming the strategy plan which is to get money from donors and supporting countries, as they ask for a strategy plan to study the internal situations and study the country's projects and requirements in form of future plans to develop. That's why donors send their representatives to be part of the planning process as a stakeholder of the national plan and the health strategy plan. And based on it, donors estimate costs of projects planned and try to cover it and pay for the government to implement those projects in a manner of priority.

During the process there were many meetings should be held and attended by health sector stakeholders, but the attendance and commitment level was low especially from head departments and directorates. Which is very important for them to attend because they are decision makers and they should know of every step going on regarding the planning process. And to confirm this, there were 58 participants of the last NHS 2017-2022 but when part of them have been asked about the strategy and the process, it founds out at the end that they don't attend meeting and don't know what even going

on, but why their names are in the list? And another thing to be mentioned, the presence of other health stakeholders like WHO, UNRWA, UNICEF, UNFPA representatives is high comparing to the public and private sectors representatives' attendance.

Another thing to mention, after many meetings and after each part of the health sector presents its plans and objectives, and finally they decide for one plan to implement, every sector get back to home and completing its own plan, as many of health participants mentioned that NGO's don't stick to the plan and they have their own plan for the country in participation with the government, and that also affect the NHSP.

The important thing to be mentioned, is that there is a sense of competition between the public and the private health sectors instead of working in a complementary way, as the public health sector in some way hinder the development progress of the private health sector, like delaying their projects and prefer to send the medical transfers to Israeli hospitals or other countries and don't benefit from the private sector's hospitals.

- Conclusion in relation to external and internal barriers

As mentioned in chapter 5 the external barriers to the strategic planning process in the Palestinian health sector were limited to the complicated political situations, and the instable economic low conditions.

But actually, their effect on the planning process are low, because we can develop a strategic plan includes objectives and goals in parallel with the available resources. In regarding to the political situations, the main thing that will affect the development progress is the area and expansion, on the other hand, the government can develop what is existed instead of expanding to develop a new premises or projects, for an example many hospitals lack medical departments needed and some lack x-raying and scanning, and in some hospitals the departments and machines are available but no experts to

work on it, middle areas need a respiratory doctors, and some areas need maternity hospital and so on. The public health sector can work with the private health sector to cover all shortage regarding medical departments and specialty doctors, in this way they can cover all needs for the benefits of citizens.

Also, despite the economic conditions, there should be a budget plan for donor's money and should not be spent haphazardly, and should be spent on priority projects and goals to achieve one by one, it had been 25 years from the first plan.

As for the internal factors, the financial resources are depending on donors and other supporting countries, but in these days, they are decreased because of political issues. But for how long we will stay depending on donors and their money? It has been more than 20 years, it's time to build a sustainable healthcare sector, and work on money tabulation in an effective way instead of wasting it.

Regarding to periodical meetings to build the strategic plan, unfortunately the data collected informs that attending levels and percentages are low comparing to what wrote in papers, despite the number of people who participate in the strategy plan, some told that he is too busy to attend such meetings, and some told that he attends important stages of the plan, and some send another employee instead of him, and so on. This is of course affecting the strategy plan in a way that when they will do the implementation process, some participants will have no idea regarding what's happening on and why this is done and this is not.

Another important issue discovered during interviews is the lack of agreement and level of competition and interceptions between health sectors and partners in the country, instead of working together in a complementary way to get the best results and development levels, they focus on their individual plans and their interests and try to

intercept others development process, but at the end on this way they will not reach anything and will keep flopping together.

The last thing is the awareness of the importance of strategic planning process and the strategy itself, seems that there is no enough awareness between employees of the strategic planning process and the strategy document, and it's hard for many of them to change and develop in parallel with the plan and objectives to achieve, as every employee affect or affected by the plan need to have the maximum awareness of why the planning process and for what, and need to know the importance of the plan and what exactly its main goals and objective to achieve, and what benefits will be returned on every employee and the institute itself after implementing the plan, otherwise the plan will stay a routine document to be distributed.

- Conclusion in relation to strategic documents

The planning process of the healthcare sector has gone through multiple stages and has evolved over years since 1994, and the recent strategy plans themselves almost covered all strategic planning parts and seems to be perfect with years and done in a good way. But unfortunately, despite the questionnaires' answers the strategy document after being prepared is distributed over all sectors and departments, and stays as a document to look at it, as it's the main goal to be achieved, as it is the most important thing to be done, and some of the objectives were achieved and some were not, moreover many goals and objectives were repeated over years and left unachieved. The strategy plan document has no importance if its stay as a document, it gains its importance from the next step which is the implementation step, the strategy plan is a document to be implemented, but if not implemented or done in a wrong way, it will return of financial losses and waste of time, besides the loss of confidence the employees will feel of the institution

and the planning itself.

- Conclusions in relation to planning horizons

Planning horizons are the means of time regarding the planning process itself and the implementation from the time it's started to the end of it and may cover a period of 6 years for an example. In the Palestinian healthcare sector, the situation is different because the NHSP is done in parallel with the NSP and the government announces when to start the process and what shall be done in every period of time, so its somehow a national governmental process so every sector stick to deadlines to submit documents prepared. And regarding planning horizons and times between meetings and planning's process progress in the health sector, participants told that they meet in periodic planned meetings until they prepare the strategy plan document to be submitted, but they have a problem with the implementation process itself as it is limited to send reports with no aggressive monitoring and evaluation process.

- Conclusions in relation to implementation

As mentioned, the implementation process is the golden part of strategic planning process, as it gives the meaning and importance of the strategy plan, and all working period and meetings and objectives will all pour in the implementation process. This research is regarding the effectiveness of the strategic planning process and didn't go deeply through the implementation process, but what gained of information and data regarding the implementation is worth to be written for other researchers to go through it.

Despite the existence of strategic planning, quality planning, monitoring and evaluation departments at the Ministry of Health, some participants and stakeholders

reported that the implementation process is limited to send reports to the heads and government of what is done and what is not, and majority of reports ends up that some projects or goals and objectives are not achieved because of financial or political situations, and that is normal and routine. The government execute projects which return to its priorities and what should be done according to their needs, and the private sector implement what is limited to expansions and opening of new medical departments and centers lack of serious studying and seeking commercial returns. Other healthcare partners refused to give any information regarding this and other parts.

6.2 Evaluation of the effectiveness of strategic planning within the Palestinian healthcare sector

As mentioned since Oslo Accords, efforts were made to develop a healthcare plan for the country, and the first official national healthcare plan was published in 1994 and aimed to regulate the health sector and integrate the activities of the four main healthcare providers: the Palestinian Ministry of Health which present the public sector, NGO's, UNRWA, and the private sector.

There have been several national health strategies in the past including the 1994-1998 National Strategic Health Plan, and the 1994-1996 Interim Action Plan during the transition period after the Oslo Accords. The MOH also produced a National Strategic Health Plan for the period of 1999-2003. In 2001, as a joint effort between the MOH and the Ministry of Higher Education, a Human Resource Development and Education plan was developed. Also, the National Health Strategic Plan 2008-2010, was focused primarily on improving the main building blocks of the health system, and the National Health strategic Plan 2011-2013. Achievements over the past years include the drafting

of the national health insurance law, and the initiation of the Palestine Medical Complex, and access has improved as clinics have been established in many remote villages. And finally comes the Country Cooperation Strategy for WHO and the Occupied Palestinian Territory 2017-2020, which is a WHO's medium-term strategic vision to guide its work in support of a country's national health policies, strategies and plans and to support a country's development efforts within the Sustainable Development Agenda (MOH, Palestinian Ministry of Health, 2011).

The Department of Health Planning (DHP) at the Ministry of Health bears the brunt of the healthcare planning process in collaboration with other health partners and stakeholders, to serve Palestinian people meeting their needs and priorities and achieving quality of health through peripheralization of health services, community participation in decision-making and intersectoral cooperation. The DHP uses participatory and data-driven approaches to generate reliable plans for health development. The DHP serves as a gatekeeper to link data to the decision-making process by verifying collected data and utilizing research methods, so these planning decisions are proactive, scientifically based and cost-effective. Additionally, the DHP serves as a leading edge in monitoring, coordination and evaluation for the implementation of health plans (WHO, Health System Profile Palestine, 2006).

After analyzing questionnaire, interviews, healthcare situations, and going through every step of strategic planning process in the Palestinian healthcare sector, it is found that there is an effective process steps to develop the strategy, but not an effective strategic planning, compared with strategic planning steps and components, it is effective. But the results don't meet the objectives most of the time (30-40) %, and there is a big problem regarding the implementation process which don't meet goals over

years.

Despite of the external and internal barriers mentioned previously, the reasons refer to lack of commitment and not taking the strategic planning process concept seriously, and lack of cooperation between health partners in meetings and in the health sector.

When analyzing the health strategy plans documents themselves, especially the last one, compared to other health strategy plans made by other areas like the Australian health strategy plan 2019 (Health, 2019), it is found that it covers most strategy components conducted on a high level of formation and competing successful countries' plans (MOH, Palestinian National Health Strategy, 2017).

6.3 Theoretical contribution to the body of knowledge

This thesis searches the strategic planning process in the Palestinian healthcare sector, conclusions of the study contributed to improve the formation process of the strategy plan and focuses on every step of the process till the implementation process where it has to be focused on and improved as well.

Theoretical contributions of this research to the literature are as follows:

- 1) Formation of the strategic planning process and its steps within the Palestinian context. This study contributed to fill the gap of assessing the quality of strategic planning process within the health sector and its steps, where no existing of literature regarding this subject.
- 2) This thesis links the strategy plan document itself and its results with the real application in the Palestinian health sector over years, and this found by measuring the main objectives and goals of national health strategic plans with what happens on reality within the health sector.

- 3) Quality of the health strategic plan document. This study describes the quality of the national strategic plan itself, and provides a list of strategy plan contents that should be included in the strategic plan.
- 4) The study justifies the reason behind impaired implementation procedures of the strategy plan document and failures to comply with what has been agreed upon within the strategy document by all health stakeholders and partners.
- 5) In this study, the external and internal barriers to the formality of strategic planning process were negotiated, besides the political influences on the healthcare sector strategic planning procedure and results, which supports the literature regarding the strategic planning process within the Palestinian healthcare sector.

Finally, these contributions can be researched and developed by researchers in the future, to give further knowledge regarding the subject and fill more gaps within the literature that this study didn't discuss.

6.4 Implications to management level of healthcare sector

In regarding to the managerial level of the healthcare sector, this thesis presents elements of the strategic planning formation process and steps, and focuses on complications happens during the process to revise and arrange them to complete the process in a professional and effective way which will return in a high percentages of goals achievements.

And the study, determines the importance of each step of the strategic formation process, which make the management team to focus on every step and done it at a high and complete level with cooperation with health stakeholders at the country. Moreover, they should encourage the communication process between health partners to get

maximum experience and efforts, and need to enhance commitment in meeting and time horizons which also affect the results of the process.

Another thing that they should focus on analysis tools especially for barriers, and try to eliminate those barriers and their influences whether its internal or external as much as possible, so they don't be repeated on every plan.

Regarding the implementation process, there should be a serious monitoring and evaluation role from the management team to assure executing of every content of the strategy plan based on an agreed time frame, otherwise the strategy plan will stay as a document to be handed as mentioned.

Finally, with more work and monitory and internal loyalty, the Palestinian healthcare sector have a chance to be developed to a higher level, but it needs all from the government and the healthcare heads to take upon themselves improving the quality of formation steps and coordination between stakeholders to improve results and achievements.

6.5 Implications to the political level of healthcare sector

Getting back to history during and after the 1967 occupation of the West Bank and Gaza by Israel, there were three systems for health service provision operating in the area. The governments of Jordan and Egypt supervised the public system in the West Bank and the Gaza Strip, respectively, while UNRWA provided health services for refugees. The private sector included charitable organizations operating major hospitals and diagnostic centers or primary care centers. Following the occupation, the Israeli Civil Administration (under the Ministry of Defense and not the Ministry of Health) took over the governmental health care system and proceeded to administer it in a manner

that kept it weak and underdeveloped, with severe budget restrictions, referral to Israeli hospitals for tertiary care, and restrictions on licenses for new medical and health care projects, thus creating a total dependence on the Israeli health system. In addition, health service delivery in that era was characterized by the disempowerment of the Palestinians in decision-making and top-level management. Although the actual service providers were all Palestinians, institutions were not developed to meet the changing needs and growth of the Palestinian population, nor were they strengthened so that they could function autonomously (Giacaman & Abdul_Rahim, 2003).

The Palestinian Ministry of Health was established in 1994, with time with the assistance of donor, NGO's and private sector, they tried to reform the health system and rebuild a health sector capable of providing health services to cover Palestinian citizens. Despite of the apparent progress to build a powerful health sector, and because of the ongoing conflict and occupational crises, the health sector suffers from historical influences till these days.

Implications that the healthcare sector suffers from the political situations summarized as follows:

- The health system in the occupied Palestinian territory is operating under severe pressure due to rapid population growth, lack of economic opportunities and adequate financial resources, shortages in basic supplies and the inherent limitations of occupation or blockade. The coordination and collaboration challenges between the West Bank and Gaza Strip are further impediments for efficient health sector planning and management (Manenti, 2015).
- An insufficient health-system infrastructure and a shortage of essential medical equipment, staff, and drugs (Manenti, 2015).

- Access to health services is restricted through the separation wall and checkpoints, which prevent patients, health personnel and ambulances from directly accessing the main Palestinian referral hospitals located in east Jerusalem (Goyet, Reinicke, Macdonald, & Donald, 2016).
- The hundreds of Israeli checkpoints that are opened and closed on a whim, coupled with the back-to-back patient handover system for WBG-East Jerusalem ambulances, have caused the conditions of severely sick patients to deteriorate and led to numerous cases of mothers giving birth at the checkpoints (Goyet, Reinicke, Macdonald, & Donald, 2016).
- The closed borders with Jordan and the outside world hamper the importation of several advanced-technology machines, especially those using radioactive material, such as advanced PET, Gamma Camera, Gamma knife (Manenti, 2015).
- Visa restrictions prevent highly qualified medical staff who do not hold a Palestinian ID from returning or even visiting for short periods to help develop the system and train medical staff (Manenti, 2015).
- The strict closure of Gaza since 1993, and even more so since 2007, has drastically worsened the health situation there, increasing general morbidity and mortality among Gazans, especially with regards to infant and maternal mortality.
- Continuous physical injuries and disabilities, and damage to and destruction of medical infrastructure and facilities as well as impediments to the safety of health care workers.
- The effect of prolonged occupation and human rights violations on mental and physical health, particularly the health consequences of the Israeli military detention system on Palestinian prisoners and inadequate access to health services.

- Financial dependence on donor funding, which is subject to fluctuations depending on political considerations (Goyet, Reinicke, Macdonald, & Donald, 2016).

6.6 Limitations for the research

This thesis has of course many limitations have to be mentioned, regarding area and site of the study, sample size and health participants, data collected and references.

First, this thesis is about Palestinian context, but actually it didn't cover situations in Gaza and because of difficulties of access and occupational closures imposed on the strip.

Second, sample size was limited to healthcare stakeholders and participants, but NGO's and UNRWA refused to fill any questionnaires or make any interviews, for political complicated reasons, and some data have been collected from personal relations.

Third, references in Palestine regarding the subject are non-existent and difficulties faces in finding data and references regarding strategic planning in the Palestinian health sector and effectiveness.

6.7 Recommendations for further research

While elaborating the thesis, several important issues are outside the scope require further research by researchers as follows.

Strategic planning of the healthcare sector in Gaza Strip need to be studied and investigated to complete all Palestinian healthcare sector strategic planning study, researchers from Gaza are encouraged to research this field their and add it to literature.

Another important thing to be researched is the implementation process of strategic

planning in the Palestinian healthcare sector, as this will clarify the relationship between the strategic planning formation process and the results achieved at the end.

Finally, researchers encouraged to try closing gaps in this study and open new area of research to fulfil the literature regarding the subject.

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Appendices

Appendix 1

- What is the nature of the work of the organization and if it has a strategic planning department and team or not?
- For how many years do the organization plan?
- On what the organization depend to do the planning process?
- Do they consider internal and external barriers?
- Do they follow the SMART technique and a defined timeline?
- Do they translate the strategic planning outcomes into projects to be implemented?
- Do they have a monitoring and evaluation team to follow up with the implementation of the plan?
- Do they have indicators to be measured to evaluate the success of the plan?
- To what extent do you think the planning process and the strategic plan are important for the success of the organization?

Appendix 2: Questionnaire

The Arab American University
Highly educational Department
Strategic Planning and fundraising



الجامعة العربية الأمريكية
برنامج الدراسات العليا
تخطيط استراتيجي وتجنيد أموال

فعالية التخطيط الاستراتيجي في القطاع الصحي الفلسطيني

هذه الدراسة تهدف الى تقييم "فعالية التخطيط الاستراتيجي في القطاع الصحي الفلسطيني". يرجى تعبئة الاستبيان بدقة علماً بأن إجاباتكم تستخدم لأغراض بحثية فقط ولن تستخدم لأغراض أخرى.

شاكر لكم حسن تعاونكم.

الباحث: طلعت الحتو.
بإشراف: د. خالد رباعي.

أسئلة حول المؤسسة

تصنيف المؤسسة	- حكومية - قطاع خاص - منظمات غير حكومية
عمر المؤسسة	
عدد الموظفين	
طبيعة عمل المؤسسة	- وزارة - مستشفى - مجمع طبي -
عدد الخطط الاستراتيجية التي تم إطلاقها	
موازنة المؤسسة	
الميزانية المخصصة للتخطيط	
هل تمتلك المؤسسة قسم للتخطيط	
من هو المسؤول عن التخطيط الاستراتيجي في المؤسسة	

أسئلة حول الاعداد للتخطيط (مرحلة ما قبل عملية التخطيط)

من الذي يبادر لإعداد الخطة	
ما هي الأسس التي تتبعها المؤسسة لاختيار فريق التخطيط	
الى أي مدى يمتلك فريق التخطيط المعرفة اللازمة لإجراء عملية التخطيط	
الى أي مدى تشارك القيادة العليا للمؤسسة في عملية التخطيط	

هل فريق التخطيط هو نفسه فريق تنفيذ الخطة	
الى أي مدى تستعين المؤسسة بخبراء من الخارج لإنجاز الخطة	
الى أي مدى تقوم المؤسسة بشرح أسس التخطيط لأعضاء الفريق قبل البدء بعملية التخطيط	
هل تقوم المؤسسة بحملة إعلامية للترويج لعملية التخطيط قبل البدء بها	
ما هو الدافع الرئيسي والحقيقي لإعداد الخطة	
من هو الممول لمشروع اعداد الخطة	

أسئلة حول منهجية التخطيط (مرحلة إعداد وصياغة الخطة)

ما هي المدة التي تحددها المؤسسة لإتمام إعداد الخطة	
لكم سنة تخطط المؤسسة	
هل تحدد المؤسسة القيم التي ستنبثق منها الخطة. ما هي هذه القيم	
هل يتم تشخيص وضع المؤسسة الحالي قبل عملية التخطيط	
ما هو الأسلوب أو الطريقة التي تتبعها المؤسسة في التخطيط.	
هل تقوم المؤسسة بعمل تحليل سواط	
ما هي المنطلقات التي تحدد بناءا عليها أهدافها الاستراتيجية	
ما هي نسبة قابلية تحقيق الأهداف التي يتم صياغتها	
هل تراعي المؤسسة العوامل الخارجية والظروف السائدة عند وضع الاهداف	
هل تتبع المؤسسة في صياغة الأهداف المحددة نهج SMART وإطار زمني لتحقيقها؟	
هل تراعي المؤسسة توافر الموارد	

	البشرية عند تحديد الأهداف المحددة؟
	هل تراعي المؤسسة توافر الموارد المالية عند تحديد الأهداف
	هل يتم تحويل الأهداف الى مشاريع قابلة للتنفيذ.
	ما هي النسبة المئوية من الأهداف التي يتم تحويلها الى مشاريع قابلة للتنفيذ
	هل تحدد المؤسسة مؤشرات قياس موضوعية لقياس مدى نجاح الخطة الاستراتيجية
	هل يتم تحديد تواريخ خلال مدة تنفيذ الخطة لمراجعة مدى فعالية التنفيذ

أسئلة حول تنفيذ الخطة (مرحلة ما بعد إعداد وإطلاق الخطة)

	ماهي مخرجات عملية التخطيط لدى مؤسساتكم
	هل تمتلك المؤسسة خطة تنفيذية لتحقيق الأهداف الاستراتيجية
	هل يتم تحويل الخطة الاستراتيجية الى مشاريع تنفيذية توزع على سنوات الخطة
	الى أي مدى يتم صياغة مقترحات للمشاريع المنبثقة عن الخطة الاستراتيجية
	الى أي مدى يتم تحديد الجهة المسؤولة عن تنفيذ المشاريع التي تنبثق من الخطة الاستراتيجية
	الى أي مدى يتم تحديد فرق عمل لتنفيذ المشاريع المنبثقة عن الخطة الاستراتيجية.
	الى أي مدى يتم تخصيص ميزانيات لتنفيذ المشاريع المنبثقة عن الخطة الاستراتيجية.
	الى أي مدى يتم دمج نشاطات الخطة الاستراتيجية بالعمليات التي تمارسها

	للمؤسسة
	الى أي مدى تعتبر الأهداف الاستراتيجية هي المحرك لنشاطات المؤسسة.
	هل هنالك فصل بين الجهة المخططة والجهة المنفذة للخطة
	هل يتم توزيع الأهداف والمشاريع المنبثقة منها على الدوائر والاقسام المعنية في المؤسسة
	ضمن الخطط السابقة لمؤسستكم ما نسبة المشاريع التي نفذت الى تلك التي تم اقتراحها
	ما هو برأيكم سبب اقتراح مشاريع ضمن الخطة لم تنفذ. أذكر الأسباب كلها وحدد أهمها ...
	هل هنالك ضمن قائمة المشاريع من هو غير قابل للتطبيق ضمن المعطيات الموجودة في الواقع
	إذا كان هنالك من المشاريع من هو غير قابل للتطبيق لماذا تم اقتراحه أصلا
	هل تعتقد أن هنالك مبالغة في صياغة الأهداف واقتراح مشاريع خيالية غير قابلة للتنفيذ
	الى أي مدى يتم تقييم المشاريع التي تنبثق من الخطة الاستراتيجية

أسئلة حول تقييم مخرجات الخطة (مرحلة ما بعد تنفيذ الخطة)

	الى أي مدى احتوت وثيقة الاستراتيجية على خطة لتقييم مدى تحقيق الأهداف المعلنة
	الى أي مدى يتم وضع مؤشرات لقياس مدى تحقيق الأهداف المعلنة في الاستراتيجية
	الى أي مدى تعتبر هذه المؤشرات قابلة للقياس

	هل فعلا يتم قياس تلك المؤشرات
	من هي الجهة المسؤولة عن تقييم مدى نجاح الخطة
	ما هي المدة الزمنية التي يجتمع فيها فريق التخطيط لتقييم مدى تطبيق الخطة
	الى أي مدى تعتبر الخطة الاستراتيجية بشكل عام مسؤولة عن نجاح المؤسسة
	الى أي مدى يتم تعديل الخطة (او أجزاء منها) لتلائم الواقع الجديد الذي تمر به المؤسسة
	هل تعتبرون تقييم الاستراتيجية عملية فعالة للحصول على نتائج أفضل

أُسئلة عامة حول التخطيط (تختص بقناعات المؤسسة حول التخطيط)

	هل فعلا تعتبرون التخطيط الاستراتيجي فعالا لزيادة كفاءة مؤسساتكم
	هل من الممكن إدارة المؤسسة بفاعلية بدون خطة استراتيجية بنجاح
	الى أي مدى يعتبر التخطيط طويل المدى (الاستراتيجي) غير متوافق مع الثقافة السائدة في المجتمع ومع ثقافة المؤسسة
	الى أي مدى يعتبر التخطيط مناسب للظروف التي تعمل فيها المؤسسة
	ما هو المطلوب فعلا لإنجاح الخطط الاستراتيجية التي تبنتها المؤسسة

الملخص

يواجه قطاع الرعاية الصحية في فلسطين العديد من المعوقات منذ تشكيله، وقد بذلت محاولات عديدة لبناء القطاع الصحي في ظل ظروف الاحتلال. لذلك قد تم اعتماد التخطيط الاستراتيجي لتقوية القطاع الصحي وخلق فرص لقطاع متطور يمكنه استيعاب المجتمع الفلسطيني.

الغرض من هذه الدراسة هو تقييم فاعلية عملية التخطيط الاستراتيجي التي تقوم بها وزارة الصحة في قطاع الرعاية الصحية الفلسطيني وتقييم عملية التخطيط الاستراتيجي، بما في ذلك نظرة إلى الأوضاع الفلسطينية الداخلية والخارجية، إلى جانب تقييم خطوات بناء قطاع الرعاية الصحية الفلسطيني والخطط الاستراتيجية التي تشكلت على مدى السنوات.

يتضمن إطار هذا البحث نظرة عامة للتخطيط الاستراتيجي، ولمحة عامة عن قطاع وخدمات الرعاية الصحية الفلسطينية، وكذلك وصف وتحليل عملية التخطيط الاستراتيجي في فلسطين بما في ذلك الخطوات والمعوقات، ثم التوثيق والمتابعة وعمليات التنفيذ التي تم الكشف عنها، علاوة على ذلك، تم إجراء تحليل مفصل لكل خطة رعاية صحية أولية وأساسية من التسعينيات حتى هذه الأيام.

تظهر نتائج الدراسة أن قطاع الرعاية الصحية الفلسطيني لديه فرصة كبيرة للتطور إلى مستوى أفضل من خلال اعتماد عملية التخطيط الاستراتيجي، مع روح التعاون والالتزام من جميع الشركاء. وتعتبر عملية إنشاء وثيقة الخطة الإستراتيجية فعالة ولكنها تحتاج إلى متابعة صارمة وتنفيذ مراقب في السياق الفلسطيني فيما يتعلق بالمعوقات الداخلية والخارجية المذكورة.

كما يلعب القطاع العام دوراً رئيسياً في عملية التخطيط والذي يقع على عاتقه مسؤولية كبيرة لبناء قطاع الرعاية الصحية بالتنسيق مع القطاع الخاص، ولكن هناك فجوة كبيرة بين القطاعين تحتاج إلى حل، لتنتهي بخطة استراتيجية فعالة وأهداف فعالة يجب تحقيقها وتنفيذها.

بالإضافة إلى ذلك، تشير النتائج إلى أن عملية التنفيذ ضعيفة وتحتاج إلى المراقبة والتقييم ضمن جداول الزمنية وأدوار موزعة لتطبيق الخطط والحصول على أفضل النتائج.