Guidance on Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Originally used to identify the strengths, weaknesses, opportunities, and threats of an organization or company, the SWOT analysis has been adapted for many purposes. The SHOPS project has found it to be a useful technique for synthesizing information gathered in the conduct of a private health sector assessment. As illustrated in the table below, when applied to a private health sector assessment, a SWOT analysis identifies strengths and weaknesses that are internal to the private health sector and opportunities and threats from the external environment. A SWOT analysis can be done for each specific aspect of the private health sector being assessed, such as service delivery, or applied more broadly to the overall private health sector. Past assessment teams have had success applying the methodology both ways.

SWOT analysis adapted for a private health sector assessment

	Strengths	**Weaknesses**
Internal	Strengths are elements of the private health sector that work well and increase access to essential health services. Examples include demonstrated organization of the private sector, exemplified by the existence of (a) professional association(s). Recommendations should build on the existing strengths of the private health sector.	Weaknesses are aspects of the private health sector that impede its ability to contribute to health needs. Examples include poorly trained practitioners and insufficient reporting of communicable diseases. Recommendations should suggest solutions to identified weaknesses.
	Opportunities	**Threats**
External	Opportunities are conditions external to the private health sector that can lead to the achievement of health objectives. Examples include favorable views of the private health sector among public sector officials. These factors should inform recommendations or planned interventions.	Threats are external factors that can hinder private sector contributions to health. Examples include restrictive regulations on private practice and high import taxes on medicines and medical products. Recommendations should address ways to overcome these threats.

Teams that employ SWOT techniques typically begin the process after the first week of in-country data collection (assuming a total duration of two weeks). Unless they are traveling to another region, teams often gather for a "retreat" during the weekend, taking a break from field work to digest the information collected through interviews and site visits to begin formulating preliminary findings. A suggested process, with approximate time requirements, is as follows:

- The leader **orients** the team on the purpose, ground rules, and expected outcomes from the group discussion. It is important to convey the expectation that this is an open forum where all ideas are heard, considered, and respected, even if there are disagreements (15– 30 minutes).
- Team members **individually** assess strengths and weaknesses of the private health sector, and note any potential opportunities, or conversely, threats to a greater role for the private health sector. The focus can be broad, spanning across the private health sector, or it could be on specific technical areas as assigned to each team member. It is helpful to have access to flip charts or wipe boards so team members can display and present their findings (1–2 hours).
- As a group, the **team considers each member's findings** and determines where there is consensus, as well as areas of disagreement. The team leader plays an important role in facilitating a respectful and open exchange of ideas, where all team members feel comfortable sharing their thoughts and impressions, and no one person dominates the discussion (1–2 hours).
  - Areas of agreement form the basis for the "story" of the assessment, to be further validated, or possibly challenged, during the second week of field work. If so decided, the team can begin to explore root causes of their findings (see Root Cause Analysis).
  - Areas for which consensus is not reached are noted and tracked during the remainder of the field work. These findings are not invalid, but may not be as high of a priority as areas for which consensus was reached.
- The team produces a preliminary SWOT output, to be further informed by additional stakeholder interviews, site visits and printed material. The team leader can assign specific tasks to individual team members to address during the remaining field work (1 hour).

An example of a SWOT template that incorporates root cause analysis is available from the Malawi assessment conducted by SHOPS.