

SEA-HSD-315
Distribution: General

Regional Workshop for Trainers on Sub-national/District Health Management Development

*Report of the Workshop
Bali, Indonesia, 22-25 April 2008*



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1. Introduction and background

Even though there has been a reasonable improvement in the health status of the people of the South-East Asia Region in the last few decades, concern regarding the need for scaling up health services delivery to achieve national and international targets such as the Millennium Development Goals (MDGs) in the stipulated timeframe has remained unabated among policy-makers. Maternal mortality ratio and infant mortality rates, which can be controlled by low-cost interventions, are still high in several countries of the Region.

Low health services output, even in areas with reasonably good availability of resources, has made it imperative to look for ways to improve managerial capacity at the national and sub-national levels of health system operation. At the health services delivery level, weak management has resulted in, for example, low absorption of health sector budgets, poor people using private health services more than public facilities, shortage of essential drugs, poor maintenance of medical equipment and health facilities and demotivated health workers.

In spite of many efforts, management of health services in some countries has not improved significantly. It is felt that a new systematic initiative needs to be designed and implemented to strengthen overall health systems management to achieve better health for entire populations. This workshop was intended to help Member States in strengthening the management capacity of health organizations at the sub-national/district level.

Following the recommendations of the Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-national/District Level held in Jakarta, Indonesia, during 28 February- 2 March 2007, the WHO Regional Office for South-East Asia organized this workshop in Bali, Indonesia, during 22-25 April 2008.

A special customized training module had been developed in consultation with the Institute of Health Management Research (IHMR), Jaipur, India – a WHO collaborating centre for district health systems – based on primary health care, which was discussed at this workshop.

1.1 General objective

The general objective of the workshop was to build capacity and strengthen the management of Member States health organizations at the sub-national/district level.

1.2 Specific objectives

- To gain understanding of the Regional Strategic Framework on Management Development in South-East Asia;
- To finalize and field test the draft modules on strengthening health service management;
- To exchange experiences on management issues at the sub-national/district level; and
- To explore country-specific follow-up actions for strengthening health service management.

2. Inaugural session

Dr N. Kumara Rai, Acting Director, Health Systems Development, opened the workshop and read the message on behalf of the Regional Director, WHO South-East Asia Region. In his message, the Regional Director highlighted the need for ways to improving health services management in view of the evidence of low health outcomes in areas with reasonably good availability of resources. At the health services delivery level, weak management has resulted in low absorption of health sector budgets, low utilization of government health facilities, shortage of essential drugs, poor maintenance of medical equipment and health facilities, and low motivation among health workers.

It is imperative for both WHO and Member States to ensure that in strengthening the management system, efforts are directed towards

ensuring the availability of good managers and improvement of managerial capacity of existing managers at individual and team levels through teaching and learning processes. Based on the long history of WHO initiatives in the area of health management development, several guiding principles have been identified. These are: (i) development of good management, evidence-based decision-making process and good practices; (ii) focus on district health systems; (iii) prioritizing the poor and the underprivileged, taking into account the sociocultural context, and gender imbalances, and (iv) incrementally introducing improvements.

Finally, the Regional Director highlighted that the regional workshop was an important opportunity to deliberate and agree on certain practical recommendations for strategic action in order to strengthen managerial capacity at the sub-national and district levels. He urged the participants to take time over the next three days to share their experiences with one another, review the best practices that had been outlined earlier and discuss the draft training modules.

Dr Indriyono Tantoro, Senior Adviser to the Minister of Health, Republic of Indonesia, after extending a warm welcome to the participants, appreciated WHO's initiative for improving district health management through the regional workshop. Even though health status had improved significantly, Indonesia was still struggling to overcome disparities among the urban, rural and remote areas in human resources and the distribution of health care facilities. There were issues of population distribution, the archipelagic nature of the country, and cultural diversity that added to the challenges for the government in Indonesia. In terms of MDG commitment, Indonesia was taking the following steps to reduce poverty-related health inequity: (i) introducing social mobilization and community empowerment; (ii) improving the health system performance by strengthening primary health care; (iii) implementing quality assurance; and (iv) improving the distribution and quality of human resources. It was also in the process of improving health information systems, especially with respect to disease surveillance and programme monitoring. As health financing was also a barrier to health service utilization, Indonesia was trying to increase health financing to an acceptable level.

Another issue that was highlighted was decentralization. Decentralization is considered necessary for improving access to quality health services; however, with limited decentralization in Indonesia, there

is concern regarding deterioration in certain aspects of public health. The management strengthening workshop was aimed at bringing solution(s) to this problem, strengthening health systems and improving public health.

Mr Imam Subekti, Chief International Cooperation Division, Ministry of Health, Republic of Indonesia, was nominated Chairperson, Mr Chuda Mani Bhandari, Senior Public Health Administrator, District Health Office, Nepal, the Co-Chair and Mr Nasimul Gani, Director-General of the National Institute of Population Research, Bangladesh, the Rapporteur.

3. Gist of presentations

3.1 Regional strategic plan for strengthening health service management

Dr Kumara Rai reviewed the essence of the regional strategic plan that was adopted in 2007. He presented the six strategic areas, namely (i) assessment of health service management; (ii) development of a national plan for management strengthening; (iii) improvement in the availability and equitable deployment of managers; (iv) ensuring competency of health managers; (v) development of functional support systems; and (vi) providing the right working environment for better management. He underlined WHO's role as follows:

- Technical support: Training of trainers.
- Strengthening knowledge management: Knowledge acquisition, dissemination of good practices, case studies, operational research.
- Normative function: Development of tools, guidelines, standards and assessment.

3.2 Workshop process

Dr Ilsa Nelwan, Regional Adviser for Health Systems at the Regional Office, explained the following specific objectives of the workshop:

- (1) To gain understanding of the Regional Strategic Framework on Management Development in South-East Asia;

- (2) To finalize and field test the draft modules on strengthening health service management;
- (3) To exchange experiences on management issues at the sub-national/ district level; and
- (4) To explore country-specific follow-up actions for strengthening health service management.

She described the workshop programme as an effort to achieve these specific objectives and encouraged country groups to devise follow-up action plans to strengthen health services management.

Professors S.C. Gupta and Nutan Jain from the Institute of Health Management Research, Jaipur, India, guided the participants through the workshop's participatory process by introducing the ground rules, methods, daily products and healthy workshop conditions. It was expected that all participants would be present at all the sessions, listen to each other, be open to new ideas and seek common ground and action.

3.3. How are we managing? Improving health systems and scaling up health services delivery

Dr Delanyo Dovlo, Health Systems Adviser, WHO headquarters analysed the situation and explained how management was necessary for attaining the health MDGs. There were many activities that showed limited results, were fragmented, and lacked (Ministry of Health) leadership, and also training efforts that showed little development of true competence. While some degree of support systems was in place, certain aspects were still neglected. He also reiterated the need for accountability with respect to the increased Global Health Initiatives (GHI) resources.

He mentioned that one third of human resources for Health (HRH) were "management and support" staff. He also explained the linkage between management and health system building blocks to reach the goal – happy and satisfied clients. The health system building blocks are: (i) service delivery; (ii) health workforce; (iii) information; (iv) medical products, vaccine and technology; (v) financing; and (vi) leadership/ governance. The conditions for effective management capacity were also explained, which are: (i) capacity availability, which means having a sufficient number of

managers with the required skills and competencies; (ii) capacity utility and effectiveness, which means management support systems that work; and (iii) an enabling environment that rewards good management. He then explained the four core dimensions of management strength, the need to balance all four intervention areas, how to link the overall health system strengthening actions and the means to achieve the desired health goals. The core issues to be considered as conditions for effective management were also explained, which include sufficient number of managers with the right skills and competencies. Dr Dovlo also addressed the following questions from participants: Who are defined as managers? What care units are "managed"? Is there a shortage of managers, or is there high turnover? How are managers selected? What are the criteria for selection? What are the required qualifications? Are the "qualified" managers effective/competent? Who trains our managers? What methods are used? Is there a training plan for managers?

3.4 Managers: A critical workforce component; developing competent managers

Ms Laura Hawken, Health Systems Adviser, WHO headquarters explained the importance of managers as a vital component of the health workforce. Managers spend a substantial proportion of their time managing resources, coverage of services and external relations.

Key management roles: There is a need to identify key management posts, that is, posts that make the most difference in improving service delivery – both public and private. These posts need to be identified and properly described and formalized in terms of clarity of role, authority and expected performance; the competencies required; job descriptions based on these; linkages between levels; and appropriate salary packages.

Workforce planning: The key issues in this regard were elaborated on by her as being:

- (1) Information on managers: persons in key management posts, their competencies, their training needs, duration in the post, when they were due to go for training or retire and which posts were vacant.

- (2) Workforce planning needs: short- and long-term estimations of the number and level of managers needed and how to get them.
- (3) Type and level of training (overlap with competencies), the number of managers to be trained and recruited each year in order to meet the health system needs for managers.

Deployment of managers: All areas and facilities needed managers and peripheral or difficult areas required good managers. Ms Hawken elaborated on the following points:

- (1) how to keep managers in underserved areas;
- (2) recognition, support, prestige, career path and further education for managers;
- (3) suitable tenure for managers in one post;
- (4) planned rotation and promotion – a fair, transparent system to ensure these;
- (5) institutional memory (a minimum time for a manager to be able to implement a sustainable programme) and new blood; and
- (6) what was to be done with poor performers.

Competencies: Competencies are the knowledge, skills and attitude a person needs in order to do his/her job effectively and efficiently in the work setting. A competency framework lists the agreed competencies needed for a set of roles, with examples of desired and undesired behaviour. A management competency framework outlines the competencies and behaviour necessary for the key management roles to improve service delivery.

How to develop competencies: Different aspects of competencies are developed in different ways. Knowledge is gained in the classroom; skills are developed in the workplace and through action learning; attitudes develop with experience and depend upon the environment. The need for academic courses and modern methods to help develop competencies were also discussed. Problem-based, simulation and experiential methods, individual and team learning and coaching and mentoring were identified as the desirable/required methods. The competency framework was considered to include the following issues: translating vision and goals into expected management behaviour; implementing fair recruitment and

assessment; reducing hiring costs, absenteeism and turnover; setting criteria for evaluating performance; identifying areas for management development; identifying gaps between present skill sets and future requirements; and targeting the necessary resources for training.

3.5 Hospital management in the context of decentralization

Professor Laksono Trisnantoro, Vice-Director of Doctoral Programme, Gadjah Mada University, Indonesia, reviewed the impact on district health offices and district hospitals in the context of Indonesian reforms in decentralization and the impact of the transfer of authority and fiscal decentralization. He explained that there is a categorization of districts, based on the strength of community economy and fiscal capacity of local governments such as (i) districts with strong economy and high fiscal capacity; (ii) districts with strong economy and low fiscal capacity; (iii) districts with weak economy and high fiscal capacity; and (iv) districts with weak economy and low fiscal capacity.

Gianyar district in Bali province, for instance, is classified as Category 1 (strong community economy with high fiscal capacity). Such districts are characterized by high spending power, many private sector organizations and practices in the community, and high local government budgets.

He also explained the present transfer of authority and the roles of the Provincial Health Office (PHO), District Health Office (DHO) and the position of government hospitals as steward (regulator, enforcement agency), financier and provider of services. The district hospital is a provider of services, but directly under the district government and not under the DHO.

After decentralization, the PHO's position is below two health Director-Generals – the DG of Medical Care and DG of Public Health – and is responsible for hospitals as well as public health activities. Similarly, at district level, the DHO is responsible for hospitals as well as public health services. The implication of this for the DHO is that it now has more responsibilities; it is being transformed into a provider of services as well as being a steward.

For this new role of the DHO, there are different needs in terms of manpower. What type of health managers are needed for supporting this

new role? What kind of competences are needed, and how can competent human resources based on this transformation be developed?

The reforms have changed hospitals from a bureaucratic to a corporate organization. The impact of these reforms has resulted in better-managed hospitals and an increase in income – from Indonesian Rp 500 million in 1999 (\$41 572) to Indonesian Rp 10.4 billion (\$865 273) in 2002.

4. Group work

4.1 “An enabling environment for managers”

The group assignment was to identify positive and negative elements in different working environments and what could be done about them.

Results

Immediate working environment: The positive issues that were identified are that there are health workers in the system; in some countries there are some good managers as well, along with clear job descriptions and standard performance assessment procedures. Most countries also pointed out the potential to tap local support to make health systems work. The negative issues identified are that there are either no comprehensive management guidelines or they are not implemented properly, lack leadership, have a high turnover of managers, lack of competence, inequity of health worker distribution, lack of performance-based incentives and career development opportunities, and lack of transparency and accountability.

Wider working environment: The positive issues are the existence of health policy, decentralization, intersectoral coordination and public–private partnership. The negative issues are communication gap, lack of transparency, lack of supervision and gaps in district budgets and policy implementation.

Broader working environment: The positive issues are the presence of intersectoral collaboration, stability in the ministry of health (if they are good), coordination of resources among different parts of the health sector and stakeholder participation. The negative issues are the lack of election of

the local government and accountability, political instability/uncertainty and poor law enforcement.

What can be done?

The steps identified were to improve planning at the sub-national level; adapt/develop methodologies and tools for assessing, analysing and monitoring the gaps; develop a national plan for strengthening management; develop guidelines or manuals; and organize workshops to develop plans. The need was felt to provide technical support at the sub-national level, increase production and equitable deployment of managers and increase/strengthen the capacity of educational institutions. The other factors that were identified were ensuring equitable deployment through provision of incentives; ensuring competency of health managers; strengthening knowledge management and knowledge acquisition; and disseminating good practices, case studies and operational research.

4.2 “Managers: A critical workforce component”

To understand the strategies and approaches for ensuring the availability of a suitable number of competent health service managers is essential.

Results

Managers are an important component of the health workforce and hence it is important to have an effective system of management workforce planning. For this purpose, five key competencies were identified by the groups: (i) client service competencies; (ii) human resource management; (iii) leadership; (iv) financial management; and (v) organizational (organizing resources, supervision) and communication competencies. The key methods to bring about improvement included training, on-the-job training, coaching and mentoring and distance learning. The support required for achieving these include research, citizen charters, mentors and supervision. The roles and responsibilities of various stakeholders should include Ministry of Health (MoH) human resource policies, development of supervision and monitoring guidelines, research, training institutions, needs assessment and training infrastructure, including qualified facilitators, developing modules and conducting training programmes.

4.3 “Principles for effective management support systems”

To understand the real situation and challenges for designing and implementing management-strengthening interventions, practical experience of assessing what and how information can be collected on management issues is needed.

Results

Human resources: Management training is required at the DHO, which has a strong public health staff. There is regular pre-service training for newly recruited staff. They are conducting technical training for in-service health workers, such as emergency preparedness training. The achievements in this sphere include an updated HRH database and good implementation of the decentralization policy. The challenge for management is the lack of training needs assessment, differences in trainers’ skills and the gap between authority and skill. The specific issue here is the recruitment of non-civil service staff (about 30% are contractual staff).

Finance: Financial planning and accountability do not exist. The group observed underutilized facilities and a good financial billing system in the hospital. There is a mismatch of training related to job responsibilities for staff development, as well as a discrepancy in income and expenditure, which can be a risk in the privatization plan. The organizational structure is complex and a large number of staff are not efficient, especially when compared to the number of patients. Regarding the management of the special poor patients category, the group was of the opinion that the current practice could result in unfair treatment of poor patients since the hospital staff get incentives from the non-poor. At the end of year, all hospital staff get a certain amount of money from the “paying patients”. This was regarded a moral hazard by the group since the hospital staff know that the poor cannot pay. Hence, the hospital staff may discriminate against the poor. The group was impressed by the provision of a promotion system, but was concerned about the limited outreach and lack of focus on preventive services and health promotion programmes. The limited political interference in staff recruitment and promotion was felt to constitute good management environment.

5. Conclusions and recommendations

The conclusions of the workshop are as follows:

- (1) The challenge for implementation of the Regional Strategic Framework on Management Development in South-East Asia should include better linkage between the management concept and the WHO Health Systems Strengthening document: "Everybody's business" Strengthening health system to improve health outcomes, WHO's framework for action, Geneva 2007.
- (2) The draft modules on strengthening health service management in its current format are more appropriate to serve as a "guideline on strengthening health service management". The four "modules" should be combined into one guideline and need to be revised by experts to be more operational for country-level implementation. The content of the current modules/guidelines is suitable for the national level but has to be adapted to specific country situations.

The following recommendations were made:

- (1) Review and revise the modules for a more operational guideline, explore country-specific follow-up for improved programme management at the district level and below.
- (2) Follow-up actions for strengthening health service management. Countries need to take steps to strengthen health service management including: (i) a focused and clear planning where all essential elements such as human resources, target group, logistic services package, and drugs and equipment, are taken into account; an implementation and monitoring plan where health-care organization expands services, especially for the poor and vulnerable group; and (iii) a set of indicators to monitor the health service performance improvement.

6. Evaluation

At the end of the meeting an evaluation sheet was filled up by participants. The results were as follows:

- The response rate was 76%, the lowest score was Q9 (56%), which means 56% participants were not in a position to integrate

the outcome of the meeting to the national plan. The highest score was Q6 (80%), that is, 80% participants felt that the technical support for the meeting was adequate.

- Sixty-eight per cent of the meeting's participants believed that the objectives of the meeting were accomplished. According to 72% of the participants, the agenda of the meeting was relevant for achieving the objectives. A similar number (72%) felt the outcome of the meeting was relevant to the needs of their country. Seventy-six percent participants found an opportunity to exchange information with other participants. Only 64% participants felt a field trip was relevant to achieve the objectives of the meeting. The management of the meeting was good according to 77% participants.

Annex 1

Agenda

1. Inauguration
2. The South-East Asia Regional Strategy
3. The global approach for effective management
4. An enabling environment for managers
5. A critical workforce component and developing competent managers
6. Principles for effective management support
7. Designing management strengthening interventions
8. The framework for management development, possible country actions
9. Conclusions and recommendations

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In 2007, SEARO conducted a Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-national/district Level in Jakarta, Indonesia and published "Regional strategic plan for strengthening health service management". This Regional workshop focused on finalizing the draft modules on strengthening health service management with a participatory process. The workshop concluded with the following recommendations: (a) to have a better link for the regional strategy implementation, the management concept and WHO "Everybody's Business" (strengthening health systems to improve health outcomes, WHO's framework for action); (b) to combine the four modules to one guideline; and (c) to review and revise the modules to be more operational for country level implementation.



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