Regional Strategic Plan for Strengthening Health Service Management in the South-East Asia Region

World Health Organization

Regional Office for South-East Asia

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Contents

1. Background

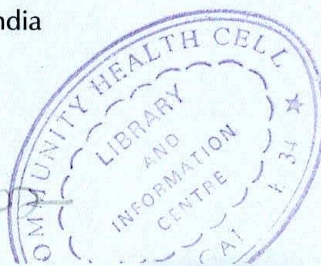There has been a significant improvement in the health status of the people of the World Health Organization's (WHO) South East Asia (SEA) Region in the last few decades[1], however, there is concern regarding the capacity of Member countries to achieve national and international health targets such as Millennium Development Goals (MDGs) in the stipulated time frame.

The reason is on many folds. They include:

(1) Low health service outputs 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 operation of health systems,

(2) The need to ensure good management capacity, especially at the sub-national levels have been felt as never before, as many countries operate on decentralized health systems or undertaking delegation of responsibility to sub-national levels at increasing pace.

(3) Recital deteriorating services that push people, even the poor, to seek care at private facilities as shown by the increasing out of pocket expenditure in many countries in the South East Asia Region.

Weak health services delivery management has resulted in, for examples, low absorption of the health sector budget, shortage of essential drugs, inadequate maintenance of medical equipment and health facilities, and shortages of motivated and competent health workforce.

All Member countries of the Region are aware of the management related challenges in the health sector and have made considerable attempts to improve the situation. The WHO South-East Asia Regional Office has also implemented many interventions to strengthen the management of health services in Member countries, mostly through training programmes on management and by developing and advancing the use of manuals and strengthening supervision systems.

In spite of several activities, the management of health services in some countries has not improved significantly. Many countries have felt that a new initiative needs to be designed and implemented to strengthen the management of overall health systems to improve the health of the population. This strategic plan is intended to provide directions for Member countries and the WHO to develop comprehensive interventions to strengthen the management of health systems in a coherent and systematic manner.

2. Current management gaps and responses

At the Regional Workshop on "Strengthening Management Capacity of Health Managers at the Sub-National/District Levels" held in Jakarta, Indonesia, in February - March, 2007, the main causes of the problems were identified. These are shortage of managers, inadequate competencies, lack of functional support systems, and inadequate working environment to support good management, as described below:

2.1 Shortage of managers

Most countries in the South-East Asia Region are coping with a paucity of competent managers, particularly in the remote districts.

Supply situation

In many countries the production or supply of trained health managers does not meet the demand due to limited number of education and training institutions, limited budget to support training programmes, and limited opportunity to attend post-graduate study in health service management. To rectify this situation some universities in India, Indonesia, Sri Lanka and Thailand have developed postgraduate programmes in health services management. Governments in smaller countries like Bhutan, Maldives and Nepal often send their officers to universities overseas to study health services management.

Increasing demand

Proliferating health facilities in the cities and the establishment of newer peripheral units in the districts, as a result of decentralization of the health services has in some countries, has led to a spurt in demand. Internal migration from the government facilities to more lucrative private institutions in bigger cities has added to the problem of paucity of managers in public health facilities, particularly in India, Indonesia and Thailand. In Bhutan, in line with its good governance policy, the Ministry of Health and Education was split into two separate ministries in July 2003 leading to the creation of more managerial posts. Decentralization has increased the demand for managers by two to three times in Bhutan. In line with the spirit and guidelines of the Local Self-Government Act 1999, of Nepal, 1424 health facilities were handed over to local administrative bodies in 28 districts in 2002-2003 and 2004-2005[2]. Decentralization has necessitated higher standards of managerial competence in the health service organizations that have been decentralized. Bridging the gap between existing standards and demand has been difficult in most countries.

Difficulty in deployment

Social unrest, armed conflicts and political instability in parts of some countries in South-East Asia act as a disincentive to competent managers to seek a posting in those areas. Indonesia and Maldives for example have found it difficult to deploy competent managers in their remote islands or atolls. In Maldives, managerial posts are filled up by the community health workers

who are trained to practice preventive, promotive, and curative health-care activities at the island level. Since decentralization was implemented in Indonesia in 2001 more and more puskesmas (public health centres) have been headed by less qualified personnel. In response, Indonesia, Myanmar and Thailand have created special motivational packages, which include mostly non-monetary incentives like a years' of overseas posting for fellowship, to attract qualified managers for deployment in remote areas. On the whole, tangible improvement is urgently needed in areas of proper recruitment, career development and incentives for deployment of competent managers to fill the gap between demand and supply.

2.2 Inadequate competencies managers

Though many health service managers in Member States have a background in managerial education and many have participated in various management training sessions, particularly on public health programmes - the feedback from the countries reveals the gaps in competency levels, especially in managing complex health problems in the districts.

Some of these problems that percolate to the sub-national/district levels are:

➢ Lack of capacity to address complex managerial problems that arise, such as, managing health services in conflict situations

➢ Aversion on the part of managers to practicing evidence-based decision-making.

➢ Lack of competency in negotiation skills that are required to negotiate competitive demands from the political leadership

➢ Limited accessibility of public health managers stationed in the field to recent management techniques and updated expertise, and

➢ Lack of practical skills to solve problems in the practical arena. Most of them were trained in class room setting and had not had the opportunity of doing a reasonable period of apprenticeship after graduating.

During the Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-National/District Level, participants also identified several key areas in management competency needing improvement. These are:

(1) Competency to engage and build consensus among relevant stakeholders in health.

(2) Competency to manage decentralization.

(3) Competency to manage budgets, human resources, and health infrastructures.

(4) Competency to monitor and evaluate health service delivery.

2.3 Lack of functional support system

Many management issues are beyond the purview of individual managers. Weaknesses in planning and budgeting systems, accounting systems, human resources management systems, and procurement and logistics management systems could only be overcome at the systems level. There are several areas of weaknesses in health service management support systems.

Some of these have been identified as: organization and management of health service delivery systems, management of human resources, health management information systems and management of health finances.

Organization and management of health service delivery systems

In some Member countries, there is no clear delineation of responsibilities between central, provincial and district health services. Essential health-care services and public health functions for each administrative level are not clearly defined and funded. There is no clear positioning of government health-care services among health service providers (private for profit, private not for profit, and NGOs). Quality control and assurance systems are not in place.

Human resource management

Improvement in human resource management systems is an urgent need in some Member States to minimize or rectify problems of maldistribution, skill-mix imbalances, internal and international brain drain, and low motivation levels. Recruitment and deployment systems, performance management systems, job description and payroll systems and career development systems are mostly needed to be strengthened at the system level. There is an array of low-cost and practical mechanisms such as clear job description, supportive regular supervision, as well defined levels of authority, roles and responsibilities and regular feedback on performance to improve this situation to a desirable extent. These, however, are not always practiced.

Health management information system

Non availability of timely and reliable data to support evidence-based decision-making have affected the capacity of the national health systems in decision making in many of the Member countries. Data to support a competent annual health planning and budgeting suffers from those gaps. To and fro flow of available information is also very slow and unproductive in field situations. Consequently, many decisions related to health services are taken not on the basis of evidence and scientific merit but on account of political demands and opinions.

Management of health finances

Instruments for financial management, especially to monitor the availability and flow of funds, are not made available on time to health managers in the field. Practical tools to manage medical supplies and equipments are mostly non-existent. Many new management techniques have been introduced but some that continue to remain in use are sees to be outdated. Conflict of authority over available funds, especially in the partly or semi-decentralized units, creates further difficulty in making use of the funds productively. Though policies, rules and regulations have been laid down they are mostly not practiced nor implemented.

Other profound problems are weakness in supervision and evaluation systems and the mechanisms to monitor the performance of managers. There are also palpable gaps in essential functional support system attributes such as well defined guidelines, forms and procedural details.

2.4 In adequate working environment to support good management

Many factors beyond the premier of the health sector also tend to heavily influence the performance of health managers.

Governance

Lack of human security and the armed conflict and terrorism, along with poor governance; favoritism and nepotism have a direct impact on the performance of the health managers. Good governance leads to a better organizational effort and better management of public funds and programmes leading to holistic public engagement and more desirable outcomes. Poor governance has been shown to foster an unfavorable work environment on account of lack of clear roles, performance standards, procedural transparencies and accountability. Other weaknesses found related to how local managers are held accountable for results and the lack of incentives for a service manager to perform better.

Service conditions

Service conditions such as salary and other incentives adequate to sustain reasonable living standards are also equally important and poor attention to these has weakened the management system. Unpredictable, unbalanced or inflexible funding and staffing have also led to the weakening of the health services management system in some countries of the Region.

All Member countries are aware of management problems existing in their countries and responding in many ways. Several counties such as Bhutan, India, Indonesia and Thailand have set standards for core competencies required in several levels of managers, including health managers. In keeping with the current managerial challenges and also the policy of decentralization, the governments of Bhutan, Indonesia, Maldives and Nepal have also revised previously set standards to meet current needs. Most Member countries have adopted many management manuals and techniques and enhanced the managers' ability to access the knowledge database on health service system management. They have tried to implement result-based management techniques and integrated health planning and budgeting.

Some Member countries have developed and implemented standardized management training programmes for their health managers by collaborating with their respective educational and training institutions. Seminars and workshops have been held in most of these countries in an effort to enhance managerial capacities in health-care delivery.

A list of select specific actions undertaken by some of the Member States as reported by participants at the Regional Workshop on Strengthening Management Capacity of Health Managers at the Sub-National/District Level held in Jakarta, Indonesia, is given below:

(1)   Maldives has created specific managerial posts for the peripheral hospitals and developed and implemented an advanced level course in health service management in collaboration with the Faculty of Health Sciences.

(2)   Myanmar carried out a pilot programme on Management Effectiveness Programme (MEP) in six townships of six states in 2004-2005 and expanded the programme to another 6 townships in 2006-7. Myanmar has also developed a new motivational package by offering one-year postings abroad and overseas fellowship training as an incentive.

(3)   Indonesia has implemented a Mind Setting Programme for all health managers of various levels at the central Ministry of Health and Strategic Leadership and Learning Organization. Indonesia has also started implementing a Performance- Based Budgeting and Medium-Term Expenditure Review to improve national planning and financial management.

(4)   The Royal Civil Service Commission of Bhutan developed a new Position Classification System (PCS) following a merit-based system.

(5)   Bangladesh, Bhutan, Indonesia and Thailand have implemented a new product-oriented approach to programme implementation which emphasizes on the outputs rather than inputs.

3. Goal and strategic objectives

3.1 Vision

The overall vision of the WHO in this area is for Member countries of the South East Asia Region to achieve optimum health outcomes by ensuring availability and accessibility of effective health service through strengthened health management.

3.2 Mission

Cognizant of its role and responsibilities, WHO to support Member countries of the SEA Region to strengthen capacity in the management of health services delivery at the individual and team, organizational and systems levels to meet increasing health demands.

3.3 Goal

The goal is to build capacity of Member States in strengthening management of health service delivery, particularly at the sub-national/ district.

3.4 Strategic objective

The objectives are to contribute to strengthening management capacity of the Member Countries by:

(1)   Developing management strengthening plan based as an integral part of national health development plans of the Member countries.

(2)   Increasing production of health managers

(3)   Improving the managerial competencies, at the individual and team level, of health sector managers, particularly at the sub-national/district level.

(4)   Improving functional support systems of national health systems

(5)   Creating an enabling work environment for good management.

4.   Guiding principles

The guiding principles based on good practices to achieve management development are given below[3]:

(1)   Good management development should address barriers to achieve adequate number of managers, with appropriate competencies, supported by effective operational systems and functioning in an enabling work environment.

(2)   In all aspects and stages of the management development process, decisions will be based on sound evidence and good practices, whenever available.

(3)   In addressing management development needs to aim at maximizing the performance of sub-national/district level management; particular attention will be focused at the more critical management functions that are likely to influence service improvement and coverage, such as district health systems management, health services delivery management, human resources management, etc.

(4)   Ensuring health services delivery to the unreached, the poor and the underprivileged should be the main focus of the management development plans.

(5)   In developing managerial capacity, Member countries will be urged to consider the socio-cultural context with a view to recognizing the local political and economic circumstances.

(6)   Gender imbalances will be minimized in implementing all aspects of management development.

(7)   Improvements will be introduced sequentially, flexibly and incrementally soon after assessment and identification of gaps, by building on what already exists, and keeping in view the long-term perspective.

(8)   Greater effectiveness will be achieved through harnessing and harmonizing all available internal and external resources involved in management development.

5.   The strategic framework

The WHO has identified that in building leadership and management capacity at the operational level requires a balance among four inter-related dimensions[4]:

(1)   Adequate number and distribution of managers.

(2)   Appropriate competencies of managers.

(3) Functional support systems of the national health systems.

(4) Enabling working environment.

It is imperative for WHO and Member countries to ensure that in strengthening management system, efforts are directed towards the availability of effective managers, and to improve managerial capacity of existing managers at individual and team levels through continuous professional development, and improve managerial capacity at the organizational level through strengthening functional support systems and creating a good enabling working environment.

Strengthening management systems is a cyclical process. It consists of four core activities. These are:

(1) **Assessment and planning** to identify specific managerial problems and to suggest interventions. It entails assessing the current situation and identifying problems, analyzing their causes, and prioritizing and outlining solutions. This is a critical but often neglected step. In the past, the approval to seek solutions to management problems was to depute managers for management courses or apply a new management technique without a thorough understanding of the underlying causes that, in many cases, were embedded in the systems.

(2) **Pilot testing (Small-scale experimental testing)**: The implementation includes piloting or small-scale experimental testing of the proposed change in management processes. This minimizes the risk of disrupting the regular process and allows the management to test whether the change will actually make a positive impact. In identifying workable solution to current management problems, managers may seek practices or interventions that have enabled others to solve similar problems and to identify the cause of the problem and provide solutions. However, it is important to note that in many situations, these piloted intervention are not institutionalized though found to be effective and never reach to a scale to have impact on the population's health.

(3) **Evaluation:** Evaluation after the interventions would allow an estimation of the impact made by the intervention. This is done by using certain tools decided during the "assessment" phase. It entails evaluating key performance indicators after the intervention in a practical setting.

(4) **Scaling-up:** Scaling-up implies system-wide applications of the interventions proven successful after evaluation of the piloting process. This phase transforms the proposed changes into integral practice within the health management process.

The Strategic Framework on Health Service Management Srengthening is given in Figure 1. It shows four dimensions of good management (in the centre), to be strengthened through four steps - assessment and planning, implementing, evaluating and scaling up of a cyclical management strengthen process. The expected output of those continuous activities would be an effective and equitable health service delivery.

Figure 1: *Strategic Framework on Health Service Management Strengthening**
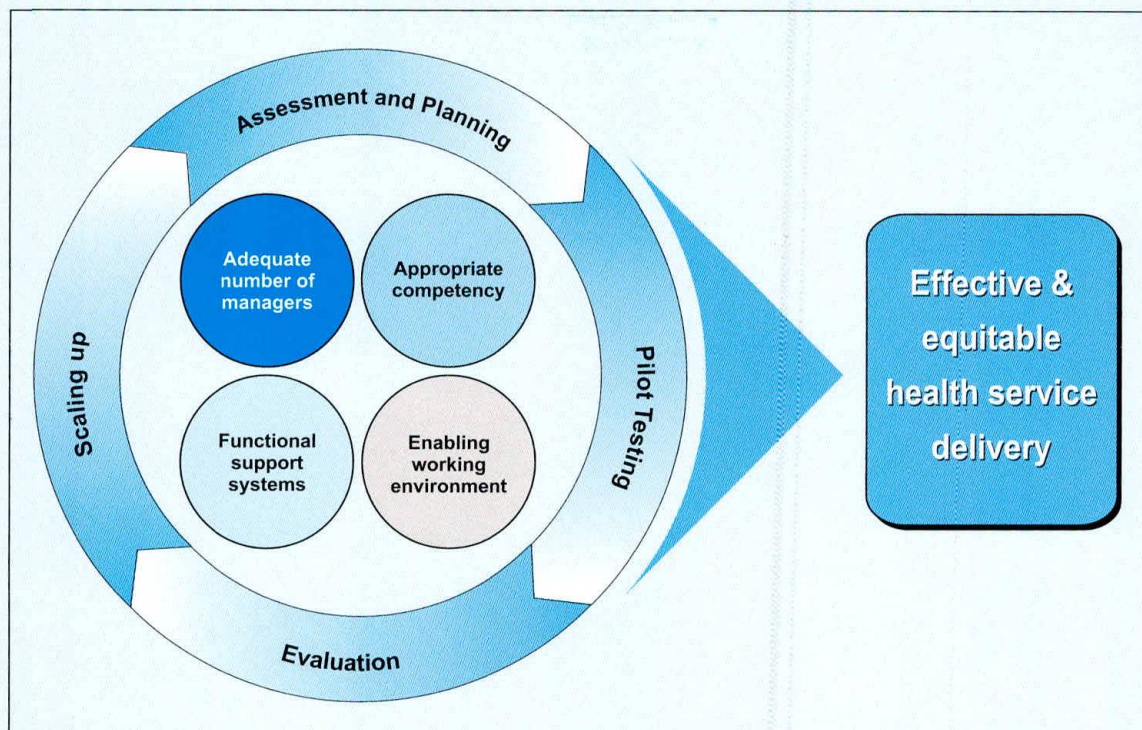
* This strategic framework is derived from the WHO Strategic Framework for Management Strengthening in low- and middle-income countries.

6. Strategic areas of actions for Member countries

At the country level, management development involves a set of interrelated interventions to develop management capabilities of individuals and teams, in combination with management support systems development and creation of an enabling work environment to improve their organizational performance. The Strategic plan identifies six strategic areas that need urgent attention. They are on assessment and monitoring of health service management gaps, development of national plans for management strengthening, production and equitable deployment of managers, ensure competency of individual health managers and teams, development of functional support systems, and creation of enabling working environment to support effective management.

The strategic areas of actions for Member countries are organized around six areas which provide the foundation for the development of effective health management in the Region. They are described below under each strategic area:

Strategic area 1: *Assessment and monitoring of health service management gaps*

Though it is agreed that there is a shortage of managers and a deficiency in their competencies at various levels of management, country specific reliable data on the overall gaps in health service management for each country is still lacking. The gap in this context is the difference between what is already available and what is needed. What is needed would be answered by determining the standards and norms for health systems.

It is critical that management gaps are identified and analysed regularly. All management-related information, especially those that highlight management gaps, should be collected in a timely and uniform manner with standardized definitions for different categories of management functions and support systems.

Strategic activities include:

(1) Adapt/develop methodologies and tools for assessing, analyzing and monitoring management gaps to local situations.

(2) Conduct assessment of health service management gaps.

(3) Identify causes leading to health service management problems/gaps.

Strategic area 2: *Development of national plan for management strengthening*

Country specific comprehensive management development plan needs to be developed by each country to overcome the existing managerial gaps. The plan should include a set of interrelated interventions to develop management capabilities of individuals and teams, in combination with management support systems development and creation of an enabling work environment to improve their organizational performance. The plan should cover a medium-term period of about three to five years.

Strategic activities include:

(1) Develop guidelines or manual for the development of health service management strengthening.

(2) Organize workshops to develop national and/or sub-national/district management strengthening plan.

(3) Provide technical support, tools and guidelines to sub-national/district health offices to develop a sub-national/district health service management strengthening plan.

Strategic area 3: *Increase production and equitable deployment of managers*

Integrated efforts are needed to produce adequate numbers of skilled health workers with high managerial competencies. Their language, social background and attributes should make them accessible to the user groups and they should be able and willing to reach diverse clients and populations. This requires active planning and management with a focus on building strong training institutions, strengthening professional regulation and revitalizing recruitment capabilities.

Essential management subjects need to be included in the curricula of health professionals at undergraduate and postgraduate levels. Standardized management training programmes for various levels of managerial positions in the health sector need to be developed. In the era of decentralized health management, posting effective managers in rural areas requires coordinated efforts by several key players, such as ministry of health, ministry of education, civil service commissioners and the local governments.

Strategic activities include:

(1) Increase training opportunities through providing fellowships and increase budget for health service management education and training.

(2) Strengthen capacity of the health service management courses in medical schools and educational institutions.

(3) Develop policy to ensure equitable deployment of health service managers through providing motivational packages to attract effective managers for deployment in remote areas.

Strategic area 4: *Ensure competency of individual health managers and teams*

Health managers need to have access to adequate knowledge, techniques and tools to enable them to keep improving their competencies at all times. They need to be continuously supported by effective supervision and mentorship. Most management techniques and tools used in the Region were developed in countries with a very different work environment. The local management culture needs to be understood and its key elements identified and are made part of the process of development of managers. Techniques hitherto applied including mentorship, coaching and soft skills such as negotiation and political skills remain as important. These may need modifications to suit local conditions and will have to be disseminated in the local languages.

The pursuit of management-related knowledge, understanding and personal development needs to be encouraged across the Region, particularly through strengthening of regional and national capacity in knowledge generation and dissemination.

All approaches in enhancement of competency, such as self-learning, mentoring, supervision and, on- the-job-training and classroom training need to be used in a balanced and concerted manner.

Strategic activities include:

(1) Develop and categorize standards of core competencies for managerial positions at different levels.

(2) Design benchmark standards for health management training institutions.

(3) Create tools for developing a generic competency framework for managers that the countries of the Region can adapt.

(4) Create a network of management institutions to share experiences and results and also establish uniformity of criteria for accreditation by accrediting bodies of repute.

Strategic area 4

Strategic area 5: *Development of functional support systems*

Functional support systems need to be in place, particularly with regard to management of human resources, finance, logistics, programmes, and delivery of health services. Several countries in the Region continue to use outdated management techniques and tools. This needs to be addressed rather urgently.

Efforts to improve management competencies need to be implemented in tandem with the development of better management support systems. New management techniques and tools proven to be effective need to be incrementally applied to make management support systems more effective. This would, therefore, require the following:

Strategic activities include:

(1) Develop and implement practical tools to support financial management.

(2) Develop and implement practical tools to support human resource management tools, such as performance assessment coupled with reward and punishment provisions, closer scrutiny and attractive incentives in the recruitment for management positions.

(3) Strengthen and continually use the health management information system.

(4) Develop and implement practical tools to support drugs and medical supplies management.

Strategic area 6: *Working environment for better management*

Creating an enabling environment for better management is very critical, but is mostly beyond the control of health ministries alone. However, WHO and the ministries of health in collaboration could influence the policy-makers to sequentially and incrementally develop policies to create an enabling environment for better management. Member countries need to be encouraged to apply evidence-based decision-making processes and to invest more on health services management development. This would, therefore, require the following:

Strategic activities include:

> (1) Promote the implementation of good governance in public services, particularly in the health sector.
>
> (2) Promote higher investment on public health services and government-owned health facilities.
>
> (3) Better monitoring of performance and a renewal scheme for good managerial performance league tables.

7. WHO role

In strengthening health service management in member countries in the Region, the WHO needs to play a vital role which is listed below:

(1) Providing technical leadership to Member countries for strengthening management through bridging the managerial competency gaps, training of trainers, technical assistance and similar measures.

(2) Strengthening knowledge management, particularly on knowledge acquisition through learning from the experience of others, as well as disseminating good practices on health management through, among others, commissioning case studies, operational research.

(3) Applying its normative function to work on health management strengthening. This will include but not be limited to developing tools and guidelines, defining service standards, assessment and other approaches to ensuring effective management for better health.

(4) Advocating for global resource mobilization through existing networks and partnerships as well as their expansion to support management strengthening

(5) Monitoring and reporting progress on management strengthening initiatives in the Member Countries and the Region.

8. Implementation of the Strategic Plan

The Regional Strategic Plan for Strengthening Management was developed following a Regional Workshop on Strengthening Management Capacity of Health Managers at the Sub-National/District Levels, in Jakarta, Indonesia from 28 February to 2 March, 2007. The responsibility for implementing the Regional Strategic Plan lies with two key players, the national governments of the Member countries and the WHO. Using the strategic framework as a guide and considering country priorities and the levels of management development, countries may wish to further elaborate their strategic areas for action.

The roles of national governments in implementing country activities are critical as they collectively, contribute to the regional actions. At the same time, the Regional Office of WHO in close collaboration with Country Offices will play facilitating and catalytic roles in extending support to Member countries whenever necessary. Partnerships and coordination at the global, regional and country levels play an important role in the effective implementation of the Strategic Framework.

The role and responsibilities entrusted to WHO would form the basis for the Regional Office's budget plans for the 2008-2009 and 2010-2011 biennium. The biennium plans would be based on the strategic areas of actions already reflected in the Strategic Plan.

9. Monitoring and evaluation

The entire process of management development requires regular monitoring and evaluation to ascertain if the development process or the scaling up of the interventions that have been proven successful is on track and moving forward and also to determine if the development process being implemented is producing the desired results and bringing about the desired benefits to the targeted population. Only monitoring and evaluation can provide the final proof of the success or failure of the process.

Monitoring and evaluation mechanisms need to be designed and conducted by a participatory approach and in particular, by involving the relevant stakeholders. Such participation can encourage stakeholders to become involved in management issues and will also make them aware of the extent of improvement in services and their delivery.

Monitoring and evaluation involves collection of data. Data collection can be similar as in the assessment and evaluation phases but sometimes special tools need to be developed to measure the results. They will include, for instance, opinion questionnaires, focus group discussions and surveys.

The ultimate yardstick of successful national management development is better health outcomes and better delivery of health services. Overall progress of the national management strengthening exercise within the countries of the South-East Asia Region will be demonstrated by the number of Member States that show progress against some select dimensions of management capacity.

Indicators to monitor progress would include:

(1)   Number of countries having health service management strengthening strategic plan.

(2)   Number of countries having conducted periodic evaluation of management capacity gaps.

(3)   Number of countries having put in place standardized management training.

(4)   Number of countries having developed practical management tools (human resources management, financial management, etc.).

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