Leadership and Management of Local Health Systems:

The potential of in-service training

The expanding processes of decentralization and democratization are creating new demands and problems for the reform of the State and its relations with civil society. Similarly, the broad social, political, and economic heterogeneity of the countries of the Region means that varying approaches, more innovative and agressive, must be taken to improving the living and health conditions of different subregions, countries, regions within a single country, and even the different sectors of a single urban area.

In the context of the economic crisis and the policies of structural adjustment, there is a growing need to expand the provision of basic services to the population, including health services, as well as an also growing concern about the cost/benefit ratio of social actions.

Although there is ample theoretical and practical evidence that a global improvement in health conditions requires a multisectoral social response, there is also no doubt about the paradoxical persistence of an approach to health that is focused on disease, on the individual, and on curative medicine.

Throughout the Region of the Americas, governments are increasingly showing a political commitment to the strengthening and development of health services at the local level, as a step toward reorientation of their national health systems.

For such efforts to succeed, several factors must come together to strengthen local health levels in the politico-social, legal-administrative, and strategic-tactical areas. With regard to the latter, there is increasing recognition of the need to strengthen the analytical and decision-making capacities of the local health systems. This can serve as a basis for the development of leadership to move the health sector in the direction of comprehensive health promotion.

In this context there is a significant opportunity for education to contribute to achieving or maintaining the desired direction of public action.

The training of health personnel is an important component of the technical cooperation offered by the Pan American Health Organization. With respect to training in public health, since 1989 greater emphasis has been placed on continuing education, and in particular on the need to design training which responds to the actual problems and realities encountered by the health services. To this end, two advisory groups on in-service training were convened: one in epidemiology and one in administration. These groups emphasized the need to take into account the different levels within the health systems: the management level (decision-making), the specialized level (in public health and other fields), and the operational level (general and service delivery). In addition, efforts are under way to articulate developments in strategic local administration to the analysis of health services delivery. In 1992, the integration of these elements appeared to be the most promising approach to continuing this line of action, in an effort to foster the development of sectoral leadership--especially at decentralized levels of the health system--as well as the ordering of diverse educational efforts in a given context.

Nonetheless, experience has shown that training efforts in public health have considered the management level as if its functions were as highly instrumental as those of the specialized level; as a result, training has emphasized the use of the latest techniques or tools, and has not succeeded in reaching many professionals. Meanwhile, training at the operational level has reached a greater number of workers, but has been concerned primarily with the control of specific pathologies. In both cases, the approach has been basically individualistic, discipline-centered, sporadic, and lacking monitoring and evaluation.

Moreover, most of the current training modalities have not sufficiently taken into account other practical limitations. For example:

- Tasks carried out by management teams and by human resources in general are of a predominantly routine nature, with little opportunity and little demand for analytical work.
- When studies of the health situation are carried out, they are generally retrospective, descriptive, and are not disseminated

systematically; as a result, they are of very little use for decision-making.

- The allocation of resources among the various services and within them, for the transformation of practice, rarely takes into consideration such kind of inputs.

There are, nonetheless, some promising experiences in the field of continuing education that have been examined in detail in recent years. They point up the need to take into account the changing context, to focus on problems experienced by the health systems and services, and to strengthen the orientation toward health and health practices. Three broad areas of activity in the services stand out:

1. The description and explanation of health problems
2. The processes of policy-making and management
3. The selection, implementation, and evaluation of interventions.

These elements should provide the basis for the training of decision-makers at decentralized levels of the health sector, with a view to strengthening their ability to provide direction in accordance with the objectives and goals of current health policy. All planned and ongoing educational efforts in a given context can be reorganized around these processes.

This type of training has been initiated or is under consideration in some countries of the Region. It is based on a comprehensive conception of health, which is achieved through a process marked by community participation and an organized, multisectoral social response. Its point of departure is the problems of reality and of practice; the provincial and municipal health systems are considered as the basic unit of intervention, thus intervention is directed fundamentally toward their management teams. The model is based on the epidemiological approach, on strategic approaches to planning and administration, and on the theoretical-methodological foundations of the principal strategies for health action (health promotion, disease prevention, and curative medicine) along with monitoring and evaluation of their impact. The proposed training is intended to achieve a massive impact at decentralized levels of the health system, which means that the training must be of relatively short duration.

It is important for its implementation that the proposal for training be seen as part of a broader political agenda, ideally one supported by all the leadership teams of the country, or at least of one of its regions. It should be based on the optimal utilization of available local resources and on continuous interaction with the learning process.

The **conceptual framework** of the proposed training process has the following main characteristics:

- Health and health practices should be understood in comprehensive terms, based on an integrated vision of the problems of the population (health, social, and human needs or ideals) and their solutions (interventions or responses). Consideration must be given above all to the image and objective of well-being and the quality of life.

- Training by itself does not change reality. Its impact comes through its articulation with political processes and other processes oriented toward the same goals. Accordingly, when one thinks about training one should be thinking strategically, with a vision of the future--a transformed situation-and not only in terms of immediate goals.

- The training should be part of a process of continuing education that ensures continuity and mutual strengthening; at the same time, it should be sufficiently independent to allow it to play a role in the modification of a given health situation.

- Capacities for management and leadership can be developed by continuing education.

- The active participation of the workers and of the population, the valuing of their knowledge, and the democratization of knowledge are key to the process of defining problems and seeking solutions.

Decisions on the educational process should be based on **methodological** considerations such as the following:

- The planning of the teaching-learning process should begin with the identification and understanding of the functional problems experienced by the health systems and services. The next step is to identify those problems which are susceptible to

improvement or solution through training, and finally, to select those that can be positively influenced by training in aspects of public health.

- This approach is based on the identification of problems. It is necessary, therefore, to arrive at a consensus as to what constitutes a problem as well as to define the categories or areas in order to identify problems in accordance with the emphasis or desired direction of the analysis.

- The identification of functional problems of the health systems and services should use three broad frames of reference: their context (the social and health situation in its current and "modified" forms); their contribution to the social model of health practice (model of health services delivery); and the standards, procedures, and processes that underlie their actions (administrative model).

- Together, the latter two shape the formal health practice or organized social response. In this area the need is to identify the existing functional problems of both a qualitative and quantitative nature, in relation to desired patterns of performance defined by current policy, by the health needs of the population, and by the social determination of health and health practices.

- In any given context, the design of the proposed training has as its point of departure the identification of an actual situation--one that is associated with a prevailing practice. The end point is the expected or transformed situation, which can be achieved through a sequence of coherent and articulated work and learning activities.

- An essential prerequisite to the **identification of needs for educational intervention** (or needs for learning), whether collective or individual, is the definition of goals or desired changes in aspects of a given reality that practice can help to modify.

- The monitoring of the educational process is of vital importance in order to ensure the maintenance of its technical and political orientation, as well as to reinforce and consolidate learning through prompt and continuous feedback.

- With regard to the evaluation of the training process, at the individual level it will suffice to carry out a performance evaluation based on the objectives of the learning process ("inward-looking" evaluation). At the collective level, on the other hand, the local system constitutes the unit and its performance is not simply equivalent to the sum of individual behaviors. Here, attention should focus on the institutional impact--on expected or "hoped-for" changes--and on the impact of these changes on the medium- and long-term reality ("outward-looking" evaluation).

The approach described above should make it possible to carry out efforts adapted to each specific context aimed at strengthening sectoral leadership at decentralized levels of the health system. There are, however, certain considerations regarding content that are relevant to the in-service training of management personnel.

With respect to **the social and health situation,** the process of defining and assigning priority to the health needs of the population must take into account their history, social impact, and current trends. Epidemiological surveillance should be expanded in scope in order to incorporate different expressions of health, as well as their monitoring. These include injuries, exposure to risk, use of technologies or consumption of technological products, and positive health indicators at the levels of the individual and the population. Causal research should encompass the social determination of health and health practices, but should also include an analysis of the environment internal and external to the health sector with a view to identifying factors that explain variations in their trends. Another objective of research should be to illuminate risk situations generated by the policies of other sectors in order to promote the articulation needed to carry out appropriate interventions.

Concerning the **model of health services delivery,** training should promote an understanding of the theory, objectives, and potential of the principal action strategies (health promotion, disease

prevention, and curative medicine). It should include, as well, an analysis of the type of programs or actions that are provided to the population, including their expected outcomes in different places and times. With regard to interventions directed toward the population and the environment, it is necessary to distinguish those actions oriented to individuals from those essentially aimed at populations. This is of utmost practical importance since different approaches are required for the identification of problems and the organization of responses. It is also necessary to recognize, that for many reasons, established knowledge has not been applied for the benefit of the entire population, which has ethical implications. On the other hand, the trends toward decentralization of the services, toward democratization, and toward community participation are opening up space for local political actions that increase the potential for more effective responses to health problems. These responses are based on interventions aimed at populations as well as individuals and are adapted to local realities, making them of greater potential impact.

With regard to both areas (the social and health situation and the model of service delivery), it is essential to take into account the extent of real coverage and the satisfaction and characteristics of the people who request or receive services.

Finally, in terms of the **administrative model**, the training should incorporate strategic considerations linked to planning, to the programming of the local health systems, and to the administration and management of institutions and programs.

Steps should therefore be taken to foster the ability and willingness of personnel to utilize, generate, disseminate, and discuss relevant and timely inputs to decision-making regarding actions and the allocation of resources. Programming must not be seen as a mere instrument or administrative process, but as the mechanism which reconciles the three categories outlined above. The evaluation of policies--as well as of definitions, standards, procedures, and results--is a powerful tool for the rationalizing and validating of operational decisions. There exist methodological vacuums in certain areas, notably in the planning of investments, in the formulation and execution of development projects, in the development of human resources, in the administration of finances and personnel, and in the evaluation of interventions, especially of technologies.

The relative emphasis given to the different content areas should be adjusted according to the functions of the health personnel (specialized or not), the level of complexity of the system where they work, and the institutional position they occupy or are expected to occupy.

In this regard the following points are worth noting:

- There should be continuing concern to strike a balance between the desire to strengthen the decision-making capacities of managers and how much it is feasible to teach them to do.
- It important to utilize the epidemiological approach and strategic thinking as components of human resources education. These approaches should be articulated with the needs of the health services so that the individual approach gives way to the collective approach.
- Intervention, usually given inadequate consideration or none at all in training or educational efforts, becomes a means of validating the various approaches to health and health practices, according to the results it achieves in the public systems.
- Accordingly, the principal thematic axes of the proposed training model are those of description and explanation, decision-making and management, and provision of health services.

Comments

Generally speaking, past reforms in the national health systems basically affected their organization. In recent years, however, important changes have begun to appear in other essential facets of the systems: financing (privatization), organization (decentralization, including budgetary), delivery of services (new model of care), and community participation (democratization of knowledge and social control).

The rapid and complex contextual changes under way at present make it necessary to introduce equally profound changes into national health policies and planning, as well as into the formation and training

of personnel. Thus, in addition to the emphasis on policies of disease prevention and health promotion in the context of development, the urban health scene will be affected by transformations in the municipal systems and the need for sectoral action to achieve broader outreach. This undoubtedly will influence the execution of the operational tactic of strengthening and developing the local health systems. In essence, this implies local or community development.

The proposal outlined above aims to develop, within a process of continuing education, a line of teaching-learning that is national or regional in scope, with a principal methodological basis that is empirical, flexible, and participatory. In terms of its goals, the proposed training is designed to respond to the imperatives of current national strategy and to promote comprehensive health development, while seeking to remedy anticipated deficiencies or problems of decision-making teams with regard to management and leadership. In terms of method, it can help to promote a shared understanding of the problems of the services; transmit values, conceptions, and other content that is necessarily "desirable" or future; give visibility to the presence or the response of policy-makers in the health sector; organize all the various training efforts in a given context; and provide feedback for regular training programs and institutions as well as those that specialize in public health.

It is hoped that this effort will make possible a timely response to the need for reorganization of the health services, a need brought about by the political and socioeconomic changes currently affecting the countries of the Region.

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Summer Courses in Epidemiology in North America 1994

The Johns Hopkins University School of Hygiene and Public Health is sponsoring the Twelfth Annual Graduate Summer Program in Epidemiology, to be conducted from 20 June to 8 July 1994. The program includes: principles of epidemiology; introduction to biostatistics; methods in epidemiology; intermediate biostatistics; applications of the case-control method; design and conduct of clinical trials; epidemiologic methods for planning and evaluating health services; methods of health risk assessment; cancer risk and prevention; epidemiologic basis for tuberculosis control; epidemiology of AIDS; epidemiologic issues in vaccine use and development; infectious disease epidemiology; nutritional epidemiology; use of microcomputers in epidemiology; writing and reviewing epidemiologic papers. Proficiency in the English language is required.

Further information is available from Helen Walters, Program Coordinator, Graduate Summer Program in Epidemiology. The Johns Hopkins University, School of Hygiene and Public Health, 615 North Wolfe Street, Baltimore, Maryland 21205. Tel (410) 955-7158; Fax (410) 955-8086.

Tufts University at Medford, Massachusetts, The New England Epidemiology Institute, and the Post-graduate Medical Institute are sponsoring the Fourteenth Annual New England Epidemiology Summer Program, to be conducted from 11 to 29 July, 1994. This year The New England Epidemiology Institute will be offering one and two week sessions, allowing participants to attend for one, two or three weeks. The two week session will run from July 11 to 22 and will include courses on the theory and practice of epidemiology