



Technical

Discussions



Agenda Item 35

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ORIGINAL: SPANISH

REPORT OF THE TECHNICAL DISCUSSIONS ON "MANAGERIAL ANALYSIS OF HEALTH SYSTEMS"

I. INTRODUCTION

The Technical Discussions held during the XXI Pan American Sanitary Conference took place on 24 and 25 September 1982 in Washington, D.C., and dealt with the topic: "Managerial Analysis of Health Systems."

Dr. H. Rodríguez Castells (Minister of Health of Argentina) officiated as Moderator of the Discussions, Dr. Gustavo Corrales (Director General for Health Services of Honduras) served as Rapporteur, and Mr. Peter R. Carr (Regional Advisor in Administration) was the Technical Secretary.

In the plenary session at the start of the Technical Discussions, the topic was introduced by Dr. Paulo R. Motta, Professor and Director of the Brazilian School of Public Administration of the Getulio Vargas Foundation of Rio de Janeiro, Brazil. In his presentation Dr. Motta described the problems of the public administration systems in the Americas. He mentioned the current scarcity of administrators properly schooled in the field of strategic management. He underscored the importance of this process as an element in the managerial response to problems of health administration which hinder attainment of the goal of HFA/2000. The Technical Secretary then explained the Rules for Technical Discussions and presented the agenda and discussion guide. The Pan American Sanitary Bureau prepared a working document for the orientation of the discussions, which was considered by the participants in two working groups.

The moderators of the discussions in these two groups were Dr. Kenneth Baugh, Minister of Health of Jamaica, and Dr. Tulio López Ramírez, Director of the Division of Urban Medical Care in the Ministry of Public Health and Social Welfare of Venezuela. The rapporteurs were, in the same order, Dr. Gustavo Corrales, General Director for Health of Honduras and Ms. Carol Lewis, Vice President of the International Federation of Health Records Organizations.

The following questions were used as guides for the group discussions:

1. How relevant for strategic decision-makers are the key challenges and critical issues presented in the document in relation to the goal of HFA/2000?
2. How appropriate is the present managerial response and the planning process for meeting the critical issues outlined in the document?
3. What main changes need to be made to improve the managerial response and the planning process in support of the goal of HFA/2000?
4. What major recommendations for Member Governments, including those for technical cooperation, should be made to support the strengthening of the strategic management and planning process?

The present report summarizes the salient points of the discussion, highlights the principal components of a managerial response supportive of the goal of HFA/2000, and includes specific recommendations to the Member Governments and the Pan American Health Organization.

II. KEY CHALLENGES AND CRITICAL ISSUES

Key Challenges

Equity: Equity was defined as a fair distribution of the available resources at a given time in a society. It has moral, social, political and economic dimensions from which its innermost nature emerges. There is no major disagreement on just what equity is; the differences arise in the difficulty of attaining it.

In this context the need for the efficient management and appropriate use of funds and resources allocated to the health sector was stressed. Equity should be based on honesty in the utilization of allocated resources.

Efficiency and Effectiveness: There were no important disagreements on the interpretation of these key points in relation to their known definitions. It was pointed out that management systems must be readjusted and improved in relation to these two basic principles with a view to maximizing the return on the available resources and their impact in accordance with the proposed objectives.

An additional challenge was identified in the need for flexibility to meet local requirements and to cope with factors that arise after the objectives have been established. Managerial systems must endeavor to provide this flexibility.

Critical Topics

Decentralization: It was regarded as fundamental to strengthen the process of decentralization of the managerial process by reallocating responsibilities and delegating authority so as to make possible effective decision-making at the regional and local level. There was emphasis on avoiding a fragmentation of the sector.

Community Participation: It was emphasized that there was need for community participation in the setting and attainment of the public health objectives. This participation was regarded as a critical process for evaluation of the health system, and as involving the community in the service-delivery system and in decisions to set its own course and determine its own behavior. The readjustment of management systems in the health sector must be responsive to this situation.

It was insisted that action that was paternalistic toward the community or which kept it in a state of dependence was to be avoided, and that everything done must be directed at making the community self-sufficient and generating in it a sense of responsibility for its own health and welfare.

Changing the attitude of the population through educational work was regarded as important. Community participation was not to be regarded as associated only with population groups of the least monetary means, but as involving the entire population, and should be developed with a full sense of participation and responsibility for health.

It was mentioned that identifiable actions were being carried out in community participation at the local level; a failure at the higher levels to define community participation in its overall political context and to clarify the responsibilities of the different sectors was producing some disorientation in this area.

Organization of Systems and Management Structures

The goal of HFA/2000 and the rapidly evolving context of the sector made it necessary to reorganize the management systems so that they would have the pronounced flexibility needed to respond to the wide variety of problems and situations to be dealt with. Managerial action must be directed toward the attainment of goals and not be based on the internal processes (methods, rules, procedures) of the institution in its daily operation.

Planning at points in time for selected periods must give way to planning as a permanent and ongoing functions of management for daily reflection on and adjustment of its managerial performance in keeping with new situations and circumstances and for the attainment of its goals.

Personnel Training and Utilization

In addition to requiring personnel trained with a new managerial attitude, the goal of HFA/2000 calls for new types of personnel with new abilities and skills. It is important to analyze constantly the functions of this staff so that they will readjust to the ever-changing situations in the health field.

It has to be recognized that the confusion created among personnel by these changes could eventually prompt in them an attitude of negativism and rejection of these changes.

Resource Management

One of the difficulties of resource management is the fragmentation of health services into a welter of diverse institutions which compete among themselves for those resources.

It is necessary to distinguish between scarcity of resources and low capacity to administer or manage them. Sometimes the resources do not all arrive where they are supposed to, or are not used effectively, which is due to a lack of the ability to manage them properly.

Information

The information system has to be continually readjusted to improve the quality of the data by setting up proper processing systems and making the information easier to use for decision-making and managerial support.

Appropriate Technology

It was considered that technology can be divided in two main groups: the technology related to equipment (Hardware) and that pertaining to procedures and packages of programming (Software). Technology, particularly that related to equipment, should be compatible with the available resources in the country needed to maintain it. For this it is necessary to evaluate the technology within the context of the health system, taking into account the restrictions of the latter. The necessity for investigating appropriate technologies for management and information systems was identified.

III. THE PRESENT SITUATION OF THE MANAGEMENT SYSTEM AND THE PLANNING PROCESS IN ACCORDANCE WITH THE CRITICAL ISSUES

It was emphasized that the present managerial process is oriented more toward internal processes than toward the attainment of goals. Routine and its inflexibility prevent it from responding properly to the requirements for attaining the objectives of the goal of HFA/2000.

The planning process is carried out at points in time and not as an ongoing activity. This situation limits its use as a factor for rationalization of daily management.

Usually, neither process takes account of the external factors that affect the utility of the institution's products--a situation that is largely incompatible with community participation.

IV. FUNDAMENTAL CHANGES THAT SHOULD BE MADE TO IMPROVE THE MANAGEMENT SYSTEM AND THE PLANNING PROCESS

It is very important that precise goals be set by which management can be guided and the attainment of which will be the measure of its success. These objectives must be made known at all levels.

Planning must become predictive on the basis of qualitative values and identified uncertainties. While past events are important, and many of them are quantified, current developments and changes take place with such rapidity that those events are not an accurate guide to realistic projections that have no other basis.

Managerial organization must become flexible in its structure and aims. It must acquire the capacity to respond appropriately and at the right time to new and changing conditions in accordance with ordered objectives.

Management will have to be outward-looking, and base the operations of its institutions not on itself but on functions and aims which go beyond it as a closed system.

V. RECOMMENDATIONS

- a) That a proper orientation be given to coverage extension programs by applying the strategy of primary care and other complimentary strategies such as community participation, intersectoral coordination, while seeking a greater emphasis on preventive medicine activities in a context of comprehensive health care.
- b) That planning processes be strengthened and promoted in the health field by drawing up long, medium and short-run plans directed at attainment of the goal of Health for All by the Year 2000.

- c) That the Member Countries give priority to the development of human resources as an essential element for attainment of the goal of HFA/2000. This development should cover the following aspects:
- widespread personnel training at all levels in academic courses and through continuing education,
 - development of planning for the human resources needed to attain the goal,
 - introduction of managerial subjects in the different study programs for health personnel,
 - close collaboration with the civil service system with the aim of analyzing and applying an incentives' structure, for the health system so that it may be made to support the attainment of the goal of HFA/2000 and the specific national objectives to be formulated. It is very important to emphasize the need to retain health personnel in the sector,
 - changes in the study programs of the health sciences schools so as to prepare future professionals for responsibilities in the attainment of the goal of HFA/2000.
- d) That support be given to the multidisciplinary analysis of the institutional, financial and administrative constraints on access, for different human groups, to services and to the study of alternatives for their removal.
- e) That use of the epidemiological method at all levels of the health services, with emphasis at the local level, be promoted with a view to the improved identification of priority population groups and areas and actions to be taken.
- f) That an intensive effort be made to publicize the content of the strategies of HFA/2000 among the general public, and that of the Regional Plan of Action at all decision-making levels.
- g) That operations research be encouraged and intensified on salient aspects of the operation of health services and their management in support of decisions that favor increased efficiency, effectiveness and equity.
- h) That efforts be stepped up to have management decisions taken at the level closest to the implementation of specific health actions utilizing the appropriate technology approach, and that the innovative experiments being promoted for the accomplishment of this purpose be studied.

- i) That research be promoted for the identification of alternative ways in which the community can participate in the taking of decisions, and that experiments be conducted to test the effectiveness of different arrangements.
- j) That the goal-setting process be strengthened at all levels, including the community, through a participative process which heightens the commitment of the health teams to the attainment of the goals, and that indicators be worked out for evaluating the results.
- k) That the objectives of the different government agencies be articulated in an intersectoral effort in terms of the goal of HFA/2000.
- l) That information systems be changed and improved in support of the strategic decision-making process, with special emphasis on monitoring and the evaluation of results.
- m) That the processes of functional programming and the management of physical infrastructure projects be refined so as to ensure efficient investment and maintenance of installed capacities.
- n) That health institutions be encouraged to establish active interrelations with and make contributions to specialized management schools and institutes for the support of education programs, the promotion of research, and as an aid to exchanges of experience and information.
- o) That innovative forms of technical cooperation between developing countries be promoted so as to generate an appropriate managerial response to the key challenges posed by the goal of HFA/2000.
- p) That the rapporteur for the Technical Discussions prepare a draft resolution to be presented for consideration by the XXI Pan American Sanitary Conference.

Annex

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PROPOSED RESOLUTION

TECHNICAL DISCUSSIONS, 1982

THE XXI PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Technical Discussions on the managerial analysis of health systems (Document CSP21/DT/1, Rev. 1);

Considering that the World Health Assembly in Resolution WHA32.30 endorsed the Declaration of Alma Ata, which emphasized primary health care as the basic approach for attaining health for all by the year 2000, and the important implications of this goal for the development of the health management system;

Recognizing that the Regional Strategies of health for all by the year 2000, approved by the Directing Council at its XXVII Meeting in 1980, and the Plan of Action for the implementation of these Regional Strategies, approved by the Directing Council at its XXVIII Meeting in 1981, both place great importance on the strengthening of the operating capacity of the health systems including the planning and management systems;

Being aware of the increasing responsibilities that are being placed on Member Governments and the strong implications of these responsibilities for the improvement of the health management process; and

Viewing with concern the critical nature and scope of the problems as presented by Member Governments in their analysis of the health management systems and the need to strengthen the managerial process for achieving the goal of HFA-2000,

RESOLVES:

1. To take note of the report of the Technical Discussions and to express its satisfaction with it.

2. To recommend to Member Governments that they:

2.1 Incorporate a policy formulation and implementation process within the health sector that leads to the development of strategies and managerial practices that favor both the more effective and efficient achievement of results and an increased commitment to social equity.

2.2 Utilize a creative and innovative approach in their management development process and emphasize extension of coverage, through the primary health care approach, with priority given to preventive and promotional activities and incorporating the concepts of intersectoral coordination, community participation, and appropriate technology.

2.3 Strengthen the strategic management process by developing long-, medium- and short-term plans directed towards the attainment of the goal of health for all by the year 2000.

2.4 Undertake an intensive, objective and multidisciplinary analysis of the institutional, financial and administrative constraints on access, for different human groups, to health services, and develop alternative solutions.

2.5 Establish specific and clear goals through a participative approach which heightens the commitment of the health teams and the community to the attainment of the goals and improve the management information systems with special emphasis on monitoring and evaluating results.

2.6 Give priority to the development of human resources as an essential element for attaining the goal of health for all, through academic and continuing education programs, strengthening health manpower planning, reorienting the curriculum of health science schools, and developing incentives for retention of personnel.

2.7 Promote and develop operational research on salient aspects of health services management that identify the constraints which exist in the application of community participation, and develop appropriate approaches for involving the community and for supporting decisions which favor increased efficiency, effectiveness, and equity.

2.8 Refine the process of functional planning, programming and implementation of physical infrastructure projects so as to ensure efficient investment in and maintenance of installed capacities.

3. To recommend to the Director of PASB/WHO that he:

3.1 Strengthen and support research aimed at producing knowledge on better managerial alternatives to meet the critical health issues and challenges mentioned in the PAHO documents.

3.2 Support the development and implementation of education and training programs that strengthen the strategic managerial capacity of the health sector.

3.3 Strengthen programs of technical cooperation in strategic management and planning aimed at transferring and demonstrating management ideas.

3.4 Foster the establishment of a mechanism for the sharing of information among Member Governments on national experiences and approaches in strategic management.

3.5 Distribute the working document and report of the Technical Discussions to Member Governments, national and international agencies, and other organizations.