

## **A Strategy to Support Large-Scale Management Improvement in National Health Systems**

The purpose of this paper is to provide Ministries of Health and related ministries of WHO Member States with evidence that supports a multidimensional approach to management improvement in national health systems. Such an approach is more likely to result in measurable improvements in responsiveness of health or related services to client needs, adaptation to services and products provided to changing context and measured improvements in the performance of the health sector leading ultimately to higher quality of services provided. This approach to management improvement will be successful in countries with a combination of public, not for profit and private health care providers as well as in those countries where public health services are operated by the Ministries of Health for a significant portion of institutional and community care, especially for the lower income levels of the population. Many countries are in different stages of health sector reform which itself is a large scale change process usually focusing on resources, restructuring including privatisation, and decentralisation of responsibilities for health services to local levels.

A variety of evidence types will be presented including references to published articles, field reports from countries and donor agencies, interviews with selected government representatives, outcomes of health systems research studies and documented experiences.

### **Content Outline**

- 1 Large-scale change in national health systems
  - 1.1 Large-scale change defined
  - 1.2 Readiness for change
    - 1.2..1 Diagnostic assessment of strengths, weaknesses, opportunities and risks
    - 1.2..2 Linkage to other change processes.
- 2 Human resource approach to organizational improvements
  - 2.1 Individual behavior and change within organizations
  - 2.2 Building capacity and internal expertise
  - 2.3 Lessons learned:
  - 2.4 What has worked and not worked
  - 2.5 Options for action
  - 2.6 Issues:
    - 2.3.2 The triad of trainee/team/site manager
    - 2.3.2 Supporting continuous learning
      - 2.6..1 Distance learning
      - 2.6..2 Just-in-time learning
    - 2.3.2 The creation and support of change agents
    - 2.3.2 Other

3. Making the workplace a centre of learning and continuous improvement.
  - 3.1. Establishing management improvement worksites and building management improvement teams in the health systems.
  - 3.2. Lessons learned:
  - 3.3. What has worked and not worked
  - 3.4. Options for action
  - 3.5. Issues:
    - 3.5.2. Environmental analysis
    - 3.5.3. Other
4. Changing the focus from institution to client needs and satisfaction (individual, family and community).
  - 4.1. The power of a clear goal
    - 4.1.2. as a motivation for community involvement
    - 4.1.3. as a focal point for resource development and expenditure
    - 4.1.4. as a check point for change strategy
  - 4.2. Lessons learned
  - 4.3. What has worked and not worked
  - 4.4. Options for action
  - 4.5. Issues:
    - 4.5.2. Attitudes and practice that need to be changed
    - 4.5.3. Other
5. Institutionalising sustainable change processes and managing change.
  - 5.1. Building the 'critical mass' for change
    - 5.1.2. Establishing a reward system
    - 5.1.3. Managing fear and despair
    - 5.1.4. Using principles of cognitive psychology
  - 5.2. Lessons learned
  - 5.3. What has worked and not worked
  - 5.4. Options for action
  - 5.5. Issues:
    - 5.5.2. Formal and informal processes operating
    - 5.5.3. Other
6. Realizing political commitment to continuous improvement.
  - 6.1. Patrons, opinion leaders and change leaders
  - 6.2. The techniques of harnessing political power for change
  - 6.3. Lessons learned
  - 6.4. What has worked and not worked
  - 6.5. Options for action
  - 6.6. Issues
7. Expanding the change process in health systems
  - 7.1. Structure and function of a learning network to support expansion to multiple management improvement sites
  - 7.2. Lessons learned
  - 7.3. What has worked and not worked
  - 7.4. Options for action
  - 7.5. Issues:

- 7.5.2. Creating and sustaining learning networks
- 7.5.3. Other
- 8. Desirable outcomes, measures and mechanisms for monitoring change in the system
  - 8.1.2. Evaluation as a mechanism to facilitate change
  - 8.1.3. Lessons learned
  - 8.1.4. What has worked and not worked
  - 8.1.5. Options for action
  - 8.1.6. Issues:
    - 8.1.2.1. Deriving and validating indicators
    - 8.1.2.1. Who should do the evaluations and when
    - 8.1.2.1. Who should participate in the evaluations and how
    - 8.1.2.1. Other

## Activities

1. The paper is intended to elaborate, supported by references and documentation, the outcomes of the Cairo Workshop on Curriculum Development for Management Effectiveness Programme to be held from 17 to 21 June 2000. As such primary source materials will be the main background document for the Workshop (WHO/EMR/EML/99.2): Management Effectiveness Programme- A journey to Improve Quality for Health; and the workshop background papers and discussions, recommendations and products. ARE THE FINAL PRODUCTS AVAILABLE YET? ESPECIALLY VALUABLE TO THIS PAPER WILL BE THE RESULTS FROM THE FIRST WEEK'S GROUP II.
2. During the Workshop Country participants from Egypt (DONE), Iran (DONE), Jordan (DONE), Kuwait (NO ONE IN ATTENDANCE), Lebanon (NO ONE IN ATTENDANCE), Morocco (DONE) and Syria (DONE) can be interviewed and arrangements made with them for collecting country experiences, documentation and research finding including case studies (ASKED FOR, AND PROMISED, BUT I AM LESS THAN CONFIDENT THAT ANYTHING WILL BE RECEIVED).
3. After the workshop a more detailed outline should be prepared and reviewed with the Department of Organization of Health Services Delivery, (OSD) in WHO, HQ. THIS IS THE REQUESTED ANNOTATED OUTLINE.
4. A selected review of literature to identify in three or four other country health sector experiences (PRESUMABLY YOU HAVE THIS LITERATURE? OR IS THIS TO COME FROM THE SEPTEMBER TRIP? (e.g. Bahrain I HAVE THE BAHRAIN MEDICAL SOCIETY ARTICLE CIRCULATED AT THE WORKSHOP) and case studies, research finding as well as relevant sources in relevant journals (I WILL DO THE REVIEW OF PUBLISHED LITERATURE IN MANAGEMENT CHANGE).
5. Preparation of initial draft for review by OSD by August 15<sup>th</sup> 2000.
6. Submissions of final product in Word format by September 30<sup>th</sup> 2000.