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Health services management

Health systems reporter, 22nd January 2008

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Feature: Health services management

Managers are responsible for planning, directing, coordinating and supervising the delivery of healthcare. In low income countries, lack of management capacity especially at local levels, has been identified as a key factor that prevents the effective use of resources and successful scaling up of health services to reach the Millennium Development Goals.

In many cases insufficient numbers of professional managers mean that doctors and nurses often perform this function alongside their regular tasks and without having had sufficient training for the posts. They work within increasingly complex systems where roles and relationships with local government, the private sector and other stakeholders are constantly changing. These factors, combined with poorly functioning support systems to manage money, human resources, information and supplies, can result in a poor working environment where staff have low incentives to perform well.

Strengthening managers' capabilities requires an assessment of the skills that they need, and preparing relevant courses and training programmes. On-the-job support including supervision, technical assistance and learning networks are effective ways of developing skills and creating a more supportive working environment. The provision of adequate rewards and incentives, and clarity of responsibilities are also important for recruiting and retaining staff. At a national level, governments need to ensure that they develop, implement and maintain functioning management support systems, and also provide sustained financial support and coordinated plans for strengthening local management capacity.

More information:

- Health services management section on the Eldis health systems resource guide www.eldis.org/go/topics/resource-guides/health-systems/health-service-delivery/health-services-management
- Management for health services delivery, World Health Organization www.who.int/management/en/

Recommended readings on health services management

1. Managing the health Millennium Development Goals - the challenge of management strengthening: lessons from three countries

Authors: D. Egger; E. Ollier

Publisher: World Health Organization , 2007

This World Health Organization study describes various activities aimed towards strengthening the management of health service delivery in three countries: South Africa, Togo and Uganda. The paper considers the following factors that affect management capacity: the number of managers at all levels; opportunities for building existing managers' own competences; improving management support systems; and creating a more supportive work environment. It also identifies several ways to help managers do their jobs better. These include clarity about their responsibilities; practical reference handbooks; and a regular forum for managers to identify their needs, discuss problems and share ideas. On-the-job support is perceived by many managers as key to improving their performance – this can include technical assistance, mentoring, coaching and

learning networks.

In terms of management strengthening activities, the study reveals that a range of approaches have been used in recent years, but countries and external development agencies have concentrated mainly on training and some management systems (planning and monitoring) to the detriment of other key conditions for facilitating good management. Medium- to long-term sector-wide budgets and plans for management strengthening are required if good management is to play its appropriate role in scaling up health services. [adapted from authors]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35046&type=Document

2. Closing the management competence gap

Authors: G. L. Filerman

Publisher: Human Resources for Health, 2003

This article published in Human Resources for Health journal, argues that health systems worldwide face a lack of competent management at all levels, and that this is the most fundamental barrier to new health resources reaching the people who need them. It maintains that a lack of competent managers at all levels fosters 'vertical' health programmes that are narrowly targeted and centrally planned. Furthermore, weak management leads to a lack of confidence, and discourages decentralisation and programme integration.

The article identifies essential core competencies that must be assessed for every managerial position. General management skills include: managing a budget, managing supplies, managing health professionals and support staff, implementing labour law and regulations and managing facilities and equipment. These competencies are distinct from, but complimentary to, human resources development competencies which include: budgeting and advocacy for resources, planning and implementing training programmes, and building effective team work. The paper concludes that management competencies will be learned most effectively if the training takes place where people work, with the team that works together and when it addresses what they are experiencing as they do their jobs. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35042&type=Document

3. The impact of health management training programs in Latin America on job performance

Authors: S. J. Diaz-Monsalve

Publisher: Cadernos de Saude Publica, 2004

This study published in Reports on Public Health analyses the impact of a management training programme on health managers' job performance in Mexico, Colombia and El Salvador. The study assessed the effects of an 18 month training programme for managers which included 5-day training workshops and a series of tasks that were carried out between the workshops. An intervention group of 85 district health managers in the three countries was compared with a control group of 71 managers who did not receive the training programme. The study finds that in Mexico, managers who undertook the training showed 8.3 times stronger management performance compared to the control group, measured through 12 management performance indicators; in Colombia the value was 3.6 and in El Salvador 2.4.

The authors suggest that the success of this training programme was the result of the participatory training methods and problem-based learning that were used. Over the 18 months, trainers were able to acquire knowledge of local situations and the managers' different needs, and adjust the training elements accordingly. Strong support at the national levels in Mexico and Columbia meant that training of managers was reinforced in the periods between the workshops. The different achievements of the training programme in the three countries reflect the differences in reinforcement mechanisms.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35073&type=Document

4. Pay and non-pay incentives, performance and motivation

Authors: V. Hicks; O. Adams

Publisher: Prince Leopold Institute of Tropical Medicine, Antwerp, 2003

This chapter in the book 'Towards a Global Health Workforce Strategy' provides an overview of the current evidence on the effect of pay and non-pay incentives on health workers' performance and motivation. The review is organised into three sections: the first presents the range of both pay and non-pay incentives; the second presents a review of evidence about the impact that incentives have on provider behaviour; the third section outlines some of the key factors in making incentives more effective.

The paper shows that non-financial incentives play a role in retaining sufficient numbers of personnel and the right mix of skills in the health workforce. It argues that to incentives more effective it is important to extend the scope of research and evaluation to include a range of professions including nurses, primary health care workers and managers of health facilities. The paper concludes that human resources for health must be seen as an interrelated system involving staff with a complex mix of skills and motivations. The effects of incentives aimed at one group of professionals will

reverberate through the entire system. Policy makers need to know if specific incentives will reinforce health system goals or upset a delicate balance between workers.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33698&type=Document

5. Strengthening district health system through management interventions

Authors: S.D. Gupta; P. C. Dash; B. Kanjilal

Publisher: Indian Institute of Health Management Research, India , 2005

This paper by the Institute of Health Management Research aims to develop and test key management interventions in order to improve the performance, efficiency and effectiveness of primary health care delivery at Hoshangabad district in Madhya Pradesh. The paper identifies problems in various functional management areas, and discusses the different management interventions to overcome these problems. Interventions include: strengthening district health planning; logistics and supply management; management of the health information system; community participation; inter-sectoral coordination; and quality assurance.

The study finds that the improved management processes has lead to improvements in the primary health care delivery system, and subsequently the health status of the people, if sustained. It concludes that building the capacity of managers and developing their management and leadership skills is crucial for the effective delivery of primary health services, and should be accorded a high priority. It is particularly important to develop a formal partnership and coordinating mechanism with the health system at the state, district and local levels to ensure that successful interventions are sustained.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35071&type=Document

Latest additions from the Health Systems resource guide

1. The Malawi National Tuberculosis Programme: an equity analysis

Authors: B. Simwaka; G. Bello; H. Banda

Publisher: International Journal for Equity and Health, 2007

This article published in the International Journal for Equity in Health synthesises what is known on equity and tuberculosis (TB) in Malawi and highlights areas for further action and advocacy. Based on a range of published and unpublished reports and analysis of routine data on access to TB services, the paper finds that TB cases have increased rapidly from 5,334 in 1985 to 28,000 in 2006. This increase has been attributed to HIV/AIDS; 77 per cent of TB patients are HIV positive. Poor people's ability to access TB diagnosis services is reduced by the need for repeated visits, long queues and delays

in sending results. The costs of seeking care for these people can be up to 240 per cent of monthly income.

The paper concludes that the government's policies to address TB, which are being delivered through the Sector Wide Approach, provide a good opportunity to enhance equity and pro-poor health services. The major challenge is to increase case detection especially amongst poor people. In addition, the Programme needs a prevalence survey which will enable equity monitoring and the development of responsive interventions to promote service access to people with undiagnosed TB.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35074&type=Document

2. Fiscal decentralisation, Chinese style: good for health outcomes?

Authors: H. Uchimura; J. Jutting

Publisher: Institute of Developing Economies, Japan External Trade Organisation, Tokyo, 2007

This Institute of Developing Economies discussion paper analyses the effect of fiscal decentralisation on health outcomes in China. Fiscal decentralisation refers to the transfer of authority and resources from central to local tiers of government for the provision of local health services. The paper finds that counties in more fiscally decentralised provinces have lower infant mortality rates compared to those counties in which the provincial government retains the main spending authority.

The paper concludes that more decentralised provinces perform better with respect to health outcomes if two conditions are met: firstly, the need to establish a functioning transfer system between the province and the county level, and secondly to strengthen local governments own fiscal capacity. The paper recommends that the Chinese government sets up a transfer system to redistribute funding to boost poorer regions' fiscal capacity. To make this function, responsibilities at the various levels of government and health institutions must be clearly defined and enforced. In addition, it is important to provide incentives for local authorities to invest in public services, for instance by mapping resources to expenditure.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35043&type=Document

3. Impact of preventive health care on Indian industry and economy

Authors: A. Chadha; A. Mehdi; G. Malik

Publisher: Indian Council for Research on International Economic Relations , 2007

This paper examines the link between preventative health care, labour productivity and corporate profitability in India based on a survey of companies and employees from the

manufacturing and service sector. Preventive health care involves measures to identify and minimise the risk of diseases, and alter the course of existing ones for a healthy and productive life. The paper finds that preventive health care holds enormous promise for the competitiveness of Indian companies and for the county's economy. It helps increase productivity, reduce absenteeism, and lower school dropout levels with positive impact on future earning and capabilities of employees.

It concludes that whilst the corporate sector has been quick to realise the benefits of preventive health care, with firms offering programmes to improve the physical and emotional well-being of their employees, government policy has lagged behind. The paper recommends that the government should give incentives to the enterprises that promote health care through preventive measures, for instance it could provide direct subsidies to these companies or indirect subsidies in the form of tax exemptions.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35045&type=Document

4. Refugees' perceptions of their health status and quality of health care services in Durban, South Africa: a community based survey

Authors: Apalata T.; E. T. Kibiribiri; S. Knight; E. Lutge
Publisher: Health Systems Trust, South Africa, 2007

There is some evidence from refugees that health care services in South Africa are not responsive to their perceived needs. This Health Systems Trust paper uses quantitative and qualitative approaches to evaluate the perceptions and opinions of refugees about health care services in South Africa. The paper finds that major issues affecting refugees include: discrimination and xenophobic attitudes of health service providers; language barriers leading to inappropriate treatments due to misunderstanding; exclusion from public hospitals due to lack of valid permits or delay in the delivery of such permits.

Based on these findings, the paper makes recommendations to officials, non-governmental organisations and social networks involved in the health of refugee communities. The authors suggest that refugees should have at least a baseline health related interview and check-up preferably done in a primary health care (PHC) centre dedicated to refugees. Refugee support systems should be established and health care workers should be informed about issues such as refugee permits and policies regarding referral systems. Also, public hospitals should employ qualified translators to help in cases that are referred from PHC centres for refugees.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=35070&type=Document

5. Trade and health in east and southern Africa

Publisher: EQUINET : Network for Equity in Health in Southern Africa, 2007

This EQUINET policy brief explains why trade issues need to be understood and managed to promote health and highlights the main public health concerns arising from free trade agreements. It shows that global trade can lead to diseases, such as SARS, moving rapidly across countries; hazardous production processes being introduced into countries whose laws and systems are not adequately developed to prevent and manage these risks; and commercialisation or privatisation of essential water, energy and other services. However, trade can also create opportunities including increased care to remote and underserved areas through cross-border supply of services, and access to new technologies.

The brief draws attention to measures that governments and civil society in the region can take to achieve greater coherence between trade and health policies, so that international trade and rules maximise health benefits and minimise health risks, especially for poor and vulnerable populations. Stakeholders need to be informed of and able to scrutinise proposed trade measures and agreements, to identify and deal with any possible areas of conflict with a country's public health obligations or with regional and international health protocols and conventions. This means that health and trade officials communicate, that health officials are included in trade negotiations and that health impact assessments are carried out where relevant.

Available online at: www.equinet africa.org/bibl/docs/POLBRIEF18%20trade.pdf

See the complete list of latest additions at: www.eldis.org/healthsystems

Announcements

Event: New Certificate Course in Global Health, University of Alabama at Birmingham (UAB), USA

This course is designed to equip participants with the basic skills necessary to function effectively in global health practice. It covers several critical issues in global health, including but not limited to epidemiology and disease control, health systems management, disabilities, gender and health, refugee and migrant health, food and nutrition, evidence-based policy and practice, project design, monitoring and evaluation, environment and health. In addition to didactic instructions in the aforementioned thematic areas, there is also a four-week field study that provides hands-on experience in programmatic areas in global health practice.

The course is designed as a flexible, internet-based, alternative for local, regional, national and foreign individuals working or intending to work with organizations

engaged in global health. It is especially designed with two groups of participants in mind: i) individuals with a passion for global health, but without appropriate academic training in global health; ii) health professionals who need to update and enhance their skills, but do not have the time or flexibility to undertake a strictly campus-based, full academic degree program.

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=35004&type=Item

Conference: 3rd International Congress on Women's Mental Health, 17-20 March 2008, Melbourne, Australia

Under the sponsorship of the International Association for Women's Mental Health and other Associates, and hosted by the Alfred Psychiatry Research Centre, the conference will present an innovative program focusing on the psychosocial, biological and clinical sciences of women's mental health from individual, family, society, community and global perspectives.

A series of keynote lectures, symposia, plenaries, paper sessions, posters and workshops, will explore the psychosocial, economic and cultural contexts of women's mental health. Clinicians of all disciplines will contribute their knowledge on best practices and innovative developments to improve women's mental health across the lifespan. Social issues such as war, violence, poverty, and famine, will be examined from international perspectives.

More information: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=34698&type=Item

See the complete list of announcements at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource->

[guides/hiv-and-aids](#)

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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