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## MANAGERIAL ISSUES

A summary note on the organization and planning of health programmes

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### 1. Basic principles

#### 1.1 Health for all

The foundation of all WHO and Member States' activity is the resolution of the World Health Assembly known as "health for all by the year 2000" (HFA2000) committing all Member States to the goal of securing a health status for their populations that will enable them to lead socially and economically productive lives. The proposed framework is a system of primary health care (PHC) as agreed by all Member States in the Declaration of the Conference at Alma-Ata (USSR) in 1978. In this context PHC covers all basic health-related activities including developing a healthier environment, educating the public in health matters, combating endemic diseases and the treatment of common diseases in injuries.

It is a necessary condition of the PHC approach that all activities must be scientifically sound, based on intersectoral cooperation (e.g. between health and education or the manufacturing industry), depend where necessary on effective multi-disciplinary teamwork, and involve real community participation (in planning and management, health work and mobilizing resources). Equally, there should be a clear political commitment at all levels of government to facilitate intersectoral and interagency action to develop comprehensive health policies and to ensure that resources are available.

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## 1.2 Health strategies

The goal of HFA2000 depends on a careful, logical and feasible strategy at all levels. A country's national programme on immunization will be part of overall national strategy. The WHO European regional strategy to which all WHO Member States have agreed, has three main emphases: to promote healthier lifestyles among people; to ensure the provision of accessible, acceptable, adequate and affordable comprehensive health services; and the reduction and elimination of preventable risks. A comprehensive national immunization programme reflects these three emphases.

## 1.3 The need for management

It has become increasingly clear that it is not enough to have developed scientific knowledge or even to have procured all the resources (financial, human and material) to apply that knowledge. Health activities must be planned, organized and managed. A systematic approach to these tasks, known as the managerial process for national health development (MPNHD), has been developed by WHO and recommended to Member States to assist them in devising their own systems and procedures for these essential tasks. MPNHD, with all its phases in sequence, is a managerial tool to translate political commitments into action. The essence of the managerial process is to:

- formulate realistic policies in keeping with the social goal expressed in the health for all resolution, both in general and in respect of particular programmes directed at major health problems, e.g. national programme on immunization; and, depending on health, socioeconomic and other circumstances, translate these into plans and commitments through the preparation of programme strategies;
- implement these plans and provide services (and take other appropriate measures) designed to reduce health problems; monitor performance to evaluate results (outputs and outcomes of action taken) and take any corrective action (including starting new programmes) shown to be necessary.

## 1.4 The strategic framework for health programmes

In its fully developed form a system of PHC would be noted for effective coordination of all health-related activities at the community or operational level and the mechanisms necessary for patients to be referred to more specialized services of secondary and tertiary care normally located at hospitals. Thus the strategic framework necessary to translate basic statements of health policy into services to patients and other practical measures will include both programmes of lateral coordination between different activities (e.g. occupational health, health education and environmental control) at the community level, and programmes of vertical integration of community and institutional care covering promotive and preventive, curative, rehabilitative and aftercare activities which may be disease/specialty-specific as in the case of a national immunization programme.

## 1.5 Role of the programme manager

Typically, whoever is designated as responsible for the programme at whatever political/administrative or technical/managerial level, referred to

as the programme manager, will be accountable to the appropriate policy and decision-makers, and will be asked to explain and justify his programme's resources (particularly manpower) as these relate to objectives and level of activity. Subsequently the emphasis may well be on results (outcomes). The overall programme may well have components of promotion and prevention, treatment, care and rehabilitation. These different but related activities would need to be seen to be properly coordinated, internally to the health services and externally to responsible counterparts in different agencies or indeed sectors. The arrangement for the acquisition and use of resources and the coordination of all activities of the various components of the programme is the programme organization.

#### 1.6 Essential managerial responsibilities

In preparing to make a programme operational it is essential to:

- identify all the tasks that will be involved in the various components of the programme for the initial development of the programme and for its ongoing operation;
- identify and obtain the resources required for all programme components;
- establish the logical order of those tasks and act accordingly;
- ensure that there will be appropriate education and training arrangements and adequate and continuing supervision of all workers involved in the programme;
- develop clear decision-making procedures and organizational arrangements (both intra- and intersectoral) so that it is known who has what responsibility, and that there are known channels of communication and coordination;
- develop an information system for planning, monitoring and evaluation of the programme.

For a more detailed list of issues to be addressed, see WHO EPI, CDD and ARI programmes.

For the implementation of the programme, it is vital that there is full acceptance of, compliance and active cooperation in the programme by all those involved whether as workers in the programme or as members of the community. This means that the programme manager must give particular attention to the preparation of the workers and the community, involving both a programme of public education and the application of the art of persuasion and diplomacy.

## 2. Organizational planning

### 2.1 Structure

Organizational planning (or developing an organization structure) is a process of defining and grouping activities in the most logical way, therefore making possible the accomplishment of programme objectives at the minimum cost.

## 2.2 Developing the organization

This process includes:

- grouping activities logically into operational units (e.g. health education and public information, screening activities);
- appointing managers competent in planning, motivating and controlling their subordinates;
- leadership qualities to create a good organizational climate of human relationships;
- emphasizing coordination between different functions and the avoidance of duplication of effort;
- motivating and providing incentive to staff for them to identify with the objectives of the programme.

## 2.3 Guiding management principles

### 2.3.1 Delegation and responsibility

Authority to make decisions and act on them should be delegated as far down the line as possible. The delegation of authority and other relationships must be such that the organizational structure actively supports the leadership of the manager, who has reciprocal obligations to support his staff in every way which maximizes their output, quality of work and job satisfaction. Responsibility for a programme, programme component or an activity should always be coupled with corresponding authority.

### 2.3.2 Levels of authority

The number of levels of authority should be kept at a minimum to facilitate communication of decisions, instructions, guidance and reporting back of actions taken, results, etc. There must, therefore, also be clear lines of authority running from the upper to the lower levels of the organization.

### 2.3.3 Span of control

There is a limit to the number of people a manager can effectively supervise; this number is also referred to as the span of control. The span of control is not a rigid rule to be applied in all situations, but it is a very useful general principle and a valuable diagnostic instrument where organizational weaknesses exist.

### 2.3.4 Unity of command

The more completely an individual has reporting relations to a single superior, the less the problem of conflict in instructions and the greater the feeling of personal responsibility for results.

### 2.3.5 Flexibility

It is not unusual to find an organization continuing a traditional organization structure long after its objectives, plans and external environment have changed. The organizational planning has to take into consideration possible future changes in the objectives of the organization and its environment: the organizational structure must be able to adapt easily to these changes.

### 3. Outline planning process

Policies, strategies and plans are based on the assumptions of the present state of knowledge, e.g. causal linkages, risks, effective preventive and treatment interventions.

These assumptions will guide the selection of priorities and the choice of programme components. This selection may be guided by:

- the size of the problem: e.g. the number of the population affected, the aggregate years of life lost through premature death, the aggregate cost of treatment, the costs to community, family and individual patient caused by disability;
- the nature of the problem: who is affected, in what ways and to what extent;
- the feasibility of the solution: availability of a cost-effective intervention, plausibility of the proposed intervention (expectation of a successful outcome).

The assumptions underlying decisions on these matters should be clearly recorded, as they will be essential for subsequent evaluation.

A programme information system must be established (utilizing existing systems wherever possible) to establish the baseline situation (especially epidemiological data on the population, characteristics of target populations chosen for interventions, and availability of resources).

Before embarking on a major planning task, it is essential to have an initial overall understanding of the programme to be planned. This involves looking at it from various crucial perspectives. These are: first, political and organizational, to be satisfied that it is possible to initiate the programme; second, epidemiological, to be able to demonstrate to politicians and other decision-makers that the programme represents a defensible or justifiable use of resources; third, economic, to identify what costs are likely to be generated by the programme together with expected benefits; fourth, social and cultural, to assess the general acceptability of the programme by the community to be served; and, fifth, scientific, that there is a sound knowledge base supporting the programme.

Based on an analysis of information available and consultations with all those concerned in some way with the programme, a feasible strategy, i.e. course of action, within a stated time period can be developed taking into account opportunities created by favourable circumstances and known constraints including availability of resources. Preparation of the strategy

(including alternatives or options) will normally be a responsibility of the programme manager and his unit; the planning team established for this purpose will be composed of staff members with management expertise as well as those directly involved in prevention and control whether within the health services or in other sectors. The strategy will cover all components (e.g. prevention, detection, treatment, rehabilitation) and will be compatible with other programme strategies for other health problems and will be integrated with them where appropriate, e.g. antismoking.

Developing the strategy is programming. It involves:

- the range of interventions to be made within each programme component;
- identifying what action is required at central, intermediate and local political/administrative levels;
- the phasing of programme development and implementation over the time-frame of the strategy;
- decisions on the continuation of existing programme component activities and on starting new activities within the various components;
- decisions on target populations (age/sex, occupation, location);
- decisions on the most appropriate organization structure for the ongoing management of the programme;
- specifying the activities comprising each programme component; activities will be either direct service (e.g. a treatment procedure), support (e.g. provision of supplies or transport), or developmental (e.g. provision of a major piece of equipment for treatment or diagnosis or a new training programme);
- calculating the resources required for each programme activity (manpower, supplies, equipment, etc.) and an annual operating budget;
- acquiring the finance and resources required;
- scheduling the implementation of each programme component.

The final stages of the planning process are first the implementation, i.e. the "start up" of the programme, then its ongoing management, then the review of activities and results which provides an input into further planning.

#### 4. Problems which may impede progress in the programme development and management

##### 4.1 Organization

- Programme managers lack authority (e.g. in control of staff, other resources) to match responsibility for delegated tasks
- Duplication of effort between levels or agencies involved in the programme
- Too centralized decision-making

- Lack of clear arrangements for coordination within the programme and with other programmes
- Programme managers are diverted from supervisory tasks by time-consuming routine work
- Programme managers lack aptitude, skill and training in management

#### 4.2 Manpower

- Key workers have conflicting responsibilities and assignments elsewhere
- Job descriptions do not clarify roles and responsibilities ("if everybody is responsible then nobody is responsible")
- Lack of clerical support to key workers
- Programme staff lack motivation, interest, skills through either inappropriate selection or lack of training, briefing and supervision in planning and management tasks

#### 4.3 Resources

- Programme objectives and activities are unrelated to the expected level of resources available
- An inefficient incomplete information system
- Absence of careful estimates (quantity and cost) of resource requirements (manpower, supplies, equipment, etc.) according to the planned level of programme activities, in preparing the budget for the programme
- Absence of control in the allocation and use of resources, i.e. unrelated to planned activities

#### 5. Implications of potential problems

- Need for a competent programme manager supported by a properly staffed and trained (in planning and management) programme management unit.
- Terms of reference or job descriptions for programme managers should emphasize responsibility for:
  - supervision of the implementation of the programme and programme coordination
  - external relations especially with related programmes, political, funding and higher level planning bodies, intersectoral partners
  - programme budgeting (including manpower) and resource allocation
  - developing an appropriate and effective programme information system

- A review and, if necessary, strengthening of:
  - coordination arrangements between programmes
  - machinery of intersectoral collaboration
  - job descriptions to clarify the allocation of duties and responsibilities
- Training programmes for staff to develop appropriate knowledge, skills, attitudes and behaviour in:
  - planning and management
  - direct programme activities
- A systematic review process whereby the management of the programme and its outputs and outcomes can be periodically assessed and decisions reached about future programming, and whereby programme managers can be held accountable