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Health plan implementation

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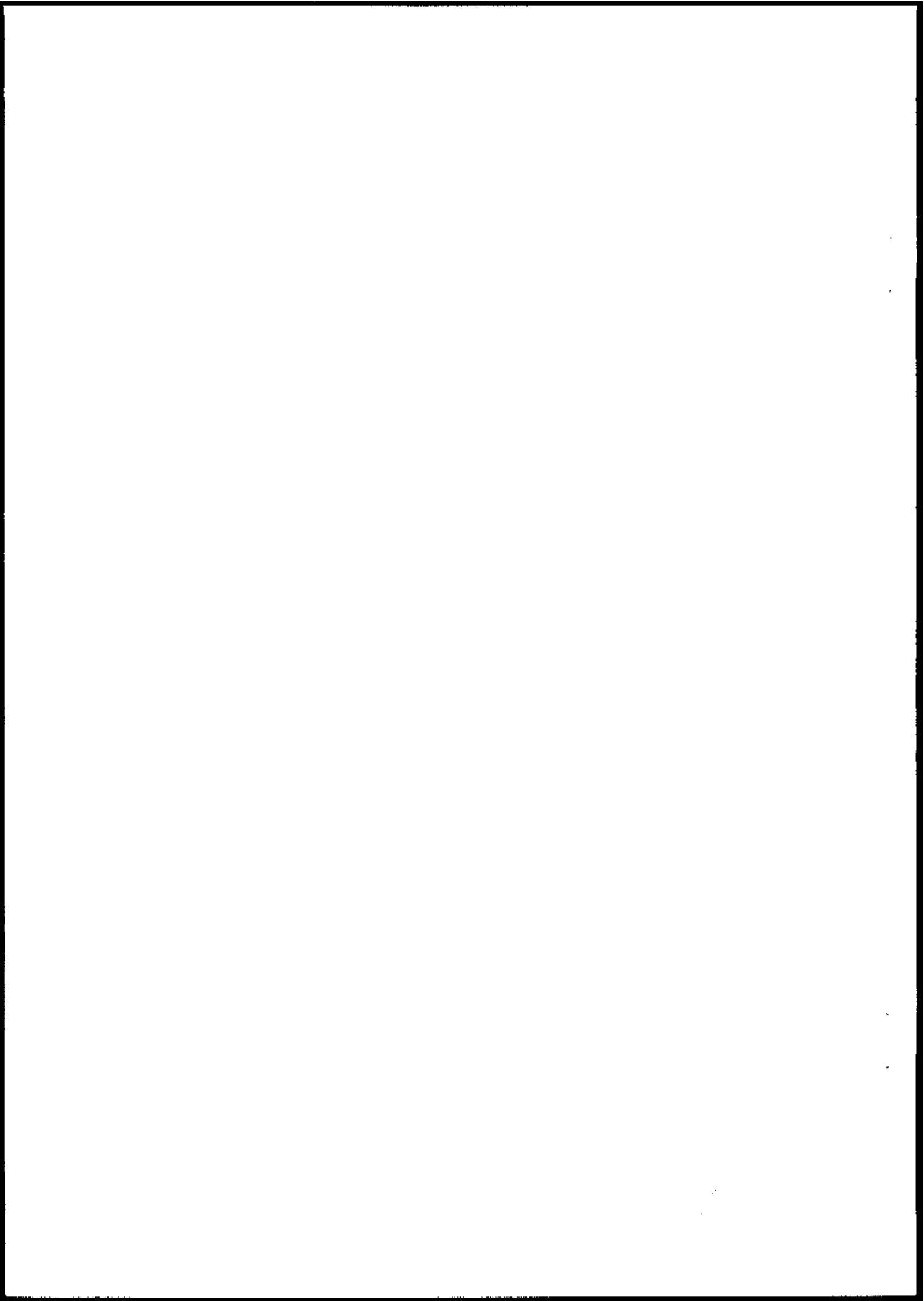
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1. Introduction

In order to help implement the strategy of health for all by the year 2000 (HFA2000),^a at the request of Member States an appropriate comprehensive managerial instrument has been developed, i.e. the Managerial Process for National Health Development (MPNHD). The MPNHD is intended to be much more than a methodology; it seeks to direct country activities towards priority definition and policy formulation and it is especially useful in building relevant national strategies and plans of action for HFA by implementing ongoing and systematic planning and programming approaches.

This new concept for the use of countries is described in a series of documents containing the general framework (MPNHD guiding principles) and a detailed presentation of each methodological component accompanied by their respective learning materials specifically designed for supporting training activities. These guiding principles, as their authors intended, treat the matter generally and must, therefore, be tested by field exercises at different administrative levels (national, regional, etc.), health management systems and problem areas. Finally they should serve to develop specific national documents for action.

With regard to the European Region, bearing in mind its specific economic and political environment and existing administrative structures and processes, the implementation of MPNHD is, if not problematic, at least difficult. To examine these problems, the WHO Regional Office for Europe, in collaboration with the Greek Ministry of Social Services, convened a Working Group on Health Planning and Management. The meeting, held from 26 to 28 October 1981 in Athens, included 18 temporary advisers from Belgium, Canada, Greece, Finland, France, Norway, Portugal, Scotland, Sweden, United Kingdom, USA, USSR and Yugoslavia who had been selected to represent different professional backgrounds and experience in the practice or education and research of health planning and management. The participants were expected to develop recommendations regarding the implementation of MPNHD within the specific context of the European Region. As a framework for its discussions the Working Group considered the regional strategy for attaining health for all by the year 2000, the MPNHD guiding principles and a number of working papers which had been prepared on some issues already identified in HFA and MPNHD implementation. With specific reference to the situation in the European Region, the principal objectives of the workshop were to:

- consider matters related to MPNHD implementation in connection with the strategy of the Regional Office for HFA2000 and the European health planning and management systems;
- analyse general problems related to development of health planning and management processes in the Region;
- identify methodological approaches and research priorities relevant to conditions in European Member States;
- advise on the key issues in MPNHD implementation to be examined in the technical discussions at the thirty-second session of the Regional Committee for Europe (Copenhagen 1982);
- advise on key issues to be examined at the conference on health planning and management, scheduled for 1984, with a view to assessing the progress achieved since the European Conference on National Health Planning (Bucharest, 1974).

Dr Luculescu, Regional Officer for Country Health Programming, WHO Regional Office for Europe, representing Dr Leo A. Kaprio, WHO Regional Director, stressed the need to test the MPNHD guidelines and implement MPNHD within the European Region. Professor Sissouras and Professor Lacronique were elected Chairman and Vice-Chairman and Professor Blanpain Rapporteur; Dr Luculescu acted as Secretary.

2. The regional strategy for HFA and the MPNHD

The regional strategy for HFA aims at a fundamental reorientation of health policies in three main areas:

- promotion of lifestyles conducive to health;
- reduction of preventable conditions; and
- provision of adequate, accessible and acceptable health care, based on primary health care development.

^a WHO Regional Committee for Europe. Regional strategy for attaining health for all by the year 2000. Copenhagen, 1980 (unpublished document EUR/RC30/8).

To carry out these strategies, comprehensive and long-term multisectoral cooperation is needed as it is obvious that we are dealing with problems beyond the classical acceptance of the health sector's capabilities.

Referring to health determinants and the major role of the so-called "non-medical" factors - expressed in the European strategy for HFA2000 under its first two thrusts, i.e. lifestyle and prevention in which the health sector is still limited in control and intervention - the web of interrelations versus the administrative and managerial correspondent structures were scrutinized.

Although the link between the improvement or alteration of an individual factor and its expected effect on health is extremely difficult to quantify and there is a need for greater knowledge, it was felt that this should not hinder an operational attitude, as enough knowledge is available to act correctly in most strategic areas.

As to the third point of the strategy, a planned and steady reorientation of the health care system is to be envisaged. Important in this respect are:

- less use of costly inpatient care by a further development of day hospitals, outpatient diagnosis and early discharge policies with the full support of home nursing and other domiciliary services;
- greater use of generalist care and more selective use of specialist care;
- more cost-effective use of drugs, diagnostic tests and medical equipment and more careful evaluation of innovations;
- greater delegation of selected tasks;
- promotion of self-care, family and lay care, and a thorough assessment of their respective values (this specific point is particularly controversial in the European context as chronic pathology requires specialized care and early detection).

Primary health care is seen as the key for implementing the HFA strategy. An organized system of primary health care to which all have access must:

- be built on the principle of community participation;
- be staffed by a multidisciplinary team;
- serve as first point of contact to the national health system;
- be supported by an effective referral system;
- prevent diseases, promote health care and rehabilitation;
- maintain a continuity of relationship with every member of the population it serves;
- reach out into all homes and workplaces systematically to identify those at highest risk;
- help people to assume greater responsibility for their own health.

The achievement of Health for All by the Year 2000 will depend above anything else on political will. To carry out the strategy, planning and management will need strengthening. The MPNHD guiding principles provide a flexible framework for the structure and process of planning, programming, budgeting, implementing, evaluating and reorientating health care policies based on intersectoral involvement, participation of the community and commitment and support from political leaders and health service personnel.

In the European Region, there is a wide variety of health management systems, although to some extent, countries could be classified according to several models: corporate, welfare and liberal. In fact, some countries have well structured systems covering almost all activities while others have developed programmes to reduce specific problem areas or rationalize the development and function of health units.

At the same time, the Region is confronted with various health and health-related problems; one might consider the large scale of the European Monetary System's social, cultural and economic development and how all these are reflected in the health status and resources of countries.

Bearing all this in mind, the group examined how a global or regional strategy fits in with these realities and what MPNHD requirements would be for their successful implementation. Some participants felt it would be considerably easier for countries already running comprehensive planning systems, but the key problems (i.e. a balance between centralization and decentralization, consumer and provider participation in health planning and management and cost consciousness, multisectoral collaboration, appropriate allocation of responsibilities at various levels, the need for skilled manpower and applied research to solve specific national problems, etc.) are almost the same in every Member State. Although the utility of an appropriate management approach was unanimously accepted, some felt that, at least seemingly, the MPNHD guiding principles propose a rather centralized process less suitable to completely decentralized systems or community action. This has been attributed exclusively to the presentation and to the fact that the group had available the documents of the MPNHD series mostly dealing with the first part of the process, i.e. general principles, policy formulation, broad programming and so on.

However, the testing of the process at various organizational levels and different degrees of decentralization was found necessary for the European Region.

3. Problems for MPNHD implementation

A number of issues and aspects of successful implementation of the regional strategy and MPNHD require special attention or action. Although generally applicable, the MPNHD guiding principles must be adapted to each individual national situation. The question remains of whether individual countries should directly address the issue or whether countries with comparable political and administrative systems should collaborate in developing subregional guidelines. It is clear, however, that tests with the MPNHD guiding principles should be widely undertaken in different countries for similar problem areas. The experience thus gained could be shared by Member States and lead to a mutual strengthening of health care planning and management.

It was felt advisable to avoid parallel action, especially at country level, as the development of primary health care (PHC) and MPNHD implementation both serve the same goal, i.e. HFA2000. In fact, the proposed mechanisms for introducing and ensuring MPNHD continuity are and must be the same as for implementing HFA. Therefore, when working with ministries of health, national health councils, national centres for health development, intersectoral core groups or other similar bodies, WHO or its collaborating centres should try not to convey different messages through PHC, country health programming (CHP)/MPNHD, HFA or other information channels. In other words, it is desirable to integrate and coordinate the various actions under one common title - HFA2000 - and not divide it into separate parts. Needless to say, this requires perfect coordination inside the Organization. At country level, the feeling was expressed that, besides direct action by WHO personnel, collaborating centres should also integrate in grouping all HFA-related information and guidance. As national courses for MPNHD have been proposed, the idea of using them simultaneously to promote and support HFA measures and equally to encourage PHC development was brought up.

It was suggested that the MPNHD guiding principles should be tested, if necessary, adapted or translated into national languages (this is certainly necessary if the process is also to be implemented at peripheral levels). It seems important to encourage and help countries to develop national strategies, targets and monitor indicators for HFA using the MPNHD guidance. In other words, the general documents on MPNHD (the general framework and its components included), provide countries with sufficient guidance to permit them to define their activities to reach HFA objectives and although any refinement of the documents was welcome, the issue of national, zonal and European series of guiding principles is without doubt too time-consuming.

Prevailing health care planning and management practices and the extent to which they either fail or positively affect the distribution of service, health delivery, the cost of health care and eventually the health status of the population are insufficiently documented or analysed. There is a substantial task here for health services research and documentation.

In order to progress towards HFA, countries and the Region as a whole have to determine targets. These targets have to be translated into programmes and, to monitor progress towards the targets, indicators and indicator levels have to be determined and validated. MPNHD is highly relevant for all these steps and is solving a real need, but the critical resource for application is competent management. Only to the extent that education, training and inservice development of health care managers address the development of the required managerial competencies, will the regional strategy become manageable. This in turn requires that priority be given to education, training and inservice development of health care managers.

Although international training remains important, due to its relatively small number of participants, language barriers and costs, priority should be given to national training. Field projects offer good opportunities for learning by doing. Moreover, they are objective orientated and refer to a well defined environment.

HFA and, consequently, MPNHD, have been perceived differently by different interested parties. For some, HFA has become a religion without realizing that, as an ideal, HFA can be approached without limit. This is exactly the function of an ideal: to direct opportunities for action. Others are mesmerized by the need for cost containment and perceive all the constituent elements of the regional strategy in those terms. One must be cautious, however, regarding the cost saving effects of given policies. Although one would expect primary care or prevention to be more cost-effective than the care they replace, there is little or no irrefutable evidence that this is so at the operational level and more time will be required to verify this point, particularly considering chronic pathology which nowadays dominates the priority health problems confronting the European Member States. Attitudes and positions of health care providers, in particular physicians, are critical towards the progress of HFA. Their commitment and support is as crucial as the commitment and determination of community leaders and politicians. A difficult change in attitude is needed, as physicians are not always responsive to the idea of tackling health problems using non-exclusive medical measures. This might play an important role at both ends of the health system as it is logical to think that, in the HFA movement and process, medical personnel will have substantial managerial responsibility and will also have to bear the burden of intensive action at community level.

In this respect one should not underestimate the complexities of multi-actor systems and multi-level decisions. Also, unrealistic approaches to decentralization should be avoided particularly in time of economic hardship when decentralization is perceived as an avoidance of responsibility and when protection of vested interests and territory lead to stonewalling top-down policies. Redefining the respective roles in a federal/national/ regional/local context is confronted with the need to redistribute leadership and competence among the tiers indicated. In centralized systems, such qualities have tended to be attracted by the focal point of decision-making.

4. Community participation

Within the European Region there seems to be a wide spectrum of community involvement in health care planning and management. This participation ranges from intense involvement at all levels to virtual absence of involvement.

Generally speaking, consumer participation is achieved in different ways in our society: direct as, for instance, the involvement at community level in solving health managerial or planning matters; indirect (or implicit) and included in political, legislative or financial mechanisms of each national system. This second method is particularly sophisticated in almost all European countries. The feeling was expressed that at the top health management level, indirect mechanisms might be more important, although direct participation of the population in bodies like the "national health councils" are highly relevant. As to this last possibility, special attention should be paid to a non-biased selection of participants as they should represent general interests and, if possible, act as moderators when unbalanced tendencies or narrow interests arise.

Sometimes there is a tendency for consumer interests to be defended by pressure groups, and although their good intentions cannot be denied, often there is a certain bias away from the general picture of problems and their respective logical and relevant solutions.

Direct consumer involvement in health management is undoubtedly most important at community level. In this case, it helps ensure that the health care provided and health institutions, as well as the behaviour of health personnel, are harmonized with the consumer expressed demands; this prevents conflicts and also allows for a feedback from providers to consumers. Without such a mechanism the health planning team makes "technocratic plans" that too often are unacceptable from the population's point of view and even less approved of by political authority. It favours mutual misunderstanding and dissatisfaction. Moreover, to call the population "consumers" or "users" is not appropriate. It suggests ideas exactly opposite to involvement, participation and cost consciousness, and facilitates separation. Also, the health team should not be considered as a separate part of the community, therefore in an ideal integration one cannot speak about "providers" and "consumers".

It was stressed that especially because primary health care is the key instrument for HFA, strengthening of local community involvement is of utmost importance. Neighbourhood networks and, within them, the community nurses and mutual aid groups, can play an important role in gearing grassroot resources to primary health care. Training and orientation of nominated, elected or

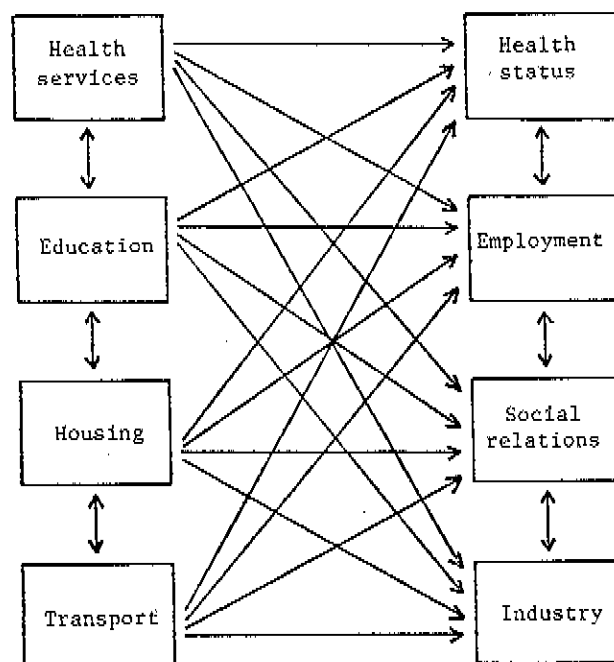
appointed officials in the implications of HFA can be accomplished through the existing educational and service networks without the need to establish new instructional institutions. A variety of entry points for such training and initiation are available in unions, church groups, parent/teacher associations, youth organizations, sports associations and the like. Information can be improved through adopting principles of marketing and through the use of national and local media. Innovative and outreaching technologies are available through CBR cable television and local newspapers.

Sometimes health planners and managers have believed that ideas and guidance issued from community level are not sufficiently long-term orientated and defend only limited interests. Therefore, it has been said that when important health objectives, especially in terms of investments, are to be achieved, it could be counterproductive to take community opinion into account. However, the long list of technocratic mistakes in health planning proves the contrary and is an excellent argument in favour of a double current flow of information and demonstrates on another scale the necessity for a balance between centralization and decentralization.

5. Intersectoral cooperation

To achieve successful intersectoral cooperation and to acknowledge health as an absolute priority is undoubtedly the most important constraint in HFA implementation. Health services delivery affects health only to a certain degree. The health status of the population is also determined by educational, housing, transport, food, and many other policies. Moreover, societal and individual action in these fields interact and create synergy, favourable or detrimental to health (see Fig. 1).

Fig. 1 Interactions in health status



This interdependency requires special attention to the modalities of organization, of information and of action in planning and management for health for all although, as was stated above, our present knowledge may be considered sufficient for immediate operational purposes.

The indirect measures, mentioned under the preceding heading, also play an important coordinating role. Needless to say, political authority, supported by legislation, aims at coordinating and gearing all sectors, including the health sector, towards the achievement of a given aim. On the other hand, each sector's activity is economically regulated. The coordinative function is important but unfortunately not always conceived to solve health problems in the most effective way.

However, it is still problematic to say in what sector an investment will be most beneficial for health purposes, considering a sufficient number of determinants, their interaction, as well as the importance of subjective factors (to what extent they are subjective is open to question), such as the influence of pressure groups, population beliefs and customs and the like. For the time being, it might be reasonable to suppose that the political structure and process is the most comprehensive and integral model for coordination in a given country, as it summarizes a great number of factors and takes into account the existing environment. This consideration does not exclude the possibility of future improvements and the necessity of searching for better solutions but stresses that it is highly relevant to make full use of existing political systems. To reach a high level of political acceptance of HFA is initially imperative. Moreover, it was felt that building up new coordinating bodies was the most important step towards successful integration right from the beginning. These bodies should, however, have clear-cut tasks and not overlap with already existing institutions. If not, there is a risk of originating artificial organisms that are never actually alive and that are soon rejected.

With regard to the requirements for MPNHD implementation, a two-fold need was perceived: on the one hand to improve the process of various existing structures with the main stress on health organizations and, on the other, to create new coordinating agencies at all levels. The suggested "mechanisms for ensuring continuity in the managerial process" seem relevant under European conditions. However, there is a stringent need for a task analysis of any body involved in health matters as, in some countries, several functions ascribed to these new bodies are already being carried out with the help of the "classical mechanisms". The opposite can also be true, i.e. bodies being created without playing an appropriate role. At the national level a national health information centre should be established or strengthened. Existing educational and research resources should be coordinated in national health development networks. Awareness of interorganizational boundaries and barriers should be heightened in order to produce mechanisms and incentives to overcome these obstacles. The tendencies of subnational structures to twist national priorities and policies should be acknowledged with resulting differences in resource levels. Only in facing these problems is it realistic to address intersectoral cooperation in a constructive way. The research implications of a number of bitter disappointments are obvious. Too many assumptions have proven wrong like the effectiveness of neat hierarchical structures without ensuring a flexible and adaptable process.

Research should be focused on the increasing structural complexities implied in decentralization and on the fundamental disagreements that arise in multi-actor systems. Information systems should concentrate on problems of magnitude and vulnerability, on problems for which there is access of equity gradients. Health care action should become more market minded and concentrate its impact on the problems of importance instead of regressing to a "blame the victim" posture and attitude.

Conflicting values are seen as an important factor in intersectoral conflict and lack of coordination. A balance must be struck between the easy to implement but weak consensus reports and the difficult to implement but strong viewpoints of a single advocate.

In this respect, there are several priority research problems, some of which might be considered common to all Member States:

- identification of the most relevant sectors involved in health and of the appropriate political and administrative means of collaboration;
- establishment of incentives for intersectoral collaboration and conflict avoidance;
- assessment of the minimum of necessary information to be collected and circulated among sectors and to be considered by coordinating bodies;
- models of optimum investment and resource allocation between sectors for health and welfare benefit;
- means to change attitudes and behaviour from sectoral management towards integral health directed management.

Although, in the discussion, multisectoral collaboration was perceived holistically as a means for HFA achievement, a three-step process has been held necessary to carry it out in practice, i.e. (a) a general review of the existing mechanisms for multisectoral collaboration for health; (b) an "in depth" critical analysis of the existing multisectoral participating mechanisms for solving specific health matters, as for instance, women's health, children's health, care of the aged, etc.; (c) a feedback for reconciliation of the specific mechanisms and their requirements with the general regulator procedures.

Moreover, it is obvious that effective implementation of an intersectoral based policy towards HFA might require specific solutions in each Member State. Significant tasks are to be undertaken by national research institutes, national centres for health development or similar bodies and important technical support is expected from WHO.

6. Health planning structure and process

Health planning and management require a systems approach whereby structure and process are combined for an effective strategic outcome and orientated approach. A wide range of models currently exists for health planning and management. Some European Member States have a hospital-orientated health planning and management system. Others are health-care oriented and a complete, integral and multisectoral management system designed especially, directed towards and recognizing health as a priority as it is supposed to be the MPNHD mechanism, still remains problematic. However, the European Region is rich in experience at national and district level as to how to solve many managerial and planning aspects, for instance, decentralization, community involvement and participation, long-term planning, regionalization, resource allocation in the health sector and the like. Moreover, some Member States are building up explicit programme activities, i.e. models and scenarios for HFA, and there is a wide consensus on the utility of national health policies for HFA2000. However, it was stressed that under the present economic recession, in spite of the need for managerial changes and rationalization, progress might be slowed down by individualist tendencies of each sector to keep its share untouched. However, inside the traditional health sector, a favourable tendency has already been observed for the reconsideration of the value of hospital care versus non-hospital care and the encouragement of primary health care development. Fortunately, the MPNHD guiding principles are flexible and not prescriptive, as they must suit the country concerned and be adapted to the state of the art and the degree of effectiveness reached by the prevailing planning and management efforts.

Among prerequisites for a successful planning and management system are: commitment of both politicians and senior administrators, information and participation of all health provider categories, explicit effective and flexible allocation systems for finance and other resources; last but not least, appropriate numbers of qualified planners. It was felt that improvements are necessary in health management in both political and technical content and appropriate methodological support should be provided at all levels as characteristics of a sound planning and managing system that should include:

- integration regarding political, financial as well as administrative aspects;
- participation in design and evaluation of consumer representation, provider delegates and intersectoral representation;
- anticipation of new developments and orientation towards the future concerning both strategy and outcome;
- responsiveness to expectations embodied in the political will in particular and in the population in general;
- flexibility to adjust to new opportunities, new constraints, new insights, new methodologies, new problems, changes in goals and targets;
- methodological correctness as well as responsiveness to and free access to new techniques.

7. Conclusions

MPNHD guiding principles

The available documents constitute an important step forward. Although they are not always adapted to the European environment, keeping in mind the scarcity of resources and the limited time available, efforts should concentrate more on helping Member States to design national plans for HFA2000 using the existing guidelines rather than issuing regional, zonal or country documents.

The testing of these documents for solving or reducing different problem areas or at various administrative levels, will be beneficial for better understanding and improvement of the process itself and will offer a "learning by doing" opportunity.

The implementation of MPNHD should not parallel, but be complementary to PHC and HFA2000 development. WHO should coordinate its actions in this respect and act accordingly through collaborating centres, national core groups and the like.

Planning and HFA2000 development

(a) General

Health planning and management systems should be reconsidered and enlarged from health care to comprehensive health systems. Although the European context suggests that radical changes are unlikely to occur in many countries in the near future, at least embryonic elements already exist all over the Region and to act incrementally seems feasible.

The present economic recession requires an appropriate solution and attitude. With suitable action, this could be an opportunity for cost-benefit assessment, better resource allocation and subsequent encouragement of PHC, prevention and healthy lifestyle promotion.

The European strategy for HFA2000 offers relevant guidance in designing national plans for HFA2000 although some problems in implementation are still to be solved individually by Member States. It requires long-term, strategic and outcome-oriented planning and the tackling of new and innovative areas, for instance lifestyles conducive to health and complex intervention for prevention of chronic diseases.

Multisectoral collaboration is essential. All sectors should be aware of health as a main goal and approve it as an absolute priority. Suitable mechanisms for coordination should be set up after a thorough analysis of the existing bodies. High-level political recognition is more than an asset.

(b) Research

Research should be applicative and address specific national matters. Some common and crucial issues in health management development to be solved by research are:

- a balance between centralization and decentralization;
- incentives for conflict avoidance and multisectoral coordination;
- appropriate mechanisms for multisectoral collaboration;
- scenarios for HFA2000 development;
- solution for planning for health under economic stringency;
- mechanisms for ensuring responsiveness and flexibility;
- strategic and outcome reorientation of health planning and management systems;
- suitable information systems and correct flow of information;
- "users", "providers" and "decision-makers" involvement in health planning;
- correct balance between politic and technocratic;
- appropriate resource allocation models - finance included;
- planning in new areas such as lifestyle and prevention of chronic diseases.

(c) Training

The existing number of health planners does not suffice. Although international training in MPNHD is important, priority should be given to national training and "learning by doing" opportunities offered by field projects.

Training on MPNHD should reach out to the exclusive group of technocratic planners.

Training, or at least information, on HFA/MPNHD of "other sectors" is necessary.

Collaborating centres should be more involved in training and research activities, to allow a better geographical specificity and language distribution.

(d) Promotion

Various channels should be used for MPNHD launching, for instance international and national meetings, field projects, media and training opportunities. These channels should be the same as for HFA2000 and PHC promotion and better coordination in this respect is required.

The RC32 technical discussion as well as the 1984 European Conference on Health Planning and Management should promote MPNHD, help the solving of the above matters and facilitate exchange of information.

Scenarios for HFA, based on the European strategy for HFA2000, might help promote HFA and MPNHD and improve understanding in regard to the requirements of national plans for HFA2000.

The dissemination of the MPNHD documents taking care that all levels are reached and the support of their translation and use in European Member States is to be envisaged.

Annex 1

SETTING PRIORITIES IN RESEARCH IN VIEW OF
HEALTH FOR ALL BY THE YEAR 2000 AND
MANAGERIAL PROCESS FOR NATIONAL HEALTH DEVELOPMENT

by
A.S. Härö

1. Introductory remarks

The natural prime task of managerial processes is to solve problems of ongoing activities. Usually this involves control in one way or another. But actually management has - or at least should have - another function: to take care of developments and achievements in the future.

It is customary to speak about traditional and modern management. "Traditional" refers to a managerial style which focuses attention mainly on current activities. It functions inside formal administrative boundaries and limited attention is devoted to actual achievements. Ultimately such a managerial "style" will lead to a situation in which the organization is inclined to adopt as its objectives minimum workload, survival without any changes which introduce uncertainty, etc. Such features are not uncommon in societal organizations.

"Modern" management or "systems management" is based on the "systems approach" which focuses attention on the whole problem, even if some tasks require cooperation with units which do not belong to the same hierarchy. Instead of aiming at a solid administrative structure the aim is to construct a "system" to which the relevant elements belong. Such a system is a purposeful one which can be defined:

A purposeful system is one which can produce the same outcome in different ways and can produce different outcomes. Thus a purposeful system is one which can change its goals under constant conditions. It selects ends as well as means and thus displays will. Ideal-seeking systems form an important subclass of purposeful systems.

"Management by Objective" (MBO) is one of the expressions used by management experts when describing the "style" of modern management. This expression stresses that the critical element is the objective which must be understood, definable and, if possible, quantifiable.

Some of the attributes which describe traditional and modern managerial approaches can be listed as follows:

	Traditional (hierarchical)	"Modern" ("system")
Boundaries	formal organization, no changes	inclusive, boundaries vary according to the problem
Focus of interest	controlling	achieving
Approach	authoritarian	cooperative
Way of influencing	asking, requiring	leading, encouraging

Naturally, more attributes can be added to this list and the ones presented are examples only. It is also true that there is hardly any managerial situation where either one or another style is the right one. In any large organization there are tasks which are more suited to the "traditional" approach. But there are usually some others in which the "modern" managerial approaches are the correct solution. At the lower managerial levels the tasks usually require more "traditional" approaches. At the level where the tasks require cooperation of different units inside and outside formal organizational boundaries, the "modern" managerial techniques are more appropriate.

2. HFA2000 as a managerial process

One of the definitely positive aspects of the HFA2000 programme is the fact that it introduces an international and (hopefully) national environment which requires that the relevant organizations are obliged to think about future achievements and adopt objectives which introduce progress in a real sense.

Typical for any HFA2000 related programme is the fact that it is very comprehensive, so wide in scope that it is hardly possible to think, even in theory, that any single hierarchically arranged organizational unit could take the responsibility for its managerial aspects. The national programmes can hardly be materialized without relatively powerful managerial units. But the managerial "style" should be orientated towards modern management techniques. Actually, it is difficult to see that such activity can be successful at all without applications of "systems approach".

One relevant question is: Can traditionally existing organizational units, e.g. service systems, be modified to "purposeful systems"? Personally, I think that this is possible, even relatively easy, if there is some amount of political will. Health has, generally speaking, a positive loading both at individual as well as at societal or political levels. If the objectives are presented in an understandable way, the political and top level managerial support should be achievable. Without this there is a great danger that the HFA2000 programme will be realized only with very great difficulty.

3. HFA2000 as an objective

In order to apply modern management, the ideals, goals and objectives must be well understood. Some amount of consensus is a prerequisite which means that the programme must be documented very carefully. One danger is that the ideals, goal statements and quantifiable objectives are not clearly separated from one another.

The overall goals of HFA2000 are typically more ideals than definable targets or quantifiable objectives. If understood as ideals they define with reasonable exactness the directions into which the "systems" should be guided by managerial processes. The document of the regional strategy (EUR/RC30/8 Rev. 1, 27 February 1981) is intended to serve as a guideline covering the "directions" to be considered by different Member States when selecting their own way to HFA2000. More exactly the strategy is an operational scenario at the level of ideals and goals. It directs, in principle, the managerial processes in the right direction and forms the frame for setting definable objectives. In order to qualify as an objective for managerial process, both the volume and the timing must be definable and quantifiable, if relevant.

4. Information and managerial processes

The managerial processes, both the "traditional" and the "modern", are based on information. It can be said that the essence of management is to translate information into instructions. The managerial "styles" differ in this respect not so much in principle, but more in the focus of interest. The main interest of "traditional" management is controlling and, accordingly, this is reflected in the information needs. Own activities, existing resources, etc., are facts which directly facilitate the controlling of ongoing activities. "Modern" management is more orientated to ultimate achievements and the situation as a whole in order to find new opportunities to act.

So-called "routine statistics" properly serve the traditional type of managerial processes ("administration"), but modern "systems management" needs in addition other types of information. In practice this means a more marked interest in research and related activities.

5. "Inside" and "outside" information services

An information system is often understood as being a rather autonomous outside element in the organizations and research especially has such a label. In reality all managerial processes need their own inside information system. The inside system is intended to serve, more or less directly, the managerial activities.

Society as a whole has the prime obligation to organize an outside information system. The outside system should evaluate as objectively as possible the adopted ideals, values, goals, and even objectives and functions of the societal systems.

In principle, the inside system which naturally can incorporate research and related activities tends to be dependent and the opposite can be said of an external one.

The document on the regional strategy referred to previously, states (in para. 72) that "research will need to be re-orientated in line with the strategy". But in the special chapter concerning research the introduction (para. 125) stresses that the "research should be independent, problem orientated and should have access to health services and institutions". The report of the meeting of RHDAC, which is Annex III in the report, states (p.6) that: "The researchers would have to be independent, of high academic quality and problem orientated and have free access to health services and institutions". It is obvious that both these statements have implicitly in mind research belonging to the "outside information system".

The writer's opinion is that we need both dependent or directed as well as independent or free research. Both types are valuable if the basic values and purposes of research are openly stated.

The more the basic values and ultimate goals are decisive and in the focus of interest, the more independent should be the position of the researchers. At the opposite end of the scale is the situation when an organizational unit is examining the most rational means to achieve its stated objectives; it might even be useful for the researchers to see the problems like the "insiders".

6. The basic principles of setting research priorities

Setting priorities means in essence more or less direct guidance or controlling of research. In this connection there is no sense in discussing in exact terms what kind of lists on research priorities should be adopted in different Member States. But some general principles should be discussed in order to be able to discuss priorities in such a way that the results can be defended against critics, which in any case is to be expected.

The first principle is that research is a scarce resource: expensive, time-consuming and, to some extent, "impractical". It has a tendency to give too good and too reliable answers to questions which actually could be answered at a more general level. Therefore, the research should be orientated to questions in which the research is the only way to find information.

The second principle, actually related to the first one, is to see and discuss research as part of information services, not as a completely autonomous element of the system. The word system is in this connection very correct. There is usually no sense in incorporating all possible components of an information system into the same organizational unit or hierarchical structure. Much more meaningful is to stress that all such components, including research, must have at least one shared interest or purpose: to serve the functioning system with relevant information. Coordination and sharing the responsibilities is the right way to proceed.

The third principle focuses on the basic question of all information services: What information is needed and what is not? This question can be asked as well in relation to statistics as concerning research. Contrary to common belief it is not an easy question to answer.

In essence, the producers and users of information should have shared interests and cooperate intimately. But in practice this is not always the case. Most managers of the present generation are not trained in the systematic use of information, still less in the generating of research activities. Information specialists - including researchers - cannot be expected to see managerial problems in a balanced way. It is not natural to stress that research should be focused on aspects which are critical, bearing in mind the programme and the decisions which transform it from statements to actions. But to "know what should be known" is a very complicated problem. What is needed is a continuous dialogue in which the users as well as producers can change their views in a constructive atmosphere. In big business this type of problem is solved by "operational gaming"

exercises and comparable procedures are part of military education. Something comparable must be done when the problems are related to national problems of social welfare or health, of which the HFA2000 programme is a prime example.

7. HFA2000 as initiator of research

If HFA2000 is analysed in the frame of previously presented general considerations and the society is determined to achieve its goals with managerial means, numerous problems require immediate solution. Some of them are relevant in this connection and require attention.

In principle it is not meaningful to plan information services for managerial processes of which not even the goals are properly defined. Of course there are elements in national health programmes which are well enough known and must be included in any HFA2000 programme. But the problem arises more in areas where the national activities are underdeveloped, non-existent, or not perceived as problems. Very little progress can be made in such areas without some kind of national programme or scenario. If this is not possible an authoritative council which indicates, broadly speaking, where information needs are located, is a natural alternative solution.

HFA2000 is a comprehensive programme. Its comprehensiveness is positive in the sense that no country can say that its objectives have been achieved. But its comprehensiveness makes difficult the proper division of the responsibilities and the coordination of different actions. This problem is highly relevant to research. It is not easy to conceptualize such a broad programme as a whole and to select such research topics which are critical if seen from the point of view of management processes. But research priorities cannot be defined without solving this type of basic question. In essence, the system management techniques and approaches are the most promising way to proceed.

Consensus as to objectives - or at least to a limited number of alternative ones - is a prerequisite of any meaningful information service. The background document of the regional strategy (EUR/RC30/8 Rev. 1, 27 February 1981) recommends National Health Councils or comparable bodies which will play an essential role by ensuring a multisectoral approach (para 116). In order to achieve a basis of information service planning, including research priorities, this body or comparable unit should take care that:

- a national HFA2000 programme or "scenario" is produced;
- a reasonable consensus of goals and objectives is achieved;
- responsibilities are divided in a purposeful way.

Outside this discussion are the processes which translate the objectives into actual resources and facilitate meaningful guidance and control (like programme budgeting), but there is reason to stress that HFA2000 is, in any case, a great and complicated enterprise which is difficult to be conceptualized without systematic efforts. Some form of "operational gaming" is helpful in this respect, but in addition it helps to detect in due time where critical information gaps might exist. These gaps are naturally indicative of the priority order of research needs.

8. Concluding remarks

To gain a clear-cut picture of HFA2000 related to research priorities in one nation is a difficult task. But to present a priority order which is valid in varying cultural, political and managerial "climates" existing in different European nations is not possible at all, although some basis for setting priorities can, and must be presented. The previous statement is true even bearing in mind that the HFA2000 programme contains items which are relevant in all Member States.

In essence HFA2000 is a project orientated to the future. More or less automatically it introduces modern goal-orientated managerial processes as being the only ones which are possible. This leads directly to the need to have properly formulated objectives to be achieved by managerial processes. But most objectives cannot be defined exactly enough without proper information. The essence of a purposeful managerial process is to provide relevant instructions on the basis of valid and reliable information. Some of the information which is relevant, valid and reliable will be available only with the help of organized research activities.

It is hardly meaningful to select some specified programmes of HFA2000 and to indicate that these should have priority, bearing in mind the managerial processes. There are numerous problems like risks, consequences of lifestyle, environmental interactions, etc., in which present human knowledge is too limited to justify strong recommendations or control measures. But it would be

impractical and even unfair for individual Member States to indicate that research activities should be primarily focused on these kind of problems, at least in the beginning. There are definite areas which are more critical for the managerial process. Of course, these problems require active and systematic research but the justification is not the managerial needs. Maybe international cooperation is most fruitful in these kinds of basic problems.

The pragmatic advice concerning research priorities should follow the general outlines beneath. After formulating the HFA2000 policies and objectives, the next step should be the simulation of possible future action, in other words, to introduce in one or another form "operational gaming" in the relevant areas of the national programmes. It gives responsible authorities a relevant overall picture of the comprehensiveness of such a programme. But especially it helps to solve the priority problem discussed in this working paper. Such activity would indicate where the critical points are in which the relevant information can directly influence the actions. On this basis there are some opportunities to lend weight to various research needs and to use the limited and valuable research resources in topics which really promote the achieving of HFA2000 objectives.

Annex 2

ISSUES FOR THE 1984 CONFERENCE ON
HEALTH PLANNING AND MANAGEMENT

by
D.M. Pendreigh

1. Background

One possible framework for considering appropriate issues for the 1984 conference would be:

- review issues identified at the 1974 Bucharest Conference to see if they had continuing relevance;
- identify issues pertinent to Europe arising through the promotion of Managerial Processes for National Health Development;
- identify issues related to the appropriateness and compatibility of health planning and management systems in Europe for the promotion and advancement of declared WHO policies such as Health for All by the Year 2000 through Primary Health Care.

Relevant documentation in considering such issues would be:

- European Conference on National Health Planning: report. Copenhagen, WHO Regional Office for Europe, 1974 (unpublished document EURO 4107);
- Guiding Principles for the Managerial Processes for National Health Development in Support of Strategies for Health for All by the Year 2000. Geneva, World Health Organization, 1980 (document PDWG/REP/3);
- Country Health Programming in European Health Planning and Management Education: report on a Workshop. Copenhagen, WHO Regional Office for Europe, 1979 (unpublished document ICP/SPM 003);
- Primary Health Care: report on the International Conference on Primary Health Care. Geneva, World Health Organization, 1978;
- Formulating Strategies for health for All by the Year 2000. Geneva, World Health Organization, 1979 ("Health for All" Series No 2);
- Report of the Leeds/Edinburgh Workshop on Country Health Programming, 1980.

2. Bucharest Conference 1974

The main issues discussed at the Conference were:

(a) The role and place of national health planning units

Since 1974 there has been a significant increase in the number and size of such units, but the issues of the optimal modus operandi and relationships of such units are still valid ones for debate.

(b) Interdisciplinary approach to health planning

Again progress has been made here, but there should be an appraisal of the current situation.

(c) Participation of health professions

Reappraisal here is also indicated.

(d) Participation by the public

A review of progress is probably required.

(e) Information for health planning

Two important sub-issues here are:

- use of health indicators;) what development has
- need for problem-orientated information systems) there been?

(f) Development of planning methodologies - the current situation

(g) Development of planning techniques

- systems analysis)
- operational research) what progress has been made?
- epidemiology)
- health economics)

(h) Initiation of training programmes - what is currently on the ground?

(i) Development of research - what useful initiatives have been taken?

(j) The obstacles to planning

Do the same obstacles exist? Are there new ones?

Many of the issues in 1974 continue with varying degrees of relevance to be issues for 1984.

3. Managerial Processes for National Health Development (MPNHD)

The Vienna Workshop in 1979 and the Leeds/Edinburgh Workshop in 1980 identified a number of issues specific to the introduction and promotion of CHP/MPNHD in Europe:

(a) Is Country Health Programming (CHP) capable of adapting to the complex European situation and Europe's specific health problems?

(b) To what extent is CHP methodology compatible with existing planning structures and processes?

(c) Is CHP appropriate to the decentralized form of health administration (regions, areas, districts, etc.) found in many European countries?

(d) How should the CHP concepts of the "steering group" and the "planning group" be related to existing structures?

(e) How does one cope with long-established institutions and organizations with vested interests in the health field?

(f) The need for explicit commitment to health planning and development at high administrative and political level.

(g) CHP has made good progress in developing the technical, analytical and rational aspects of planning. Much more attention needs to be paid to understanding and developing the political and social processes involved in planning.

(h) There is a great need for wider management and planning training for health service administrators and planners.

(i) Training should be orientated more to problem solving rather than how to operate the health system.

(j) There is a need for better coordination of university and service training in management and planning.

(k) Specific areas of research which should be developed are:

- simple methods to assess health status;
- valid, reliable, stable resource indicators;
- simple, timely health information systems;
- methods for determining the efficacy, costs and benefits of alternatives;

- useful, practical, timely performance measurement procedures;
- promotional strategies to give clinicians a population-oriented perspective;
- techniques for conflict management;
- techniques for consumer participation;
- techniques for interorganizational cooperation.

(1) Appropriate collaborating centres need to be identified.

3.1 HFA2000 and PHC

Issues which are generally recognized as arising for health services management and planning as a result of the WHO policies of health for all by the year 2000 through the development of primary health care are:

- (a) the need for political commitment in individual countries for the pursuance of such policies;
- (b) the need to develop techniques for effectively and meaningfully involving consumers in the evolution of health policies and plans;
- (c) the importance of developing planning methodologies which are likely to do justice to the identification of problems, setting of objectives and determination of strategies in the field of primary health care as well as in the fields of specialist and hospital care;
- (d) the need for compatibility between national health planning and management systems and the ability to pursue the objectives of HFA2000 and PHC;
- (e) the need for comprehensive planning methodologies such as MPNHD/CHP to be truly applicable to intersectoral situations;
- (f) the importance of developing effective evaluation systems;
- (g) the creation and modus operandi of National Health Councils;
- (h) the design of appropriate national information systems;
- (i) the importance of the development of National Health Development Centres;
- (j) the need for the development of WHO regional strategies compatible with HFA2000 and PHC;
- (k) the need for coordinated global action to pursue such objectives;

3.2 Other aspects

Other issues not directly deriving from the publications mentioned above are:

- (a) the best role, use and deployment of skills such as epidemiology, systems analysis, operational research and health economics in the field of health planning and management;
- (b) the need to take account of the fact that in Europe there are at least three main health planning and management models - the "liberal", "welfare" and "corporate" within which all health planning activities must be somewhat differently related;
- (c) considerable thought must be given as to how further CHP/MPNHD guidelines should be developed in Europe;
- (d) a corollary to the above is that the guidelines may need to be developed with three levels of specificity for different target groups:
 - politicians/decision-makers
 - planners/managers
 - providers/consumers
- (e) the implications on the integrity of the patient/doctor relationship must be considered in the development of new health planning and management systems;

(f) the importance of advancing thinking on the optimal levels at which various planning and management functions should be carried out; thinking on this could be helped by the matrix diagram in Health Care - The Growing Dilemma by Robin Maxwell, 1974:

National government	National health agency	Regional health agency	Local health organization
Setting overall objectives, policies and priorities			
Financing health care			
Allocating finance			
Setting guidelines and standards			
Planning integrated health care services			
Planning the education and training of health services personnel			
Planning the capital			

4. Conclusion

There is some overlap amongst the issues identified in the different sections above. However, it is suggested that a useful way of agreeing on a short list of main issues for the 1984 conference on health planning and management would be for the Working Group on Health Planning and Management meeting at Athens in October to work through the issues listed under the four main sub-headings in this paper and identify the most important ones for further detailed work-up.

Annex 3

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