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MANAGEMENT OF HEALTH DEVELOPMENT <sup>1</sup>

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1. Health development and its management

The community of nations has made a massive commitment to health development through the adoption of World Health Assembly resolutions (WHA30.43, WHA32.30) for the attainment of "Health for All by the Year 2000"<sup>2</sup> and the Declaration of Alma-Ata on Primary Health Care. Each nation will need to define and, over the years, progressively to redefine the goals and strategies of its health development efforts. To formulate policies and plans - and even more to implement them - requires management of the health development effort.

Health development is a process that occurs in the population of a country, through its communities and families. Its product is a rising level of human wellbeing marked not only by reductions in the burden of disease, but also by the attainment of positive physical and psychological states that are related to satisfactory economic functioning and social integration. Epidemiological evidence tells us that major determinants of health are environmental relationships, health-promoting behaviours, and appropriate health services:

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<sup>2</sup> This policy is referred to in the following text as: Health/2000

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- Environmental relationships embrace not only protections against pathogens in water, air, food and soil, but also the availability of adequate food, shelter and clothing and the meeting of needs for psychic and social interdependency and support;
- Health-promoting behaviours involve the avoidance of hazards, the practice of hygiene, and the choosing of those environmental elements that foster human growth and development. All these behaviours may be learned and reinforced through social intercourse in families and communities;
- Appropriate health services are primarily those that protect humans against hazards; prevent the damage of disease, disability and premature death; and enable people to preserve and promote their own personal and family health. Secondly, health services intervene against disease and disability that have occurred.

Obviously the health development process is intertwined with, and a part of, the larger processes of economic and social development and change. People who are sick cannot produce wealth, and poor communities can provide services with great difficulty, if at all. Nor can "unhealthy" communities produce responsible and productive citizens and parents. Health development, thus, can occur only as an integral part of a rising spiral of socio-economic development and only if three conditions are met: (1) allocation of health development of a proper share of investment; (2) the use of such investment efficiently toward objectives that will produce the greatest favorable impact on health status; and (3) the active involvement of communities and their members in the health development process. These conditions imply the need for management able to:

- produce policies, set and prioritize objectives, formulate strategies, and obtain allocations of resources;
- convert allocated funds into operational resources of personnel, programme facilities, and support systems to implement policies and strategies;
- foster and integrate community participation in development processes;
- operate, support and control environmental, educational and health services as integral parts of multisectoral development; and
- adapt and adjust the health development effort to changing conditions, including the effects of its successes and the lessons of its failures.

As countries set general goals and specific objectives for their individual aspirations for Health/2000, it can be expected that their capabilities in health management will need to be reviewed and that many systems will be found to require alteration, expansion and qualitative improvement.

It is the aim of this paper to present an overview of management as a process that integrates various functions and activities into an effective mechanism for the attainment of health development goals. Because its focus is on the whole of management, it does not replace or displace more specific guidelines on component tasks and activities that exist or may be developed at the international - or, more importantly, at the country - levels. Its purpose is to provide a framework into which the parts of the management process may be properly located and related to one another.

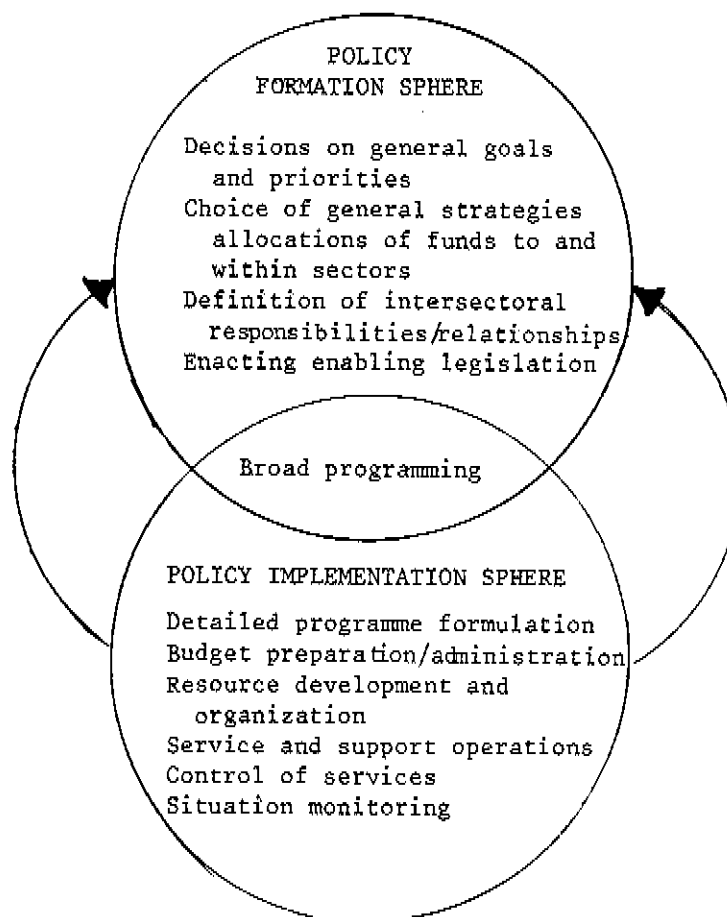
## 2. The boundaries of management

What "management" comprises is subject to national definition. Country traditions and institutionalized patterns of politics and administration have a strong bearing on how one critical question is answered: is high-level policy formulation a function of management?

To clarify the question, the process of managing health development might be thought of as divisible into two broad spheres: the policy sphere and the policy implementation sphere. The major actions that occur in each sphere are shown in Figure 1.

Figure 1

### POLICY AND IMPLEMENTATION SPHERES



In all countries, the actions shown in the implementation sphere would be considered as functions of management - or, to use an equivalent term, functions of administration. National conceptions differ, however, as to whether the actions shown in the policy sphere are considered a part of management. In those countries where management is given a broad interpretation and where the Cabinet or Council of Ministers link the functions in the two spheres, policy formulation is likely to be thought of as a phase of the management of public affairs. In those countries where the activities of legislators and heads of government (and their central control agencies) are distinct from activities of programmatic

agencies, management is likely to be seen as limited to the sphere in which policies are implemented. In most of the latter countries, however, it is usually recognized that those who make decisions on policy, legislation and public investment depend on "managers" to provide information, advice and proposals in the form of policy recommendations and plans. Broad programming activities, as depicted in Figure 1, might fall into either sphere.

In this paper, health management is given the wider interpretation, to include the actions in the policy sphere. Aside from the formal or informal linkings of the two spheres in most countries, the justification for such an interpretation lies with the likelihood that national responses to the Health/2000 and Primary Health Care challenges will involve both spheres for the next several years. While the roles of different actors in the national situation may usefully be distinguished, it would be self-defeating to ignore either of the two groups of actions that are so closely inter-related in the health development effort. These inter-relationships will become clearer as the health management process is examined more closely.

### 3. Health/2000 - Management tasks and problems

The International Conference on Primary Health Care (PHC) at Alma-Ata, USSR, 6-12 September 1978, strongly emphasized the management requirements for Primary Health Care as the key to Health/2000. Among the Conference recommendations, countries were called upon to:

- link Primary Health Care with national development plans, programmes and projects;
- undertake active intersectoral efforts to increase the capacities of persons and communities to participate;
- strengthen intersectoral coordination, through recognition of inter-dependencies and development of specific workable arrangements;
- strengthen management systems, with delegation to intermediate and local levels, accompanied by manpower and resource provisions;
- integrate "single purpose" programmes into comprehensive primary health care, particularly at the local interface of service systems with people;
- reorient the health system to support primary health care;
- effectively select technology, prepare and manage personnel, and provide for logistics and adequate administrative frameworks and support;
- redistribute resources toward, and make additional allocations of resources for, primary health care;
- conduct research into, and monitor and evaluate, services to improve effectiveness and efficiency.

#### 3.1 Management tasks

Countries that have made progress toward effective provision of Primary Health Care know well that the meeting of such management requirements is neither easy or spontaneous. Planned and well-directed efforts are called for in a step-by-step development over some years. Among other actions, expanding on the information in Figure 1, it is necessary that:

- policies and objectives be clarified and established;
- strategies be defined;
- planning and standard setting at the levels of policy, programmes, implementation and operations be carried out and provisions made for evaluation and replanning, with appropriate and active participation of community interests;
- national and external funding be obtained and allocated;

- actions in different agencies and sectors be reoriented and coordinated toward unified and comprehensive interventions;
- choices be made about technologies, resources and organizational patterns;
- supply, budgeting and finance, personnel and transportation systems be established, extended or reformed;
- appropriate information be obtained for the initial steps, and that arrangements for information flows be established to enable programmes to be supported, directed, monitored and evaluated, as well as that epidemiological surveillance of health status and changing health problems be maintained;
- manpower, materials, curricula and facilities be developed, in order to prepare personnel to function in roles ranging from high-level managers to village health workers and cooperating traditional practitioners; and
- systematic arrangements be established to obtain information from external sources and to get it to people within the country who can use it to advantage.

### 3.2 Management Problems

Accomplishing such tasks requires, in some countries, the solving of problems through a sustained, systematic and developmental management effort. The problems to be solved are represented by such conditions as:

- high-level policies insufficiently elaborated or communicated to intermediate and lower levels of the system;
- major expenditures of health funds devoted to a small part of the population and to activities with a marginal impact on health status;
- inadequate management staffs;
- planners unconnected with other managers within the health sector and with planners in central planning units and other sectors; isolated programme and service managers;
- policies not reflected in budgets that, for political and technical reasons, are difficult to change;
- incomplete supply and maintenance systems operating only intermittently;
- too little of the required information; many health and service statistics on irrelevant subjects, perhaps out of date, or so highly aggregated as to conceal rather than indicate problems; information scattered in many places;
- poorly organized and administered personnel systems;
- health personnel trained in ways that limit their usefulness in national programmes;
- programmes and activities distributed among autonomous agencies or in "vertical" structures resistant to collaborating to provide comprehensive care;
- expensive or inappropriate techniques and supplies used in health programmes;
- programmes and activities not being evaluated and managers lacking interest and skills in evaluation.

The list of such conditions could be extended. They can be summed up as problems of:

- fragmentation in decision-making and, therefore, in organization;
- misdirection of resources;
- obsolescence in techniques and operating systems; as well as
- absolute shortages of resources.

Isolated and sporadic efforts to correct such conditions may solve immediate problems but usually prove inadequate to achieve longer-term goals. Indeed, many difficulties have their roots in past efforts to solve "problems" in particular aspects of a health system without evaluating the effects of the "solution" on other aspects. Often the solution that is sought has the character of a "magic bullet" - an information system, a planning method, some scheme of decentralization (or centralization) - that is seen as a panacea for management problems that are actually poorly understood. One of the side effects of the Health/2000 - PHC undertaking on a national basis is to provide the stimulus for a thorough assessment of health management capacity that can result in a long-term plan for upgrading such capacity.

#### 4. Health management process

In 1978, the 31st World Health Assembly called upon Member States and WHO to develop integrated managerial processes for health development. Beyond that part of WHA Resolution 31.43 quoted at the head of this paper, the Assembly defined two dimensions of what was to be integrated. In one dimension, the Resolution identified the management outcomes to be related to one another (section 4.1). These outcomes, quoting from the text, include: "health policies; priority programmes to translate these policies into action; appropriation of funds ... to these priority programmes; delivering those programmes; monitoring, controlling and evaluating ... programmes and the services and institutions that deliver them".

In the other dimension, the Assembly spoke of the need to relate a number of management functions that, too often, are pursued in isolation from one another - and, indeed, further fragmented among different health programmes. The five functions mentioned in the Resolution were expressed in WHO terminology: country health programming, health programme budgeting, health programme evaluation, information support, and health management training. How these and other management functions related to each other is discussed in section 5.

The quoted phrases in the last paragraph imply a particular and prevalent conception of management process - what has been called the "programme development model".<sup>1</sup> This process is seen as a step-by-step, rational sequence, in which the outcome of the earlier and general steps governs the following more detailed and more operational steps. Thus, decisions about general policies and broad strategies provide the guidance for programming, implementation and operations. What occurs in each step is dependent on what happened in the preceding steps.

##### 4.1 Major steps in the management process

In somewhat more operational terms than in Resolution WHA31.43, the main steps in the process may be identified as:

- (1) Formulation of general health policies, strategies and plans of action, based on (and promoting) general political commitments to health and development, provides guidance to the programming that follows. This step results in establishing broad goals, priorities and approaches for health development; the obtaining of indicative (or order-of-magnitude) information on funding - usually subject to later acceptance of detailed programmes; facilitating political decisions on the

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Among WHO documents, see "Formulating Strategies for Health for All by the Year 2000" (A32/8) pars. 20-45; "Working Guidelines for Country Health Programming", Bainbridge, J. and Sapirie, S. Health Project Management, (WHO Offset Publication No. 12), pp. 1-10; Schaefer, M. Administration of Environmental Health Programmes (WHO Public Health Papers No. 59), Chapter 4.

assignment and coordination of health development responsibility among sectors and subsectors; defining ground rules to foster and integrate community participation; and otherwise providing authorizations, information, guidance and support for subsequent steps.

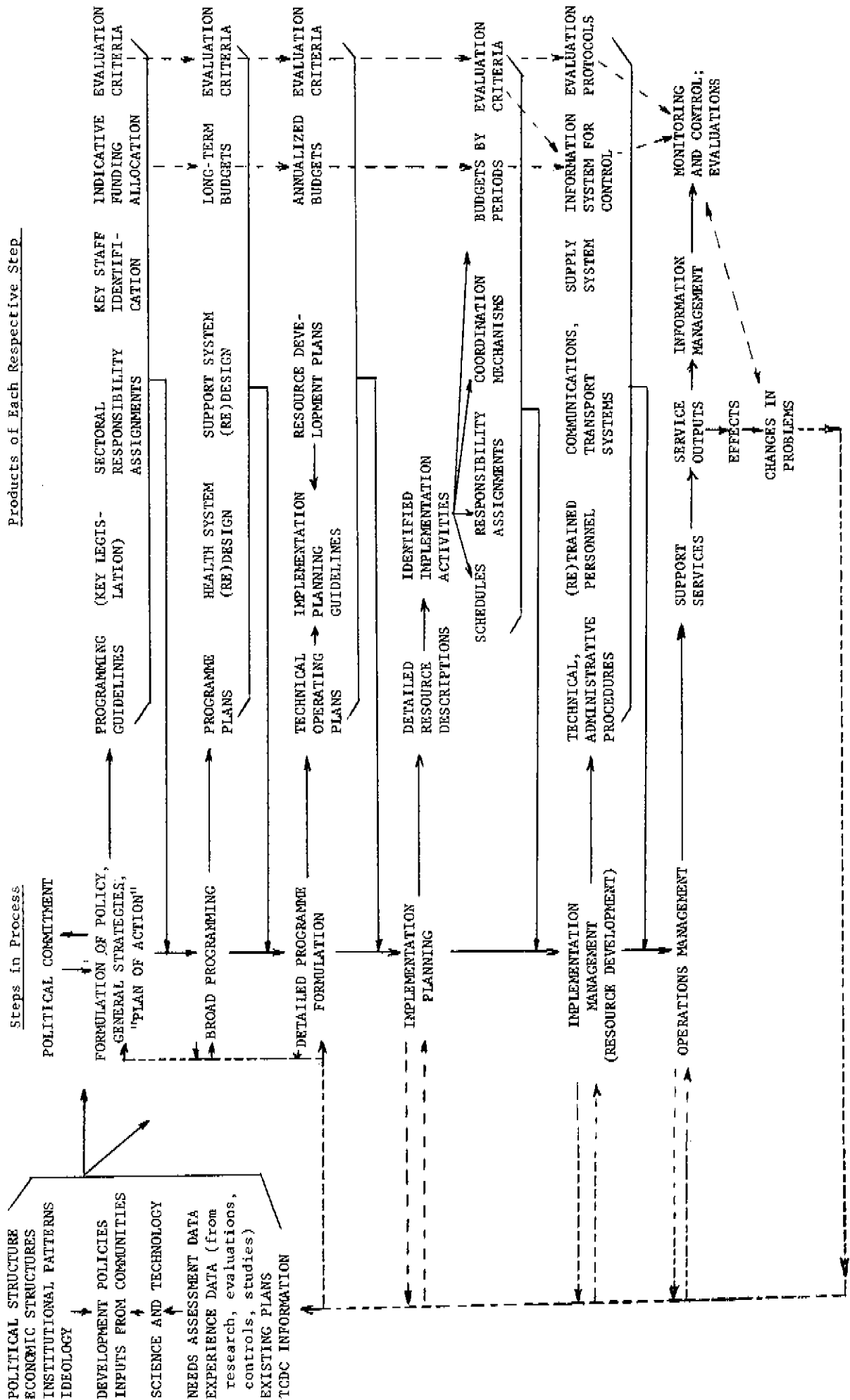
- (2) Broad programming entails the translation of approaches identified in the preceding steps into long-term and comprehensive strategic plans that include time-phased objectives and targets, setting forth decisions on community involvement and technologies and patterns of programme organization and coordination (e.g. integrating "single purpose" or categorical activities into unified, comprehensive services; defining intersectoral and interorganizational actions to be taken); specifying supporting requirements and the roles and characteristics of supporting services; and developing long-term budgets to finance the strategies for system change and service delivery.
- (3) Detailed programme formulation specifies the tactics to be employed in overcoming constraints and achieving programme activities; the year-by-year objectives to be pursued, the standard technology to be used, and the types of resources required and their roles and functions in accordance with programme strategies and the changes they call for in health systems and support services. The matching of technical actions and resource specifications with timed targets of accomplishment permits the formulation of annual budgets for whatever "plan period" is in use, so as to convert indicative allocations into firm approvals of programme funding.
- (4) Implementation planning then converts the information on technical norms, desired system organization, and resource requirements into specific schedules of activities and working mechanisms and arrangements to develop the resources required to operate programmes - considering not only the trained personnel, facilities, and procedures to be produced and modified, but also how such resources would operate as units of the larger system.
- (5) Implementation management entails directing and controlling the execution of the implementation plan. This step involves the production/modification of resources, the actual organizing of resources into operational entities, and the starting-up of operations. (Since not all resources and service locations can be developed at once, it is most likely that this "step" will overlap for a long period with Operations Management, so that new or changed services and systems will be operating in some areas long before enough resources are developed to meet objectives of coverage and quality in all target areas.)
- (6) Operations management (which, unfortunately, is often equated with the whole of management) is the continuing day-by-day direction and control of services, based on ongoing evaluation. It requires the meshing of supporting resources with direct actions and interactions in the community, the solving of transient problems, the monitoring of activities and effects, and the ongoing adaptation of the programme-in-action to the community and environment in which it occurs. Operations management likewise involves communicating between administrative levels, among sectors, with units of general government, and with communities - geopolitical, social and technical.

Clearly, each of these steps requires information inputs, of which most come from what is produced in the preceding steps, with some drawn from other sources. Each step produces information, including decisions, that become input to succeeding steps.

This management process is depicted in greater detail in Figure 2. Information that may be brought into play at any step of the process is shown on the upper left hand side. That information is of several types: basic information about the national society, policy and public opinion data, standing scientific and technical information, and information developed from studies and from records of experience (e.g. health and service statistics).

Figure 2

LINEAR FLOW CHART OF A MANAGEMENT PROCESS FOR HEALTH DEVELOPMENT



Just what information is first drawn in at each step depends on the nature of the step and what is supposed to be produced from it. Broad and summary information on health needs will be most useful in policy formulation, while much more detailed information on health needs will be used in programme formulation. For example, with regard to administrative support systems, general, aggregated data will be useful in broad programming, while inventory data and information on standards is required to accomplish Implementation Planning and Implementation Management, and information on specific locations, persons and vehicles will be required in the management of service operations.

The right-hand side of Figure 2 identifies the major products required from each step, and the general pattern on lines shows the flow of these products into the managerial activities of the following step. Some of the products of the steps are of similar types, such as various types of plans and the budgets of different duration and degrees of detail. At each step, also, evaluation criteria are generated: at the policy step, such criteria concern broad achievements and impacts, while at each successive (lower) step the evaluation criteria concern successively narrower and more detailed accomplishments and processes. Thus, at the step of Implementation Management, the criteria would focus on the completion of resource developments (training courses, team formation, supply deliveries, facilities construction) on schedule and of the desired quantity and quality.

Another message from this flow chart is found in the broken lines at the bottom and along the left-hand side. These symbolize "feedback" information that is generated at each step (as well as from the (later) monitoring of programme effects and the epidemiological situation). Close study of the pattern of the arrows symbolizing feedback shows that the experience at any step may result in a need to repeat or extend some part of an earlier step, a management concept variously denoted cycling, looping-back or iteration. Thus, feedback about difficulties in Implementation Management may require a revision of the schedules prepared during Implementation Planning or even a rethinking of technical operating plans (Detailed Programme Formulation) to bring earlier ideas about desired resource characteristics into conformity with what is found to be feasible and practical. In its grandest application, feedback on changes in community needs and problems as a result of effective health development programmes provides information for the revision of broad health policies and strategies.

#### 4.2 Relating to country situations

This depiction of management process is a general one, whose main use is to serve as a framework for relating the phenomena of the real world to each other coherently and systematically. This conception, while relevant to Health/2000-PHC because it is aimed at the development of needed systems, nevertheless requires adaptation to country situations. All countries' health sectors and health systems are already governed by some management process that may or may not have the degree of process integration set forth here. Therefore, in countries embarking on renewed health development policies, health leaders may need not only develop elements that are missing, but they may also need to prepare and induce existing management staff to think and work differently, finding workable compromises between ideal and existing processes.

This strictly sequential process, even with its provisions for cycling through feedback, may not be feasible in all country situations. Different starting points may have to be used to get the process moving, and the products of some steps may have to be left implicit (with some dangers) rather than made explicit. Yet somehow, no matter what point of entry is actually used, the essentials of the process have to be provided. A financial administration system cannot be made more suitable for supporting health development, unless health development policies and programmes clearly specify the objectives and requirements that reformed financial system is to meet. Merely to pursue reform of one aspect of a health system - or to pursue reform for its own sake - without adequate policy and programmatic orientation, is likely to be frustrating, disruptive and futile.

Finally, the lack of key health management talent may make the process unworkable in some country situations, unless an early added step is taken (following initial political commitments to health development) in the preparation of cadres to carry forward the management process and to multiply their numbers in the process of doing so.

#### 5. Integrating management functions

The depiction of the management process in Figure 2 implies that several different management tasks or functions are brought into play in each step. Among those that recur are the functions of planning, evaluation, budgeting and finance, information support, and resource development and administration. Moreover, the information support requirements, as summarized in the left-hand side of the diagram, imply the function of study and research into epidemiological, technological and programme delivery questions. Since each of these functions involve some degree of specialization and expertise, two questions are raised:

1. How can such expertise be developed? (section 6)
2. How can the several specialized functions be related to each other to provide the integration of the management process that was recognized by the 31st World Health Assembly as essential to effective management of health development? In other words, how can activities that are treated as separate processes, often structured into separate units, be merged into effective management?

In this section, primary attention is given to the second question, since:

- most countries have some experience in dealing with the first, and
- much of that experience shows that merely to develop clusters of expertise without simultaneously relating them to the whole of the health management system is to create fragmentation and frustration.

For example, some countries that have given priority to the development of planning capabilities without relating the planning function to parallel aspects of management have found that (1) plans tend to be divorced from reality, (2) plans frequently fail to attract funding, and (3) even funded, plans fail to be implemented by those in the operating system. Similarly, evaluation work inadequately linked to operational systems tends not to be utilized, while health services research pursued in isolation is often irrelevant, trivial and duplicative. Such experiences suggest that one requirement for adequate management of health development is a concept of - if not, indeed, a plan for - the development of integrated health management capacity.

What health management functions need to be related to one another, so they can operate organically and effectively? As mentioned previously, Resolution WHA31.43 identified several, using the terminology of certain WHO technical cooperation activities. A more complete listing of functions, identified both in "generic" terms and in WHO terminology is shown in Table 1. (page 11).

While any functional catalogue of this type is useful for classifying tasks to be done, such catalogues wrongly imply a parity among the functions and fail to show how they relate to one another or are to be coordinated. If a national health system is to use resources efficiently and if the management of health development is to be coherent and effective, then one has to postulate and activate a governing or coordinative function, one to which other functions contribute and one which guides the performance of those others. If WHO terminology is used, it becomes apparent from Table 1 (when related to the steps of Figure 2)

Table 1

## HEALTH MANAGEMENT FUNCTIONS

<u>Generic Terminology</u>	<u>WHO Terminology</u>
Planning of policies, programmes and projects	Country Health Programming (including Project Formulation)
Financial planning and management	Programme Budgeting component of Country Health Programming
Procedurizing; development of administrative and support systems	Country Health Programming
Personnel-planning, preparation and management	Health Manpower Development (including Health Management Training)
Analysis of health problems, available technology, and service delivery practices and effects	Health Services Research; Appropriate Technology for Health; epidemiological analysis
Information Management	Health Information (Support) Systems
Monitoring and control, based on system and programme evaluation	Country Health Programming's Programme Evaluation component
Implementation and operational management actions (programme execution)	- - -

that this coordinative function is Country Health Programming (CHP).<sup>1</sup> CHP can be defined as a systematic, continuing management process that includes policy formulation, the definition of priorities, the preparation of integration of programmes (plans) to give effect to such priorities, the selection of relevant technologies, identification of required managerial support, determination of budgetary allocations, and the monitoring and evaluation of operations and their impact in order to improve existing plans and to replan as necessary.<sup>2</sup>

Subject to this definition, the relationships of particular management functions to the overall process, under the coordination of CHP can be visualized as in Figure 3. (page 12).

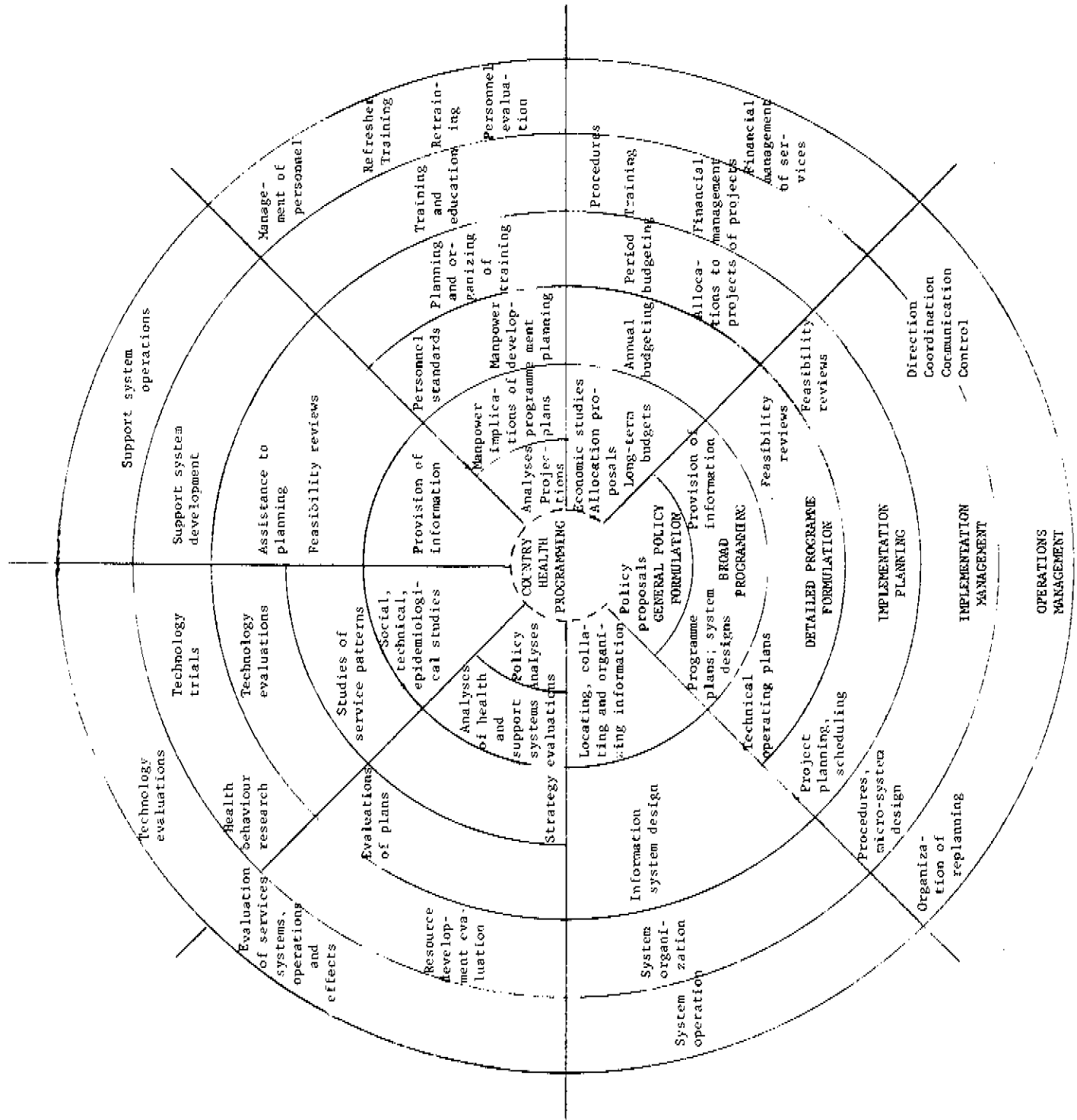
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The use of this term is a matter of convenience, since (1) CHP has been denoted a master management process and (2) seven years of experience have made the term a familiar one to health managers in many countries. Different terms might be used in some countries for the analogous national master management process.

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WHO has issued CHP guidelines that concentrate on programme planning aspects and give further detail on the relationships of other management functions to CHP. These guidelines and other pertinent WHO documents are listed at the end of this paper.

Figure 3



This diagram depicts CHP as the master management function. In the lower central portion of the Figure, CHP's major coordinative activities are displayed as planning and administrative tasks to serve the six major management process steps identified in Section 4 and depicted in Figure 2. In accomplishing these tasks, CHP must guide, be supported by, and must mesh the other management functions. For example, if the process step of Broad Programming is to produce programme plans and designs of improved systems, CHP requires not merely information support from many sources, but also:

- relevant social, technical and epidemiological studies (Health Services Research; Appropriate Technology for Health);
- economic studies and long-term budget estimates (Programme Budgeting);
- analyses of health and support systems and estimate the costs and effects of alternative strategies (Programme Evaluation), and
- analyses of manpower implications (Health Manpower Development).

Moreover, these guided contributions cannot be fully effective if each is pursued as an isolated activity: each must be related to others, if the contributions as a whole are to be coherent and relevant.

The need for similar coordinated and collaborative action in accomplishing the other steps of the health management process is apparent from examination of the other rings of Figure 3, recognizing that the information in that diagram is suggestive of other and more detailed activities beyond those that are shown.

Alternatively the Figure can be read by "wedges" rather than by rings. In that mode one recognizes that, for example, programme evaluation is a function integral to every one of the process steps of CHP, from the analysis of policy alternatives and their implications in the General Policy Formulation step, through the evaluations of strategy alternatives in programme formulation, to the provision of evaluative data for the exercise of control responsibilities in the course of Operations Management.

The general point made in Figure 3 is that - recognizing certain utilities in making conceptual and organizational distinctions among management functions - their integration is achieved primarily through process, through the exercise of management, rather than through structural arrangements. To search for "perfect" organizational structures as a means to achieve integrated management is likely at best to be of transient usefulness and will frequently be found to be costly and irrelevant. Thus, it becomes important for health leaders to analyse, shape and direct the management process.

Such action to develop integrated management capability and functioning is particularly necessary for Primary Health Care as the key strategy in most countries for attaining Health/2000 goals. The PHC requirement for the integration of categorical services at the level of local community and family will obviously be made more feasible if categorical or "vertical" programmes are coordinated at the higher and intermediate levels of administration. Such coordination, in its turn, is made more feasible through unified planning and development of service and support systems, rather than through continuing (and conflict-ridden) efforts to mesh the activities of autonomous programme entities at each level, on a day-by-day basis. (A further consideration is that management manpower is usually distributed unevenly among programmes, and integration can lead to better use of the health management talents available in the country).

## 6. Developing health management capacity

If health management capacity is considered to consist of human and information resources, integrated arrangements and capabilities for health planning and health system control, and the ability to reform and improve management and the health system itself, then few countries can be said to have a capacity adequate to the challenges implied in the Health/2000 and Primary Health Care goals. Most countries need to strengthen such capacities, and some of them are already engaged in doing so.

That for which management capacity is required has already been identified in section 3, Health/2000 - Management Tasks and Problems, as are the difficulties to be overcome and the problems to be solved in many countries. Even though some countries have resources available for certain aspects of health management, others have serious resource deficiencies. Almost all countries must overcome fragmentation, lack of coordinated direction, obsolescence of systems, and inadequate management development arrangements that impede the achievement of health development goals.

To remedy such deficiencies will require the formulation and implementation of management development policies - consistent, of course, with defined health development policies - properly supported with a share of the resources allocated to the national health development effort. That the policies and their implementation be planned and controlled is made imperative by scarcities of resources, the need to specify help required from beyond the boundaries of the national health sector, and the need for management to be appropriate and relevant to health development. Even though implementation of management development would occur in a step-by-step manner, each step should be guided by a long-range plan.

In some countries, the basic question is one of whether the chicken or the egg comes first, the question of how policies and plans can be formulated and executed in the absence of managerial personnel to do the managerial work. In other countries, the problem is one of how to mobilize and focus potential resources that are in the country or are available through technical cooperation, toward the development of needed management capacity. In still other countries, the problem is how to organize, orient and upgrade existing management resources. In most countries, existing management staff will require reorientation and, very likely, retraining, as new approaches and systems are designed and implemented.

The establishment of national networks<sup>1</sup> or centres for health development<sup>1</sup> is an important way of dealing with this problem. Such mechanisms could serve as a means to organize and direct available developmental resources and, also, as a focal point for the attraction and utilization of help available through technical cooperation. While the form, functions and activities of such networks or centres would vary with national conditions, needs and problems, the concept represents one way of achieving a coordination and resource-conserving programme for the development of capacity in managerial and other requirements for health development.

Whether this or other approaches to the problem are taken, the key point is that required management capacity has to be recognized as a subject for assessment and appropriate action in any national health development effort.

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<sup>1</sup> Reference : A32/8, par. 49, and document for meeting on National Health Development Network, Geneva, 29 October to 2 November 1979, SHS/79.3.

## 7. Summary

Management of health development, then, involves three distinct and related development efforts:

1. Health development itself, a process of social improvement that interacts with economic and social development, through environmental, behavioural and health service measures. Such development is dependent upon:
2. Health system development, a process that progressively enables the health sector in collaboration with relevant agencies in other sectors, to intervene in ways that foster health development in communities and families. In its turn, health system development is dependent upon:
3. Development of health management capacity, to guide, direct and coordinate the development and operation of the health system so as to enable it to induce health development.

The exercise of health management capacity is best applied through an integrated management process oriented toward development rather than maintenance or mere qualitative improvement of the status quo, a process that coordinates the resources involved in various management functions. While adequate and appropriate management is critical to the achievement of health development goals, it should be recognized that national health development needs cannot wait upon the prior development of management capacity. Indeed, if the management capacity that might be developed is to be appropriate and useful in developing the health system to contribute effectively to health development, then these several developmental efforts need to proceed in parallel with each other, interacting and growing together.

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