

Structuring and organisation of health services

In past decades, the decentralisation and strengthening of district health systems have been common strategies for structurally changing health services in low-income countries, especially in Africa. Sometimes changes are also made to the organisation of top-level structures – such as Ministry of Health national headquarters – but often this is too sensitive and ‘political’ an area for careful, systematic reform. Unfortunately, there are few low-income countries that have been able to carry out comprehensive restructuring of their public health services except in times of major political change.

Health Partners International (HPI) and its partners have extensive experience and expertise in structuring and organising health services at district, regional, provincial, state and national level. This is one of the key building blocks for systems strengthening and health sector reform. Some principles and strategies that we have found vital in this process have included the following:

- Stakeholder engagement and ongoing political and managerial commitment at all levels. This takes time and is often easier said than done, because with all restructuring there will be winners and losers. Thus, there is a need for careful assessment of all the risks; for designing with stakeholders a structure that is both context-appropriate and has the approval of all the key role players; and for sustained support throughout the implementation period.
- Enshrining changes in laws and regulations. This is a key step for longer-term sustainability. Often when this step is reached, major objections surface. Building effective political and stakeholder support beforehand is therefore essential (though it is very seldom quick), as is local strategic leadership to ensure smooth progress with minimal changes.
- Ensuring that changes achieve tangible improvements in service delivery and also that service disruption is minimised during the change management process. Unless leaders, managers, health care providers and the public see services getting better, it will be very difficult to sustain any process of change.
- Systems strengthening alongside restructuring and reorganisation. This includes strengthening to such important areas as financial management systems; human resource management (including clarifying new roles and responsibilities); sustainable drug supplies; and health management information systems. It is critical that work in these areas occurs alongside restructuring and reorganisation. If not, there is high potential for

failure, but more importantly new structures are not likely to show improvements over the old ones.

- Engagement with key community stakeholders (in addition to the politicians). This includes religious and traditional leaders; non-governmental and community-based organisations; and the community itself. It is vital that these groups are part of and contribute to the change management process.
- Strengthening management within the organisation through effective systems and capacity-building programmes that include mentoring, coaching and on-the-job support.

District health systems

For more than 25 years HPI and partners have worked widely in this area in many countries (including Ghana, Nigeria, Tanzania, South Africa, Botswana and Zimbabwe). In our experience, an effective district health system is not easy to achieve but it is an essential requirement for organising effective, accessible health care in most low-income countries. In Zimbabwe and Ghana (where HPI senior partners were extensively engaged) among other countries, establishing effective district health systems has been the key ingredient in building good health services.

Many countries experience a fragmented health system with ineffective links between levels or between primary and secondary health services. Often the health system is centralised and lower-level managers, staff and the community have little say in how services are provided or run. Referral systems are also poor. This leads to demotivated health workers; inadequate resource allocation at the service point; no responsibility or accountability on the part of frontline health workers and managers – and, invariably, poor health services.

An often-neglected requirement is for effective support structures at provincial, regional or state level. Strong regional/provincial health structures in Zimbabwe and Ghana were crucial for establishing districts and providing the support and oversight which are essential for their effectiveness, but which are virtually impossible for the national level to maintain regularly. By contrast, districts in Kenya and Tanzania faced serious difficulties with the weakening of their provincial/regional health structures.

Full decentralisation of responsibility for health services to local authorities has often been seen as an ideal for district health systems – to establish strong local accountability

and bring health services closer to the people. Experience across Africa has not been encouraging, however. In Nigeria, for instance, delivery of primary-level care was fully decentralised to Local Government Authorities (LGAs) more than two decades ago, with hardly any accountability for service delivery to higher levels and weak support and oversight. This appears to have contributed significantly to the dramatic decline in primary health care services in Nigeria – and to the difficulty in resurrecting them. Health services are technically complex and local authorities find them very difficult to manage on their own.

Nevertheless these are difficulties that can be solved, as progress in Ghana, South Africa, Namibia – and Nigeria too – has shown. In recent years much of HPI's work has focused on developing or introducing district health services. In most cases this has meant building a sub-regional management structure that serves and links both primary and hospital services. A local oversight function is often established as well, through the creation of district boards, for example. It is important that the district (or other structure) has:

- Substantive management responsibility and control over finance and human resources
- A single line of accountability to higher authorities
- Help in establishing effective management systems
- Strong support as well as supervision from an authority above that is not overseeing more than around 10 such structures or districts.

HPI's experience indicates that establishing structures along these lines leads to an integrated health service that is responsible for its actions to higher levels as well as accountable to the community it serves.

Reorganising high-level health structures

HPI and partners also have expertise from working in many countries (such as Ghana, Nigeria, Tanzania, Botswana and Malawi) to help with the reorganisation of high-level structures. A number of issues arise when working in this area, including:

- The tendency for higher level structures to be organised along professional lines rather than functional lines (for example, directors or medical, nursing and pharmaceutical services). This often leads to wastage and duplication as common functions, such as health management information services, human resources and finance are handled by multiple groups rather than one. In addition, this type of structure does not lead to easy support for facilities and institutions at lower levels.
- Head offices, for a variety of reasons, tend to centralise key functions (especially finance and human resource functions). This often leads to paralysis at the periphery

as managers at these levels are constantly hampered by the bureaucracy higher up.

- The traditional functions at head office level include policy and regulations, systems development, oversight and monitoring and dealing with higher level issues (such as equity issues, tertiary and specialised care). However, head offices want to get directly involved in implementation too. This frequently leads to compromising a head office's main functions, confusion on the ground and the inability of the health system to respond in a manner that is timely and appropriate to local conditions.

Working at this level requires a high degree of political sensitivity, strategic thinking and stakeholder engagement, but is often a critical component of embedding health sector reform. There is no single solution, and options need to be presented that are appropriate for the local context. There is also the need for continual support throughout the change management process.

Below we give a few examples of HPI projects in this area.

Design of the Health and Social Sector Support Programme Phase II (HSSSP II), Namibia

HPI provided support to the Ministry of Health and Social Services to design a complex six-component, four-year programme to improve the efficiency of core health and social welfare programmes in seven regions of Namibia. The programme aimed to improve: health and social services management at regional and district levels; training networks (with improved management systems to support pre- and in-service training); management and delivery of priority social welfare services; policy, planning and management capacity at national level (facilitated by a functional management information system); mental health programme management systems and case management of mental health at all levels, and to sustain use of health care technology and physical facilities. HPI consultants provided specialised technical assistance in regional and district management; public health services; human resources management and capacity-building; social welfare assessment and planning; health facilities assessment and planning; and equipment management.

Restructuring and repositioning of Jigawa state Ministry of Health, Nigeria

HPI recently supported the state Ministry of Health (SMOH) in Jigawa to look at options for restructuring and repositioning itself following the establishment of a new district health system (known locally as the *gunduma* health system). An integrated and decentralised health system had been established, and responsibility for all aspects of service delivery transferred to the Gunduma Management Team; this created the need for the SMOH to reposition itself, taking on a stewardship role, with considerably more

focus on policy development, macro-planning, regulation, and sector financing. HPI facilitated a process whereby key stakeholders within the SMOH, the *gunduma* and related ministries and departments considered a number of different restructuring options to decide which fitted best in the Jigawa context. Building consensus around the need to reposition the ministry has been the first step in what is likely to be a long process of change.

Increasing awareness of and support for district health system implementation, Enugu state, Nigeria

The Partnership for Transforming Health Systems programme (PATHS) is supporting the implementation of a district health system in Enugu state. A consultancy was designed to promote the district health system at all levels of the state to ensure a successful transition; to increase awareness and understanding of the impact of reforming the health sector by introducing a district health system; to increase the communication capacity of the state Ministry of Health and State Hospital Management Board; and to help cascade knowledge within the state, including communities, health, LGA staff and traditional healers. The aim of this was to ensure that health workers' understanding of the reforms were maximised and that there was wide sensitisation in the state to the impending changes.