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ACHIEVING RESULTS

BY STRENGTHENING HEALTH SYSTEMS

by Sylvia Vriesendorp



CHAPTER I OF HEALTH SYSTEMS IN ACTION

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Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155-5741 USA

Fax: +1.617.250.9090
Email: bookstore@msh.org
Website: www.msh.org

Tel.: +1.617.250.9500

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Achieving Results by Strengthening Health Systems

Sylvia Vriesendorp

1. Achieving Results by Strengthening Health Systems
2. Leading and Managing: Critical Competencies for Health Systems Strengthening
3. Governance of Health Systems and Health Organizations
4. Mainstreaming Gender Equality into Health Systems
5. Planning the Work and Working with the Plan
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7. Managing Finances and Related Systems
8. Managing Medicines and Health Products
9. Managing Information: Monitoring and Evaluation
10. Managing Health Service Delivery

This chapter makes the case for putting people—health professionals who are responsible for getting quality health services to the people who need them—at the center of health systems strengthening. When you examine the health system building blocks that contribute to positive health outcomes—leadership and governance, human resources, financial management, health information, supply management, and health service delivery—you will see that none of them can operate without skilled, supported, and motivated people. These people may work in their neighborhoods, in health centers or hospitals, in private organizations, or in the government.

This chapter introduces the Framework for People-Centered Health Systems Strengthening, which takes into account the connections between systems and the people who provide and use them. At the center of the framework are the management, governance, and leadership skills of the people who design and operate the health management systems needed to deliver efficient, effective, high-quality health services to clients and their communities.

Introduction

One of the biggest challenges facing health managers and health service providers is how to turn a demoralized or overworked and stressed staff into a proactive, motivated team that delivers high-quality health services every day. Weak management systems are major contributors to the frustration and the sense of futility that countless professionals feel when they are not able to make sustainable contributions to improved health outcomes.

But any attempt to improve management systems without addressing the needs of the people who do the work is bound to end in disappointment, more stress, and even lower morale, reinforcing a vicious circle of ineffectiveness and inefficiency. Addressing this challenge requires attention at every level to both systems and people.

Medical knowledge exists to reduce illness and death caused by preventable diseases. Applying knowledge and scaling up evidence-based practices requires strong health systems with skilled and motivated leader-managers who can support and motivate the health workforce.

Over the years, the authors of this handbook have learned that improving the ability to lead, manage, and practice good governance of those who “make the health system happen” is one of the most important ways to achieve the ambitious [Millennium Development Goals](#). Even in the face of poverty, illiteracy, discrimination, and conflict, the existence of resilient management systems, the practices of good governance, and leadership that sets direction and inspires followers are vital to health services and health outcomes.

This handbook is dedicated to all staff, at any level, in any kind of organization—large or small, private or public—who are committed to bringing health services to all who need them, wherever they live. The ideas, models, and practices presented in the handbook have been used in Africa, Asia, Europe, and North and South America. They represent the best thinking of academics and the best doing of practitioners.

Turning frustration into a force for change

Health systems are complex, and trying to change them is a major challenge. Those who struggle with poorly functioning health systems can use their frustration as a force for either inaction or action.

Everywhere in the world there are health care managers and providers who have turned their frustration outward through complaints or aggression against the health system, which they view as the source of all problems. They say, “It’s not my fault!” or “It’s not my problem!” At the other end of the spectrum are people who have turned the frustration inward and become so discouraged and disengaged that they cannot be effective. You will hear them say, “I just can’t do anything about it.”

Both types of frustrated workers see themselves as victims, with no control over the dysfunctional systems within which they work. They exist at every level in organizations, including at the top.

A third response is at the root of all major transformations in society: a sense of purpose born of indignation about the status quo that makes one say, “I won’t settle for this any longer, and I’m going to do something about it.” This attitude produces a surge of energy that turns indignant managers and providers into change agents. It is based on the reality that systems are created by people and can, therefore, be transformed by people. When people invite others to join together and change what is unacceptable, that is true leadership. This handbook is designed to help you become effective change agents and enlist others for the good of the whole.

Building functional health systems

The ultimate aim of a health system is to equitably maintain or restore the health of all the people it serves. An effective health system begins with parents who have learned the best ways to keep their children healthy. If a child does become sick, the mother can bring the child to a clinic, be seen without a long wait, and have the health problem correctly diagnosed and appropriately treated by well-trained and supervised health staff who have the right medicines available. If the mother is also informed about family planning and freely

Strong Leadership and Management in Action to Improve Public Health— Country Examples from Afghanistan, Brazil, and Tanzania

In **Afghanistan** the Ministry of Public Health has reached out to more than 1,800 health managers in 13 provinces to make them more aware of their role as leaders and stewards of the health system. Under a program supported by USAID, these managers have increased vaccination coverage and access to family planning services, resulting in improved child and maternal health. The most significant improvements were an increase of almost 70 percent in health facility births and a 28 percent increase in family planning consultations.

In **Brazil**, the Secretariat of Health of Ceará mandated that public servants participate in leadership training before they could apply for management positions, breaking the mold of automatic promotion. The improvement in health results was significant; in one municipality, infant mortality dropped from 26 to 11 deaths per 1,000, while the percentage of women receiving prenatal care increased from just over 50 percent to 80 percent. Overall, 70 percent of the 25 municipalities that participated in the leadership development process reduced their infant mortality—some by as much as 50 percent.

In **Tanzania**, where many people in rural areas seek health care and medicines from retail drug shops, MSH collaborated with the Government of Tanzania to establish the Accredited Drug Dispensing Outlet (ADDO) program. An assessment before the project showed that many shops sold prescription drugs illegally and that most drug sellers were unqualified and untrained. To address this challenge, the government and MSH designed a program that combined training, accreditation, business incentives, and regulatory enforcement. A survey showed that only 14 percent of ADDO drug sellers provided the wrong treatment (antibiotics) for upper respiratory tract infections, as compared with a result of 39 percent in a nationwide survey.

chooses an appropriate family planning method so that she will not get pregnant again right away, the health system is fulfilling its role: attending to people's health and productivity so that they can contribute to the development and prosperity of all.

The World Health Organization (WHO) defines a health system as the sum of the organizations, institutions, and resources whose shared primary purpose is to improve health. The broad health system includes everyone responsible for good health, from the family in a rural village to the surgeon in a hospital in the capital city. It encompasses sanitation and nutrition, involves all branches of government, and operates within the public sector, civil society, and for-profit entities.

Six building blocks constitute the overarching [WHO health systems framework](#). They are:

1. service delivery
2. health workforce
3. information
4. medical products, vaccines, and technologies
5. financing
6. leadership and governance (stewardship)

If all six components function effectively and deliver their intended results, the assumption is that the entire health system—which includes the health care organization or program—is strong.

Together, these building blocks are the foundation for health systems that support access to high-quality health services, leading to positive health outcomes for clients and communities—especially those who are most vulnerable and underserved. In this handbook we have taken these six building blocks and show you how to strengthen them so they are aligned to achieve positive health outcomes. They are:

1. **leadership, governance, and gender mainstreaming** procedures and practices—including planning—that engender commitment and accountability (Chapters 2, 3, 4, and 5);
2. **human resource policies and procedures** that produce a supported and motivated workforce (Chapter 6);
3. **financial management**, which is concerned with accounting and budgeting, along with the related reporting and analysis that make it possible to ensure that the organization's resources are used in the service of its mission, for maximum impact, in compliance with laws and donor requirements, and in accordance with ethical standards and sound operational practices (Chapter 7);
4. **management of medicines and medical supplies** so that the right products are delivered in the right quantities, at the right time, and in the right place—and then used appropriately (Chapter 8);
5. **health information and associated monitoring and evaluation** practices that facilitate effective problem solving, informed decision-making, and the formulation of policy based on evidence (Chapter 9);
6. **health service delivery** that is supported by quality management processes and that addresses the basic health needs of the populations to be served (Chapter 10).

In these chapters, you will take a closer look at these building blocks and the management systems that put them into action. You will consider how well your organization is doing in creating functional systems that enable you, your colleagues, and your communities to provide high-quality health services to all the people you serve.

As you start to immerse yourself in these areas, you will discover the central element, people: those who lead, manage, and use the systems. On one side are the nurses, doctors, community health workers, laboratory technicians, pharmacists, midwives, and health facility administrators who lead and govern; manage human resources, financial resources, supplies, and information; and deliver health services. On the other side are the people in the cities, towns, and rural areas who need information and community support to engage in health-seeking behaviors.

The goal of providing quality health care cannot be achieved without the powerful interaction of these two groups of people. Health systems strengthening is an empty exercise if we forget the people at the center of it all.

Therefore, this handbook keeps a spotlight on the human element that defines “people-centered” health systems. It explores the competencies needed to lead and manage so that those who deliver health services to families and communities will feel motivated, confident, fully supported, and successful in their jobs.

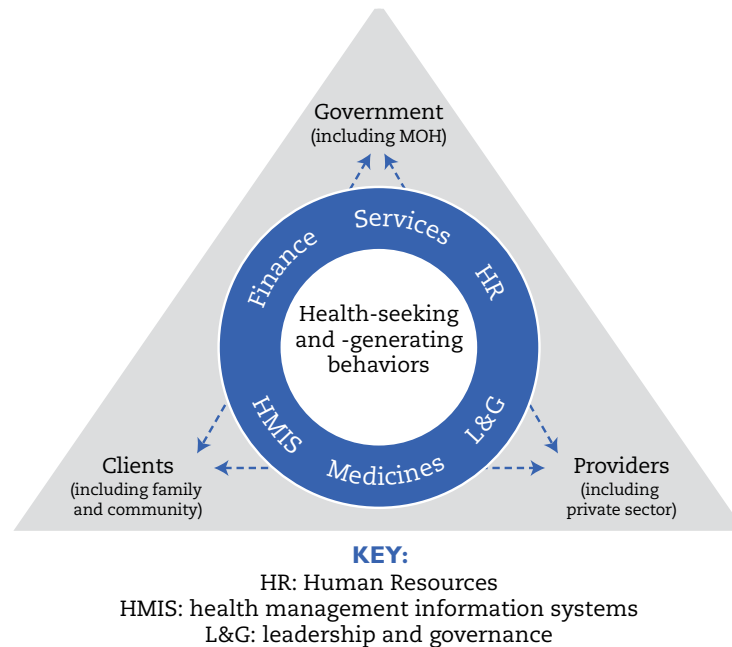
You may think that strong health systems require a large staff and sophisticated equipment—especially computers. In small and fledgling civil society organizations with few, if any, paid staff and without computers, the notion of systems strengthening may at first seem irrelevant. But a system does not necessarily need to be computerized. Small organizations can often do their work manually until they become large enough to need more automated processes. Until such time, systems strengthening simply means that people become aware of the connections between the actions of the various workers. They realize that a set of activities poorly performed will affect other activities and, conversely, that the good performance of a set of activities raises the level of other activities as well. At the most basic level, then, the work of systems strengthening begins with people simply talking to one another and aligning themselves toward a common goal.

A framework for people-centered health systems strengthening

First, let us clarify our language. The word “system” can be defined as a set of interacting or interdependent entities that form an integrated whole. Within this broad definition, “system” can refer both to the entire national health system and to the various management systems that help organize and monitor the use of resources. This duality can create confusion when we talk about health systems strengthening.

In this handbook, we use the word “system” to refer to the entire health system. “Management systems” refers to the various components of the overall health system, such as the financial management system, the management information system, or the human

FIGURE 1. Framework for People-Centered Health Systems Strengthening



resources management system. And the word “subsystems” refers to the smaller systems that are nested within each management system and contribute to its effectiveness.

Using WHO’s building blocks as inspiration, Management Sciences for Health has adapted the WHO framework to create the Framework for People-Centered Health Systems Strengthening shown in Figure 1.

This figure illustrates how the various health systems work in concert to provide the critical link between health-seeking and health-generating behaviors on the one hand (demand) and the inputs provided by the various actors in the overall health system.

It is so obvious that people run a health system that we sometimes overlook this critical fact, whether in the public, nonprofit, or for-profit sectors. Much attention is devoted to the process aspect of systems. Often ignored are those who develop or improve processes and procedures to foster the smooth flow of information, money, medicines, and people within the overall health system. The Framework for People-Centered Health Systems Strengthening attempts to remedy this imbalance. It provides a way to think about this critical component of system performance and, ultimately, of improved health outcomes.

Who are the people in the “people-centered” framework? [Box 1](#) shows them as those who develop the systems, use the systems to do their work, and benefit from strong systems.

As the person responsible for a health program or health services facility, you can contribute to a healthier population by focusing on the people who need the skills and support to integrate and use the six building blocks and management systems to deliver high-quality health care.

BOX 1. The People at the Center of Health Systems

Health managers and administrators who have the knowledge, skills, responsibility, and authority to build and maintain the management systems needed to deliver health services;

Personnel at all levels, including health care providers and administrators, who use the management systems to address challenges and achieve results;

Communities and families that are educated and empowered to promote their own health and demand quality services;

Clients who have adequate information to use health services appropriately and are not impeded by poor quality, high fees, gender disparities, or other forms of discrimination.

Your professional role might be specialized. You might focus on gathering information, combining it with information from others, and using it to make sure there is an uninterrupted supply of medicines, vaccines, and contraceptives. If you work at headquarters, your attention may be on filling staff positions with competent individuals. Maybe your role includes patient care as well as management.

Whatever role you play, you are both a contributor to and a beneficiary of your organization's and community's role in your country's health systems. Stronger systems will improve the quality of services, which will, in turn, encourage clients, families, and communities to use those services and to adopt sound preventive health practices and seek help in a timely manner when needed. The result will be prevention, treatment, and care that lead to a reduction of disease and malnutrition, and improved maternal and reproductive health.

Designing management systems with people in mind

Interventions intended to strengthen management systems often do not work because of incomplete information: the people who manage the systems were not fully included in the design process.

Chapter 2 of this handbook discusses scanning as a leadership practice that involves gathering information about the current status of your environment, your organization, your work team, and yourself. You can design better systems by asking questions about the people who will use those systems.

- Who are the health managers (administrators, doctors, nurses) who need a better management system?
- Who will be affected by the proposed changes? Do they think the new or improved management system will make their work easier and more effective, and in what ways?
- What roles do these health managers and other stakeholders and their teams play in leading and managing the work related to the management system in question?

- Are they themselves aware of a gap in the performance of their facility or organization?
- What challenges are the people who use the management systems facing?
- What skills, mindset, and abilities do they need to succeed?
- How can their needs be met in ways they can maintain over time?
- What preparation (pre-service) or training (in-service) is available and how accessible is it?

Answers to these questions will be invaluable to you in designing and carrying out management systems–strengthening work. Your job is to make sure that the human element is not left to chance.

Interventions to build stronger health systems

Although everyone recognizes that improving health systems is an important aspect of making health services more responsive and more effective, people do not always agree about which interventions will produce these results. As you make changes, you may want to do so in ways that bring people together rather than pull them apart, but it may be unclear how to achieve this secondary goal.

You can begin by recognizing that, at any level, all management systems have a few characteristics in common, some of which can undermine health systems strengthening if you do not understand and counterbalance them. Management systems convert the materials and resources needed to carry out an implementation plan (“inputs,” such as money, equipment, staff time, and expertise) into activities (“outputs,” such as training programs, information, or behavior change communications). Systems often embody specialized knowledge and expertise that make it easy to (mistakenly) draw a boundary around each one.

Experts have a tendency to consider “their” management system not only as capable of standing alone but also as central to health systems–strengthening work, thereby fragmenting the larger health system. In addition, some people approach systems strengthening as a repair job. But the notion of “fixing” the health system suggests something mechanical, as if strengthening were a matter of replacing broken pieces or reconnecting pipes. The assumption is that if you can “fix” a particular management system, such as the health information or human resource management system, the overall health system will perform better.

In countries all over the world, this assumption has turned out to be incorrect. A “fix” may resolve a particular problem, but if the underlying issues remain, new problems are likely to arise. Strengthening health systems takes time and careful thought. It brings into play all the management and leadership practices you will learn about in Chapter 2 of this handbook.

The role of management systems in health systems strengthening

Robust management systems make routine transactions systematic, replicable, consistent, and complete. Critical information is well documented so that the system does not rely on the knowledge of individuals, who can come and go, and maintenance is continuous so that the system remains responsive and up to date.

MANAGEMENT SYSTEMS ARE RUN BY PEOPLE— AND PEOPLE ACT IN A CONTEXT

Health care managers and providers in facilities, ministries, and nongovernmental and civil society organizations have to operate and sustain management systems and service delivery after the technical experts leave. As a health manager in Nicaragua said some years ago, “Now we have put in the systems, but we have no one to run them.” Kenya’s Ministry of Health, in its *National Health Sector Strategic Plan II 2005–10*, reached the same conclusion: “People make service delivery and support systems happen.” The report also noted that “effective leaders and managers in health are the foundation for the success of *Vision 2030*.”

Cultural or organizational factors, if not addressed, can undermine the ability of people to use a system successfully. For example, the design of a nationwide training curriculum for community health workers might require a literacy level above what exists in many rural areas. If the curriculum developers fail to scan the environment and gather information on the potential trainees, a much-needed human resource improvement could fail. With better information, the developers would know to create a parallel curriculum for workers with limited ability to read and write.

MANAGEMENT SYSTEMS ARE CONNECTED

As these examples illustrate, the health system relies on overlapping and interconnected management systems and subsystems. Changes in one system can trigger changes in another system—changes that might go undetected until they cause trouble. For example, moving an organization’s financial management system onto computers might mean that financial reports take less time to prepare and, therefore, might lead to new responsibilities for staff or perhaps a reduction in accounting staff. In this instance, the human resource management system needs to be fully aligned to support the changes in the financial management system.

As described in Chapter 10 of this handbook, the service delivery point is where a country’s health system meets its beneficiaries—where clients and providers interact. Every service delivery point—whether a community-based health post or a tertiary hospital in the capital city—has its own systems, which can range from sophisticated databases to simple paper-and-pencil checklists. In a well-functioning health system, the various management systems and subsystems are connected and integrated so as to provide the best possible health services to all the intended beneficiaries of those services.

This interdependence of higher- and lower-level systems has real consequences for fulfilling the purpose of the overall health system. If a functional system is changed or divided, or parts of it are removed, it will not simply become smaller or less complex. It is more likely to become defective and fail to perform (Colindres 2007, p. 39). This is the risk of working on one component of the health system without awareness of or concern for the larger context in which services are provided.

For a while, this might seem sensible, because delivery of services can move faster. But in the long run, such uneven development will benefit some management systems to the detriment of others and foster imbalances and inequities that can disturb the functioning of the entire health system.

Proven practices

- Recognizing that no system can operate without skilled and motivated staff, you should always put people first when designing, modifying, or improving a health management system. Recognize, support, and reward the staff members who take on the management and leadership roles that make the health system work every day, at every level.
- Rather than depending on outside experts to “fix” things, arrange for managers and providers to work side-by-side as partners with technical experts. This will build the ability and confidence of the people who will operate and sustain management systems and deliver services when the experts are gone.
- Keep management systems as practical as possible: overly complicated management systems usually cannot be sustained when external support is withdrawn.
- Use the Framework for People-Centered Health Systems Strengthening to help your staff understand how each management system strengthens and supports others and how all the systems work together to allow your organization to fulfill its mission.

Glossary of health systems terms

fully functional health system: A point at which the various management systems and subsystems are connected and integrated so as to provide the best possible health services to all the intended beneficiaries of those services.

health system: The expertise, structure, and organization that make possible the delivery of health services nationwide, comprising leadership and governance; human resources for health; financial management; health information; management of medicines; and health service delivery.

management systems: The various components of the overall health system that managers use to plan, organize, and keep track of resources.

service delivery point: The physical location (for example, health center or hospital) or other place of interaction (for example, the Internet or printed materials) where health care providers and clients interact and the benefits of a service are made accessible and usable.

subsystems: The smaller systems that are nested within each management system and contribute to its effectiveness.

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