

MANAGERIAL TRAINING FOR MIDDLE-LEVEL HEALTH
ADMINISTRATIVE PERSONNEL

Discussion paper prepared by Dr. Calvin H. Sinnette*

As we approach the end of this first month in the penultimate decade of the twentieth century, it is altogether fitting that we are meeting to consider the special health problems of smaller states and to discuss methods which can be utilised to alleviate or resolve those problems. Criticism, as many of you are aware, has been expressed in a number of quarters regarding the 1978 Declaration of Alma Ata which states, inter alia, that "a main social target of governments ... should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life." Without entering into that debate, it appears most unlikely that smaller states will achieve this "main social target" by the beginning of the next century unless special attention is given to their unique problems.

It has been my experience that the confluence of issues arising out of seemingly isolated and unrelated circumstances often play a significant role in focusing attention on a particular question. No better example can be cited than a series of recent events which provided the background for this paper. In September, while I was on a month-long trip, a senior official in the health ministry of a small African country spent nearly an hour with me venting his dissatisfaction and frustration with the performance of intermediate staff within his ministry. Shortly after my return from Africa, I received a copy of a report in which Caribbean Health Ministers voiced concern about the management of health services in that region. Some four weeks later, during informal discussions, a member of an international health organisation commented on the weak technical leadership in certain Latin American and Caribbean health ministries. Finally, in late November, a mere three months after having set out on my African trip, I received the provisional agenda for this meeting; an agenda containing many items relating to deficiencies in health administration. Call it serendipity, coincidence or what you will, what strikes me as particularly pertinent to this meeting is the emergence of the same set of issues from different parts of the developing world within such a short span of time.

It is not my intention to contemplate the metaphysical aspects of happenstance, nor is it to suggest that what I have just described should come as a surprise to anyone around this table. The problem of an ineffective administrative infrastructure is not confined to the health sector or to smaller states. Nor, I hasten to add, is it only encountered in the so-called developing countries. To some degree, it is a world-wide phenomenon crossing both public and private sub-divisions of society. For the smaller states with limited natural and human resources,

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however, the problem takes on added importance. If the situation is as serious as I have suggested, a logical next question is: "Do those entrusted with the responsibility of providing adequate health services perceive an urgent need for remedial action?"

One indication of the level of concern administrative deficiencies have received may be obtained from the Caribbean report to which reference was made earlier and to which I would like to return. In July 1978, a resolution was adopted at the conference of Ministers Responsible for Health, holding its fourth meeting in St. Lucia, West Indies, which reads in part; "In determining priorities for the Caribbean, we have adopted as our criteria (a) the magnitude of a given problem; (b) its social and economic importance; and (c) its susceptibility to preventive and remedial measures." The resolution then goes on to state, "Applying these criteria, we have arrived at the following determination of the priorities: (1) The more dynamic and creative management of the health services." (italics mine).

Although it is not stated explicitly that the priorities are listed in rank order, I think it is safe to assume that they consider the problem of inadequacies in health services management to be of the greatest magnitude, to have the most important social and economic significance, and to be the most susceptible to preventive and remedial measures. One may have reservations about the criteria that were chosen but there seems to be little doubt that, in at least one part of the world, the highest government health officials regard it as a problem in need of prompt attention.

Staff performance is, of course, influenced by many factors, none of which should be under-estimated. They range from the qualifications of recruited personnel to the ever-present "brain drain"; from senior level supervision to opportunities for career advancement; from the intangible element of motivation to the concrete issue of sick leave. Important as these matters may be, they are peripheral to the more central issue of technical competence. Without a real grasp of the overall process in which they are involved, middle-level health administrative personnel too often function as alienated automatons. They frequently are unaware of the meaning of procedures such as operations research or inventory control because of their diverse educational backgrounds and varied levels of formal education. For many of them, the role of certain international or regional health agencies is shrouded in a cloak of mystery.

To correct these and other shortcomings in administrative proficiency, a training programme is proposed which would be sufficiently broad in scope to achieve three major objectives:

- (i) to provide information on the important health problems within a specific country or region and to indicate those activities which are in progress to address those problems;
- (ii) to expose all participants to the basic principles of health services administration and planning;

- (iii) to equip middle-level managers with the necessary vocabulary and technical skills to function effectively in their job assignments.

A prototype curriculum is appended to this paper, and without going into the details of course content I would like to point out that the greatest amount of time should be allocated to health services administration. Although I do not hold strong views on the criteria for selection of candidates to the programme, it seems reasonable to suggest that personnel employed in ministry headquarters should be given the highest priority. It is this group, located at the physical hub of national health activities, who are likely to influence the behaviour and attitudes not only of their immediate subordinates but of their counterparts in the periphery as well. The long-range goal, of course, is to provide managerial training to all middle-level health administrative personnel and to establish a system for providing periodic refresher training.

I have purposely avoided discussion of instructional pedagogy. It is a matter beyond my competence and probably is worth a seminar in and of itself. Suffice it to say that details such as refinements in curriculum design, instructional methods and the choice of suitable reference materials should be worked out with recognised authorities in the field. As a former department chairman who has had to engage in combat with colleagues in other disciplines for adequate teaching time in the academic calendar, I have no difficulty in insisting that the required portion of the training programme be taught in not less than nine months. One recognises that financial and other considerations may make it difficult for governments to permit personnel to be away for this length of time. Nevertheless, a strong case can be made to persuade governments that their health interests will be best served investing in the programme for the proposed period.

It might be helpful at this point to comment briefly on the field observations section of the curriculum. This optional two-to three-months period is designed to follow the phase of didactic instruction. Its purpose is to provide students with an opportunity to observe health administrative activities in settings similar to their own. If arrangements can be made, it could also serve to permit observations of a contrasting system of health care.

In his letter of invitation to this meeting, Professor Stuart indicated that approaches to solutions of the health problems of smaller states "would have a strong regional flavour". I wholeheartedly concur with this, as well as with a later statement in the same letter pointing to the fact that for smaller states to benefit from proposed solutions there is no alternative to regional cooperation. Despite the sometimes unfathomable behaviour of politicians, I still prefer to believe that the governments of smaller states would realise the wisdom of participating in a regional managerial training programme and eschew attempts to mount similar efforts locally.

In conclusion, permit me to add a note of caution. It would require an extraordinary act of faith to believe that a training

programme such as has been proposed will create an administrative Utopia for senior health officials. It will not lessen the demands for salary increases - it may aggravate them! Nor does it guarantee improvement in the performance of typists, messengers or drivers; all of whom are vital cogs in the machinery of health delivery. Nonetheless, if one has to choose a place to intervene in the dismal cycle of administrative malaise afflicting the health apparatus of smaller states, I cannot conceive of a better starting point than with middle-level administrative personnel.

PROTOTYPE CURRICULUM

I. INTRODUCTION TO INTERNATIONAL HEALTH

1. Major health problems and current health issues in the developing world with special reference to the health problems of island developing and specially disadvantaged countries.
2. Relationship of health to national development.
3. Role of international, regional and private voluntary health organisations.

II. BASIC PRINCIPLES OF HEALTH SERVICES ADMINISTRATION AND PLANNING

1. Demography, vital statistics and epidemiology
2. Health care budgeting and financing.
3. Personnel, data and facilities management.
4. Computerisation: benefits and limitations.
5. Communication and transportation logistics.
6. Systems analysis.
7. Comparative health systems including traditional health systems.
8. Organisational development and behaviour.

III. SPECIAL HEALTH PROGRAMMES

1. Maternal and child health.
2. Nutrition.
3. Health education/promotion.
4. Family planning.
5. Communicable disease control.
6. Mental health.
7. Environmental health.

IV. SPECIALISED SKILLS DEVELOPMENT

1. Preparation of manuals, job descriptions, etc.
2. Conference planning.
3. Community organisation.

V. FIELD OBSERVATIONS - Optional