Reading

THE CHALLENGE OF
IMPLEMENTATION

District Health Systems for Primary Health Care

World Health Organization
What is this paper about?

This paper is concerned with the promotion of district health systems based on Primary Health Care. It reviews some of the key problems confronting the district, and describes the innovative and promising strategies that have been developed in a number of countries to address these problems. Its basic premise is that, to implement the visions of Alma Ata, we need to re-orient, re-organize and strengthen district health systems.

District health systems are not a new idea. Decentralization and central control have long been important political and organizational issues and strategies. Management of health services for defined geographical areas from regional, provincial or district centres has been a common feature of most health systems in developing and developed countries alike. What we are advocating here and now is a renewed effort to implement Primary Health Care and to strengthen the intermediate level in order to support and invigorate this effort. To succeed, Primary Health Care must have as its cornerstone a clear and firm national policy, and unwavering support from the top. But its full realization depends critically on the people in the district who are charged with the management and implementation of PHC strategies. It is in the district where top down and bottom up meet, if they are to meet at all.

The district provides an excellent organizational framework within which to introduce changes in the health system. At this level, policies, plans and practical realities can meet, and feasible solutions can be developed, provided that human and material resources are made available and sufficient authority is delegated.

Throughout this document, we address members of national authorities concerned with health systems management and delivery; people responsible for other sectors that are important for health, such as agriculture, education, environment and planning; regional and district health managers; donor agencies; and colleagues within WHO and other international agencies.

We hope that the paper will
- inspire supportive action for strengthening districts from national and regional levels;
- promote efforts to improve performance at the district level;
- guide strategy development and implementation planning;
- stimulate an increase in bilateral and multilateral funding for district development; and
- demonstrate WHO’s interest and willingness to assist and support these efforts.

How is the paper organized?

This document builds on the background paper and on the report of the Inter-Regional Meeting on Strengthening District Health Systems based on Primary Health Care held in Harare in August 1987. In Part A, we first present a description of the district health system and its major elements. This is followed by a brief discussion of the essential preconditions that need to be in place for effective district health systems to develop and thrive.

Part B contains five chapters, one on each of the major elements of the district health system. We have called these major elements 'pillars', emphasizing their interdependent role as building blocks and structural support. They cover organization, planning and management; resource allocation and financing; intersectoral action; community involvement; and development of human resources.

The country experiences presented in these five chapters are an integral part of the text and form the core of the paper. Each of these chapters is organized according to a common format: Following a brief description of the pillar under review, some key problems are identified. We then explore issues arising from these problems and review the developments made in a number of countries in response to these issues. Specific attention is given to the practical steps that can be and have been taken so that others may learn, and adopt and adapt these strategies to their own circumstances. Each chapter ends with a set of conclusions about the problems and experiences presented.

In Part C, we draw together the conclusions and propose directions towards the formulation of a framework for action to guide both planners and implementers. The paper concludes by identifying a set of critical considerations that need to be addressed in the development, implementation and evaluation of any strategies adopted for strengthening district health systems based on Primary Health Care.
Part A
1. Objectives and Structure of the Paper (continued)

What are the limitations of the paper?

The pillars of the district health system described here have been identified over a long period of WHO involvement in many countries. They were used during the Inter-Regional Meeting on Strengthening District Health Systems in Harare in 1987, where they served as a useful framework for presenting issues and experiences. We have decided to maintain the same framework in this paper, although other classifications are, of course, possible.

We have not reviewed total country experiences of Primary Health Care development nor are we providing an historical analysis of the development of entire district health systems. Our approach has been to highlight specific aspects of district development rather than produce comprehensive cases.
What is a district health system?

The following definition of the district health system was adopted by the WHO Global Programme Committee in 1986:

'A district health system based on Primary Health Care is a more or less self-contained segment of the national health system. It comprises first and foremost a well-defined population, living within a clearly delineated administrative and geographical area, whether urban or rural. It includes all institutions and individuals providing health care in the district, whether governmental, social security, non-governmental, private, or traditional. A district health system, therefore, consists of a large variety of interrelated elements that contribute to health in homes, schools, work places, and communities, through the health and other related sectors. It includes self-care and all health care workers and facilities, up to and including the hospital at the first referral level and the appropriate laboratory, other diagnostic, and logistic support services. Its component elements need to be well coordinated by an officer assigned to this function in order to draw together all these elements and institutions into a fully comprehensive range of promotive, preventive, curative and rehabilitative health activities.'

Throughout this document, the term district is used in a generic sense to denote a clearly defined administrative area, which commonly has a population of between 50,000 and 500,000, where some form of local government or administration takes over many of the responsibilities from central government sectors or departments, and where a general hospital for referral support exists. The actual organization of district health systems obviously depends on the specific situation in each country and each district, including the administrative structure and personalities involved. Nevertheless, the general principles for developing such systems are based on the Declaration of Alma Ata and the Global Strategy for Health For All, and incorporate the following:

- equity
- accessibility
- emphasis on promotion and prevention
- intersectoral action
- community involvement
- decentralization
- integration of health programmes
- coordination of separate health activities.

Why focus on the district?

Ten years ago, the call for 'Health for All by the Year 2000' led to massive political commitment around the world to the Primary Health Care approach. National Primary Health Care plans were formulated. In many countries, the development of a cadre of community health workers, often volunteers, became the key strategy for involving the communities in improving the health of their people. However, as more and more countries progress from the stage of formulation of national policies and plans for Health for All to their implementation, it is becoming apparent that the capability to plan and manage at the district level is weak and has hitherto not received adequate attention in the development of national Primary Health Care strategies.

Considerable progress has been made in extending coverage and in implementing selected programmes, most notably immunization. But in many countries, the situation is still characterized by a strong emphasis on medical services. The promotion of healthy practices and prevention of disease in the communities continues to receive considerably less emphasis than the care of sick individuals seeking help at health institutions. In the districts, epidemiological methods are rarely used to assess health status in the population and identify priority problems and vulnerable groups. The health sector remains a weak actor in the coordination of health-related activities within sectors such as agriculture, water development and education. Many of these weaknesses point to the need to strengthen capacity and capability in the districts for achieving Primary Health Care.

While we believe that the need for focusing on the district has become widely accepted, it is important to restate the reasons for, and the urgency of, this emphasis.
The district is the most appropriate level for coordinating top-down and bottom-up planning; for organizing community involvement in planning and implementation; and for improving the coordination of government and private health care. It is close enough to communities for problems and constraints at community level to be understood. Many key development sectors are represented at this level, thus facilitating intersectoral cooperation and the management of services across a broad front.

Country experiences show that health workers operating within and from their health posts and health centres cannot function in a sustained and purposeful manner without support. The most appropriate level from which to organize and provide that support is the district.

What are the key aspects?

In reviewing the district health system, we need to consider districts' vertical relationships with higher management levels, their horizontal relationships with local departments of other ministries, between different health programmes, and their external relationships with the communities and organizations they serve. It is, therefore, important to differentiate between district systems and the district level. District systems refer to the entirety of the district covering all elements and thus, all levels. The district level refers to the managerial stratum usually placed in the district capital that is hierarchically located between the national and regional or provincial levels and the communities. This level is also often referred to as the intermediate level.

The scope of the management responsibilities at the district level will depend to a considerable extent on the way political and executive authority is distributed, on the degree of decentralization that has taken place, and on the availability of qualified manpower.

As the responsibility and authority for promoting, implementing and supporting Primary Health Care becomes part of the district operation, close attention will need to be paid to those aspects which can be regarded as the main pillars of the district health system. These are:

- organization, planning and management
- financing and resource allocation
- intersectoral action
- community involvement
- development of human resources.

Organization, planning and management refers to the organizational structure and the managerial process for establishing Primary Health Care. This is a broad subject area and covers the roles, goals and responsibilities of different organizations and units in the district, programme planning, manpower planning, health and management information, monitoring and evaluation, coordination of programmes and activities within the health sector and with other non-governmental, private and community health organizations and agents, and the provision of drugs, supplies and transport. The development of systems and procedures, and their adaptation to the changing role of the district, are essential functions of management. Action research provides the means for finding practical solutions to operational problems and is, therefore, an essential ingredient in the development of strategies and plans, and in monitoring and evaluating the cost and the effectiveness of different interventions and activities.

Financing and resource allocation are part of planning and management. They are addressed separately to denote their key role in developing and sustaining health services. They are highlighted to draw attention to the need for the district to take an active role in resource allocation decisions, identification of sources of financing and development of useful financial information systems.

Intersectoral action in the district concerns the promotion and coordination of different sectors' contributions to health and improvement of the quality of life. It covers environmental changes, such as clean water, improved sanitation and housing, better food supplies and the raising of income and educational levels as means of improving health. Achieving equity and reaching vulnerable groups are critical issues that require intersectoral perspectives and collaboration.

Community involvement addresses itself to the task of mobilization, putting in motion a widespread process of collective organization and involvement which leads to increased human and material resources at the local level being channeled into development efforts. It seeks to create support
mechanisms in order to establish the preconditions for full participation and to clear the way for the required changes. It is also concerned with community health workers and with other change agents in the community.

Development of human resources for district health systems based on Primary Health Care requires a comprehensive manpower policy for the entire system, from the definition of manpower needs through basic training orientation, career development and working conditions. In the district, human resource development is concerned with the provision of relevant in-service training and support and supervision, and the re-orientation of health workers based on competency profiles rather than on outdated duty schedules. It seeks to narrow the gap between managing and training for Primary Health Care, and to develop procedures, methodologies and materials that fit the requirements of the district.

The next chapter considers preconditions for district development that need to be addressed at the national level.
Part C
Towards a Framework for Action

In the last part of this paper, we use our conclusions from the preceding chapters to propose directions towards the formulation of a framework for action to guide both planners and implementers. These directions are congruent with and build on the recommendations that are recorded in the Harare Declaration of August 1987.

We also propose a set of critical considerations that need to be addressed in the development, implementation and evaluation of any strategies adopted for strengthening district health systems based on Primary Health Care.

**Directions for Strengthening District Health Systems**

**Decentralization and National Support**

National governments need to adopt policies that support the development of district health systems; allowing flexibility for local action while ensuring equity between districts.

Ministries of health need to develop broad guidelines that specify the roles and responsibilities of the centre, the region and the district. These guidelines should then be reviewed regularly to allow modification on the basis of lessons learned in the implementation of district health systems.

Districts should be given sufficient authority to enable them to manage financial and human resources allocated to and raised by them, within a national policy framework but responsive to local needs and conditions.

**Organization, Planning and Management**

Districts need to develop a planning process to define objectives and set targets with emphasis on those families and communities most at risk.

Roles, goals and procedures need to be reviewed and adopted by district health teams. A participatory managerial style that facilitates a free flow of information from all directions will enhance this process.

The role and functioning of district hospitals in the context of Primary Health Care should be reviewed and redefined, and hospital staff oriented accordingly.

District health information systems need to be developed to provide data for monitoring health problems and resource utilization. Emphasis should be placed on decision-linked information that will be used in the district for the district.

Problem-oriented action research needs to become an integral part of district health management; to carry out situation analyses, field studies on operational problems, and evaluations of district health activities and programmes.

**Resource Allocation and Finance**

Financial planning and management needs to be strengthened to provide reliable information for the review of the cost and effectiveness of health activities and outputs, leading to improved use of available limited resources.

Resource allocation priorities need to be reviewed and adjusted in accordance with stated Primary Health Care objectives, both at national and at district levels.

Options for financing health services in addition to traditional central and local government funding need to be considered and implemented. Resources can be mobilized through user charges, social security and pre-paid schemes. Better use needs to be made of resources available from communities and non-governmental groups.
Part C
Towards a Framework for Action (continued)

Intersectoral Action

National governments and district administrations need to create mechanisms to give health concerns higher priority on the agenda of district development and assist each sector to define its role in health activities.

Community Involvement

Education, orientation and training for community involvement should be directed at decision-makers and professional staff; community level health workers; and community leaders.

National governments need to demonstrate the political will to support community involvement in health and to promote self-reliance by strengthening the knowledge and skills of communities for solving health and development problems.

Development of Human Resources

Districts need to take an active role in determining training and staff development strategies and schedules. Review of learning needs and coordination of training inputs, particularly from vertical programmes, should become a routine part of district health management.

Continuing education for rural health workers needs to move from the current emphasis on workshops and seminars to training in the workplace through supportive supervision.

District leadership for Primary Health Care should be developed through orientation, training and continuing education of key individuals.

Strategies of Action

To pursue these directions, we need to choose the most appropriate and effective methods of action. To a large extent, possible technical solutions have been provided in the country experiences presented in this paper, and are contained within the recommended directions. At the country level we have advocated

* policy action
* action research
* management systems review and development
* activity-based learning
* leadership training.

In order to stimulate and sustain action at the country level, we are further advocating that at the international level the most urgently needed support be effected through

* mobilizing resources for strengthening district health systems
* facilitating exchange of information about district development.

Towards that end, WHO has given its pledge at Harare to support

research and development in selected districts across the world
country-wide action for district development
promotion, training and information exchange for district health systems
mobilization of additional human, technical and financial resources for the district.

As countries gain experience in implementing the proposed and other strategies for strengthening districts, WHO will assist in documenting these country experiences so that countries may learn from each other. Such analyses will include not only details of the technical solutions, but examine the processes by which change has been initiated and review the context within which it has been possible to successfully implement and sustain the results of these strategies.
Part C
Towards a Framework for Action (continued)

Five Critical Considerations

Finally, with action becoming more focused on the district, we suggest that there are five critical considerations that all countries and donors need to take into account so that the district can become and remain a viable entity for managing and implementing Primary Health Care. These are:

1. Experimentation and Learning
The willingness and ability of health systems to learn from experience is a critical factor in the implementation of the complex set of ideas and elements that is Primary Health Care. The development and strengthening of district health systems based on Primary Health Care is at an early stage. In this situation, the conventional ‘blueprint’ approach to development in which all components of a strategy are planned in detail and then followed rigidly during implementation, is not satisfactory. There is instead a need to explore innovative strategies and to analyse what lessons are emerging as these strategies are being implemented. The planning of interventions needs to become an ongoing process in which there is plenty of room for revising, adapting and refining the plans as implementation progresses. It is becoming increasingly evident that the most innovative and successful initiatives have been developed in the spirit of experimentation and learning over extended periods of time.

2. Sustainability
Another principle concerns the long-term sustainability of solutions and with it the methods for institutionalizing capabilities required to implement them. Some of the solutions adopted in the past have proved effective in the short run but require never-ending external inputs to sustain the results. Institution-building and development of the people that need to carry on long after the initial project framework is dissolved are essential ingredients of any viable strategy. This may mean forfeiting apparently speedy solutions for the sake of building up potentially self-reliant systems.

3. Replication and Expansion
As we advocate experimentation in pilot districts, model districts, demonstration districts, 'phasing-in' districts, or 'development areas', the question of replicability is yet another concern. There is no shortage of interesting small-scale pilot projects that have never been implemented on a national scale. There are many reasons for this: either the required recurrent resources were not available, or the project was not adequately monitored and the applicability of the results and findings for wider application was not obvious, or the project was ‘owned’ by an external agency that did not create the political will to adopt the demonstrated strategy, however successful. What will work, adapt and endure will differ according to the circumstances, but in each instance, clear decisions have to be made about the amount of additional resources used during the trial of innovative approaches.

4. Systems and People Development
Another important principle in paving the way for the development of effective district health systems is that structural reform as well as additional skills are required. Addressing the development of both systems and people is critical because attitudes and practices are not likely to change in a lasting way unless changes in the working environment and in the management system are effected as well.

5. System-Wide and Systems-Based Change
As we describe and analyse the components of the district health system and the interventions that may help to strengthen them, it is evident that each of these components (or sub-systems) is related to all the others. Although any one of them can serve as an entry point for introducing change, it is system-wide change that is usually needed to strengthen the performance of the district and to promote health. Changes in one part of the system may also have positive effects on another part of the system, but they may equally cause the kind of change that is not intended, wanted or needed. Therefore, we must be prepared to carefully monitor and deal with all aspects of the district health system.