Human Resources for Health Observer
Issue nº 1

Who are health managers ?

Case studies from three African countries

World Health Organization
gtz Disease Control and Health Promotion
Federal Ministry for Economic Cooperation and Development

WHO Library Cataloguing-in-Publication Data

Who are health managers?
Case studies from three African countries.

1. Health personnel - utilization. 2. Health services administration. 3. Ethiopia. 4. Ghana. 5. United Republic of Tanzania. 6. Case reports. I. World Health Organization. Dept. of Human Resources for Health

ISBN 978 92 4 159806 4
(NLM classification: W 84)

This study was co-funded by the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ). The views and ideas expressed herein are those of the authors and do not necessarily imply or reflect the opinion of the GTZ, the BMZ or the World Health Organization.

Printed in Switzerland

Acknowledgements

The study was a collaboration between the Human Resources for Health Management (HRH) Programme of WHO Regional Office for Africa and WHO headquarters (Department of Human Resources for Health and Department of Health System Governance and Service Delivery) as part of the work of the Africa Health Workforce Observatory.

The study was coordinated by Mario Dal Poz, Delanyo Dovlo, Gulin Gedik and Jennifer Nyoni. Habtamu Argaw (Ethiopia), James Antwi and Selassi D'Almeida (Ghana) and Martins Ovberedjo (the United Republic of Tanzania) contributed to the study by coordinating and compiling the case studies at country level.

Helen Lugina (East, Central and Southern Africa Health Community and Kayode Odusote (West African Health Organization) reviewed the document and their constructive comments are thankfully acknowledged.

The study was co-funded by the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) on behalf of German Federal Ministry for Economic Cooperation and Development (BMZ). Thanks go to Martina Metz, Head of Section Education, Health, Population Policy, BMZ, and Dr. Heide Richter-Airijoki, Head of the Sector Initiative Disease Control and Health Promotion, GTZ, for their invaluable support.

Acronyms

BMC	Budget and management centre
GHS	Ghana Health Service
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HRH	Human resources for health management
HRM	Human resource management
MDG	Millennium Development Goals
MOH	Ministry of Health
MPH	Master of Public Health
WHO	World Health Organization
WHO-AFRO	World Health Organization - Regional Office for Africa

Who are Health managers ?
Case studies from three African countries

Contents

List of figures and tables

Executive summary

Health managers are considered essential at both the strategic and operational levels of health systems. Health sector managers at central or national levels oversee the strategic direction of the sector as policy makers, managing overall resource allocation and monitoring policy targets and outcomes. At operational levels, managers are responsible for converting health systems input and resources such as finance, staff, supplies, equipment and infrastructure, into effective services that produce health results. A continuing emphasis on decentralization in developing countries makes the need for managers with the right skills even more essential. However, health systems in developing countries lack data and information regarding health service managers. While most health workforce statistics record the availability of various cadres of health professionals, as currently structured, they do not provide information on the actual roles played by health professionals, many of whom play management and other roles in addition to their professional tasks. The managerial function is rarely a part of human resources for health management (HRH) development plans.

A rapid descriptive assessment was undertaken in three African countries, namely Ethiopia, Ghana, the United Republic of Tanzania (mainland and Zanzibar) to gain an initial understanding of the management workforce for service delivery in these countries and to test selected criteria for assessing managers as part of the health workforce. The study was approached using the WHO framework on leadership and management of health services that identifies four essential conditions for effective management in health systems. The framework proposes that effective management requires an adequate number of managers with appropriate competencies, working with effective support systems in an enabling organizational environment. The study focused on the first two conditions and was intended to help provide better knowledge and data on who the managers of health services are, what their main characteristics are and how they are deployed and utilized to achieve service delivery goals. This initial study focused on persons leading health units such as districts, hospitals, provinces/regions and national directorates. Other managerial staff such as accountants, logisticians and general administrators were not included.

A team consisting of WHO headquarters, WHO Regional Office for Africa and country staff designed the study. Local researchers in each country carried out the study which included desk reviews of each country's information and statistics related to managerst in the health sector. The information sources included policies, strategic plans, organizational structures, regulations, job descriptions and guides. In addition, key informants were interviewed, based on a sample of senior health managers at national and service delivery levels especially the department in charge of human resources for health at national level.

The term "manager" was not specifically defined in the countries reviewed, and key informants in each country were asked to provide some consensus definitions. In general, health managers were defined by the roles they play, for example as a district director, programme manager or as a hospital director. The combined data from Ghana, the United Republic of Tanzania shows managers ranged in age from 27 to 72 years, with most (46.4%) clustered in the 41 to 50 age group. However, another 40% were aged between 51 and 60 years. As official retirement ages ranged from 55 to 60 years, this has implications for upcoming retirements and the need for succession planning. The pre-retirement group accounts for approximately 30% of the total management workforce in Ghana, and 38% in the United Republic of Tanzania (mainland). There was a general male dominance in managerial posts with females accounting for less than 10% managers in the United Republic of Tanzania and approximately 25% in Ghana.

The backgrounds of managers in the three countries are quite varied. It is well known that managers in developing countries are usually clinicians with management as an additional role. The studies showed that health managers include professionals such as doctors, nurses, assistant medical officers, health administrators, pharmacists, health officers and clinical officers. Doctors formed the bulk of managers at national and provincial levels though there was considerable variation between the countries. For example, 68% of managers in the United Republic of Tanzania (mainland) are physicians. In Ghana, 62% of district directors are doctors but this ranges from 100% in urban districts to 33% in the rural north of the country. In Zanzibar, 83% of managers are doctors or assistant medical officers and only 6.6% are nurses. At district levels, assistant medical officers account for the majority of managers.

Every health system desires managers who are competent and have the knowledge, skills and demeanour to be effective. The definition of a "qualified manager" varies between the countries and what was accepted as a valid qualification does not necessarily include management. Indeed, many hospital managers for example were considered qualified on the basis of their clinical qualifications[1]. The United Republic of Tanzania (mainland) requires district managers to have a health professional qualification and an additional qualification in public health. Ethiopia has much the same requirement but the additional qualification can be in management. Ghana classifies managers into two categories, namely administrative and technical, both being health professionals with additional qualifications. Administrative managers such as district directors require a public health or management degree, while technical managers such as hospital directors simply require a clinical specialty qualification. In Ethiopia, 31% of all health sector managers are considered qualified but this drops to 10% at district (woreda) level, and to 32% at zonal level, vs. 88% and 83% at regional and federal levels, respectively. In the United Republic of Tanzania (mainland) 49% of all health sector managers are considered to have the requisite qualifications and in Ghana 54% of district directors and 36% of hospital heads are considered qualified.

While the study focused on who managers are and their qualifications, it also briefly examined other limiting factors in the working environment of managers, such as the lack of incentives and inadequate authority to perform their duties. The study looked more specifically at human resources management (HRM) support systems. Each country has national human resources directorates within the Ministry of Health (MOH), however, most of these are not considered to be adequately staffed and are not well represented at decentralized levels. At the district level, human resources (HR) systems are said to be weak in all the countries with a low level of HR information and HR decision-making occurring at this level. Decentralization of HR management has been initiated in all three countries. For example, some HR management functions have been decentralized to the regional level in Ghana and Ethiopia, but payroll management is still centralized in both countries. Managerial authority over staff is generally weak with ineffective discipline and performance management systems. In Ethiopia, the use of unqualified and poorly performing staff for personnel management at district level was identified as an issue.

The information from the study suggests a major lack of appreciation of this component of the health workforce and the catalytic role it can play in scaling up service delivery. More clarity is needed about the management workforce and closer attention should be paid to health managers in order to improve the performance of health systems. Country health systems need to identify critical management posts and generate information that will assist with planning for this essential cadre.

[1] The study accepted each country's own criteria for the definition of "qualified manager".

Introduction

Despite recent increases in development assistance for health, most low income countries are not progressing well towards achieving the health-related Millennium Development Goals (MDGs).(1) Weaknesses in general managerial capacity at all levels of health systems have been cited as one of the contributory factors to this failure in scaling up health services and achieving health goals.(2)

Improved availability of resources for scaling up health interventions cannot on its own achieve expected outcomes without effective and efficient management. Thus, managers at all levels of health systems are essential to a country's capacity to absorb and utilize resources efficiently and effectively.

During the 1990s many African countries undertook health sector reforms which addressed areas such as financing, cost effectiveness, decentralization and privatization. However, many of the reforms and resulting strategic plans do not appear to have adequately addressed operational management issues. Management and leadership issues also need to be addressed with planned strategies. Managers need to be ready to lead services towards attaining sector goals.

The WHO definition of a health services manager is someone who spends a substantial proportion of his/her time managing:

- the volume and coverage of services including planning, implementation and evaluation;
- resources such as staff, budgets, drugs, equipment, buildings and information;
- external relations and partners, including service users.(1)

However, very little information seems to exist in developing countries on who the health service managers are, what competencies they require and what roles and results are expected of them in service delivery. Often what exists tends to be about specific project management linked to specific disease programmes that neglect the generic management role.

This study was therefore initiated in order to get more field information on the above issues and aims to provide an overview of managers as part of the health workforce.

Case studies were undertaken in three countries in Africa, namely Ethiopia, Ghana and the United Republic of Tanzania, to explore the availability and training of health service managers, especially those at operational levels. In the United Republic of Tanzania, the study was carried out separately in both the mainland and Zanzibar. For the ease of reference, hereafter, mainland data is referred to as for the United Republic of Tanzania (mainland) and the parts specific to Zanzibar mentioned as such. This report presents a summary of the findings from the three country case studies.

The first part of the paper covers the objectives and rationale for the studies and discusses a WHO conceptual framework on which the analysis is based. The second part examines the context and background of the study countries and the factors that influenced their approach to health services management. The third part describes the study's methodology and the fourth part presents and discusses the key findings. The report concludes with a discussion of the practical implications of the management situation for the countries and makes recommendations.

1
Objectives and rationale

The case studies were aimed at eliciting broad information and knowledge on managers of health services, their location and main characteristics, as a means of helping to improve the planning processes for the management workforce in developing countries.

The broad objective was to assess the current status of the management workforce in the health sector of these countries, to provide a basis for comparative analysis and determine essential information types that can help in planning the training, recruitment, selection and deployment of managers.

For ease of comparison between countries, the case studies focused on managers that play specific roles as heads of certain levels of health services, in particular, heads of hospitals and health districts. Although multiple management and supervisory levels and personnel are found in health systems, it was decided to keep the focus of the case studies on the levels of management considered critical to overall service delivery.

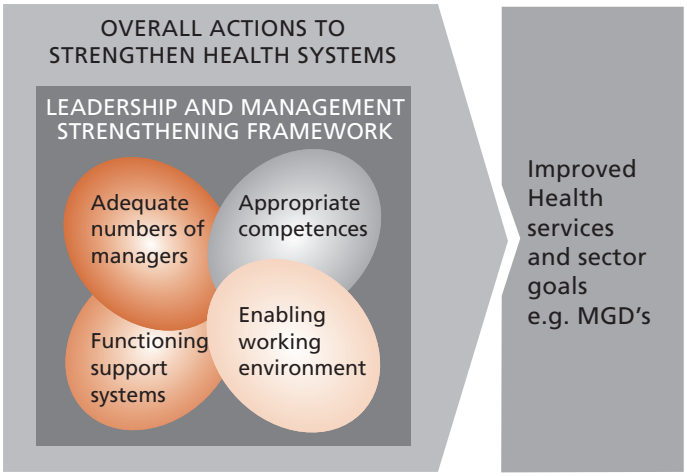
A conceptual framework

For the design and analysis of the studies, the WHO framework for strengthening leadership and management capacity was used.[2,3] This framework addresses the question of what conditions are necessary for good leadership and management, and asserts that good leadership and management requires a balance of four generic factors:

- an adequate number of managers are available at all levels of the health system
- managers have the appropriate competences
- critical management support systems are functional and effective
- the working environment enhances managers' performance.

The four conditions are closely inter-linked and have various areas of overlap, so management interventions need to be implemented in a coordinated way to get effective results. Assessing the extent to which these four conditions are fulfilled in any particular health system helps to expose gaps in management systems and to determine the kinds of interventions needed to improve management of services. The framework recognizes that activities to strengthen leadership and management are a means to the end of effective health services and should be integral to health systems. For the purposes of this study, the relevant aspects of the WHO framework were used to map the current situation of managers and to determine key issues that need to be considered in planning for an effective management cadre (Figure 1).

Fig. 1 LEADERSHIP AND MANAGEMENT IN HEALTH SYSTEMS



Source: Making Health Systems Work Series. Geneva, World Health Organization, 2007.

The case studies obtained basic essential information on the first two components of the framework which represents availability of management capacity. The primary concerns were to gather information on the availability and deployment of managers. This included data on the number and type of managers and their characteristics such as age, gender, and professional background, and information on the training and competencies of managers, including health manager qualifications accepted in each country and how these are acquired.

The other two components of the framework, namely support systems and working environment were not dealt with in detail but were touched upon where they relate to issues concerning the first two components.

---

[2] Towards better leadership and management in health. *Making Health Systems Work Series, Working Paper No. 10*. Geneva World Health Organization 2007. Available from: http://www.who.int/management/working_paper_10_en_opt.pdf

[3] *Building Leadership and Management Capacity in Health*. Geneva, World Health Organization, 2007. (WHO/HSS/OMH unpublished brochure).

2

Context and background in study countries

Much effort has been expended on improving health management capacity in developing countries but this activity appears not to have met expectations. Health systems performance is still considered very poor in many developing countries with poor management considered as a critical factor. The study countries, Ethiopia, Ghana, and the United Republic of Tanzania, are all developing countries in sub-Saharan Africa, which despite their similarities have many differences and variations in terms of how their health sectors operate. However, they have in common health sector reforms aimed at improving the coverage and quality of health services.

The health sectors in the three countries have a similar structure with a central/national headquarters level that works through provinces/regions, districts and sub-district levels to deliver health services (Table 1)[4].

Table 1. ORGANIZATION OF THE HEALTH SECTOR

COUNTRY	MANAGEMENT LEVELS	COMMENTS
Ethiopia	• Federal Ministry of Health (MOH) • Regional health bureaux • Zonal health offices • District (woreda) health offices • Health facilities (health centres, district, zonal and referral hospitals.	The federal MOH and regional bureaux are responsible for policies and guidelines. Senior managers heading federal level directorates oversee strategic direction of the sector, manage resource allocation and monitor policy implemen-tation. The sector aims to devolve more power to health facilities. However, the sector strategic plan lacks specific policies on management.
Ghana	• MOH • Ghana Health Service (GHS), other auto-nomous agencies and national hospitals • Regional health directorates with regional hospitals • District health directorates and district hospitals • Sub-district units, e.g., health centres, clinics.	The GHS and Teaching Hospitals (TH) Act 525(1996), focused MOH on policy formulation, sector monitoring and evaluation, resource mobilization/allocation and regulation of services. Authority for core service delivery was devolved to semi-autonomous MOH agencies created by the Act. Budget management centres (BMCs) are the basic management unit which have a budget and render defined services. BMCs at each level have a management team. The recent five-year sector strategy did not directly address management issues.
The United Republic of Tanzania (mainland)	• MOH and semi-autonomous national and regional hospitals • Regional local government health directorates • District council health units and district hospitals • Sub-district units, e.g., health centres, clinics.	The national MOH has responsibility for policy, regulation and standardization of health services. Service provision is decentralized to local government and regional and district health departments are under the Ministry of Regional Administration and Local Government. Autonomous regional and national hospitals are managed through boards of trustees.
Zanzibar	• National level (MOH)	The MOH is responsible for policy making but may have a