Topic 3. Towards An Integrated Paradigm for public health programmes

A hand out from the project on "Integrated management of public health programmes at district level"

This project was developed by incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual evolved covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaboarates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.

Developed by
Centre for Public Health and Equity, and its associates, for the Society for Community Health Awareness Research and Action, Bangalore.

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Facilitating Team

COORDINATOR AND KEY FACILITATOR

Dr. Ravi Narayan
Community Health Advisor
Centre for Public Health and Equity (CPHE) – Society for Community Health Awareness, Reasearch and Action (SOCHARA)- Bangalore

RESEARCH FELLOWS

Dr.Deepak Kumaraswamy
CPHE/SOCHARA- Bangalore

Dr.T.N. Satyanarayana
Indian Institute of Public Health- (IIPH) Hyderabad- Public Health Foundation of India (PHFI)

Dr. N.S. Prashanth
Karuna Trust/ Institute of Public Health- Bangalore

Dr.Giridhara R Babu
- IIPH, Hyderabad/PHFI
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Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **"Health For All"(HFA) vision** and the ***Millennium Development Goals(MDG's)***.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today's challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are adviced not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details **(*see CD accompanying the manua*l)**

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers ***(see list of contributors).***

This is ***a work in progress.*** The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to eveolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - ***a journey of strengthening district level public health management***.

Dr Ravi Narayan
SOCHARA-SOPHEA

3. Towards An Integrated Paradigm for public health programmes

3.1. Why Integrated Approach?

Public health, health systems and primary health care have always had an Integrated and comprehensive framework of understanding – viewing all the health problems that are faced by a community and population, in a integrated, comprehensive and holistic way. From time to time these problems and challenges have been quantified for magnitude of the problem and qualified for their seriousness or complexity, to help evolve a public health response to the problem. These responses can be through services, skills training and health promotion. Problems may be prioritized and the same may be tackled more intensively or in a more focused way based on the epidemiological realities but the public health lens is always integrated and comprehensive. It always sees the whole problem not just part of it.

In recent years however due to development of international health programmes and partnerships that focused on single diseases, single health problems or single health challenges- various selective, vertical and compartmentalized health programmes have distorted this integrated and comprehensive public health lens. Studies on such externally funded projects and their effects on the integration and sustainability of public health sytems have been reported in recent literature [1].

Public Health Managers nowadays often see themselves as TB programme managers, Malaria programme managers, HIV /AIDS programme managers/ MCH programme managers and more recently the managers of Non communicable disease programmes, rather than integrated public health managers. This manual takes a positive step towards countering this distortion and tries to promote the reality that all of us are and should be **integrated public health managers**. We must not lose this broader vision irrespective of the specific nature of our current duties.

3.2. The challenge of convergence of health programmes

A cross cutting theme of this manual is the need for promoting an integrated approach to health problems. In recent years, the selectivisation, verticalisation and compartmentalization of health programmes has resulted in the District Public Health Manager having to deal with a large number of disease or health related programmes as a series of vertical initiatives with

- their own framework of management;
- their own health management information system;
- their own protocols of monitoring and evaluation;
- their own components of health promotion and policy advocacy.

Apart from duplication of effort and resources this compartmentalization also distorts the health system, and disintegrates it into a series of competing programmes with divergent needs. The health team is confused, often overworked and often in a continuous frenzy of crises management. It has to constantly respond to varying demands of different programmes and competing events and resources. The public health system is therefore distorted and disintegrated

This manual suggests a more integrated and convergent paradigm of management to tackle this current dilemma. It must be emphasized at this stage, that the **Alma Ata Declaration** and the **Millennium Development Goals** do try and emphasise this comprehensive and integrated approach. In actual programme practice at all levels – international, regional, national, state and even district level, howevere, it is the selective – vertical approach that dominates. Most of this is facilitated by the demands of single health problem oriented programmes which are designed, managed, implemented and monitored by international health agencies.

While the Millennium Development Goals – all 8 taken together, are a good example of the integrated nature of health challenges which require multiple levels and focus of action, the MDGs rather than bringing about integrated approaches have further verticalised and compartmentalized public health systems. This itself is one of the key reasons why the performance vis-à-vis MDGs is so poor at most regions and levels.
To summarise therefore, **the Public Health Management approach in this manual is an Integrated and Comprehensive approach based on Primary Health Care and action on the Social Determinants of Health.**

3.3. Integrated strategies at district level

Integration and convergence of all the health problems in a district is eminently possible if the district public health system manager understands this imperative as a core policy strategy and skill and attempts to integrate at all levels as indicated below.

a) **Primary health Worker level;**
All primary health care workers extending health services to community and family level should be oriented to identifying all the common health problems at family / household level and providing necessary advise for further action and or preventive education.

b) **Centre level;**
All centres providing health care at all levels –from the community to the district level must be oriented to address all the common health challenges through routine history and investigation and provide suitable treatment, other forms of relevant care and advise.

c) **Follow-up level;**

All patients identified in the context of the common health challenges should be treated and followed up adequately to prevent further complications, emergence of drug resistance and the prevention of spread to family members and other contacts.

d) **Health promotion level;**

All health promotion activities at all level – schools, colleges, community level or during community events should include all the common health challenges in that specific district.

e) **Training programme level;**

Training programmes of all grades of health workers including in-house on the job training and continuing education training must include all the common health problems and must stress the need to find convergence and synergies in existing programmes / initiatives / events to address these problems through suitable promotive, preventive, curative and rehabilitative action .

f) **HMIS levels;**

All information for assessments of all the common health problems should be integrated, moving from separate registers and single problem monitoring systems, to a more integrated register and more composite and convergent monitoring systems. This convergence is particularly urgent and important at the level of health workers, who often in the current HMIS systems are being forced to maintain larger number of registers than really required.

This convergence of information will also help gradually to make all the health workers truly multipurpose workers. During community and family visits, each worker may be able to tackle more of the problems of the same family, saving time, effort and resources in the bargain. From the worker level point of view, this integrated approach will be more efficient and welcomed by both the workers and the community.

g) **Drugs/supplies level;**

Drugs and supply logistics and indenting at centre level and at district level will be greatly enhanced in its efficiency by this convergent approach. All drugs and vaccines, diagnostics, and health education materials can be indented procured, transported and distributed in this convergent way, reducing costs and time and effort of human resources, in their acquisition, deployment and distribution.

h) **Monitoring and Evaluation level;**

Monitoring and evaluation of the progress of all the programmes should be integrated in a convergent way. This will help to identify large cross cutting system failures or system lacunae and provide evidence and enthusiasm for system change, modification or new developments.

i) **Externalities management level;**
Dealing with 'externalities' in the programme planning and implementation of all these health problem can also be tackled in a more integrated way learning from each programme and building on convergent and cross cutting themes, problems and challenges . These externalities would include

- community monitoring;
- building local level partnerships to enhance outreach of the services;
- handling political interference;
- tackling leadership and governance problems;
- managing financial crisis;

All forms of system failure requiring crisis interventions can be more easily tackled through a integrated / convergent approach.

To summarise

- This integrated / convergent approach has been the sheet anchor of the comprehensive primary health care approach.
- if incorporated into the present –compartmentalized, verticalised and distorted public health system, it will be a major boost for efficiency, effectivity and impact.
- Integration is not only a management method but also, an attitude of mind – where the whole is not forgotten because of a focus on the part, i.e. the woods are not lost sight of because of the focus on the trees!

References:

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Further Reading

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2. Tarimo, E., The District Action programme: Joint action, in *Towards a Healthy District, organising and Managing District health Systems Based on Primary Health Care.* Geneva, World Health Organization, 1991.Pp 58-74.