



## Does Management Really Matter? And If so, to Who?

### Comment on “Management Matters: A Leverage Point for Health Systems Strengthening in Global Health”



Delanyo Dovlo\*

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#### \*Correspondence to:

Delanyo Dovlo

Email: [dovlod@gmail.com](mailto:dovlod@gmail.com)

#### Abstract

The editorial is commendable and I agree with many of the points raised. Management is an important aspect of health system strengthening which is often overlooked. In order to build the capacity of management, we need to consider other factors such as, the environment within which managers work, their numbers, support systems and distribution. Effective leadership is an issue which cannot be overemphasized as part of management capacity in resource deprived settings as difficult settings require leadership skills in order to achieve managerial success. A primary issue of importance highlighted in the editorial is country ownership of management effectiveness initiatives, which may be very difficult when the health sector is dependent on support and funding from donors and influential partners, who drive change often without a good understanding of the context. How partners finance health programmes is another dilemma as it can distract from locally determined priorities. Further research should help us to understand better what works and under different settings.

**Keywords:** Management, Leadership, Country Ownership

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The editorial is quite well-written and delivers the right core messages.<sup>1</sup> It has raised very important issues on a critical aspect of health systems functioning that has undermined health services performance especially in low-income settings – management; and I am in agreement. It should be clear to policy-makers that many countries that are not able to reach the Millennium Development Goals (MDGs), have major failings in management and in accountability for results. Improved management practices are strongly linked to the quality of a patient’s care and health work productivity<sup>2</sup> and should be regarded as an international priority.

The editorial raised several discussion points that are worth noting, particularly for policy-makers in developing low- and middle-income countries. While the three considerations of requisite core competencies, personnel targets for management capacity building, and strengthening research, supporting the role of management in improving health system performance, that the author puts forward to develop a robust field of global health management are useful; there is a need to examine closely the environment and context within which managers work, their numbers and distribution, as well as available support systems, because achieving the desired outcomes is unlikely when one factor is strengthened without the others.<sup>3</sup> In addition, we have to examine the impact of the aforementioned on the effectiveness of managers and even more importantly, on how to identify interventions that go beyond training and individuals’ capacity building.

It provides a good discussion on key competencies needed by health managers in order to strengthen health systems and in so doing to achieve local and global health goals. I agree

with the 8 core competencies proposed and may add “getting results” as a ninth. Again I would suggest that competencies can only be most effective if certain contextual processes and institutional arrangements allow for their operation particularly in developing and low-income countries (LICs). However, from the foregoing, the editorial tended to focus on training on managerial competencies and the content of such training. This paper brings several questions to mind, some of which have arisen during previous work done in World Health Organization (WHO)<sup>4-7</sup> on how to analyze and build management capacity in environments that have limited resources and often have fragile and weak governance systems. WHO developed a framework to assist LICs to assess their management capacity for service delivery.<sup>7</sup> This framework examined four areas for management capacity with the questions:

1. Who are the managers and are the units that need to be managed staffed with trained managers and support staff?
  2. What qualifications, training, and skills are required to be a manager and on what basis are managers selected and deployed? (This in situations where managers were often also health professionals).
  3. What are the incentives, motivators and sanctions that drive managers to perform and produce results and how are these measured?
  4. What in the work environment enables good management?
- One of the challenges faced is a need to define and establish the linkages in the managerial environment between “governance,” “leadership,” “administration,” and management. These are

different but in low-income settings, overlapping elements that must be coordinated and integrated as interventions towards obtaining results. I would also strongly suggest that for managers in fragile and low resources settings, having leadership skills is essential to being an effective manager; as the ability to initiate and maintain change in managerial practice lies in the existence or nonexistence of effective leadership.<sup>8-10</sup> Public health services, organizations, and systems in difficult circumstances cannot be changed without leadership and management as both of them have important roles to play and are always needed to complement one another.

I would like to emphasize the need for effective leadership and a manager who does not have leadership attributes when assigning tasks would put the organisation in jeopardy.<sup>11</sup> In stable working environments, strong management alone would work well but when dealing with environments that require major change, then what may be required to succeed are strong leadership with some management.<sup>12</sup> Even though leadership and management are similar in that they both involve working and moving people towards the accomplishment of certain goals, the two concepts are also different as they both employ different process and methods to achieve their goals.<sup>13</sup>

The issue of local ownership of management development and capacity building as highlighted in the editorial is crucial. It is particularly important as the incentives that drive managers may come more directly from donors and partners investing in health systems and this may reduce their obligation to the poor communities their services are meant to serve. We can reduce this if the targets and results expected of managerial interventions incorporate responsiveness to communities and their needs. Indeed managers in developing country situations should have some freedom to innovate and discover new ways of getting to results.

Another dilemma in low resource settings is the likelihood that coordinated management is undermined by the fragmented way in which partners finance health programmes reducing a district manager's ability to assert local priorities. However, in order to get the right partner investments into management in LICs, faces a number of challenges. For example:

- It is still a challenge to show that good management can save lives and quantify the results. We need to know how to measure managerial results including both process and impact results.
- How can governance and management systems be made accountable for health results?

In personal experiences as a district and regional medical officer in Ghana, it was important that district health management teams prepare management development work/action plans in addition to the technical services and program plans and monitor these regularly. We also utilized a practical problem solving approach to analyze management bottlenecks and devise means to overcome them.

While the editorial stated that the roles of middle managers are to be targeted for management capacity building, and yes, middle managers have been shown to be deeply committed and highly motivated,<sup>14</sup> mediate and shape strategic change,<sup>15</sup> and bring about performance improvement<sup>16</sup>; this seems to trivialize the essence of the editorial itself and thus I would

argue that building the capacity of managers at all levels should be the target. Management should be understood in terms of the complementarity of its operations at various levels, eg; top management and policy levels; middle management and supervisory levels and operations and service delivery level and each of these needs to be functional and complementary for management to make an impact.

Another aspect in building management capacity that needs to be considered seriously, is how new mobile technology and e-Health tools can facilitate and improve health management. There appears to be a lot of experimentation and possibilities in this respect.<sup>17-22</sup> I like the idea suggesting that management development should not rely on technical expertise from regular health sector partners but to work with other organizations such as private sector organizations and economics and management experts. This is particularly important for developing effective management processes and articulating SMART targets and results that link health inputs to expected results. There still remains indeed a huge need for more rigorous studies in developing countries to gain clearer evidence of what works and under what conditions, but also how we can successfully scale up management capacity. The push for universal health coverage as part of the sustainable development goals (SDGs) will again mean competent managers and management capacity will be critical to achieving health goals. But are we ready?

A major need will be to assist institutions existing in developing countries to build capacities to support and monitor management development processes over the long term, as clearly, these capacities are not obtained and then retained on the back of a single or short-term training program.

Finally, I agree very much with authors' suggestion that management development takes time and the investments – tools, techniques, technical support, coaching, and mentoring – require some detailed thought and preparation; but I ask the following questions: How do we know if investing in management for health is effective? Can the authors suggest tools and processes to readily measure management effectiveness in both short and long term scenarios? Does health need a management confidence test or index? How do we know if the investments proposed for improving management capacity produces results? As we again scale up support to health systems as part of the SDGs, we shall need to understand that investments in management will be crucial to their success.

#### Ethical issues

Not applicable.

#### Competing interests

The author declares that he has no competing interests.

#### Author's contribution

DD is the single author of the manuscript.

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