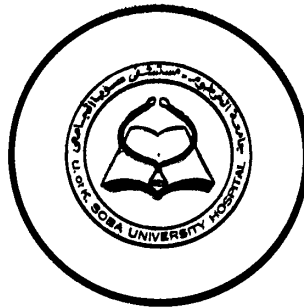


Archives

To
FACULTY OF MEDICINE
UNIVERSITY OF KHARTOUM
and
SOBA UNIVERSITY HOSPITAL



SECOND REPORT
on
UNIVERSITY HOSPITAL ADMINISTRATION
with particular reference to
MANAGEMENT TRAINING

by **Ⓜ**

WG Cannon MA FFA

Director
King's Fund Centre

March
1979

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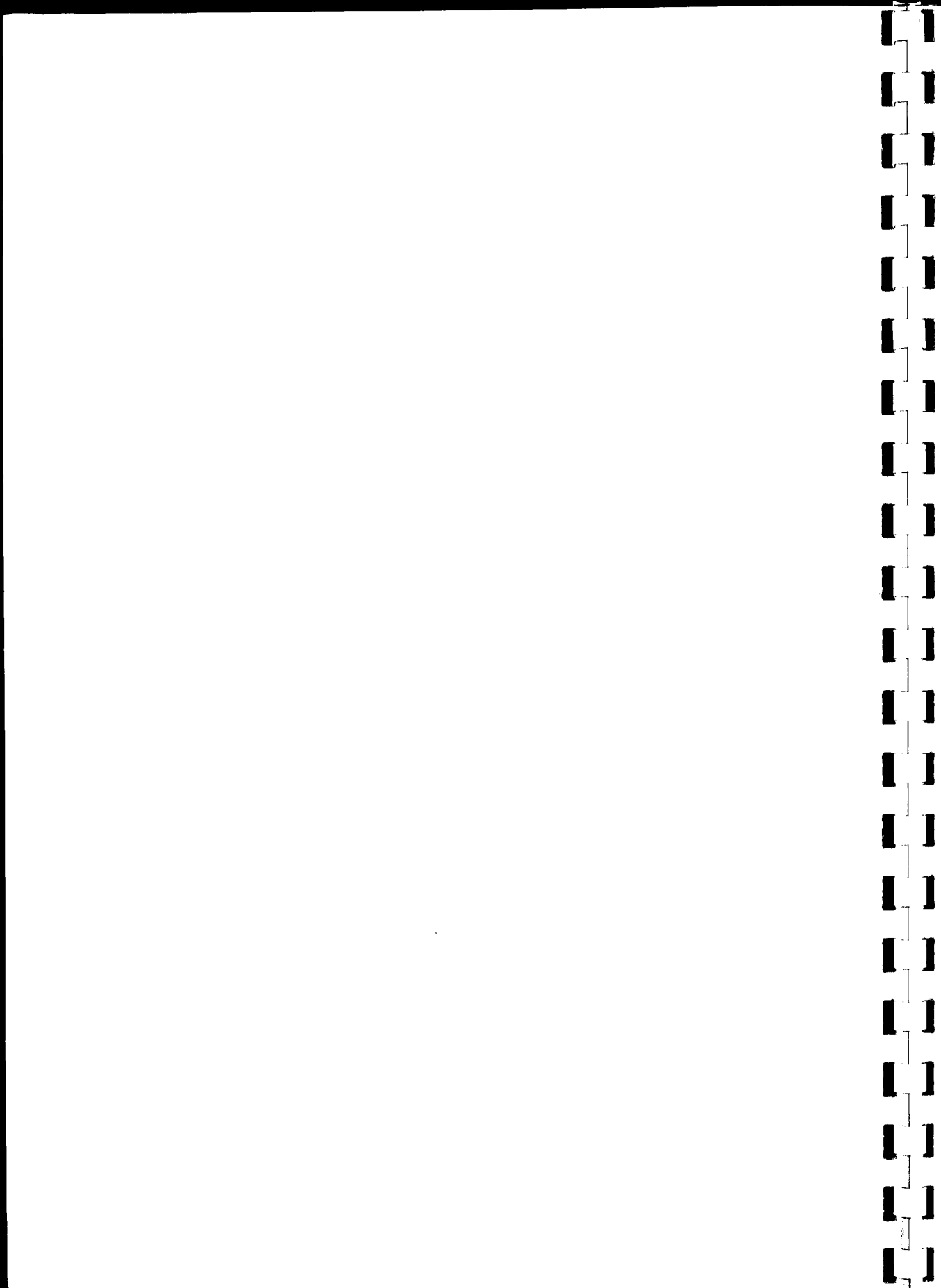
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SECTION 1

Details of visit to the Sudan and acknowledgements

1. I arrived at Khartoum airport on the evening of Friday 17 November 1978 and it was a great pleasure to receive the welcome that I did from Akasha Aboulela Hamid and Dr Abdullah Ali-Salih. They, together with Kaltoum Agab Ali and Professor Hassim Erwa, not only entertained me on numerous occasions during the stay but all four in countless ways went to endless trouble to ensure that everything I needed was provided. They could not have been more thoughtful.
2. I left Khartoum to return to England on the morning of Wednesday 6 December 1978.
3. During this stay I visited the following:

In Khartoum	Soba University Hospital The Ministry of Health Khartoum Civil Hospital Khartoum Paediatric Hospital The Eye Hospital Omdurman Hospital The Military Hospital Khartoum North Hospital The Graduate School of Nursing The Infectious Diseases Hospital
At Shendi	Shendi District Hospital
At Wad Medani	Gerzeira University Wad Medani Hospital The Gezeira Agricultural Project
At Port Sudan	The Regional Health Commissioner The Port Medical Officer of Health Port Sudan Hospital The Port Authority The Department of Occupational Health Two health dispensaries Suakin District Hospital
4. I would like especially to refer to the care with which my programme in Port Sudan and Suakin was arranged by Dr Zuheir Fakhri. In many ways this was one of the most informative parts of my visit - due entirely to the trouble he went to.
5. Both at Port Sudan, Wad Medani, Shendi and of course at Khartoum, I was entertained and was able to enjoy a number of social occasions. My visit to archeological sites of interest in and near Shendi was especially memorable.

6. In my report I have not been able always to acknowledge separately the individuals who took such care of me. The nursing sisters who accompanied me on visits in Khartoum and to Wad Medani; the University official at Gezeira and the staff of the agricultural research organisation; the staff of the Ministry of Health and at all the hospitals from Khartoum Civil Hospital to Suakin District Hospital. To all of these I should like to express my deep thanks.
7. All the views expressed in this report are my own, but I should like to acknowledge the particular help I have received from:

Miles C Hardie Esq MA FHA
David J Downham Esq MBE DMA FHA
James M Dawson Esq BComm DPA FHA(E) HA(I)
8. It is appropriate to mention too the frequent discussions I have had with Mohamed Fadl during his stay in this country and whose presence has enabled me to discuss ideas with him before and after my visit, all of which was most helpful.
9. I should like to thank the Inter-University Council for Higher Education Overseas, whose staff were as usual most helpful in financing my visit and in making the necessary arrangements for it. My own employers, the King Edward's Hospital Fund for London, and especially the Chairman, Lord Hayter KCVO, and the Secretary, Geoffrey A Phalp Esq CBE, again generously gave me leave of absence to make this visit and to them too I am most grateful.
10. Finally I should like to say how grateful I am to my secretary, Miss Erica Barclay, who has deciphered my handwriting and corrected my frequent mistakes of grammar, and my wife and family, who remained at home and who are now required to enthuse over my photographs.

SECTION 2

Soba University Hospital

1. It was particularly rewarding to see the achievements of the last twelve months at this expanding hospital: the start on the building of the new accident and emergency department, the laboratories and the additional beds; the further increase in the number of students doing their clinical training there; and the successful commissioning of the impressive intensive therapy unit.
2. All these developments provide a challenge as well as presenting real administrative problems. The challenge comes from the chance to use effectively the existing structure of non-medical administration under the Secretary Manager in the task of both running the hospital and, more importantly, planning for the future by matching resources with a realistic development programme.
3. The experience of the present Secretary Manager, Mohamed Fadl, and in particular the work he has done in the UK during his eighteen months' stay here, backed by the knowledge and enthusiasm of his deputy, Akasha Aboulela Hamid, provide an excellent base for management training.
4. I refer later in this report to the responsibilities of these two officers in developing such training (Section 5 para 6). At this point I want to refer to my definition of the management function of non-medical administrators in my earlier report (Section 2 pp 3-4) and particularly to the need for a firm government commitment to management training (Section 3 para 4). I shall hope to demonstrate in this report both the need for such training and the potential advantages to be gained from it. In my view the high medical standing of Soba University Hospital, its access to the training resources of the University and the calibre of its personnel make it an ideal centre for such management training.

Khartoum Civil Hospital

5. I wrote at some length in my first report on my observations at Khartoum Civil Hospital and also commented on the report on the administration of the hospital prepared by Mr Seamus Dawson of Dublin, Eire, in March 1977. On my visit this year I not only had the advantage of a long and helpful discussion with Dr Shakir Musa at the Ministry of Health, but also had the privilege of meeting and talking with the late Dr Razzag, Medical Director of KCH. Following these talks I was conducted round parts of the hospital by Dr Khitam, whom I had had the pleasure of meeting both in 1977 and earlier in London.

6. The problems of KCH described by Seamus Dawson and by me (and I believe by other "external" observers) have not diminished. The size of the complex, the shortage of some essential stocks, the control (or lack of it) of visitors, and the complex lines of organisational structure have all been referred to and indeed are well known and recognised.
7. I mention these in no critical spirit. It is too easy for an outsider to describe failings in the systems of others for which he has no direct responsibility. I refer to them, as indeed I did in my 1978 report, to underline both the magnitude of the management task and the potential gains to be achieved in terms of management training.
8. Health service and hospital management is not a discipline or a profession which is genetically inherited by certain people, nor can it be assumed that anyone with administrative experience can intuitively administer a hospital. Training at all levels is essential.
9. At KCH it is sad to see the frustration of experienced doctors as they grapple, usually unsuccessfully, with administrative problems for which they are not trained. It is sad too to see that virtually none of the recommendations in Mr Dawson's report appear to have been implemented. The explanation that I was given - that all the recommendations carried financial implications which could not be realised - does not carry conviction as an examination of the report itself shows. I remain convinced that a substantial contribution towards the solution of the problems would be the creation of a cadre of experienced hospital administrators acceptable to the medical profession and able to work with them. Such administrators, working at all levels having clearly defined roles within a purpose-designed organisation or structure, could materially assist the move towards the division of the Hospital into more manageable smaller units.

The Paediatric Hospital

10. This Hospital which developed out of the paediatric unit of KCH, but is rapidly acquiring autonomy, demonstrates what can be achieved. The small scale of the unit undoubtedly facilitated its development, since it makes possible closer control and realistic multi-professional services.
11. What is particularly impressive was the way in which the staff of this hospital based service are reaching out into the community with a health education programme designed to improve children's diets, both in Khartoum and indeed throughout the Sudan, since the Unit is increasingly receiving cases referred to it from the provinces.
12. The controlled growth of units such as this - and I mention it as a model for others - presents an opportunity for administrative skills and training.

The Eye Hospital

13. It is appropriate to refer next to this splendid unit, since its manifestly successful operation has much in common with the paediatric hospital, although The Eye Hospital has of course been in its present, excellent, buildings since 1955. It was a privilege to meet the founder of the hospital, Dr Hossain, and to hear from him the story of its foundation and growth.
14. It is a truism to refer to the rapid growth of high technology medicine during the last twenty years or so. In the speciality of ophthalmology, however, one has seen advances which are particularly striking, since the benefits of the scientific achievements can so readily be applied to large numbers of patients who hitherto would have been intreatable.
15. The achievement of The Eye Hospital is the successful way in which it has become a truly integrated unit, bringing together the service elements, teaching and research, and the military. In addition, since it has become a national centre, its influence is spread throughout the whole Sudan - in the hospitals where its trainees go to practise and in the community through the high quality medical assistants who work at the dispensaries in rural areas. I refer later in this report to the importance of these developments.
16. The impressive record of this hospital is important in the field of management training because here too is both a resource for training and an opportunity to relieve exceptionally highly skilled clinicians from administrative responsibilities. An earlier unhappy experience at non-medical administration demonstrated exactly that this profession is not one which can be assumed by anyone with no previous hospital training or experience. This should not deter the planned introduction of non-medical administration. It would be a tragedy if the achievements of this hospital were not used to the full in a management training programme.
17. I have written at some length about this hospital because of the impression its staff made upon me. It is worth concluding by referring especially to the strong sense of discipline and purposefulness that was manifest. The beautiful building is excellently maintained: the wards and the spacious grounds are clean and well looked after; visiting is controlled. These are not small points of detail, but are significant pointers to success and reflect the attention to good management which are everywhere evident.

Omdurman Hospital

18. I visited this hospital in 1977 and referred to it in my first report (Section 5 para 8). It was a pleasure again to visit and to be accompanied there by Dr Abdullah. The large (and comparatively rapid) population expansion in recent years at Omdurman has brought with it numerous problems of

housing, transport and sanitation, and not least to the hospital services.

19. Omdurman Hospital has a tradition of community involvement (first report Section 7 paras 2 and 3) and clearly is under considerable pressure. The main problem seems to be the under-utilisation of existing resources because of the lack of medical supporting services. This for example results in only a limited range of surgery being undertaken despite the 8-10 surgeons on the staff. The planning of the supporting community health centres based upon the hospital, the balancing of the use of centralised pathological services and local organised laboratories, and the complex logistical problems of supplies, are all administrative issues to the solution of which trained administrators could make a significant contribution.

Khartoum North Hospital

20. The position of this excellent hospital vis a vis the supporting community services is comparable with that of Omdurman Hospital. A main issue at Khartoum North is the planned expansion of the hospital, reflecting both the enthusiasm and the success of the staff. It would be impertinent for the outsider on the strength of a brief visit to comment in detail on the planning wisdom of extending further the hospital site; what is clear however is that fundamental planning decisions will have to be taken which will determine for many years to come the development of the hospital and the characteristics of community support which it provides.

Interlude

21. I will return later to an account of other places I visited in Khartoum and of the discussions I held there. At this juncture it seems appropriate now to describe the provincial visits I made, again in terms of the administrative issues involved, and with the objective of identifying some of the unique characteristics relevant to management training. In the order of my visits I describe first Shendi District Hospital, Wad Medani and the Gezera Region and finally Port Sudan with particular reference to the occupational health services there.

Shendi District Hospital

22. No account of my brief visit to this hospital would be appropriate without my acknowledgement of the kindness and hospitality I received from the resident medical staff. They spared no efforts to ensure that my questions were answered, that I saw everything in the hospital and that I was comfortably accommodated overnight. I am most grateful and only regret that my schedule prevented me from accepting the warm invitation of the hospital surgeon, Dr Osman Bajuri, to return the next day.
23. This hospital is I imagine typical of many in the Sudan. Although handicapped by obvious limitations of medical supporting services, it provides a comprehensive service to a large area, and, in the case of Shendi, to

an important and historical town and trading centre. The rural dispensaries are supplied from the hospital, which acts as a referral point for the scattered medical assistants who play such an important part in the Sudanese health services.

24. I refer later in this report (Section 4) to current WHO thinking on the provision of health services to rural communities. At this point I want merely to refer to the key role of the local hospital at the centre of a matrix of services. The clinical load carried by the staff at Shendi is considerable, but perhaps because of its importance in a national service the medical staff are also required to carry numerous essential administrative responsibilities. The formation of a body of non-medical administrators at middle-management level could relieve these hard pressed doctors of tasks for which they are not trained. As important is the experience of working with the medical staff, which would be invaluable for hospital administrative training purposes. I regard this possibility as one of the most exciting and potentially rewarding which emerged from my visit.

Wad Medani and the Gezera Region

25. The situation of Wad Medani Hospital has been materially affected by the recent completion of the bridge over the Blue Nile and by the associated road to the east, which has opened up a large area and made the hospital services available to considerably increased numbers. With further improvements to the road system and the linking of the road with that constructed from Port Sudan, these numbers will increase still further.
26. A second feature of great significance is the development of the Gezera University, which will include a Faculty of Medicine and a Teaching Hospital. It is to be hoped that close professional links will be maintained with Khartoum University where both in management and clinical fields there is so much experience.
27. It would be repetitive to describe in detail the problems facing Wad Medani Hospital - problems which have much in common with, for example, those at Khartoum Civil Hospital and which are created by the pressure of multiple demands by patients who arrive for diagnosis and therapy without any form of screening. Until some limitations can be introduced into a system, which allows any person to present himself, little can be done to relieve the hard pressed hospital staff. I have referred to the planned new teaching hospital which will form an important part of the exciting new university. It cannot be stressed too strongly that the addition merely of further hospital facilities will not cure the problems of Wad Medani.
28. The development of additional health centres associated with both the existing hospital and the future university and some change in the admission procedures in my view offer the best opportunities for improvement. In any event, careful planning will be necessary and with the

expansion of health services, which the new teaching hospital will entail, it will be vital that trained health service administrators are appointed to key posts. It will be as essential that the middle management posts are also filled by committed hospital administrators, preferably by those who see such posts as valuable career development posts.

29. No mention of Wad Medani is complete without a reference to the Gezera project. This is no place to describe a feature of the Sudan which is internationally recognised as a unique experiment in agricultural economy and in sociological improvement. It has been called the largest farm under a single management and with its several thousand employees, its extensive research institutes and the awareness of its management of their responsibilities both to their employees and to the community, there exists a real opportunity to develop a comprehensive total health care system.
30. I would emphasise that such a long term plan would be a development of existing services and not the creation of something new. An essential component of administration is the capacity to link in a constructive and collaborative way complementary structures. The potential for management training is vast in such a situation, and with the future new university in prospect the possibility of a range of management training is considerable.

Port Sudan

31. It was at Port Sudan that I was able to see a complete cross-section of the health service provision in this busy industrialised and vital provincial centre. That the three days I spent there were as profitable and interesting as they were, was due to the hospitality I received from Dr Zuheir Fakhri and to his careful planning of my visit. His own specialty - occupational medicine - puts him in a vantage point straddling high technology medicine and research on the one hand, and the provision of basic community services on the other. The high esteem in which he is so obviously held by so many, whether in medical fields or in the Port Authority, gives him a free ranging entree which explains the high quality of his developing service. I am immensely grateful to him for the trouble he took in organising my visit.

Port Sudan Hospital Services

32. I paid a brief visit to the hospital, where I also had the opportunity of a discussion with the deputy regional health commissioner, Dr Essa Abu Bakar, and the Port Medical Officer of Health, both of whom have offices in the hospital. The characteristics of Port Sudan as the only port in the country and as the point of entry for all entering the country by sea and for many by air, influence every aspect of the provision of health care. The fact that Port Sudan is also a regional centre means that the hospital must accept the whole range of cases. As a highly industrialised area with the Port Authority as the main employer but also with its air terminal, and, at

Suakin a large road construction project, there is an emphasis on the need for extensive occupational health facilities. The new department, as yet at an early stage, will clearly provide an excellent base if the material, staffing and essential administrative support are forthcoming. It is difficult in my view to argue against such a development, since the health of the workers in this key town must be crucial to the national economy.

33. I had the great advantage of an extensive tour of the Port Authority and of meeting many of the senior staff, including the general manager, Mr Ali Mallik. I visited the large grain store and was taken over it by the resident engineer and was able to see for myself the special health problems created by the dust of that operation. I was also entertained by Dr Mahmoud Bayoumi, medical officer of the German road construction company responsible for a large section of the planned road linking Port Sudan with Khartoum via Gedaref and Wad Medani. The splendidly equipped surgery operated by Dr Bayoumi clearly played its part in the success of the road construction project. In a similar way, it seems that the dispensaries, two of which I visited, are splendidly placed to provide in effect primary care through the devoted work of the medical assistants who man them. They, however, as well as carrying a heavy clinical responsibility are also in charge of the administration of their dispensaries - the ordering of stock, the keeping of statistics. Such duties could easily be carried out by administrators, one of whom could be responsible for several dispensaries; such work would in fact provide excellent training experience for future health managers.
34. The small twenty-bed hospital at Suakin, which I also visited, was impressive both on account of its tidy and clean appearance, and also by virtue of the quite ill patients I saw there who were being well looked after. Again, what I have said about the management of dispensaries applies in respect of these small hospitals, which in the provinces must play a key role in the total health care provision.

SECTION 3

1. The first section of this report has been an account of my impressions of my visits to the many institutions and places I was introduced to. I have tried in this account to dwell particularly on those features which are relevant to, or can be used in connection with, health management training. In this, shorter, second section I put forward some ideas which emerged from conversations that I had with a number of people who generously gave me considerable amounts of their time.

Faculty based training in health management

2. In the earlier paragraphs of this report on my visit to Soba University Hospital, I refer to its advantages as a base for hospital and health management training. I discussed this point with the Deputy Vice Chancellor and with Professor Hassim Erwa.
3. Health management is an academic discipline in its own right. It also has need of the expertise of staff in other disciplines - for instance, the economist, the social scientist, the statistician. Management training is needed for different levels of responsibility. It would be idle to suggest that a detailed knowledge of epidemiology and statistics was essential for a middle grade administrator at a district hospital; it would however be wrong in my view to suggest that such a level of administration can adequately be provided without a grounding in such subjects as the principles of personnel management, law and accountancy.
4. The University is well accustomed to providing training at different levels - it can train the technician who will receive a diploma - the graduate and of course it has the resources for research leading to higher degrees. Furthermore, it has the resources for different modes of training and the responsibilities of the Extra Mural Board may be particularly relevant in the context of health management.
5. I conclude therefore that health management training as an academic discipline within the Faculty of Medicine but calling, inter alia, upon the resources of other faculties and departments is a realisable objective.

Community health and its place in management training

6. In my account of my visits this year I have repeatedly referred to work being done outside the hospital setting. In my view it cannot be too strongly emphasised that modern concepts of health management embrace far more than the administration of hospitals, important and often complex that such work is. So many of the developments that I saw in the Sudan point to the recognition of the importance of work in the community that I believe a great opportunity exists to take advantage of what has already been achieved.

7. My discussion with Dr Shakir Musa of the Ministry of Health at the start of my visit confirmed this view. The developments (already begun) of health centres in Khartoum (for example, those at Omdurman and at Soba), if integrated with the community to be served and administered as part of a district service including a hospital, will do much to take the strain of the over-pressed hospitals. Such a plan will take time to implement and will undoubtedly demand resources. I believe that it could be shown to be cost effective and I hold firmly to the view that a real contribution would be made by the involvement and participation of trained non-medical administrators, especially if the experience was also used as part of a training programme.

Graduate School of Nursing, Khartoum

8. Much of what I have been writing about has implied changes of attitudes - changes for the community, as well as for the health professionals who serve them. I paid a brief, but very informative, visit to the Graduate School of Nursing, where I heard from the Deputy Principal the history of this School. Its success in turning out high quality professional nurses is unquestioned; what is also significant is the fact that in 1955 at the time of the foundation of the School, a campaign was mounted to attract girls into the profession of nursing. Very rapidly that position changed and today the problem is one of selection from the very many suitable applicants.
9. This experience would suggest that if a concerted effort was mounted to attract school leavers into health administration as trainees, a useful corps could be created from which future graduates might be selected.

The involvement of other agencies

a) internal

10. The theme song of this report is the desirability of establishing training in health management. The magnitude of this task should not be underrated and clearly all useful resources should be mobilised. In the time that I had available I was not able to make contact with other departments of the University, nor with the Institute of Public Administration.
11. My Colleague, David Downham, who, coincidentally, was in Khartoum at the same time that I was at the invitation of the World Health Organisation made a number of contacts on which he has reported separately to the WHO. It is worth stressing the importance of developing these contacts and noting both the experience of the Institute and the interest in management of WHO. Mr Downham's report, which he was good enough to show me, contains a number of practical proposals for future action and the recommendations in this report are complementary to them.

b) external

12. This leads naturally to the possibility of interesting other agencies in the

development of health management training in the Sudan. Whilst in Khartoum I met and talked with Robert Emery, representative of the American Universities Program in Health Administration (AUPHA). I had earlier met Emery in London, and having attended the annual congress of AUPHA in Chicago in 1977 I am familiar with their objectives. The organisation is one which is pre-eminently well suited to provide assistance in the sort of enterprise that I am describing and I recommend that an early approach, outlining a proposed plan of action, be made. I propose to make further contact with Robert Emery in the UK early in 1979 and will also be visiting WHO headquarters in Geneva where these possibilities can be aired.

SECTION 4

1. I believe it to be important to make some reference, albeit in a fairly brief form, to the demography of health care provision in the Sudan as a whole. In this section of my report, therefore, I record some statistics of the position and comment briefly on them before referring to some current concepts about the provision of health care in developing countries as embodied in WHO thinking. Finally, and before making any specific recommendations, which I do in the final section of my report, I make some general comments on management training in developing countries.

Health care provision and population distribution

2. The population of the Sudan measured in the 1973 census was just under 15 million. It is possible to map the distribution of the population using the dot method and this has been done (1). The method has the virtue of simplicity, although the use of what are inevitably approximations does result in some inaccuracies. The method is described by N D McGlashan in "Medical Geography: Techniques and Field Studies" and he has also devised a method of measuring work load factors and of classifying the resultant measurements. Although this technique would seem to be applicable to the Sudan, the emphasis on the in-patient bed and its apparently insensitivity to out-patient factors means that conclusions must be treated with caution.
3. The Sudan, which geographically is the largest country in Africa, has a population concentrated in a small number of centres - the largest of course being the three towns of Khartoum. For the rest a scatter map shows how unevenly the population is distributed over the country. The two most heavily populated provinces are Khartoum, with an average population density of 40 persons per Km², and the Blue Nile, 20 persons per Km². These figures compare with the average population density for the Sudan of 6 Km².
4. Because of its traditions, position and facilities generally, there are more hospital beds in the Khartoum province than anywhere else in the Sudan. The province also has the largest number of doctors and the smallest number of people per bed. It must, however, continually be remembered that these hospitals draw on a much larger population than that of the province, so that the figures do not give an accurate picture of the pressures on the hospitals.
5. The table below, which I have taken from the paper quoted above in the Sudan Medical Journal, but from which I have omitted details of work load factors, I include merely to provide factual evidence as a basis for further discussion.

(1) The Distribution of Population and Hospital Facilities in the Sudan. El-Sayed El-Bushra. SMJ (1976) Vol 14 No 2.

SUDAN HOSPITALS (1974)

Province	Number of Hospitals	Hospital Beds	Number of Doctors	Population served	Population per doctor	Population per bed
Khartoum	15	3,384	464	1,168,169	2,517	345
Blue Nile	32	3,181	128	3,812,991	29,789	1,199
Northern	20	1,488	67	998,883	14,598	671
Kassala	7	1,189	55	1,123,387	20,425	945
Red Sea	4	606	38	465,043	12,238	767
Darfur	11	912	42	2,181,161	51,932	2,391
Kordofan	15	1,592	62	2,202,346	35,522	1,383
Upper Nile	10	969	23	798,251	34,707	824
Equatoria	10	1,289	26	755,750	29,067	586
Bahr el Ghazal	10	1,090	22	1,396,913	63,496	1,282
Sudan National Total	134	15,700	927	14,902,894	16,076	969

Derived From: unpublished Data, Ministry of Health, 1974;
unpublished Data, Dept of Statistics, 1974;
Ministry of Health, Annual Report, 1973.

In an interesting editorial comment on this paper it is said "the subject of this communication underlines the need for a multi-disciplinary approach to health care planning". This is the point I wish to stress and to record my own conviction that it is only by studying data such as this that a firm foundation can be laid for planning management training which will provide benefit where it is most needed.

International comparisons

6. Some twenty or so years ago it was commonly thought that as the technology of medical practice advanced so one by one the worst of the diseases afflicting mankind would at best be eliminated, or at least their worst effects minimised. The virtual elimination of smallpox is perhaps the best example of this optimism and it is understandable that at a time when a major attack was being mounted upon malaria with recent discovery of DDT a similar result was forecast for that disease.
7. In fact, whilst orthodox medicine has undoubtedly had many successes, the overall picture is in other respects depressing. The spread of cholera, bilharziasis, malaria and other tropical diseases is now reaching alarming proportions, and one estimate alone has put the number of people suffering

from elephantiasis, river blindness and Bancroft fibriasis at 300 million⁽²⁾. Even more telling is the fact that no new medications have been developed for these conditions in the past thirty years.

8. Many of the health needs of Sudanese can be, and indeed are being, met without recourse to high technology medicine. Morbidity which can be reduced and mortality avoided from conditions which can be improved by such measures as improving water supplies and sanitary facilities, has more need of local health centres than of large regional hospitals: of health workers rather than highly qualified doctors. "In this new concept health is finally being regarded as a result of social relations, as a component of social justice and development." (3)
9. So the aspects of primary care which become of first importance are: accessibility, appropriateness and development with the focal point the local community. Such a system of primary care, if it is backed up with the resources of district hospital, will be able substantially to improve not only the medical condition of the people but the quality of their lives. In the foreseeable future, however, in the Sudan as elsewhere there will be a great shortage of trained staff. Already the contributions made by medical assistants at the dispensaries in Sudan have been considerable and I have seen something of their work at Port Sudan, and of their training at the Eye Hospital. It is vital that the skills of these staff, as well as those of the doctors and nurses, are used to their maximum and that they be relieved of unnecessary administrative responsibilities.
10. I cannot do better than conclude with a quotation from the paper I have quoted by Andreas Uhlig in the Swiss Review of World Affairs. I do this particularly to make the point that the administration of programmes of the sort described will be complex and will call for skills at all levels of management if they are to be successfully executed. "But it (the Third World) also needs "barefoot engineers" to build clean low-cost water systems, and "barefoot farmers" who can provide meaningful assistance to vast numbers of unlettered peasants. Above all there is a crying need for "barefoot economists" and "barefoot politicians" to execute the social economic and political reforms which are essential to ensure a more equitable distribution of the treasures of this world - including health."

(2) The Silent Revolution in Third World Medicine. A Uhlig.
Swiss Review of World Affairs, Vol XXVIII No 8 p 9.

(3) Op cit. p 11.

Management Training in Developing Countries

11. In 1977 the Director General of the World Health Organisation, Dr H Mahler, wrote:

" Without wishing to be provoking, I must also draw your attention to the catastrophic lack of properly trained health care managers at all decision-making and operational levels. If you do not quickly embark upon inter-country and country programmes in this area, Health for All by the year 2000 will fall on the deaf ears of traditional medical bureaucrats." (4)

12. A great deal has been written about the problems of management training in developing countries and both the WHO and the International Hospital Federation (IHF) have probably contributed more in this field than anyone else. In Appendix B to my first report I listed in summary form details of courses in Britain available for health service staff from developing countries who have responsibilities for management or planning. In the comments which follow, I am particularly indebted to my colleague, Miles Hardie, Director General of the IHF, who, drawing upon his experiences in discussing these problems with several hundred senior hospital and health service administrators (medical and non-medical), has outlined a number of the most important factors to be taken into account. (5)

13. In the final section of this report I make some specific recommendations for action in the Sudan. I now list some general questions which need to be answered and which perhaps will provide a framework for action in the coming months as plans for developing health and hospital management training are drawn up.

14. An essential starting point is a description of the main components of the existing health care system. In the preceding sections of this report I have described my own observations of the provision of health care during the very limited time that was available to me. From the viewpoint of practical management, and particularly from the standpoint of those designing a comprehensive management training system, profiles, however simple, of all levels of management should be developed as swiftly as possible. These profiles would include information about:

social, cultural, political and economic background
geographical data, including communications and transport
demographic data, including population, morbidity and mortality
utilisation and other relevant health statistics

15. Different levels in the organisation and management of health care must be carefully identified and distinguished. The roles of administrators

(4) Dr H Mahler. WHO Chronicle, Vol 31, No 12, Dec 1977

(5) Issues and Approaches to Health Services Management in Developing Areas. M C Hardie - personal communication

working at these levels differ considerably - and so therefore do the training requirements. In 1973 the WHO Executive Board identified the following three levels of care: (6)

- a) Primary care services: The general health practice services offered at the point of entry in to the health service system
 - b) Secondary care services: The specialised services used on referral from the primary services
 - c) Tertiary care services: The highly specialised services such as neurosurgery, radiotherapy and heart surgery
16. Management can be separately identified with each of these - each level having its own characteristics and problems. I would add, however, a fourth level, unique to management, which is the level of the central or governmental authority which has its very special features in administrative terms, but which does not have a counterpart in terms of levels of care
17. An essential part of a profile of the health system is a summary of the linkages within and between the different levels and with other health related agencies. Formal and informal links always exist, as do governmental and non-governmental organisations, and these must be identified. Similarly other sectors of society having a bearing on health - housing, education, agriculture, communications, etc. - must be referred to - issues which are particularly significant in the Sudan.
18. The preparation of a "profile" on these lines may seem to be a formidable task. I do not think it need be. Miles Hardie in his paper, and frequently in lectures, has stressed that it is particularly important not to let the best be the enemy of the good. Quick, simply prepared profiles at village or district level can be a valuable exercise in management and, more importantly, can be used as a basis for almost immediate action.
19. Management skills are particularly important when it comes to the task of assessing the needs that have to be met to improve health care and to determine priorities for action. The design of a management training programme requires just such an assessment, and I cannot do better than quote from Hardie's paper. (7) "The preparation and presentation of realistic and soundly-based statements on needs, priorities and options is one of the most important parts of the whole management process, and it is as important at the periphery of the system as it is at the centre. Without such statements it is difficult - if not impossible - properly to

(6) WHO Official Records. No 206, p113

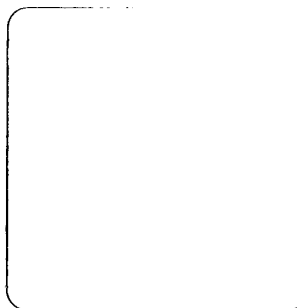
(7) M C Hardie. Op cit. p11

formulate policies and plans. Without such policies and plans, the manager's role is virtually meaningless."

20. The particular management skills needed at the several different levels of the service must next be described to ensure not only the successful performance of the tasks at each level, but also the best training for them. Management training does not solve overnight the complex problems of health care, but considerable improvements in performance, efficiency and effectiveness can be achieved by the swifter development of appropriate management skills.
21. A training programme such as the one which might be developed in the Sudan will need to meet training needs for the management skills required for:
 - a) National health planning, programming and management at the level of central government
 - b) The management of primary health care both in rural and urban areas
 - c) Hospital management in large and small hospitals, including support for other health services.
22. The recognition of the need to establish management training for the health service in the Sudan, and for this to be set up under the aegis of the Faculty of Medicine of the University of Khartoum, is a first essential step. As I stated in my first report (Section 3 para 4) there is now an overwhelming case for government to make a firm commitment to the principle of management training and to make provision for the allocation of the necessary resources.
23. The following recommendations are amongst those made in a key document produced in 1978 by the IHF: (8)
 - a) Desirably, training in management should be given in the country or region where a manager is going to work, rather than in a foreign country.
 - b) Wherever possible, it should be the aim to develop existing training institutions rather than to build new ones.
 - c) There is a need to develop, nationally and/or regionally, institutions and methodologies for training the trainers of managers.
 - d) Courses overseas, outside the country in which a manager is going to make his career, should be limited to post-qualification training in specific fields of management.

(8) Health Service Management Training for Developing Countries. World Hospitals, Nov 1978, Vol XIV, No 9

- e) An essential pre-requisite for a successful training programme is the preparation of job descriptions for posts at different levels, together with an analysis of the knowledge and management skills required for each post, so that appropriate training methodologies can be derived.
 - f) Managers at every level should be encouraged to promote the self development of staff who are responsible to them, and should be trained how to train and coach their subordinates - a "cascade" effect which reaches many at least expense.
 - g) In training and in daily work, there should be greater emphasis on the need to develop closer teamwork and collaboration between medical and non-medical staff.
 - h) Encouragement should be given to the development of a professional association of health service administrators and managers, in order to improve professional standards and to represent the views of administrators to government and other organisations.
 - i) Last but not least, there should be continuing evaluation of training programmes, because it is inevitable that newly-instituted programmes will require modification in the light of experience.
24. The final point that I want to stress in this section of my report is one to which I have already made reference in Section 3 paras 10 and 11, and is one on which David Downham has most helpfully commented in his report to WHO (9). In the Sudan, as in many countries, there are already in existence institutions both inside and outside the health services that have actual or potential capabilities for health service management training. An early task of those more familiar with the total educational resources in the Sudan than me should be to identify these.



(9) Management Training and Education. D J Downham. Report to WHO - personal communication

SECTION 5

1. In this final section of my report I make some recommendations for action which I believe arise out of the comments I have made in previous sections and which I hope are realisable. I also draw attention to some of the suggestions I made in my first report and which I summarised on pages 20 and 21 of that report. Of these, the most important, certainly the most relevant to this report, is the first (Section 3 para 4): "Government should give a firm commitment to management training and allocate finance for this purpose".
2. I recommend most strongly that health and hospital management training be established in the Sudan and that in the first instance this be based at Soba University Hospital and be administered through the Faculty of Medicine of the University of Khartoum.
3. In the planning of such a system of training all the main organisations and individuals should be involved from the outset. These would especially include the Ministry of Health and key University departments.
4. As a first step, the initiative should be taken by Soba University Hospital to set up a steering group to plan the introduction of health management training. It might be helpful from the outset to include within the membership of the steering group someone with management experience from private enterprise.
5. Administrative responsibility for the development of health management training should be given to the present Secretary/Manager of Soba University Hospital - Mr Mohamed Fadl - who is about to return to Khartoum after some eighteen months' training in the United Kingdom and Eire. During this extensive period in Europe there has been ample opportunity for him to study health management training.
6. Consideration should now be given to two consequences of such a change in the role of the Secretary/Manager:
 - a) The title of the post should be changed to emphasise the dual responsibility of administrative head of Soba University Hospital and as principal of a training institution; a suitable title might be that of Chief Executive.
 - b) There will be a need to develop a staffing structure to meet the training needs. In the first instance, the Chief Executive will require a deputy to take over day to day responsibilities of administering Soba University Hospital and a second deputy with special responsibilities solely in management training.
7. The present acting Secretary/Manager of the Hospital - Akasha Aboulela Hamid - will shortly be attending a training course in the UK, and this

should be designed to extend his already considerable knowledge of hospital administration so that he may be in a position to take over the senior hospital post, for which in my view he is well fitted.

8. Throughout the planning of these developments in management training and in the discussions of changes in the administration of Soba University Hospital, there should be close collaboration with the nursing profession and with Miss Kaltoum. An ultimate objective will be to develop multi-disciplinary management training, but from the outset an input based on the experience of nurse trainers in the Sudan, and of Miss Kaltoum in particular, will be a most valuable addition to the training programmes.
9. The detailed work on the planning of health management training in the way I have suggested must be carried out by those Sudanese best qualified to contribute. Outside or foreign "experts" may be able to make some contributions from their specialist knowledge, but the real impetus must come from those who are daily involved in the health issues of the Sudan. Having said that, I know that within the limits of the resources available the International Hospital Federation and the individuals who have had the privilege of visiting the Sudan and discussing these issues will be only too pleased to continue to participate and assist in whatever ways are practicable.
10. The planning of curricula, programmes and staffing levels are complicated exercises on which perhaps it would be appropriate to seek help once a broad plan of action has been drawn up. The possibility of a "crash course" designed quickly to train a corps of first line managers is another option which might be taken up and which might prove to be well within the grasp of existing resources, and be cost effective. With all these possibilities in mind a timetable for action should first be drawn up. Again an assessment of what is practicable can only be made in Khartoum by those with detailed knowledge, but the opportunity to discuss alternatives in the summer of 1979 might be taken in London if the Director of Soba University Hospital, or any other senior members of the staff are then visiting this country. I should be pleased to make any necessary arrangements.
11. I have referred to my opinion that a steering committee of senior officials and others is necessary for this project. I believe that an objective date for this to be set up might be September or October 1979 so that by the end of 1979 preliminary soundings will have been made and a rough plan of action drawn up. By this time too, Mohamed Fadl will have been able to resume his heavy administrative responsibilities after his return in March and the inevitable period of resettlement that will be necessary. By the end of 1979 therefore a pattern may be beginning to emerge and that therefore might be the most appropriate time for further consultation with those of us who have been involved so far. I see the next contribution which could be made from the UK being aimed at bringing in specialist advice on curriculum planning in health management and on course design in accordance with the general master plan for long term development, some of the features of which I have suggested in Section 4 of this report.

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