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STRENGTHENING THE ROLE OF HOSPITALS IN NATIONAL HEALTH SYSTEMS

Report of the Regional Director

EXECUTIVE SUMMARY

1. Despite efforts made by countries, the situation of hospitals in the African Region is getting worse in both scope and quality of health care. In view of the importance of hospitals in national health systems and the declining trend in hospital performance, it is necessary to review their role.
2. This document responds to requests made during the fifty-second session of the Regional Committee for guidance in strengthening hospitals.
3. The document provides a framework for strengthening the role of hospitals in national health systems. It reaffirms the core functions of hospitals and proposes eight orientations for implementation:
 - (a) hospital development with government stewardship and effective community participation;
 - (b) enhanced collaboration between hospitals and other levels of the health system;
 - (c) development of human resources for health;
 - (d) quality of care as central to hospital development;
 - (e) improved hospital financing mechanisms;
 - (f) improved organization and management of hospitals;
 - (g) improved responsiveness;
 - (h) collaboration between traditional medicine and hospitals.
4. Countries should systematically monitor and evaluate the performance of hospitals.
5. The Regional Committee is invited to review and take note of these orientations for improving performance of hospitals.

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INTRODUCTION

1. The last two decades have witnessed a decline of health systems performance in the African Region despite significant endeavours initiated for improvement.¹ The role of hospitals within national health systems is one of the fundamental issues which requires priority attention. This document uses a broad definition of the term *hospital*² and thus refers to all such institutions irrespective of ownership.
2. Hospitals have benefited from investments in human resources, infrastructure and equipment, and they have received a significant portion of public resources. Despite these efforts, the situation of hospitals is getting worse in terms of both the scope and quality of health care they provide.
3. Given the importance of hospitals, the Regional Committee, at its thirty-eighth session, adopted resolution AFR/RC38/R12³ on improving primary health care (PHC) through hospital sector development, and the forty-second session adopted resolution AFR/RC42/R6⁴ on reorientation and restructuring of hospitals based on PHC. During the fifty-second session of the Regional Committee, Member States requested guidance on strengthening hospitals.
4. In view of the importance of hospitals in national health systems and because of their current poor performance, there is a need to review and strengthen their roles. This document provides the rationale and framework for guiding countries in strengthening the role of hospitals in national health systems.

SITUATION ANALYSIS

5. Hospitals have undergone many changes in the last four decades. The network of hospitals includes district, regional, tertiary and teaching hospitals. Ownership of hospitals has widened to include governments, religious bodies as well as NGOs and the private for-profit sector.^{5,6,7}
6. In many countries, hospital beds are inadequate and inequitably distributed between rural and urban areas, with availability ranging from 0.9 to 2.9 beds per 1,000 people.⁸ Lack of national health infrastructure development planning and irrational interference in the location of hospitals account for this situation. Countries often undertake investment in new sophisticated diagnostic health technologies at tertiary level without considering the recurrent cost implications.

¹ Health-for-All for the 21st Century in the African Region, Agenda 2020, WHO, 2000.

² Colorado Code of Regulations (CCR), Colorado Department of Public Health and Environment, 2000. CCR defines a hospital as “a health facility that, under an organized medical staff, offers and provides twenty-four hours per day, seven days per week inpatient services, emergency medical and surgical care, continuous nursing services, and necessary ancillary services, to individuals for diagnosis or treatment of injury, illness, pregnancy or disability. It may offer and provide, but is not limited to, outpatient, preventive, therapeutic, surgical, diagnostic, rehabilitative or any other supportive services for periods of less than twenty hours per day.”

³ Resolution AFR/RC38/R12, Health development in the African Region, 1988.

⁴ Resolution AFR/RC42/R6, Reorientation and restructuring of hospitals based on primary health care in the African Region, 1992.

⁵ Green A et al, A shared mission? Changing relationships between government and church health in Africa.

⁶ Ministry of Health, Zambia, Country health system profile, Lusaka, 1998.

⁷ Ministry of Health, Tanzania, Proposals for health sector reform, Dar es Salaam, 1999.

⁸ Sida, Nordiska, WHO, Health sector reforms: What about hospitals? An international seminar on the role of hospitals in health sector development, Göteborg, 2002.

7. Funding for hospitals presents a dilemma as they generally consume a greater portion of ministry of health budgets (sometimes more than 70% of the total).⁹ However, according to their needs, they remain under funded. Absolute and relative inadequacy of human resources has also led to decline in hospital performance. Availability of health workers such as physicians ranges from as low as 4 to as high as 56 per 100,000 population.¹⁰

8. District hospitals provide care at first referral level, while other secondary level hospitals provide additional services. Tertiary hospitals offer highly specialized services and often serve as teaching hospitals. The various types of hospitals require different financing, human resources, technology and logistics. In addition to government hospitals, church-affiliated or mission hospitals (mainly based in rural areas) provide services for up to 60% of the population. In addition, there are private for-profit hospitals, mainly in urban areas, run by individuals or companies.

9. In most countries, essential health care packages, treatment and diagnostic algorithms have been defined and are used especially in district hospitals. Despite these developments, hospitals have continued to experience shortages of medical equipment, essential medicines and consumables. In addition, negative attitudes,¹¹ unprofessional behaviour and high turnover of health care practitioners have compromised service provision. This has led to provision of care far below expected standards resulting in client dissatisfaction, increasing mortality rates, hospital-acquired infections and other side-effect conditions. In many countries, senior public officials and the rich members of society demonstrate their lack of trust in public hospitals by seeking medical care in private hospitals or outside the country.

10. Although there has been development of new health infrastructure, most countries are still faced with dilapidated health facility structures, often with beds, medical equipment and vehicles in disrepair. Some hospitals have inadequate water, sanitation and waste disposal facilities and are therefore hazardous to both health workers and patients.

11. Improving management of financial, human and other resources has been high on hospital reform agenda. This has often led to the hospital paradox whereby the focus was on improving management procedures at the expense of service provision. Community involvement in management such as participation in hospital boards is now common practice in several countries. Some public hospitals have managed to acquire autonomy, but performance has not improved due to inadequate human and institutional capacity.

12. In almost all countries in the Region, governments finance public hospitals as well as subsidize church-affiliated hospitals.^{12,13} Current funding from governments is far below the real needs of hospitals, and this is made worse by unreliable government budgetary funds and the long delays in providing such funds. As a result, patients are required to make out-of-pocket payments, and often there are no exemption mechanisms to protect the poor.

⁹ WHO, Hospitals within health care systems: their capacity to meet the needs of populations. Report of an international survey, WHO, Geneva, 2002.

¹⁰ Collins D et al, Hospital autonomy: the experience of Kenyatta National Hospital, *International Journal of Health Planning and Management*, 14: 129–153, 1999.

¹¹ Nakamba P et al, Markets for hospital services in Zambia, *International Journal of Health Planning and Management*, 17: 229–247, 2002.

¹² Ministry of Health, Zambia, WHO, Country health system profile, Lusaka, 1998 (unpublished).

¹³ Ministry of Health, Malawi, WHO, Review of primary health care, Lilongwe, 2002 (unpublished).

13. Some health programmes use district health facilities for in-service training and staff development. Some training institutions and schools are using district hospitals for student attachments, but due to inadequate supervision and lack of other resources such as libraries, the experience gained is very limited.

14. Tertiary level hospitals are most often involved in pre-service and in-service training of health professionals in collaboration with health training institutions.¹⁴ The number of trainees has increased considerably while the conditions of hospitals have declined drastically; the result is that hospitals do not undertake their training role satisfactorily.

15. Both information systems and research remain underdeveloped in most hospitals. Hospitals tend to collect and accumulate a lot of information on patients and diseases, but the information is not reported or effectively disseminated to support decision-making. Research activities tend to be funded through donor programmes. In some cases clinical trials are carried out without adequate ethical consideration or consent from the participants. Some hospitals are participating in operational research activities¹⁵ but often do not plan and budget for them. Frequently, these research activities are irrelevant to health system concerns, nor is there coordination of research results by national authorities for future utilization in policy dialogue.

FRAMEWORK FOR STRENGTHENING THE ROLE OF HOSPITALS IN NATIONAL HEALTH SYSTEMS

16. The framework is guided by the *Health-for-All Policy for the 21st Century in the African Region: Agenda 2020*, and the four strategic directions and the guiding principles therein.

17. The development of the framework is aimed at providing guidance for improving the role and functions of hospitals within national health systems.

Guiding principles

18. The following principles should guide the development and strengthening of hospitals:

- (a) ensured accessibility to quality hospital services that respond to people's legitimate needs;
- (b) guaranteed equity;
- (c) sustainable health financing, risk sharing and protection of the poor;
- (d) community participation.

Core functions of hospitals

¹⁴ Bachmann OM et al, Levels of care needed by medical inpatients in a teaching hospital, *South African Medical Journal* 80: 477–480, 1991.

¹⁵ WHO/AFRO, Health Systems Research Programme for Eastern and Southern Africa. Summaries of health systems research reports (1994–1997), Harare, 1997.

19. In order to operationalize this framework, hospitals should undertake three core functions:

- (a) provision of referral care,
- (b) development of human resources for health,
- (c) information and research.

20. Provision of cost-effective health care is the central function of hospitals in their handling of referred cases. This function includes case management as well as management of human, financial and other resources. Proper case management is demonstrated by rapid attention on arrival, thorough assessment, diagnosis, correct treatment and monitoring of cases.

21. The training and development of health professionals is closely related to provision of care. A high standard of service provision contributes to creating a conducive learning environment for trainees. Other requirements are availability of well-stocked libraries; access and use of appropriate technologies; well-trained staff to supervise students; and interaction with health policy-makers and public health officials.

22. Information and research in hospitals are expected to contribute to the better understanding of disease and monitoring the efficiency of interventions. Hospitals are capable of generating information on medical conditions, public health and operational research because they have high concentrations of highly qualified personnel, contain available technology and provide access to patients with a wide range of disease conditions.

23. To promote research which can have an impact on health systems performance, themes and subjects selected should be relevant and within the context of each country's health priorities.

Orientations for implementation

24. To enable hospitals to undertake these three core functions, eight orientations are proposed:

- (a) hospital development with government stewardship and effective community participation;
- (b) enhanced collaboration between hospitals and other levels of the health system;
- (c) development of human resources for health;
- (d) quality of care as central to hospital development;
- (e) improved hospital financing mechanisms;
- (f) improved organization and management of hospitals;
- (g) improved responsiveness;
- (h) collaboration between traditional medicine and hospitals.

Hospital development with government stewardship and effective community participation

25. Several factors (some of which are outside the control of health ministries) influence the development of hospitals. Thus it is necessary for countries to design realistic and affordable comprehensive hospital development policies which fit into the national health policies. The policies

should define the profile of hospitals, the kind of technology they need, how they will ensure adequate quality and quantity of human resources and how they will provide the services.

26. Health policies should integrate the changing epidemiological pattern, demographic transition, evolving health technology and practices, and the increasing roles of private for-profit and nongovernmental organizations in service provision.

27. Government, with effective community participation at all levels, must provide the stewardship and support required to ensure that the policies and plans developed are properly implemented.

Enhanced collaboration between hospitals and other levels of the health system

28. Hospital development needs to be within the context of the national health system, recognizing that each institution has a specific role. Consequently, support and referral systems should be strengthened through improving communication mechanisms, exchanging professional experience between health workers, undertaking joint training programmes for staff, defining referral procedures, providing support to the health centre network, clinical and technical supervision, exchanging health information, developing common clinical and general management procedures and logistics support. In view of the prevalence of man-made and natural disasters and emergencies in the Region, hospitals should be geared to play their part in treating the sick and alleviating suffering when the need arises.

Development of human resources for health

29. More attention should be paid to human resource development priority areas such as policy and plan formulation and development; education, training and skills development; human resources administration and management; research; and regulation of the health professions.

30. Appropriate skill mix of health workers needed for provision of quality care should be determined. Suitable programmes for staff development should be designed and implemented with particular focus on compassionate behaviour and attitudes towards patients. It is imperative to develop a cadre and career structure for skilled professionals capable of developing and sustaining a health service at higher levels of efficiency and effectiveness. Hospitals should design and implement incentive and motivation systems and establish a conducive working environment. Policy-makers should consider offering flexible modes of practice such as allowing health workers in the public sector to engage in part-time private practice, research or training and compensating health workers based on work done rather than fixed salaries.

Quality of care as central to hospital development

31. Quality of care should become a central issue of hospital reform and a corporate responsibility for all health professionals. Guidelines for norms and standards for technical procedures and accreditation criteria for hospitals should be developed, implemented, monitored and enforced. Quality assessment committees need to be set up, and clinical audits should be undertaken regularly. There is need to ensure that existing health technology is properly used and well maintained. Decisions to introduce new technology must be based on evidence of clinical usefulness, safety, cost-effectiveness and sustainability.

Improved hospital financing mechanisms

32. Availability and efficient utilization of financial resources in hospitals is the key to improving their performance. Sustainable financing mechanisms that mobilize adequate resources and reduce inequities should be pursued while out-of-pocket payments which force households into poverty should be minimized. Governments should be encouraged to progressively develop and implement prepayment schemes such as social health insurance.

33. Purchasing arrangements can alter health service accessibility, quality, utilization, coverage and cost-effectiveness as well as productivity of health providers. Apart from line-item budgets, there are other approaches that can be used to pay for hospital services. These include capitation (a fixed payment by beneficiary to a provider responsible for delivering a range of services), diagnostic related group payments, performance contracts (where the purchaser agrees to pay the provider based on the quantity, quality and output of services provided) and fee-for-service payments.

Improved organization and management of hospitals

34. Decentralization of decision-making authority to hospitals is an option which could contribute to improving organization and management of hospitals. Community representatives, including consumer groups, ought to be involved in hospital management. Hospitals must have authority with regard to allocation of resources between different services. Subcontracting of non-clinical services should be seen as an alternative management arrangement that may alleviate the burden of direct responsibility from hospital managers. However, decentralization of authority should be accompanied by capacity development.

35. Hospital managers should be well-trained in financial and human resources management as well as in management of drugs, medical supplies and equipment. Maintenance of health infrastructure and equipment should be institutionalized in the plans and budgets of hospitals. Managers should follow guidelines for budgeting and accounting systems and procedures for purchasing drugs, supplies and equipment. Hospitals should have reliable management information systems which provide the evidence required for decision-making.

Improved responsiveness

36. Increasing and sustaining responsiveness to users' legitimate expectations will create patient confidence and comfort and contribute to better utilization of services. Hospitals should be designed in such a way that they provide adequate space for inpatients and outpatients so as to ensure privacy and avoid congestion. Basic amenities such as water supply, sanitation and waste disposal should be well maintained and functional. Food safety should also be ensured. Health workers should allow relatives and friends to visit the patients regularly and, whenever possible, allow patients to choose the type of provider they prefer.

37. Development and operationalization of client charters in all hospitals will contribute to improving responsiveness. National authorities should develop norms and standards and work with consumer and professional associations in this regard.

Collaboration between traditional medicine and hospitals

9. 38.

Collaboration between traditional medicine and hospitals needs to be encouraged especially in clinical validation of herbal medicine for effectiveness and safety. Validation should be conducted in accordance with scientifically acceptable protocols so as to generate reliable data on safety and efficacy. Ethical clearance for such studies should be obtained from the relevant hospital authorities. Hospitals will be actively involved in pharmaco-vigilance or post-market surveillance studies to document any new uses, side effects, interactions and contra-indications of herbal medicines when they are widely used.

ROLES AND RESPONSIBILITIES

Role of countries

39. Countries should increase funding to health, and especially allocate more funds to hospitals.

40. Governments should play strong stewardship roles in developing hospital policies and plans that ensure complementarity between different levels and sectors of the health system. Countries should resist embarking on prestigious investment projects and reflect more on the viability, usefulness, equity and sustainability of investments.

41. Appropriate legislation should be enacted and mechanisms for monitoring hospital development within health systems should be set up. Regular debate on hospitals should be encouraged and should involve all stakeholders: consumer groups, NGOs, partners and communities.

Role of WHO and other partners

42. The role of WHO will be to provide timely and adequate support to countries and development of appropriate tools and guidelines. WHO will collaborate with other partners to work on hospital reforms and facilitate sharing of information between countries.

43. A regional expert committee on hospitals will be established in order to provide technical advice on hospital development issues.

CONCLUSION

44. The development of hospitals within the Region should be undertaken within the context of health sector reforms. Giving appropriate attention to hospitals should not divert attention from other levels of the health system. In this regard, efforts to boost PHC should continue to be pursued, recognizing the complementarity between different levels of the health system.

45. The current decline in performance of hospitals noted in most countries of the Region should be tackled vigorously. This requires strong stewardship by national authorities and commitment by partners.

46. The Regional Committee is invited to review and take note of the orientations contained in this document.