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How can we strengthen health systems to respond to everyday challenges? What considerations under Covid-19?

Key Messages

I. Middle-level and frontline managers face daily challenges related to health system inputs/hardware (e.g. technology, infrastructure, funding, human resource) and processes/software (e.g. knowledge, decision-making processes, values, norms, relationships).

II. In response to these everyday challenges, managers adopt various strategies which can be:

- Absorptive: Where the impact of challenges are minimized through minor adjustments without changing overall ways of working.
- Adaptive: Where the system undergoes moderate changes/adjustments in processes and ways of working.
- Transformative: Where significant changes to structures or processes of the systems are introduced.

III. Strategies deployed in response to challenges depend on:

- The severity or intensity of the challenge Organizational capacities which can be cognitive (capacity to problem-solve and learn), behavioural (ability to act either in a routine or unconventional manner) or contextual (resources and connections including social capital). These capacities work in synergy to nurture resilience.

IV. Health system resilience can thus be enhanced by building these organisational capacities. Some ways to do this include:

- Adopting governance arrangements that empower health system actors to take transformative actions;
- Creating safe spaces for health system managers at different levels to communicate and reflect upon challenges and potential solutions;
- Developing and facilitating supportive networks among health system actors; and
- Leveraging on health care worker values to achieve shared meaning and support strategies with good potential to build system resilience.

V. The effects of strategies vary, with some having potentially negative consequences elsewhere in the health system, illustrating the challenges of intervening in a complex adaptive system.

VI. At a time when health managers are having to juggle responses to the COVID-19 pandemic in addition to everyday stresses, it is essential that strategies deployed draw upon and work to build all forms of organizational capacity, and ultimately strengthen health system resilience. We share some ideas of how this might be done.

Introduction

Health systems face persistent everyday challenges related to health system inputs/hardware (e.g. technology, infrastructure, funding, human resource) and processes/software (e.g. knowledge, decision-making processes, values, norms, relationships). These routine challenges are compounded by periodic shocks (e.g. disease outbreaks, industrial actions, etc.) to health system, making it important for health systems to build "everyday resilience". Everyday resilience is the maintenance of positive adjustment under challenging conditions such that the organisation emerges from those conditions strengthened and more resourceful'. Previous studies have characterized strategies that health systems enact in response to stressors as absorptive, adaptive or transformative. Absorptive strategies buffer the system from shocks and result in no change in system structure and processes, adaptive strategies result in some limited adjustments in system structure or processes, while transformative strategies result in significant functional or structural changes. These strategies are enabled by organizational capacities which include cognitive (capacity to problem-solve and learn), behavioural (the ability to act either in a routine or unconventional manner) and contextual (resources and connections including social capital) capacities.

Context

Following the adoption of a new constitution in 2010, Kenya transitioned from a centralized government, to 47 devolved county governments. The National Government retained responsibility for health policy, training and national referral hospitals, while County Governments were assigned responsibility for management of health service delivery. There was rushed transfer of decentralized processes before counties could establish sufficient capacity to take up new functions. This rapid devolution was a shock to the health system. It was coupled with nationwide policy changes, which were additional stressors to the health system. This study sought to examine health system challenges at the sub-national level through an everyday resilience lens, in an environment that had undergone rapid devolution in the relatively recent past.

Study Methods

Our study was conducted in the Kilifi 'learning site' where researchers and health managers have a long-term relationship and work together to decide on research questions and how these questions might be answered. We conducted in-depth interviews with health managers, observed health managers' meetings and reviewed routine health data and survey reports. We also draw on data from previous studies, informal interviews, informal observations and reflective sessions conducted within the learning site. Reflective practice is a way to learn from experience by critically analyzing a situation. It allows for creation of a safe space to communicate challenges and explore potential solutions. Within our learning site, reflective practice was led by a team member with training and experience on emotional intelligence and communication.

Findings
Stressors and Shocks to the county health system under devolution

Lack of Clarity in roles and direct political involvement with service delivery

Devolution led to the formation of new structures, and entry of new actors into the health system. These included the County Health Management Team, the County Executive Committee (CECs) and the County Assembly. These structures added on to the multiple accountability demands for middle-level and peripheral facility managers. Respondents also reported an unclear chain of command characterized by duplication of roles.

"We have had a problem of chain of command. Who is answerable to who, even if it's there, maybe written in circulars, it's not followed, so enforcement of policies has been a problem. There has been a disconnect of how the county and subcounty work, because, sometimes the minister or chief works directly with the subcounty, not through the county team. So, it becomes a problem," Sub-County Manager.

Additionally, several locally elected politicians involved themselves directly in facility level processes. Often, this involvement was felt to be unnecessary and inappropriate use of scarce resources.

"an MCA can force you to refer a patient. . .because he sees an ambulance here. . . [a patient] whom you think does not need referral, actually can be managed here [at the primary level facility]. There is a lot of external pressure especially from the political class,"
Peripheral facility manager

Resource Challenges

Commodity shortages and financial flow constraints documented before devolution worsened during the early stages of rapid devolution. Resource constraints continued over time and staff, citing lack of commodities, often reported to work late or missed work all-together leading to delays in patients accessing care.

"the doctor has come to operate, he finds there's no water, no gloves, no drugs, the patient in the ward doesn't have the money to buy drugs. Do you think he will come tomorrow? No. He will book clinic day the following week. . .And maybe next time he won't be as interested in coming at 8a.m,"
Hospital Manager.

Reduced Autonomy

Managers at hospital and sub-county level reported reduced control over planning, resource allocation and hospital collection fees, contributing to prioritizations which were felt to be inappropriate. Hospitals could not respond timely to stockouts due to loss of control over user fees. Sub-county managers experienced challenges such as lack of fuel for support supervision visits and broken-down vehicles that went un-repaired for long periods.

"Our supervisors run the hospital as if they are micromanaging it. . . you find they are constructing a building, you don't know what this building is and they didn't ask, what is your priority as a facility? You find that equipment has been bought, it's not of quality, but when you say, '[You] don't want it,' it is still brought,"
Hospital Manager.

Strategies employed by managers in managing everyday challenges

Absorptive Strategies

Managers attempted to buffer the strain from some stressors by making minor adjustments in their sub-systems such as borrowing commodities across peripheral facilities and obtaining supplies on credit. Managers also transferred staff from existing departments to newly formed departments to respond to understaffing.

Adaptive Strategies

Managers adjusted ways of working by extending working hours, working on weekends and task-shifting non-technical work to support staff, thereby freeing healthcare workers to do clinical duties. Facility managers re-deployed NGO staff to under-staffed areas when NGO-supported HIV and TB clinics were not running. During reflective practice sessions, managers exchanged ideas on how to work with political actors. One sub-county invited their local politicians to a meeting to explain facility level processes and challenges. Managers reported that this led to a reduction in confrontational visits from politicians.

Many of these strategies were positive, but negative adaptations were also documented, for example, re-introduction of user fees because of inconsistent disbursement of funds (which risked blocking access to the poorest families) and spending at source due to inability to access hospital user fees.
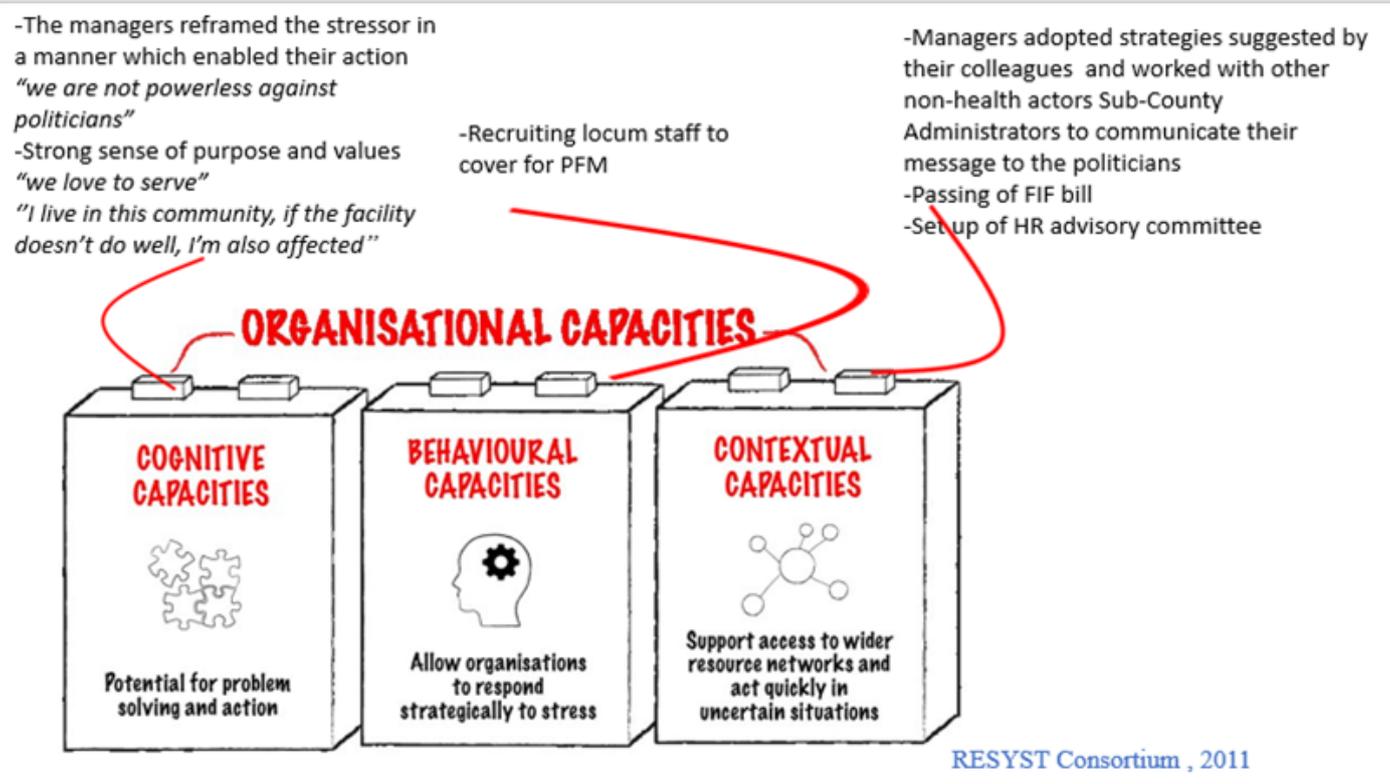
Transformative Strategies

New structures and processes were introduced in response to chronic stressors. This included set-up of a Human Resource advisory committee composed of healthcare provider representatives, HR officers and the Chief Officer from the County Department of Health. The committee brought different actors together thus breaking organization barriers to facilitate the resolution of chronic HR stressors. The passing of a Facility Improvement (FIF) bill leveraged on the learning site' relationship between health system researchers and health managers. It was a potentially transformative response to reduced hospital autonomy as it introduced new structures that would support hospitals' access to their user collection fees.

Organizational Capacities drawn by managers in managing everyday challenges

The combination of organizational capacities that enabled different strategies varied depending on the stressor. For example health workers and managers sense of purpose and values (cognitive capacity) supported actions such as extending working hours and re-organizing shifts, managers drew on behavioural capacity to re-introduce user fees and

'spend at source' and on contextual capacity to access additional resources such as staff and commodities through links with NGOs and suppliers. A transformative response like development and passing of the FIF bill, drew on both behavioural and contextual capacities, as it involved both action and connection with diverse actors. Working with political actors, an adaptive response, drew on managers ability to reframe the challenge of direct political involvement in service delivery (cognitive capacity). Reflective practice was reportedly useful in responding to political interference; managers reported positive changes when they adapted ideas for engagement with political actors that had been suggested by their colleagues (contextual capacity). The figure below illustrates some examples of capacities and strategies.

-The managers reframed the stressor in a manner which enabled their action
"we are not powerless against politicians"
-Strong sense of purpose and values "we love to serve"
"I live in this community, if the facility doesn't do well, I'm also affected"

-Recruiting locum staff to cover for PFM

-Managers adopted strategies suggested by their colleagues and worked with other non-health actors Sub-County Administrators to communicate their message to the politicians
-Passing of FIF bill
-Set up of HR advisory committee

ORGANISATIONAL CAPACITIES

COGNITIVE CAPACITIES
Potential for problem solving and action

BEHAVIOURAL CAPACITIES
Allow organisations to respond strategically to stress

CONTEXTUAL CAPACITIES
Support access to wider resource networks and act quickly in uncertain situations

RESYST Consortium , 2011

Recommendations

The findings from this study suggest that strengthening organizational capacities could enhance health system responses to everyday challenges.

Some of the **ways to strengthen these capacities** include:

1. **Adopting governance arrangements that empower others to lead and act.** Devolution enhanced organization contextual and behavioural capacities by transferring power and accountability for health functions to county level, enhancing the agency of health system actors to respond with the development of a law to address stressors related to reduced autonomy over user collection fees.

2. **Developing reflective practice** within health systems to build cognitive, contextual and behavioural capacities. Reflective sessions provided a safe space for health system managers to discuss shared challenges and potential solutions allowing reframing of challenges and restoring to managers a sense of power.

3. **Developing networks for health systems actors and non-health system actors** builds contextual capacities. Interconnectedness with diverse actors is useful to gain awareness of the perspectives and interests of other actors, which are important given the influence of non-health actors on the health system.

4. **Articulating organisation values and purpose** builds cognitive capacities. Managers leveraged on values held by frontline healthcare workers such as a sense of community with patients and a desire to reduce patient suffering to shape responses to stressors and improve health system performance and resilience.

As the country like many others, currently faces the threat of the Covid-19 pandemic, health managers must juggle response to this pandemic as well as continue to manage everyday challenges to ensure continued service delivery.

Drawing from our recommendations above, some of the steps to respond to the COVID-19 crisis and contribute to health system resilience might include:

- **Maintenance of essential services** to mitigate against preventable loss of life. Adaptations might be necessary to ensure that patients can still access care for chronic illnesses like diabetes, hypertension and TB/HIV and time-sensitive care such as maternal child health services. For chronic conditions, some adaptations include dispensing drugs for longer periods to reduce frequent hospital visits, while other adaptations might include rescheduling appointments to avoid congestion in hospital waiting areas for patients with pre-existing conditions.
- Ensuring that there is **clarity in roles and accountability** while allowing those in agreed positions the space to act and contribute to the range of strategies needed.
- Paying attention to the **well-being and emotional resilience of health providers**. The emergency response exposes health providers to high workloads, potential burn-out, and anxiety about protecting themselves and their families. Health workers require adequate personal protective equipment (PPE), training and regular updates that keep up with the newly generated information on Covid-19 management procedures and information on coping strategies. Where possible, reflective practice in small groups might provide an opportunity for health providers to share worries and coping strategies and encourage one another.
- **Close monitoring of health system resources** will be useful to provide key information necessary for updating the emergency response plan.
- Developing two-way approaches to **engage with the public and community users** about what's happening; to build and maintain public support for system actions

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