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Better Health at the Roots

Experiences in the Philippines and Guatemala and Some Lessons for Health Promotion

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1. Problem

A considerable problem is that health care managers and health politicians usually think they know it all. There is a wise Russian saying: "stupid people teach, smart people learn". Before teaching and preaching health care management we should try to discover smarter managers than us. Believing in the power of subsidiarity pays off.

2. Discovering good health (care) management at the roots

How can we discover good management at the roots? A contest for discovering good health care management was our choice in the Philippines, when advising government on a Health and Management Information System (HAMIS). We conducted three consecutive national contests on good health care management. For the contests we issued this message: "We are looking for innovative improvements in health care which contribute to increase

- Effectiveness meaning better outcomes from delivery of health care
- Efficiency meaning better management of resources for health
- Equity meaning improved access to health care for the poor."

Extensive launching campaigns were undertaken. All applications were submitted to a standardized three- or even four-fold peer review, including prestigious reviewers from Ministry, Universities, non-governmental organizations (NGO) and - later on - former winners of the contests. They scored the written applications according to six criteria: quality, innovativeness, effectiveness, efficiency, equity and sustainability. As many high score projects as possible were visited by a team of at three. A checklist of 73 yes/no criteria looked into details of management. Members of the site visit teams had to find a consensus with the reviewee on the applicability of each criterion on the project reviewed. The Selection Committees included the Minister of Health, Undersecretaries, Congressmen, Senators, NGO-representatives, university professors. They had to screen the top ranking projects, too. The presidents of the Philippines awarded the best - after three contests 160 ongoing local initiatives are awarded. Altogether, there were five awards the winners got at the same time: (1) prize money for strengthening and/or replicating the project, (2) national recognition as outstanding showcase of good health care management, (3) membership in the Federation of the HAMIS Winners, (4) sharing budgets from the Department of Health allocated for the Federation, (5) the use of the HAMIS Federation's Reassurance Fund in case of emergencies.

3. What is good health (care) management at the roots?

The winners of three contests give us many examples of good health care management and tell us some lessons that we shared from then on with other health managers. Examples are:

- a drug cooperative of a garbage recycling community demonstrates that self-organization and cooperation can save money for all in the catchment, not just for the members,

- a voluntary association of diabetic patients brings about private and public savings by early detection and counseling,

- a network of health oriented mother clubs of small islands communities underlines that good health care management should be comprehensive and comprehensiveness, sustainability and expansion is achieved if people understand and share it.

Impressions on good management at the roots: When trying to discover the "gestalt" of the winners we got to know that good management does not content itself with improving health care with resources that are already on hand and obvious. Good health care management does the right things despite scarcity of resources and immobility of institutions and people, or better: it does not accept the notions of scarcity and immobility but discovers untapped resources and forces to move ahead. It
1 discovers untapped resources in the sense of financial, material, moral and time resources, as for example through innovative ways of fund raising or using herbal plants or converting charity into economics or using the time of mothers of malnourished children,
2 mobilizes human and intellectual resources, as for example via empowerment of mothers and health workers and through better use of knowledge and information,
3 combines existing resource patterns resulting in multiplicative effects, as for example university training and health services or private and public health services or radio stations,
4 reconfirms productivity gains through self-organization and banding together, as for example through patient associations and drug cooperatives.
Good health care management in this sense is the more productive use of otherwise overlooked resources for the benefit of those in need.

Analyses of good management at the roots: Case studies on quite a number of HAMIS winners by five research groups from universities of the Philippines showed that good management can be found within a challenging or a supporting context. It can originate within an especially poor array of resources or with good resources at hand. It can start alone and from scratch, or might be reinforced by a wider and broader program, i.e. an institutional network or a comprehensive health and livelihood approach. Community organizations and volunteers can provide a proper back up. Such reinforcement can stem from many different realities. Nevertheless, the context seems to be not the decisive factor to predict good management. It is rather the human factor. It is the proper personality traits and leadership qualifications of the managers. Leadership means empowerment of partners, staff and target groups. One who excels in clarifying or even simplifying goals and objectives, especially at the earlier stages of a project. One who keeps the processes going on through smooth follow up and motivation. In the Philippines it is women that often play this role of a "guiding star" or "moving spirit" behind good health manage-ment. This - in a nutshell - are some findings of the extended case studies on some of the winners.

4. Managing good health (care) management from the roots to the leaves

We tried to learn ourselves from the winners. We used the winners as resources to improve health (care) management - this is a very decisive aspect of our approach.

- Mutual learnings: Mutual bilateral visits among winners had their impacts in several projects: replicable elements of some were

implemented in others as e.g. a cooperative extends into health insurance and herbal medicine. The number of HAMIS winners involved in herbal medicine increased from four during the screening of the applications to 20 just 20 months thereafter. This is what we cultivate as "healthy epidemics of infectious good ideas". Some of the winning health management components were approved and replicated as national programs: databoards, incentives for volunteer health workers, community drug insurances, water for life projects.

- Thematic clubs: Indirect support to the winners is being given by establishing "HAMIS Clubs", i.e. groups of similar projects which might learn from each other, e.g., through newsletters, visits, conferences or lobbying. These Clubs dealt with herbal medicine, community health workers, drug cooperatives, community health care financing and local health insurances. They were strong and smart enough to influence local and even national health policies, e.g. the national agenda on herbal medicine, the shaping of national bills regarding incentives for community health workers and the national health insurance law. HAMIS Clubs organize their own meetings, and conferences. An Academy of the HAMIS Winners of the Philippines was built up, too, to disseminate the winners' ideas.

- Associations of winners: The winners federated into the Federation of HAMIS Winners in the Philippines Inc., with the aim of networking and reinforcing the members, replicating achievements, and disseminating the message of good health care management. The Federation serves as a network for strengthening local centers of managerial excellence and for disseminating messages on good health management.

- Policy papers and policy pushes: The Department of Health commissioned the Federation of the HAMIS winners to draft policy papers on local health care financing, design licensing standards for private hospitals based on the winners experiences and test a strategy for expanding the HAMIS information tools. In addition to the special project funds mentioned, a regular line item in the budget of the Department of Health included funds for the operational expenses of the Federation. Additionally, a GTZ sponsored Reassurance Fund was build up to maintain, strengthen and/or replicate the projects that were awarded by the HAMIS Contests.

- Towards an elitist organization: Performance monitoring of the winners and their award money spending is being supported through a kind of peer review. The diamond winners are entitled to audit other winners. The Winners convene regularly to get updates on project achievements. Bilateral visits of the winners thereafter are a kind of social control within the winners' networks. Economic incentives are used: the upgrading of the best of the winners during the next contests. All projects participate in the selection of the next winners and in a mutual monitoring, which gets stricter as time goes by.

  When we did our first national HAMIS Contest in 1991 we did not expect that we had to award 52 projects and programs from all over the Philippines and representing all subsectors of health care. We discovered them as untapped resources and then we learned from them to mobilize the available resources, to combine them and to get productivity gains through self-organization and banding together. The Federation of the HAMIS Winners learned these lessons from the individual winners and turned them into social processes. This network gained productivity by banding together. It achieved national standing and impact. Grass-root managers turned to be advisors for national health policies and health law making in the name of six basic criteria: quality, innovativeness and

sustainability to achieve effectiveness, efficiency, and equity.

5. Learning from the roots for the roots

We usually assume that health care managers at the roots do produce good health - physicians, nurses, voluntary personnel, affected diabetic patients, and others. This is true but it is not the whole truth. Health is being produced by (genes and) lifestyles, mainly. The main producers of health are families, mothers, grandmothers and those who manage healthy lifestyles! This statement are based on two assumptions:

- 70 % of illnesses can be prevented by a proper lifestyle, e.g. drinking safe water
- 70 % of illnesses can be treated with informed self-help, e.g. home remedies and essential drugs

i.e. altogether just a few illnesses need doctors and professional help.

Nevertheless: we can learn from the grassroot managers discovered and convey their and our messages to the families. In the Philippines we used a GTZ family planning program to be a masterpiece for Family Health Management (FAMUS). In Guatemala we are trying it despite of many years of civil war that left the population in distrust with health care managers from outside. Our main message is: health production starts at the roots with prevention and self-help, based on the best knowledge of the best health care managers. These messages we disseminate by quite some health promotion techniques,

- health festivals with music, marathons and health-clowns try to attract people to come, to listen and to share (in Guatemala we empower and employ street kids to be the lead agents for promoting and initiating such festivals),
- street theater - life and in videos - dramatize the main illnesses and their prevention by young artists (in Guatemala we work especially with groups of street kids as artists and clowns)
- singing contests add health contents to the most popular songs (in the Philippines we got the most popular singer to promote our healthy drug stores),
- contests of children draw attention on health risks by drawing them (in Guatemala we combine it with activities to promote healthy schools),
- beauty contests do not give prizes to the prettiest but to those who know best and can disseminate smartest messages on prevention and self-help (in Guatemala we distribute health posters and messages a week before the festivals, so that those interested be can get prepared for it and keep the messages in their families),
- traditional family games during the festivals promote contests that give premiums like dental brushes, toothpaste, etc. (in the Philippines this issue was very much attractive with the poor)
- health stands in markets present posters, TV with healthy adds, contests, early risk detection, prevention and other items (in Guatemala we combine popular movies with health adds and contests on the contents thereafter),
- health promotion materials like aluminum pots with stickers underline how to prevent diarrhea (boil or chlorinate) (in Guatemala these very "appropriate books" are raising quite some emotions with the end users).

Many other techniques are being used and every day the participants and organizers get new ideas and excitements.

We linked these health promotion techniques to promote a special lesson learnt from a HAMIS diamond winner. Stimulated by an enlightened group of medical students, urban poor in a community of garbage collectors in Manila donated some seed money. This enabled voluntary community health workers to provide some preventive and medical care. This was complemented by services of volunteer doctors. More specifically, they collect half a dollar per month contributions from families. The contributions are according to family income but not according to family size thus having a progressive risk sharing component. The members avail of a 50% discount of the prices of drugs when buying prescribed drugs in the drug store. Others in the catchment get drugs at prices below retailers price. The lesson of this project is that self-organization and cooperation can save money for all in the catchment, not just for the members of the cooperative, and stimulate informed self-help.

Starting with a small social drug store as a lead agency is a main lesson learnt from our winners. It is quite justifiable in the Philippines and in Guatemala's setting. Drug availability and affordability are major problems:

- about 70% of the private health expenditure is spend for drugs,
- about 70% of the villages face serious problems related to the lack of medicine according to the perception of health workers,
- about 70% of illnesses can be treated by just a small number of essential drugs.

Specially trained volunteer health workers run these social pharmacies either in their own living quarters or in rooms given by the communities. Management is supervised and audited by committees representing public health care providers and local governments or NGOs. Products included in the our GTZ project in the Philippines were:
F first aid devices like plaster, cotton, gauze, and iodine
A affordable drugs for the most common illness episodes
M medicinal plants and traditional medicine approved after intensive studies
U understandable information on illness episode management and drug use, especially on prevention and self help
S safe motherhood and family planning devices, i.e. condoms and contraceptives (in the Philippines, not yet in Guatemala).
According to the prevailing illness episodes this product line might be expanded and especially according to what the communities decide to be decisive and what they save or get as seed money to build up revolving funds.

An important feature of the social pharmacies is that essential drugs are being provided at a lower cost than the retail price in the usual pharmacies. Three aspects can support this drive towards better prices: the number of buyers, and the continuity of purchasing a small spectrum of drugs, easy to handle by Volunteer Health Workers. In Guatemala we have a very specific and uniquely positive situation, which many countries could learn from. Once in a year government negotiates with providers a one-year supply of essential drugs for all government institutions with so called "open contracts", that give a right to accredited organizations to buy at these prices. A National Drug Accessibility Program empowers and entitles peoples organizations, NGOs, local government units and others to give basic training to health volunteers to run "botiquines" (smallest drug stores) supervised by a "venta social" (social selling unit of basic medicine) managed by a specially trained auxiliary nurse. Government and donors provide seed medicine or money to initiate sustainable revolving funds for these social drug stores that try to avoid selling medicine by promoting prevention and self-help.

These small social drug stores are a kind of community center at the grassroots that links families and health care, prevention and self-help,

informed folk medicine and formal health units. Support of these units is a most challenging program of health promotion. It is a tool for the future, a message for EXPO 2000. In the Philippines and in Guatemala we had learned from already existing initiatives of smart managers. We did not import this concept from our wise workshops in the white world. We just discovered it and patterned it into a complex and exciting program. Excitement was the most important production factor. Motivation and mobilization and excitement are that easy to stimulate in the Philippines. People there like it and they like fun and joy and pleasure - positive messages towards health instead of scholarly teaching and preaching. In Guatemala, during 36 years of civil war community initiatives were eradicated and even executed. By empowering and employing mainly professional indigenous women we were able, nevertheless, to share a similar excitement in Guatemala to promote a health promotion that empowers people for prevention and self-help and that contributes to health as something joyful and pleasant.

Peoples and community organizations, non-governmental organizations and the smartest health care managers available are encouraged to back up these social drug stores and health events: mother clubs, father clubs, youth clubs, clubs of bus drivers and other associations of the organized poor are identified and empowered to carry out and back up these activities. In the Philippines we used many of the 160 best health projects, which we discovered. In Guatemala we started with a survey of local health initiatives to try to get partners involved.

6. Discussion

"Stupid people teach, intelligent people listen and learn." This Russian saying is a decisive yardstick towards discovery and management of good health care. Total quality management can adopt the notion that there are many excellent and innovative ways to improve the quality of care when looking at the fingertips of managers - not just in situations of deprivation and poverty as in the poorest countries of the world. One of the most often overlooked resources are the good health care managers at the grass roots and in far flung areas. One of the overlooked resources are families who do it best. Let us dare to listen to people. "Volk wagen!" might be a relevant slogan. To discover the knowledge and wisdom of the roots and to bring it to the fore is a productive use of these resources. To combine them and to band them together and to give them the chance to influence health promotion and health policies and law making is another way to use the available resources more productively and to sustain them. This is the very meaning of decentralization and "subsidiarity".

7. Perspectives

Health is a product of the roots: families and smart local managers are the leaders. When dealing with health care we first should promote health production and later on illness reduction. Health promotion is a centerpiece of our strategies and it should be linked to the best knowledge at the roots and combined with excitements, joy and fun. Thus we might contribute to health - the human capacity to enjoy an economically and socially productive life.

8. References

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