The right objectives in health care planning

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In Dar es Salaam, United Republic of Tanzania, the traditional epidemiological approach to health service planning has been superseded by a process-oriented approach. The implications for managers are discussed below.

The objectives of health services are commonly stated in terms of epidemiological targets, for instance a reduction in mortality *(1)*. At the regional and district levels this approach leaves much to be desired. Health status is influenced by many factors in addition to health services, and impacts on health are difficult to measure. Pragmatic management methods, on the other hand, use process indicators of service functioning, which are comparatively accessible, but it is sometimes said that the result is to make managers lose sight of the goals of health care. These two approaches to health planning are compared in Table 1.

As in many other countries, health planning in Tanzania has been based on epidemiological considerations, the needs of the population for health services being expressed in terms of health status and disease profiles. In Dar es Salaam, however, there has been a move from the traditional epidemiological approach to a process-oriented approach, using a specific methodology *(2)*. In 1989 a project was initiated for improving the physical and functional status of the public health system in Dar es Salaam, with finance provided by the Tanzanian and Swiss governments *(3)*. The aims were to strengthen management capacities at the city and district levels, to rehabilitate the health service infrastructure, which had deteriorated since the early 1980s because of reduced resources and an increase in population, and to develop a health care strategy for the city.

In 1990 the project began supporting the city's three administrative districts in preparing their annual health plans. In each district the main planning responsibility lay with three health professionals. The process took six months, as the managers had first to collect information on morbidity at government facilities. Some of the plans were based on traditional epidemiological approaches, having such objectives as the reduction of maternal and neonatal mortality, while others were more service-oriented, aiming, for instance, to improve hygiene at health facil-

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Table 1
Epidemiological and managerial approaches to health service planning

	Planning model	
Stage of planning	**Epidemiological**	**Managerial**
Priority setting and strategy formulation	Health status data: morbidity, mortality and demographic patterns	Health sector problems; need and demand; existing service models, resources and personnel
Establishing service objectives	To meet epidemiologically defined needs by health services	To provide health care delivery that deals with identified health problems
Identifying indicators to monitor achievement of objectives	Health status measures (morbidity, mortality, fertility, nutritional status)	Service management and coverage measures (resources, activities, throughput, coverage)

ities. However, irrespective of the objectives, all the indicators were epidemiological measures of impact (Table 2). Thus the indicator for the objective of improving dental services was the rate of dental caries in children under five years of age. No target was set for any of the objectives.

Difficulty was experienced in defining activities that would lead to the objectives being achieved. The indicators of achievement were not easily measured and consequently the desired level of monitoring was not attained, with the result that the district health plans for 1992–93 and 1993–94 were not satisfactorily implemented.

For this reason the approach to planning for 1994–95 was modified. Larger numbers of administrators and professionals were involved in each district, and a more pragmatic outlook was adopted in respect of the managerial objectives. While accepting that the broad aim was to improve the health status of the population of Dar es Salaam, the planning groups translated this into objectives related to service delivery (Table 2). The selected indicators were not epidemiological; instead they were pragmatic process markers, not intended to provide a comprehensive measure of impact on health status but allowing targets to be set which could easily be monitored. These changes were seen as a step towards improving service efficiency.

Although national goals can be defined in epidemiological terms on the basis of monitoring through censuses or special studies, they cannot readily be translated into managerial decisions at district level. There are major problems in using mortality rates at this level for either making decisions about a health service or measuring its effectiveness. Thus, because of methodological difficulties, the impact on maternal mortality rates in a district would not normally be the best basis for detecting shortcomings in health service management. Furthermore, it would be unreliable, given the problems involved in identifying cases and the large population needed in order to make a confident rate estimate.

Planners should move away from specific objectives focusing on the achievement of epidemiological impacts and should adopt simpler process objectives reflecting decision-making in the health service. This can be expected to result not only in the development of more useful, easily measured process indicators but also to facilitate the setting of

Table 2

Some objectives and indicators in planning cycles, Dar es Salaam districts, 1991–92 and 1994–95

Year of planning cycle	Objectives	Indicators
1991–92	Reduction of maternal and neonatal mortality	Maternal mortality rate
	Improvement of conditions of hygiene in health facilities	Iatrogenic infection rate
	Improvement of dental services	Rate of dental caries in children aged under five years
1994–95	An increase in health workers' knowledge of the essential elements of antenatal and delivery care	80% of health workers involved in maternal and child health services should have received appropriate training
	Reliable and optimal drug supply and management in accordance with the level of care	Availability of prescribed drugs in government health facilities should have increased from 60% to 80%
	Community involvement and participation integrated into health services	In eight wards and at district level the primary health care committee should have initiated and supported the implementation of at least one community intervention by July 1995

targets. The use of such indicators in the monitoring of health systems has been advocated elsewhere *(4, 5)*, but it has only rarely been suggested that epidemiological objectives should be abandoned.

The experience gained in Dar es Salaam is a step towards testing improved service management through objectives based on what health workers do rather than on what they might contribute to, namely reduced morbidity and mortality. Such objectives pave the way for the establishment of readily measurable indicators of value in day-to-day management. ■

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