Business as usual in a changing world?

Some illustrative stories

Paul Bossyns

Jean Macq
The driving forces that keep business as usual...
Two worlds in equilibrium state

The world of ideas, policies and international declarations:
*International arena, consultants, academics, declarations, …*

The world of action and service provision norms, hierarchies, …
The world of ideas, policies and international declarations: equilibrium through repeated “fad waves”

« fads kill fads »
AND
« fads keep workshops, seminars, international declarations and academics alive »?
New fads are needed

The fads loose power

The chewing gum balloon blows

The panacea expressed in the form of a Chewing gum concept

enthusiasm for particular ideas or practices
New fads are needed

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PHC, PBF, district, stewardship, Aid effectiveness...
New fads are needed

The fads lose power

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The panacea expressed in the form of a Chewing gum concepts
“Fads”...Number of article citations on google scholar

- "budget support" project
- "development" health
- « Universal health coverage »
- "Referral system" AND "hospital" AND ("health centre" OR "health center")
- “complex adaptive system” AND “health system” or "health care"
The « champions » time

The fads loose power

New fads are needed

The chewing gum balloon blows

The panacea expressed in the form of a Chewing gum concepts

The « opponent» or « resistant » time

The « gurus » time
The world of action and service provision: equilibrium through budget control, quick and measurable results

Budget control, well defined interventions, and objectively measurable results
A fashionable (chewing gum) concept as an objective

Strengthening fashionable concepts or generating new fads

A budget with planning of expenses

An evaluation « proving » that it works / does not work

A well defined set of interventions

A set of objectively measurable « outcomes »
The «implementer» time:
An overlooked moment?

The «planners» time:
Translation of a chewing gum concept into a simple recipe

The «evaluator» time:
Searching linear causality between intervention and «outcome»

- A fashionable (chewing gum) concept as an objective
- A budget with plans of expenses
- A set of objectively measurable «outcomes»
- An evaluation proving that it works / does not work
- Strengthening fashionable concept or generating new fads

The «implementer» time:
An overlooked moment?
Two worlds in equilibrium but disconnected?

The world of ideas, policies and international declarations:
*International arena, consultants, academics, declarations, …*

The world of action and service provision norms, hierarchies, but also «politics» and «power struggle»

Chewing gum concepts

Prove that «it does(n’t) work»
So, Business as Usual: the « nirvana »

Enthusiasm for particular ideas or practices that become a panacea...

...Translated through simple and well defined interventions...

...To reach objectively measurable results
So, Business as Usual: the « nirvana »

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A simple recipe
So, Business as Usual: the « nirvana »

- Enthusiasm for particular ideas or practices that become a panacea...

- Translated through simple and well defined interventions...

- To reach objectively measurable results

A simple causal relation
Challenging the driving forces that keep business as usually: 2 stories ...
Business as Usual: referral system in Niger

- Enthusiasm for particular ideas or practices that become a panacea...
  - The referral system between HC and hospital is a key element of health care system

- Translated through a simple and well defined intervention...
  - Radio communication system, ambulance vehicle, financing system « fuel »-participation

- To reach objectively measurable results
  - Number of evacuations
This should logically work!

But
An emergency evacuation system: trivial and self-evident

The initiative:

• First supervisory round: 2 maternal deaths in 2 days
• Empty hospital for 250.000 population
• Radio communication system, ambulance vehicle, financing system « fuel »-participation
• In a few years: from 12 to 75 evacuations; tremendous success !!??
Introduction radio and ambulance system
Introduction radio and ambulance system

Hospital upgrade
Introduction radio and ambulance system

HC Nurses refuse referral

Population does not accept referral for small children

Hospital upgrade

Counter referral
Introduction radio and ambulance system

Hospital upgrade

HC Nurses refuse referral

Population does not accept referral for small children

Counter referral

Free health care
Free Health care

Counter referral included systematically into supervision

HC Nurses ‘refuse’ referral
Manage clinical competences
Manage communication

Introduction radio and ambulance system

Hospital upgrade:
Blood transfusion
C-section
Malnutrition clinic

Population does not accept referral for small children

Parallel malnutrition clinics by MSF

Optimising the referral system

Supervision of hospitalised patients at HC level

Poverty

The linear logic

Multi-causal, multi-actor, unexpected, all elements influence each other....
An emergency evacuation system: systems management

- Critical incidents make the system visible
- Ambulance + communication: necessary condition
- Management of the system: building evidence, understanding, decisions: «reflective action»
- Unpredictable: NOTHING was planned
- Different elements and complex interactions, multi-stakeholder
- Time: 8 years
Business as Usual: Changing a fee-paying system in Senegal

- Enthusiasm for particular ideas or practices that become a panacea...
  - Reaching universal coverage through de-commercialization of the hospital

- Translated through a simple and well defined intervention...
  - Change of the fee-paying system and introduction of third party payer

- To reach objectively measurable results
  - Hospital production
This should logically work!

But
De-commercialisation of hospital care

Initial situation:

- Fee-paying per act causes inaccessibility and lack of transparency
- Experience from similar situation in DRC: flat fee payment schemes alter hospital performance
De-commercialisation of hospital care

After introduction:

• Drugs available, care accessible, hospital use increases
• But: a march on Dakar, local drug sellers with Imams
• Sudden danger for the complete system
De-commercialisation of hospital care

• Decisions are based on experience applied in similar situations
• Strategic entry points, short term consequences possible
• Sudden *pervasive* effects: unpredictable
• Multi-stakeholder: opposite agendas: relativity of ownership
• Need for management, constant reflection, reflective action, building the system
Overall (theoretical) Lessons learned

• *Micro interaction explain macro behavior*
  – Health care systems are complex (adaptive) social systems
  – Understanding interaction between agents can sometimes explain the overall system behavior

• « *Observing* » the *Dynamic behavior of the system is the best way to understand it*:
  – Simple causality is NEVER the « rule »
  – Explanation of a phenomena (the behavior of the system) can only be understood backward
Overall (practical) Lessons learned

- Implementation process is central in evaluation
- Building the capacity of the system to manage uncertainty rather than controlling the intervention implementation, as it was planned
Build a well-functioning system: the project as an adaptive element in a system

- Implementation follow-up
- Endogeneous understanding of system functioning
- Experience sharing
- Shared vision of desired development
- Local innovation
- Flexible pilot project-program design/adaptation
- Key lessons learned
- Shared vision of desired development