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CHAPTER 37

Managing pharmaceutical programs

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SUMMARY

Although management means different things in different contexts, all managers are responsible for the activities and accomplishments of their organization. Good management is about ensuring reliable operations that serve clients, staff, and other stakeholders in their efforts to reach common goals. As a result of the manager's actions, the organization successfully and consistently does what it is supposed to do.

Managers must balance their time among the four activities of crisis management, routine administration, control and supervision of operations, and long-term program development. They are called upon to fulfill the roles of—

- **Leader:** providing direction, motivating staff, maintaining liaison with other organizations
- **Coach:** using a coaching style of interaction to improve employee performance
- **Communicator:** maintaining networks of formal and informal contacts, disseminating information, serving as spokesperson
- **Decision maker:** allocating resources, deciding on program change and development, solving problems, negotiating

Organizations need good leadership to move toward a better future and good management to make sure that current operations run smoothly and efficiently, and produce the intended results. Leading means enabling others

to face challenges and achieve results under complex conditions. By using their adaptive skills, managers who lead are able to achieve results even when conditions are very difficult and resources scarce.

Effective managers require technical, analytical, and interpersonal skills. They set priorities based on the urgency, relevance, effect, future consequences, and growth of competing issues. They follow systematic processes for decision making and problem solving. Necessary skills can be acquired through formal management training programs and practiced in formal and mentoring situations.

The management process, which is at the hub of the pharmaceutical management framework, consists essentially of three basic functions—

- Planning (see Chapter 38)
- Implementation
- Monitoring and evaluation (see Chapter 48)

Improvements in pharmaceutical systems involve change; leading well requires continuously adapting to changing conditions in the environment and helping others to do the same. To manage change effectively, managers who lead must understand the forces driving internal and external change, the sources of resistance to change, and the principles for successfully managing change.

37.1 Managing and leading a pharmaceutical program to produce results

Part III of this manual, Management Support Systems, takes a look at the knowledge, values, practices, and skills required to manage organizations, finances, information, and people and to successfully lead change efforts to improve current operations. The preceding sections on selection, procurement, distribution, and use presented the technical core of the pharmaceutical management framework. Management support systems form the hub of this framework (Figure 37-1). This chapter explores the requirements for creating a strong hub for pharmaceutical management.

Failing programs and organizations have demonstrated that neither abundant resources nor excellent technical skill can guarantee success. If management or leadership or both are not well executed, the organization will not be able to fulfill its mission or will do so with unnecessary effort and significant waste of resources. Although managing and leading are critical organizational functions, they are often taken

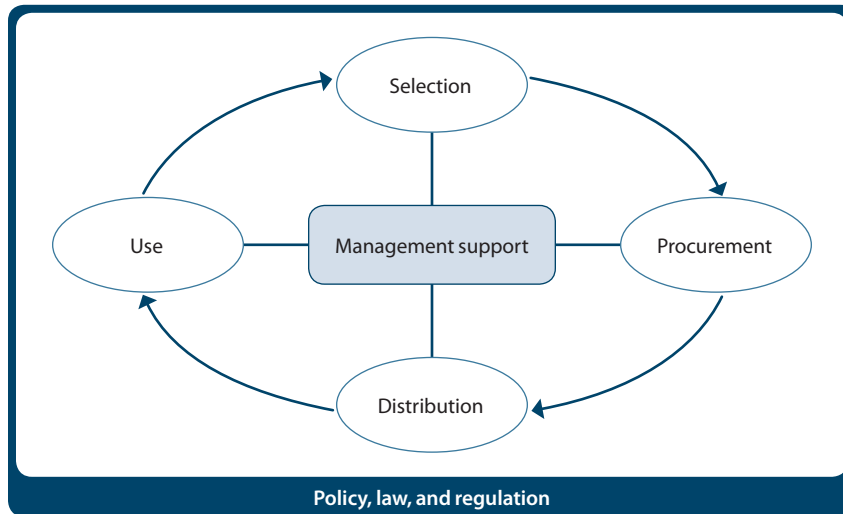
for granted. This chapter provides new and experienced managers with a practical framework for assessing and improving their own and others' management and leadership practices and skills.

Managing for performance

As a prerequisite to receive funding, an increasing trend in performance-based development aid requires health programs to establish and meet measurable objectives (see Chapter 14). Such results, in pharmaceutical management as in any other specialized area of management, must be directly linked to improved delivery of services to the population, always with a view toward improved health for all people in the country or in the population served by the public health program.

Achieving results in pharmaceutical management by meeting program objectives requires action by individual staff members as they work together as a team toward common objectives. Establishing individual performance-based

Figure 37-1 Pharmaceutical management framework



Source: CPM/MSH 2011.

objectives is a participatory process in which managers and staff members set goals that are then used to periodically assess performance. Using performance-based objectives provides the link between overall program implementation activities and individual staff performance. Section 37.3 covers monitoring individual objectives in more detail.

To provide the desired level and quality of services, organizations or programs need to make sure that—

- Management systems are well designed, fully operational, and maintained by appropriately trained people. Management systems are the structures, processes, and procedures that managers develop to help staff do their work. Managers use systems to inform, organize, and track progress in performing these tasks.
- The work climate is positive and promotes staff motivation and dedication to produce intended results. Work climate refers to the prevailing mood of a workplace or what it feels like to work there. It is the environment related to staff motivation, including working conditions, managerial support, acknowledgment, and encouragement.
- The organization or program is able and prepared to continually adapt to changing circumstances, which includes the ability to anticipate and adapt to changing conditions in the internal or external environment. This capacity relies on staff resilience, empowerment, optimism, openness to learning, creativity, and ability to communicate with partners from other ethnic, social, gender, and organizational groups.

The manager's role is to make sure that these three conditions are met in the workplace. A positive work climate,

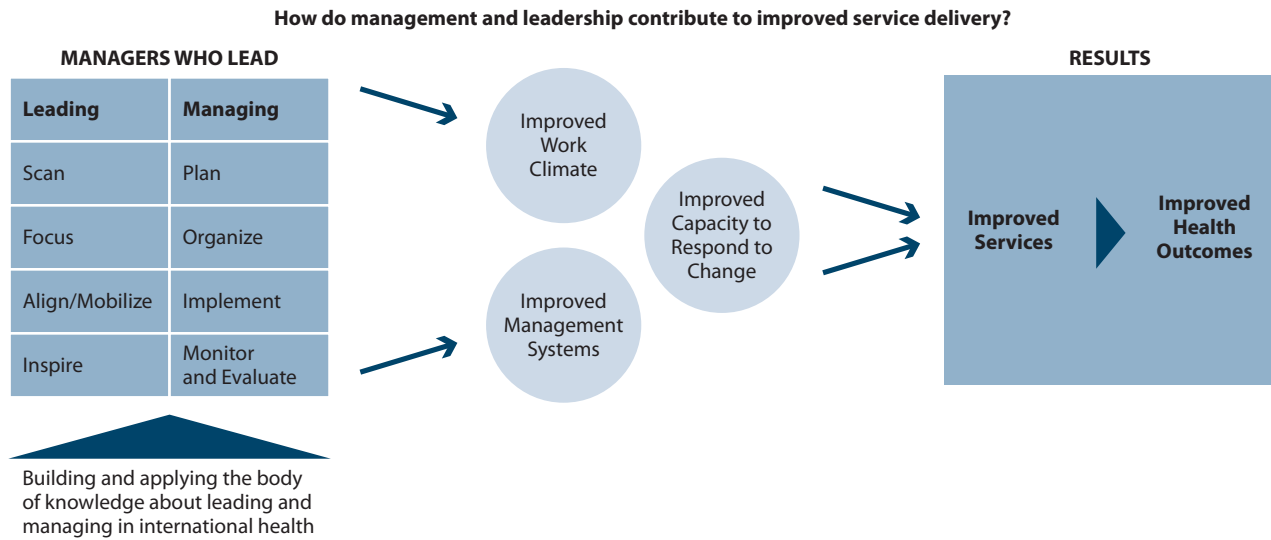
strong management systems, and openness to learning all foster an organization's capacity to respond to a changing world (Figure 37-2).

Managers and leaders

People often refer to one person or another as a good manager or a good leader. Such statements are usually intuitive, and when pressed to describe the difference between leading and managing, many people find it hard to do so. What exactly is the difference? *Managing* means organizing the internal parts of the organization to implement systems and coordinate resources to produce reliable performance. *Leading* means enabling others to face challenges and achieve results under complex conditions. Modern organizations and the increased understanding of how people function have led to a different concept of management methods. Table 37-1 contrasts the attitudes and style of traditional and modern methods.

People who manage well are good at planning and organizing. They make sure that processes and procedures, staff, and other resources are used in an efficient and effective manner. Good management is about ensuring reliable operations that serve clients, staff, and other stakeholders in their efforts to reach common goals. As a result of a good manager's actions, the organization successfully and consistently does what it is supposed to do—it is trustworthy to its clients, supporters, and suppliers. Trustworthiness helps the organization maintain its funding flows, goodwill from supporters, and reputation for reliable results. Although good management and the establishment of sound management systems form the foundation for the organization's work, they do not always guarantee the desired results.

Figure 37-2 Leading and managing for results model



Source: MSH 2005a.

Managers with new tools and systems often get the same outcomes as before, unless they *lead* others to use these systems well, periodically adapt tools and systems to meet changing needs, and manage the organizational context.

Leading well requires continuously adapting to changing conditions in the environment and helping others do the same. By using their adaptive skills, managers who lead are able to achieve results even when conditions are very difficult and resources scarce. They make sure that they are always well informed about opportunities and threats. They continually inquire into their own, their organization's, and their staff members' strengths and weaknesses. They are able to develop a compelling vision, get key stakeholders to buy into that vision, and then focus organizational efforts on achieving it. They mobilize people, resources, and goodwill around the vision and keep everything moving in the right direction. They inspire and encourage staff to overcome obstacles that obscure the vision, recognize the contributions of everyone, celebrate successes, and learn from mistakes.

Pharmacists as professional leaders

Pharmacy professionals, because of their technical training and unique expertise in systems management, have much to offer in public health policy making and leadership, especially as part of the global effort to increase access to medicines and scale up major public health programs, such as antiretroviral therapy. Although representatives from all health professions—medical, nursing, pharmacy, health administration—should be involved with public health planning and implementation, often the pharmacy profes-

sion does not play as strong a leadership role as it could in public health decision making, whether at the national, regional, or facility level. Although pharmacy staff are valued for their role in supply management, the contributions of the profession to patient care and to promoting the rational use of medicines is often unrecognized and under-resourced, and the pharmacy staff members' clinical skills are often underused. The International Pharmaceutical Federation recommends that "governments and international organizations with a focus on health should recognize the unique contribution pharmacists can make, through their technical expertise, to improving access to medicines for people in developing countries" (FIP 2005). More important, however, pharmacy professionals, themselves, through their professional organizations as well as through individual efforts, should work toward strengthening their role as leaders at all levels of the health care system, mentor the next generation of leaders in the profession, work to improve access to medicines through use of ancillary dispensers, and, when appropriate, position the pharmacy profession at the forefront of public health policy development and implementation.

37.2 What makes a successful manager who leads?

Organizations need both good leadership to move toward a better future and good management to make sure that current operations run smoothly, efficiently, and produce the intended results. The notion of "managers who lead" makes sure that both areas are covered.

Table 37-1 Comparison of traditional and modern managers

Traditional manager	Modern manager
Acts as authoritarian figure, critic	Acts as facilitator, coach
Is concerned about structure and procedures	Is concerned about objectives and results
Tries to succeed alone	Succeeds through the success of the team
Pushes staff to focus on manager's needs and concerns	Encourages staff to focus on the program's needs and concerns
Gives little feedback	Gives positive feedback and constructive negative feedback
Is critical; discourages individual initiative	Is supportive; coaches staff to take initiative
Uses threats to control staff	Uses encouragement and support to motivate staff
Uses one-way, top-down communication	Uses two-way communication
Is secretive	Shares information
Knows all the answers	Recognizes the expertise of other team members
Holds decision-making authority; makes decisions single-handedly	Involves staff in decision making
Decides not only what should be done but also how it should be done	Allows staff to participate in deciding what should be done and defining how they can best do it
Resists change; views change as a threat	Welcomes change as a source of improvement
Is concerned with punishing people for doing a bad job	Helps people do a better job
Creates fear, which discourages staff from asking questions and making suggestions	Creates a sense of security; staff ask questions and make constructive suggestions

Sources: Adapted from Ivancevich et al. 1994; Rees 2001.

The tasks of a manager

Managers in every part of the world have something in common: their days are filled with four quite different sets of tasks, all of which require their attention—

- Crisis management
- Routine administration
- Control and supervision of operations
- Long-term program development

Crisis management—or “fighting fires”—can consume entire days or sometimes entire weeks: an overdue proposal to a donor, a shipment of emergency medicines stuck at the port, an outbreak of meningitis in one part of the country, a break-in or robbery at the regional store in another part of the country. Many such crises are actually preventable through better management of activities, but learning to respond quickly and decisively—and not to overrespond or to overcommit scarce resources—is an important part of becoming an effective manager.

Routine administration includes the whole range of day-to-day activities involved in receiving reports, managing staff, making decisions, and generally conducting the business of the organization or program. These activities are necessary but can often be managed more efficiently through delegation and other skills described in other management support chapters.

Control and supervision of operations is the formal or even legal responsibility of the manager. He or she must ensure that the work is done in compliance with national or institutional regulations and requirements. Controlling and supervising is a true balancing act. Too much supervision and too much control will discourage employees from developing initiative and resourcefulness, which creates a fearful and demoralized workforce. Too little control and too little supervision nearly always produce unnecessary crises and leave employees feeling abandoned, create opportunities for leakage and graft, and risk noncompliance, thus leaving the manager and the organization vulnerable to sanctions.

Long-term program development concerns a task that is important, even critical, to long-term survival and program success. Because it is never urgent at any particular moment, long-term program development always receives less attention than the urgent and important tasks. Nevertheless, failure to plan and implement needed changes often increases the number of management “fires” and makes even routine administration less efficient and more time-consuming than it should be. Unfortunately, many managers are so consumed by the first three tasks that they make little time for long-term program development.

An effective manager who leads must balance attention to these four tasks—responding promptly to crises, efficiently handling routine administrative work, and exerting the

right amount of control and supervision while still attending to the long-term growth and development of the program or organization.

The practices of a manager who leads

A study of successful public health managers who lead (MSH 2005b) showed that, despite differences in style and personality, they all did similar things: they continually scanned, they focused, they aligned and mobilized, and they inspired. These are the particular practices of good leaders. They also planned, organized, implemented, and monitored and evaluated. These are the practices of good managers. Effective managers who lead constantly and consistently use these eight practices to produce intended results. The leading and managing practices described in the leading and managing framework (Figure 37-3) offer specific practices to improve organizational performance and sustain performance over time.

The skills of a manager who leads

Most health program managers have climbed up through the ranks and have been promoted because of their technical skills and knowledge. Technical skills, therefore, are rarely an area of weakness. Nevertheless, any health program manager has to have a certain minimum amount of practical and theoretical knowledge as well as a set of practical skills in the professional discipline relevant to his or her job. These skills may relate to pharmaceuticals, medicine, logistics, accounting, epidemiology, public health, infectious diseases, and so on.

Because all managers have responsibility over budgets, they have to be familiar with the basics of financial management, such as preparing, managing, and monitoring budgets; assessing value for money in people and projects; and doing a cost-benefit analysis. They should also be able to read, understand, and manipulate financial data pertaining to their program or organization.

Managers who lead need another set of skills, however, unrelated to their level of technical expertise in their area. The following skills become increasingly important as the scope of a manager's authority, influence, and responsibility increases—

Priority setting: Focusing attention and action among multiple options and interests

Managing time: Making good use of time to align personal and organizational goals

Problem solving and decision making: Using analytical abilities, pragmatism, and other tools to resolve complex problems and make the right decision in a variety of contexts

Coaching: Mastering a comfortable coaching style and using it strategically to improve performance

Communicating: Communicating both orally and in writing and relating to a broad range of people within and outside of the organization

Negotiating: Arriving at understandings and agreements with a broad range of people inside and outside the organization or program

Managing change: Adapting to and thriving in times of internal or external change

In addition, computer skills have become indispensable. Managers who lead should be comfortable using word-processing, spreadsheet, database, presentation, and other software applications that are relevant to their work. They should be able to use the potential of the Internet to its fullest, for both research and communication. The skills listed here are discussed in more detail in Sections 37.4 and 37.5.

The values of a manager who leads

Values guide the manager who leads as he or she makes choices about how to serve staff, clients, and partners. Positive leadership has a strong ethical component that is missing from negative leadership. Those who lead with an eye on the common good are sustained by their values; positive leaders communicate their values frequently, and those values are visible in all their actions. In contrast, negative leadership draws on people's fears. It uses reward and punishment and depends on including some people and excluding others in the exercise of power and authority and in the distribution of rewards.

Managers who demonstrate positive values gain the respect of their staff, and they easily attract others to join them in pursuit of a vision of success as they display these values in their everyday life—

Integrity and commitment: People respect leaders for their ethics and personal commitment. People who are honest and ethical are credible to others who value integrity. A manager who leads who strongly believes in serving a greater good can avoid the temptations that often come with power.

Respect and trust: Respecting others means being willing to listen to their points of view and their needs. Respect builds trust over time, and trust is the foundation for developing productive relationships. Successful managers who lead nurture respectful work relationships with subordinates, colleagues, and superiors. They create new connections to broaden their own network and spend time improving existing relations that are problematic.

Courage: One job of leaders is to set an example for taking calculated risks that do not endanger the organization, its mission, or individuals. People who lead do not give up if they fail; they find the courage to reengage. Supported by their networks of trusting relationships, they find

Figure 37-3 Leading and managing framework: Practices that enable work groups and organizations to face challenges and achieve results

Leading	Managing
<p>Scanning</p> <ul style="list-style-type: none"> Identify client and stakeholder needs and priorities Recognize trends, opportunities, and risks that affect the organization Look for best practices Identify staff capacities and constraints Know yourself, your staff, and your organization—values, strengths, and weaknesses <p>ORGANIZATIONAL OUTCOME</p> <p>Managers have up-to-date, valid knowledge of their clients, the organization, and its context; they know how their behavior affects others</p>	<p>Planning</p> <ul style="list-style-type: none"> Set short-term organizational goals and performance objectives Develop multiyear and annual plans Allocate adequate resources (money, people, and materials) Anticipate and reduce risks <p>ORGANIZATIONAL OUTCOME</p> <p>Organization has defined results, assigned resources, and an operational plan</p>
<p>Focusing</p> <ul style="list-style-type: none"> Articulate the organization's mission and strategy Identify critical challenges Link goals with the overall organizational strategy Determine key priorities for action Create a common picture of desired results <p>ORGANIZATIONAL OUTCOME</p> <p>Organization's work is directed by well-defined mission, strategy, and priorities</p>	<p>Organizing</p> <ul style="list-style-type: none"> Ensure a structure that provides accountability and delineates authority Ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan Strengthen work processes to implement the plan Align staff capacities with planned activities <p>ORGANIZATIONAL OUTCOME</p> <p>Organization has functional structures, systems, and processes for efficient operations; staff are organized and aware of job responsibilities and expectations</p>
<p>Aligning/Mobilizing</p> <ul style="list-style-type: none"> Ensure congruence of values, mission, strategy, structure, systems, and daily actions Facilitate teamwork Unite key stakeholders around an inspiring vision Link goals with rewards and recognition Enlist stakeholders to commit resources <p>ORGANIZATIONAL OUTCOME</p> <p>Internal and external stakeholders understand and support the organization goals and have mobilized resources to reach these goals</p>	<p>Implementing</p> <ul style="list-style-type: none"> Integrate systems and coordinate work flow Balance competing demands Routinely use data for decision making Coordinate activities with other programs and sectors Adjust plans and resources as circumstances change <p>ORGANIZATIONAL OUTCOME</p> <p>Activities are carried out efficiently, effectively, and responsively</p>
<p>Inspiring</p> <ul style="list-style-type: none"> Match deeds to words Demonstrate honesty in interactions Show trust and confidence in staff, acknowledge the contributions of others Provide staff with challenges, feedback, and support Be a model of creativity, innovation, and learning <p>ORGANIZATIONAL OUTCOME</p> <p>Organization displays a climate of continuous learning and staff show commitment, even when setbacks occur</p>	<p>Monitoring and Evaluating</p> <ul style="list-style-type: none"> Monitor and reflect on progress against plans Provide feedback Identify needed changes Improve work processes, procedures, and tools <p>ORGANIZATIONAL OUTCOME</p> <p>Organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge</p>

Source: MSH 2005a.

support and courage to take necessary chances, make tough decisions, and face criticism or personal failure. By example, they encourage others to take calculated risks as well.

Openness to learning: Effective managers who lead are open to learning and inspire others to do the same. Their open minds are evident in their eagerness to continually learn and acquire knowledge and information. They initiate approaches to learning with others. This openness to learning and anticipation of the need to change allows a nimble response when the time comes to change old habits or long-standing practices.

The attitudes of a manager who leads

Effective managers who lead are recognizable by their mind-set. A *mind-set* is a habitual way of interpreting and responding to situations, which results from beliefs that are shaped by personal history and the surrounding culture. Such beliefs may be about the power of an individual to change a situation, the innate goodness or trustworthiness of others, or the assumption that the value of a person depends on his or her position in society.

For example, if a manager believes that people have something to contribute, he or she will find ways to encourage participation and shared learning. If a manager believes that individuals can make a difference, he or she will look for opportunities for thinking and working creatively together to achieve common goals.

By changing his or her view and interpretation of a situation, or by questioning deeply held beliefs, a manager may see new avenues for action that were hidden before. Therefore, being flexible enough to change one's viewpoint may reveal new possibilities for action and for success. These capacities are particularly important for managers who lead. These "leader shifts" are fundamental to effective leadership. Each of the following five leader shifts represents a series of changes in perspective that occur when people deepen their understanding of themselves, others, and the environment—

- From a belief in heroic actions to a preference for collaborative action that builds on the strength of a group of individuals to produce sustainable results
- From a state of despair or cynicism, where problems and obstacles appear to be insurmountable, to a place of hope and dreams, where multiple possibilities present themselves to make things better
- From a tendency to blame others for problems or failure to take the initiative, taking ownership of challenges, and working together to do something about them
- From frantic days filled with unrelated activities carried out for their own sake to purposeful work directed toward achieving results that matter
- From a preoccupation with oneself and ways to satisfy one's own needs to a concern with the greater good and a sense of responsibility toward others and society as a whole

These shifts are not easy to make or sustain, because a person's own needs, habits, and worries can interfere at any time. By being mindful of these issues, managers who lead can make corrections when they see that they are becoming busy but unproductive or are being drawn into a state of despair. They can stop themselves when they feel the urge to blame someone else or when their own needs begin to overshadow the greater good.

37.3 The management cycle and leading and managing practices

Program management activities are cyclical. To move from idea to result, the manager has to complete a set of activities through a series of phases: the planning phase, the implementation phase, and the monitoring and evaluation phase. This loop is continuous, because each evaluation contains the seeds for a new plan, and each plan is only as useful as it is feasible and implemented. Implementation is only successful if program goals and objectives are met, which is determined through monitoring and evaluation.

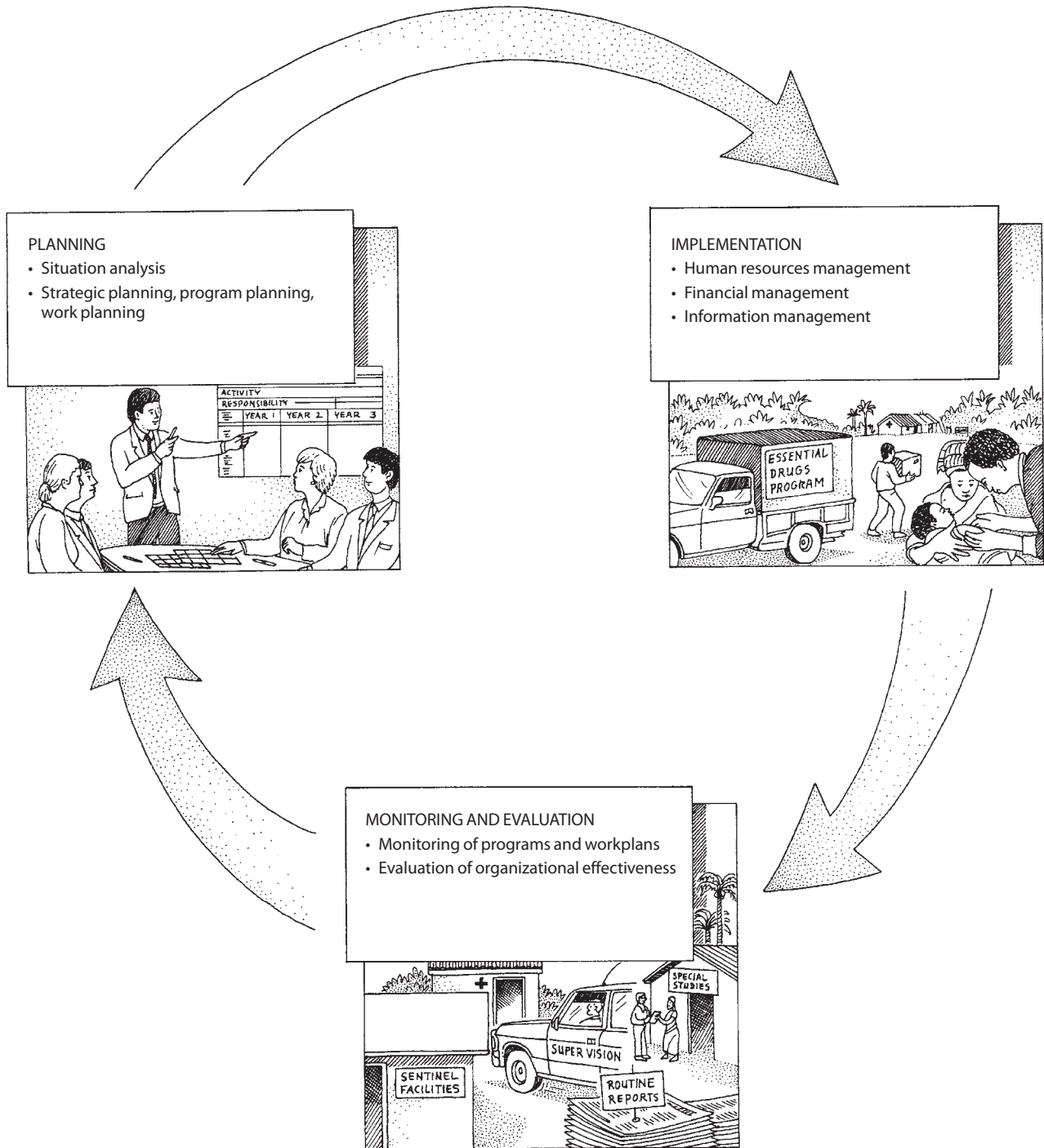
To make sure that the activities related to the management cycle are well managed and led, the manager draws on a particular set of management and leadership practices for each phase of the cycle (Figure 37-4).

Planning phase

In this phase, all major decisions regarding the use of human, financial, and other resources have to be made. During this phase, indicators are established that will allow later monitoring and evaluation. Although all managing and leading practices are required during this phase, the most critical practices are—

- *Scanning* to ensure that relevant and critical information about the current situation, key actors, strengths, weaknesses, threats, and opportunities is available, understood, and analyzed
- *Focusing* to set priorities among the many competing needs and interests and to identify key stakeholders and major variables, so that the best program approaches, broad goals, and strategies can be established
- *Planning* to set specific objectives and targets, determine implementation strategies, define activities and tasks, assign responsibilities, and allocate the resources needed to implement the plan and reach objectives

Figure 37-4 The management cycle



In all health programs, three main levels of planning exist, differing in purpose, time frame, and level of detail—

1. *Strategic planning*: This is planning with a long-term focus, usually more than five years and possibly as much as twenty-five years into the future. Such plans are concerned with the overall effectiveness and direction of the program or organization, and they establish or confirm a common vision of what the organization or program is meant to achieve. National development plans, national health policies, and national pharmaceutical policies are forms of strategic planning.
2. *Program planning*: This is planning with a medium-term focus, and it seeks to establish major objectives, activities, and resources needed for a specific program or organization over a three- to five-year period. Essential medicines program master plans and most large, multiyear project proposals are forms of program planning.
3. *Work planning*: This is planning with a short-term focus (usually six to twelve months), indicating for each major objective the specific target outputs, required tasks, individual responsibilities, schedule, and budget. Work planning also includes operational planning, such as that required to produce a national formulary manual, renovate a medical store, or conduct a major educational campaign on rational medicine use. Strategic plans and program plans that lack workplans are of little practical use.

To maximize the chance of success, those who will be involved in implementing a plan must be involved in formulating the plan. For strategic plans, senior ministry or program officials may have to be involved. For program plans or annual workplans, the staff of the program, department, and units involved should participate in plan formulation.

Chapter 38 describes in detail the planning process, the three levels of planning, and various planning methods.

Implementation phase

During the implementation phase, the plans are put into action. This phase usually requires most of a manager's time and energy. The work that is done during the planning phase provides the foundation for implementation; the better and more realistic the plan, the more likely that this phase will start well. The true test of a good plan is in its implementation: can the manager transform money, information, people's energy and skills, and other resources into the intended outcome?

The following managing and leading practices are particularly important during the implementation phase—

- *Aligning and mobilizing* to make sure key stakeholders are engaged and all possible resources are fully mobilized toward the planned activities
- *Organizing* to make sure that the right resources are available and usable at the right time at the right place and that people have the skills to use them
- *Implementing* to ensure the smooth progress of activities, coordinate with others, solve problems, remove obstacles, and make timely decisions
- *Inspiring* to create and support the commitment that sustains and nurtures people's efforts over time, especially when they are encountering setbacks or problems in their work

The effective functioning of the various management systems is especially important during the implementation phase. Specific aspects of implementation are discussed in other chapters of this manual, including—

- *Organizational structure for pharmaceutical supply* (Chapter 8): alternative models for pharmaceutical supply, centralization versus decentralization of pharmaceutical supply systems
- *Human resources management* (Chapter 51): staff selection, job descriptions, support and supervision, communication, delegation, motivation, and discipline
- *Financial management* (Chapter 41): budgeting, cash planning, costing, accounting, financial control, and reporting
- *Information management* (Chapter 49): information needs, information systems, and use of information for decision making

Monitoring and evaluation phase

The next phase in the management cycle is monitoring and evaluation. Although closely related, monitoring and evaluation are two distinct activities.

Monitoring starts during the implementation phase and is, in fact, an integral part of it. *Monitoring* is the process of observing implementation activities and comparing actual performance with plans. Objective indicators, developed during the planning phase, help track performance against targets. Objectives should be SMART—specific, measurable, appropriate to the individual or unit, realistic, and time-bound. They should also be written down. Objective indicators may specify performance levels for ongoing activities or plans to complete new tasks.

Examples of individual performance objectives within an essential medicines program would be—

- For the training officer: ensure that ongoing education programs contain a module on rational medicine use

- For the chief supplies officer: ensure that stock record-keeping is properly maintained
- For the district pharmacist: ensure that appropriate data, such as consumption rates for individual medicines, overstocks, and shortages, are collected and used for decision making

Methods of monitoring these performance activities may include carrying out random stock and record checks or requiring submission of quarterly reports on pharmacy data.

Monitoring allows the manager to take action when a discrepancy occurs. Program monitoring is done through supervisory visits, routine reporting, the use of sentinel reporting sites, and special studies (see Chapter 48). In addition, the staff members or units and supervisors should review individual progress on a regular basis. The review should assess progress toward each target, identify implementation problems, make any required changes in the targets, and suggest additional inputs required to achieve the targets. Actions may include providing corrective feedback, reallocating staff or other resources, adjusting plans and targets, or requesting additional information.

Evaluation is a periodic assessment of progress toward achieving long-term objectives and goals. Whereas monitoring is concerned with whether activities are being implemented as planned, evaluation is concerned with the overall relevance, effectiveness, efficiency, sustainability, effect, and future of the program. Evaluation builds on information gathered for monitoring purposes, but it requires additional information. Evaluation methods are also useful in pharmaceutical sector assessment for project planning (see Chapter 36).

In this phase, all the leading and managing practices are required. If the monitoring activities show that progress is being made, and if evaluation indicates that objectives and goals have been reached, the practice of inspiring becomes easier because nothing inspires people as much as being successful. The manager who leads needs to acknowledge all contributions to the success.

Chapter 48 describes monitoring and evaluation methods, the use of indicators, common pitfalls, and ways of using the monitoring system to improve performance.

37.4 Skills for managers who lead

For most people, training is a significant motivator, and most people look for opportunities to develop and grow professionally and personally. Skill development, whether self-directed or imposed, requires awareness, willingness to learn, training, and practice. Part of the planning phase requires an assessment of whether staff members have the required skills to implement the plan. If training is needed,

adequate resources (time and money) need to be reserved for this purpose.

Those concerned with pharmaceutical management policy increasingly recognize the need to support the strengthening of management and leadership skills. This reinforcement can be done on the job through coaching programs, by giving people assignments that challenge them to go beyond their current skill level, through continuing education schemes, or by participating in formal training programs.

A promising approach to management and leadership skill development is the enrollment of complete work teams in management and leadership development programs. In these programs, which can be face-to-face or Internet based, natural work teams select a real work challenge and learn the skills, practices, and values that will help them overcome the challenge and produce intended results (MSH 2005b).

Setting priorities

Priority setting is the skill of focusing attention and action among multiple options and interests. Devoting time to one problem or decision means that another must wait. All phases of the management cycle require priority setting, and the practice of *focusing* makes this possible.

In the *planning phase*, the manager has to decide what to plan for and what not; in the *implementation phase*, the manager has to make choices about how staff members use time; and in the *monitoring and evaluation phase*, the manager has to decide what to monitor and what to evaluate, because resources will never be enough to monitor and evaluate everything.

Managers are constantly faced with questions about which decision should be made first and which problems should be solved first. How much time and effort should be allocated to a specific problem or decision? What tasks should be delegated to other staff? To set priorities, managers need to ask themselves several questions—

Urgency: Many issues seem urgent, but which ones really have a critical requirement with an absolute deadline or time limit?

Relevance: Which issues are most central to long-term strategic plans and goals?

Impact: Which issues are likely to have the greatest impact on major program activities?

Future consequences: Which issues present the greatest threat to or the greatest opportunity for the future of the program?

Growth tendency: Which issues will get worse if they are not addressed sooner rather than later?

In general, issues should receive high priority if they are urgent, are likely to significantly affect future activities, or are

likely to become worse if left unattended. The dilemma is that these high-priority issues are usually also the complex issues that require complex responses that cannot be addressed by the manager alone, whereas the simple, less urgent, or unimportant issues can be easily done and checked off a to-do list, thus giving the illusion of progress and successful action, yet having little or no significant impact.

An important principle for setting priorities is *management by exception*. With this approach, the manager expects staff to handle all decisions, problems, and activities, except for those that are of special importance, have long-term consequences, or are unusual in some way. This system allows the manager to focus on those issues that really need his or her attention. Management by exception is similar in some ways to the 80-20 rule in ABC analysis (see Chapter 40). It allows managers to focus on the most important areas. Management by exception can be applied to a variety of management tasks—

- Program development efforts should focus on the key aspects of pharmaceutical policy implementation that present the greatest difficulties.
- Routine reports should be reviewed to identify districts, facilities, or activities that are doing exceptionally badly (so that corrective action can be taken) or exceptionally well (so that they can be acknowledged and learned from).
- Follow-up supervisory visits should be made to regional depots, districts, or health units that are known from routine reports or other information to be having the most problems.

Management by exception and the key priority-setting questions apply mostly to the allocation of human resources. Chapter 38 discusses setting priorities for financial and other tangible resources as part of the planning process.

Managing time

Staff time and personal time are resources that need to be managed. Wasting time diverts a manager from important tasks. The most frequent time wasters include—

- Random activities (“busy-ness”) that do not contribute to specified objectives
- Failure to set priorities
- Absence of deadlines
- Unnecessary or badly structured meetings
- Visitors arriving without appointments
- Telephone or e-mail interruptions
- Too little or too much information
- Attempts to do too much in too little time
- Overemphasis on easier, more routine work at the expense of harder tasks

- Long breaks and social chat
- Inability to say no

To avoid wasting time, the following techniques may be useful—

- Be clear on your own and your team or organization’s vision.
- Identify measurable results as milestones toward the vision.
- Clarify objectives by writing them down.
- Establish in the morning at least one good outcome for the day (“this will be a good day if I accomplish . . .”) and then focus your attention and effort on achieving it.
- Keep a log of how days are spent, and review it.
- Reserve the best time of the workday to concentrate on the most important task.
- If necessary, negotiate with your supervisor to take work to a quiet place—the unoccupied office of someone on leave, a nearby library, or home—when an assignment must be finished.

Time is one resource that is equally available to everyone and distributed in a finite way; only twenty-four hours are available in a day. When time is frittered away, it is lost forever. A manager who makes good use of time to align personal and organizational goals is investing well in his or her own future as well as the future of the program.

Decision making and problem solving

Decision making is a skill that requires a combination of analytical thinking, pragmatic considerations, and intuition. Many tools are available that can help in this process. Successful management requires prompt, thoughtful responses to the problems that inevitably arise when plans are put into action. This is the art of effective implementation. Some managers are very good at both decision making and problem solving; others defer decisions, avoid problems, or make impulsive responses that create new problems.

Although they are different in some respects, decision making and problem solving can both be approached through a seven-step process, which requires the management and leadership practices of scanning and focusing—

1. Review the basic objective.
2. Define the decision to be made or the problem to be solved.
3. Assess the situation to determine the cause of the problem.
4. Identify alternative solutions.
5. Compare the alternatives, using defined criteria.
6. Select and implement the best decision or solution.
7. Follow up and adjust.

Decision making and problem solving can go wrong at any of the seven steps, but some of the following common mistakes can lead to bad decisions or unworkable solutions.

Losing track of the original objective or solving the wrong problem: The basic problem must be clearly identified. Managers may be presented with a problem of inadequate financing for pharmaceuticals when the real problem is that the procurement unit is wasting money by not following the essential medicines list. Or considerable time and money may be invested in renovating and reorganizing the central warehouse to improve the supply system when the real problem is that staff members are not adequately trained or motivated.

Failure to properly assess the situation or the causes of the problem: If the causes of a problem are thoroughly understood, the solution is often obvious. It is therefore important to identify what additional information is needed to adequately understand the situation. If a stockout of amoxicilline occurs, for example, the manager needs to know whether it is because the medicine was not ordered, not shipped, not delivered, or consumed more rapidly than expected.

Failure to identify all relevant alternatives: Managers who act too quickly may achieve poor results because they have not considered the options or consulted key stakeholders who could have pointed out previously unnoticed issues. Similarly, managers who avoid decisions and problems may do so simply because they have not made the effort to identify reasonable alternatives.

Lack of clear criteria for selecting among alternatives: If what is to be accomplished is clear, the criteria for choosing among alternatives will be easier to define. Sometimes cost is a major factor; sometimes it is time.

Failure to follow up and adjust: Things seldom work out exactly as expected. Managers must be willing to adjust their actions on the basis of experience. Lack of follow-up, leaving people to their own devices when new behaviors are needed, laziness, carelessness, or stubborn unwillingness to adjust to experience are likely to waste resources.

One effective way for managers to improve decision making and problem solving is to ask staff to go through these steps themselves before coming to the manager. They should present the manager not only with a question or a problem but also with a list of alternative courses of action, a recommended course, and the reasons for the recommendation. The manager can then make the final decision. With staff members doing the basic problem solving, the decision is likely to be better and require much less time and effort.

Managers who maintain control by acting as if or believing they are the only source of answers and solutions may resist this approach. But as the quality of decisions—and

with it, program performance—improves, the manager will soon appreciate the benefits of the new approach.

Coaching

Coaching is a conversation in which the coach is committed to the development and success of the person being coached. A coach helps the other person clarify her commitments and intended results, see new possibilities and actions, and expand her range of behavior choices. Coaching also helps the person understand his own contribution to recurrent problems and see the consequences of choices made. Ultimately, coaching is intended to help the other person think more clearly and see new ways of achieving intended results. However, for a person to be coached, he or she has to want to learn and change, be open to feedback from others, and be willing to take responsibility for his or her own actions.

A coach does not evaluate and judge, blame, criticize, scold, or give solutions. An effective coach builds a relationship of trust and support, cares about the person being coached and has his or her growth in mind, listens well, and asks questions to clarify and illuminate a goal or challenge. Some of the questions a coach might ask are—

- What are you committed to achieving?
- What have you achieved so far?
- What obstacles are you facing?
- Why do you think you are stuck?
- If it could turn out exactly as you dreamed, how would it turn out?
- What actions could you take to overcome your obstacles?
- What support do you need from others?
- How can I support you?

Coaching is a good vehicle for the manager to give the underperforming person a warning and a chance to improve. Sometimes poor performance is simply a matter of mismatched expectations or the complete absence of feedback. When no feedback or no adverse reaction results from poor performance, the staff member may conclude that performance is either up to standards or does not matter. Perhaps current policies, procedures, and flow of resources support and reward mediocre performance. And finally, staff may not have the skills to do well.

The manager should prepare for the coaching conversation before meeting with the staff member. Preparation will help the manager avoid being sidetracked from the planned conversation in case strong emotions surface (such as crying, shouting, making threats). Review what happened, separating feelings and thoughts from facts or observations, and then reach a decision with the person that reengages him or her in the task at hand.

By mastering a comfortable coaching style and using it strategically to improve performance, the manager who leads will be able to deal more effectively with difficult personnel issues.

Communicating

The manager who leads is the central focus for receiving and disseminating information. He or she needs to be able to communicate orally and in writing to various stakeholder groups, including not only staff members, peers, and bosses, but also people outside the program or organization.

Disseminating information to staff members helps them in their work. Insecure managers trying to protect their jobs sometimes purposefully withhold relevant information from subordinates. Sadly, by failing to support subordinates in their work, the manager increases the chances that the program will perform poorly, which in turn reflects badly on the manager.

Good communication will permit the manager to build a network of formal and informal contacts. This network is an invaluable source of information for scanning so that the manager can monitor changes, opportunities, problems, or misunderstandings that may affect the work. Networking is especially important in formalized relationships, such as those between ministries (finance and health, for example) or between programs and their donors.

Feedback is an important part of communication. If staff members do not know whether they are performing below standards, they cannot take corrective action. Often, managers avoid giving feedback about poor performance because it makes them uncomfortable. After all, giving someone bad news is not easy. Such avoidance can be devastating for individuals, however, and in the end, an unnecessary delay makes the conversation even more awkward and uncomfortable than it needs to be. The easiest way to give feedback is to alert the person ahead of time; seek a quiet place where the conversation cannot be interrupted, disturbed, or overheard; and review the things that go well, the things that need improvement, and finally, the things that need to stop. If the manager provides feedback in the right manner, an employee will be able to hear it without becoming defensive. Feedback can also become a motivator for change and improve the quality of information submitted to the manager.

Communication skills require an acute awareness of how messages are being transmitted, such as tone of voice, phrasing, and even use of words. Using simple and descriptive language and avoiding jargon are important. Simple and clear language that avoids confusion or double meanings is especially important when communicating with people from other cultures—whether professional, ethnic, or socioeconomic. Many potential misunderstandings are entirely preventable by paying more attention to language.

Senior-level managers often have to serve as spokespersons and present program needs and activities to higher officials, to donor organizations, or to the community. For such written or oral communication, the manager needs to think through the purpose and desired outcome of the report or presentation. Is it for information only or is some sort of action expected? Before composing a written communication, whether for oral presentation or for a report, the manager needs to consider the following questions—

- What is the purpose of the communication?
- Who is the audience?
- What is the expectation that the audience will retain?
- What is the audience, or selected parts of the audience, expected to do as a result of the communication?

Presenters of PowerPoint slides need to follow a few simple rules—

- Use only a few slides and use them as a presentation guide.
- Avoid reading the exact text from a slide.
- Use no more than five lines of five to six words each per slide.
- Distribute dense tables or long lists of statistics as handouts rather than putting them on slides.
- Practice the presentation with people who are likely to give honest feedback.

Negotiating

Negotiations usually happen either to create something new that neither party can produce on its own or to resolve a problem between two parties. Therefore, negotiating is a critical skill for managers who lead. Whatever the reason for the negotiation, managers need to be able to reach understandings and agreements with a broad range of people inside and outside their organization or program.

Each negotiation involves two factors: the substance of the negotiation (what is being negotiated) and the relationship between the two parties. To deal with the substance of the negotiation, the manager needs to present and defend his or her own point of view to establish his or her voice in the negotiation. But the manager also needs to establish and nurture the relationship with the other party in the negotiation. Different negotiating circumstances and partners require different tactics, and the manager has to decide which is more important—the relationship or the substance of the negotiation; sometimes they are equally important.

Pharmaceutical system managers often have little power within their larger organizations, which makes negotiation skills especially important for them. The basis for their power lies mainly in their knowledge and information. Managers need to plan their negotiations carefully by rec-

ognizing good opportunities to open a negotiation, thinking about the best timing for negotiations, and presenting good evidence to support the case.

Planning for a negotiation requires three steps related to the leading and managing framework (see Figure 37-3)—

Step 1. Characterize the substance of the negotiation. This step requires the practice of scanning.

- Find out as much as possible about what each party brings to the table (for example, skills, information, experience).
- Recognize factors that make each party vulnerable and plan how to deal with them.
- Develop alternatives to a negotiated agreement.
- Seek fresh perspectives from others.
- Anticipate reactions from the other party to the presented viewpoint and proposals.

Step 2. Attract the other party to the table, which requires the practice of aligning and mobilizing.

- Make sure the other party sees that entering into the negotiation will be of value, and that this value will not be available otherwise.
- Make negotiation unavoidable by showing that no one has an alternative to a negotiated agreement or that not negotiating will result in an undesirable change for the other party.
- Level the playing field by establishing authority and credibility. When the negotiator is lower in status than the other party, getting explicit authorization from a superior is helpful.
- Build support for the agenda by using allies as intermediaries, strategic partners, and promoters of the cause.

Step 3. Make the personal connection, which requires the practices of scanning, focusing, aligning, and mobilizing.

- Invest time and energy in relationship building, participation, and staying engaged.
- Get everyone to take ownership of the problem by pointing out the negative consequences for all of not reaching agreement.
- Take a critical look at your own situation in order to separate fact from fiction or belief.
- Be open to listening to the other person's situation, appreciating his or her feelings, ideas, and need to save face. Look for links between the two situations.

As an example, a hospital pharmacist negotiating for a budget increase to add a computerized information system might need to—

1. Look into what competing priorities for resources the hospital administrators are juggling.

2. Enlist the support of colleagues in other departments, such as clinicians and nurses, whose performances are affected by service in the pharmacy.
3. Present the case for how a computerized pharmacy system will provide information to clinicians on patient adherence levels and adverse drug reactions and information to administrators, who need to compile monthly reports on patient treatment for donors and the ministry of health. Present the case that the computer will not only make a measurable difference in pharmaceutical service quality, but also will help the hospital meet overall performance objectives.

It is important to recognize, however, that sometimes the other party is playing by different rules and is unwilling to engage in a fair negotiation. The power imbalance between the two parties may simply be too great, turning the negotiation into a win-lose battle. Managers need to recognize this situation and be prepared to cut their losses (and try to do better next time).

37.5 Managing change

Leading is by definition related to change, because leaders take their followers to a place in the future that is different from the current situation. Improvements in managing pharmaceutical systems involve changes in policy, organizations, and individuals. Successful development is in many respects the management of change, and an organization that does not change eventually fails.

Change occurs at different levels and magnitudes, from restructuring the entire supply system to simply introducing a new dispensing register, or from launching a comprehensive national medicine policy to changing generic labeling requirements. Strategic planning may lead to major changes, whereas annual workplans generally involve smaller operational changes.

Effective management of change depends on an understanding of forces for change, resistance to change, and principles for successful change management.

Forces for change

Forces for change may come from within or outside the organization. Internal forces include pressure from individuals genuinely seeking to improve the program, from ambitious individuals pursuing their own ends, or from individuals and groups who are dissatisfied.

Sources of external pressure for change can include parts of the government or society, groups working globally, or specific donors. Such external pressure may arise from economic factors, political forces, or philosophical differences.

External pressure may also arise from trends toward democratization, decentralization, or privatization.

Managers who do not recognize and respond to change forces risk being overwhelmed by them. Many directors of medical services and program managers have lost their positions because they failed to appreciate the need for change and did not exert leadership in managing change.

Resistance to change

Resistance to change is a normal human response that is more likely to interfere with the change process if the change is imposed without any consultation with those most affected by it. Common sources of resistance to change include—

Personal self-interest: People resist change when they perceive it as a threat to their status, power, or personal finance; in short, when the change represents the loss of something that is significant. This situation includes instances where vested interests are being threatened. Anyone who is benefiting from the current situation is likely to resist the proposed change.

Bureaucratic inertia: Bureaucracies develop structures, policies, and procedures of their own: “We’ve always done it this way.” The response to change can be to subvert it with innumerable delays, diversions, and other barriers.

Habit: People resist change in organizations, but they also resist changing themselves. Most people find comfort and safety in the familiar.

Fear and uncertainty: Change generally involves some risk. Although things are supposed to get better, they could become worse if the change is unsuccessful.

Conformity and peer pressure: If new warehouse procedures or computerization of procurement systems is seen as a threat to jobs, co-workers may pressure colleagues to undermine the changes.

Rejection of outsiders: Changes are sometimes designed, proposed, or advocated by outsiders to the system and may bring in new managers or staff. Changes associated with outsiders are often resisted, regardless of the potential benefits of the changes themselves.

Understanding the sources of resistance to change can help identify ways of reducing this resistance, described below in the section on principles for managing change.

Changing management systems

Improving the performance of essential medicines programs often means developing and implementing new management systems or strengthening existing ones and developing the capacities of staff. Examples include the

process for selecting essential medicines and publishing the results; the committee structure, procedures, and forms used for tendering and other procurement activities; and the inventory control system and delivery schedule for distribution.

Effective management systems are rarely developed by people sitting behind a desk, and management systems never implement themselves. Too often, new management systems are designed in isolation and implemented without adequate testing. To increase the chance that the proposed changes are implemented, four key steps are necessary—

Step 1. Assessment of needs: What are the management needs? The procurement system for a program that buys medicines only from a few established international low-cost suppliers is likely to be quite different from one that buys through open international tender.

Step 2. Interactive system design and testing: In an interactive design process, those responsible for developing new systems work closely with operational staff. For example, new district systems can often build on innovations developed by an individual district or several health facilities. Procedures, recording systems, or reporting forms can be tested and revised at selected sites.

Step 3. Implementation training: Training based on general management concepts often has limited impact. But implementation training is an indispensable part of management development and should be as practical as possible and include a visit to facilities that have already implemented the new systems.

Step 4. Focused supervision: Training alone will not ensure implementation of new systems. Considerable follow-up supervision, focused on those units that are having the greatest difficulty, is often needed.

The concept of interactive system design is especially important. Staff members tend to resist centrally designed systems that fail to consider local needs or practical constraints. Most important, experienced operational staff members have clever ideas and solutions of their own to contribute. Interactive system design should not be seen as a totally democratic process in which everyone’s ideas are adopted. Instead, it is a creative but pragmatic process in which the most demonstrably useful ideas are incorporated into the final design.

Phased implementation

When new management systems, reporting forms, or other major changes are introduced, the manager needs to make sure that all affected parties are aligned and mobilized around the proposed change. For example, introduction of a new standard treatment manual or ordering system would begin with a national workshop for key staff

from provincial hospitals, followed several months later by provincial-level workshops for key district staff within the province. Finally, each district would hold workshops for its staff.

Phased implementation has the following advantages—

- It is more practical than introducing changes at all levels and all sites at the same time.
- It allows some real-world testing and revision of new systems before national implementation.
- It allows the public to adjust to new ideas and provides some flexibility in the timing of expansion to other levels. This gradual introduction is especially important when the proposed change has political ramifications, such as the introduction of user fees.
- It allows time for training and follow-up at one level before moving to the next level; when the new system has become fully functional at the initial level, facilities at that level can serve as training sites for the next level (see Country Study 37-1).
- Senior medical and administrative staff at one level who have become familiar with the new system become more effective advocates and supervisors at the next level.

Phased implementation may start at the central level and move to the provincial or state, district or regional, and local

levels; it may also be geographical, thereby completing the introduction of new systems in one area, province, or state before moving to the next.

Force field analysis

Force field analysis is a technique for identifying driving forces, those forces that push toward an objective, and restraining forces, those that stand in the way. The balance of these forces determines the point of equilibrium.

Implementing change or solving problems involves unbalancing the forces and shifting the equilibrium. The analysis has three steps—

1. *Diagnosing*: Identify all driving and restraining forces.
2. *Unfreezing*: Find ways to reduce restraining forces, strengthen driving forces, or find new driving forces.
3. *Refreezing or redefining*: Reestablish the equilibrium at the new target point.

Force field analysis uses a brainstorming technique, which is ideal for management teams. It enables a logical, systematic review of any problem or change situation, facilitates a comprehensive discussion of factors and possibilities, and is a highly participatory planning method that enhances teamwork. See Box 37-1 for more information on force field analysis.

Country Study 37-1

Using learning sites to phase in the implementation of antiretroviral therapy programs in Kenya

An antiretroviral therapy (ART) learning site is a health facility where the facility managers, ART program staff, and partners collaborate to apply, integrate, and maintain best practices in ART pharmaceutical management system and services. The facility staff then serve as leaders and mentors, and the facility serves as a practicum site for training and promoting high standards for health commodity management.

The Coast Provincial General Hospital (CPGH) in Mombasa was the first facility in Kenya that integrated comprehensive HIV care and treatment into existing services, and CPGH became Kenya's first ART learning site as the country began scaling up ART. CPGH's package of services included clinical, pharmaceutical, laboratory, psychosocial, and community linkages.

Arranging site visits to and mentoring relationships with the learning site is an effective strategy to prepare staff who are about to start providing ART pharmaceutical services. The objective is to give pharmacy staff hands-on experience in managing inventory and dispensing

antiretroviral medicines, quantifying consumption, and medication counseling and to familiarize them with tools and record keeping. The learning site experience also allows the pharmacy staff members to exchange information on their challenges and lessons learned and to give them a reference point as they make changes at their own sites.

Pharmacy staff from Coast province and other provinces that used CPGH as a resource strengthened their own facilities and then became pharmaceutical management learning sites modeled on CPGH. In addition, the two national teaching and referral hospitals, Kenyatta National Hospital and Moi Teaching and Referral Hospital, adopted the CPGH model for ART pharmaceutical services. Eventually, the success of the learning site model resulted in Kenya's National AIDS/STD Control Program adopting it in support of the country's goal of providing universal access to HIV care and treatment. Its decentralization strategy for HIV services is anchored in learning sites.

Box 37-1
Force field analysis

Force field analysis is a technique for analyzing the forces in an environment that can drive or restrain change. Force field analysis involves the following steps—

1. Write the objective at the top of a flip chart.
2. Draw a line down the middle of the sheet.
3. Brainstorm and list on the right-hand side all the restraining forces: those factors in the situation that will have a negative influence on the achievement of the objective.
4. On the left-hand side, list all the driving forces: those that will have a positive influence on the achievement of the objective. (It is important to put down only those factors that are actually present in the current situation, not what would be desirable in the future.)

After the force field has been fully set out, strategies for creating change can be developed.

5. Draw a line under the list in the left-hand column and write “Action Points.”
6. Analyze the array of forces that has been constructed. Consider how the positive ones can be strengthened or augmented and, more important,

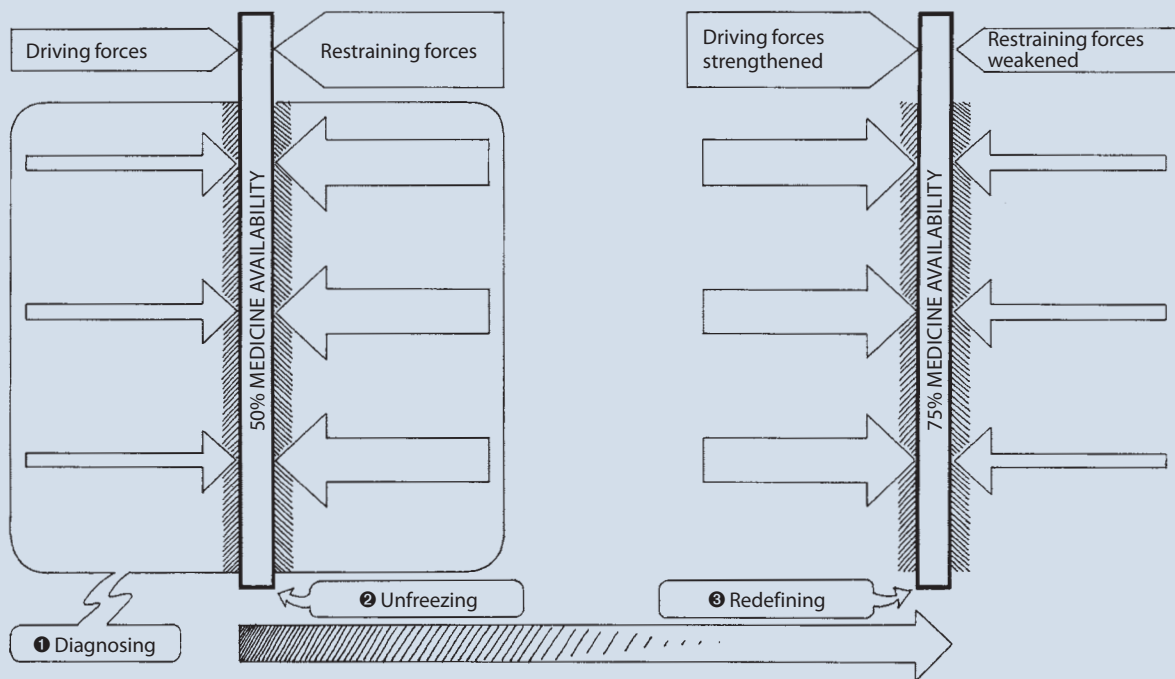
how the negative ones can be eliminated or counteracted. The questions to be asked at this stage are—

- Can any of the restraining forces be reduced?
- Can any of the driving forces be strengthened?
- Can any new driving forces be found?

7. In light of the foregoing analysis, list action points that will be helpful in achieving the objective.

In the accompanying figure, the objective is to move from a current level of 50 percent pharmaceutical availability (vertical bar on the left) to a level of 75 percent pharmaceutical availability (bar on right). The first step is diagnosis—identifying driving and restraining forces. Below are some of the forces that might come out.

Driving forces	Restraining forces
<ul style="list-style-type: none"> • Political pressure to solve medicine availability problem • New pharmaceutical management leadership • Up-to-date essential medicines list • New training on rational use of medicines 	<ul style="list-style-type: none"> • Interference in procurement process • Poor quantification practices • Lax storage and distribution system • Overprescription by health workers



Source: Fisher 1991.

Principles for managing change

Success depends on the magnitude and circumstances of the change as well as on the organizations and people affected by it. It is important to understand the responses people have to change and provide support and encouragement that are appropriate to where people are in their own process (see Figure 37-5). The following suggestions are useful in overcoming resistance to change and in managing change only when a manager has a clear sense of direction and purpose—

Know yourself: Managers should recognize their own reactions to change and their strengths and limitations.

Learn how others feel: Using both direct and indirect channels of communication helps managers assess reactions to change and adjust the change process.

Know the organization: Any organization has both a formal structure of reporting relationships and informal channels of influence. Understanding the organization, often with the help of others, is important to planning and managing change.

Generate “ownership” through participation: The seeds of success or failure for change are sown even before the change has been fully planned or implemented. Involving potential supporters and implementers early in the process generates a sense of ownership.

Use reason: Make the case (as in a legal argument) for the proposed change by pointing out the pros and cons of the change, showing the consequences of not addressing it.

Debunk myths: Directly (but tactfully) challenge myths stemming from long-held beliefs, wrong or outdated ideas, or misinformation passed on by others.

Share the credit: Part of generating a sense of ownership among staff involves sharing the credit. Leaders who capture the credit for themselves are likely to find themselves alone at a critical point in the process.

Look for win-win strategies: Change is more likely to succeed if every interest group benefits in some way. Generic medicine substitution can benefit both customers and retail pharmacists if the pharmacist is allowed to make a higher mark-up on a much less expensive medicine.

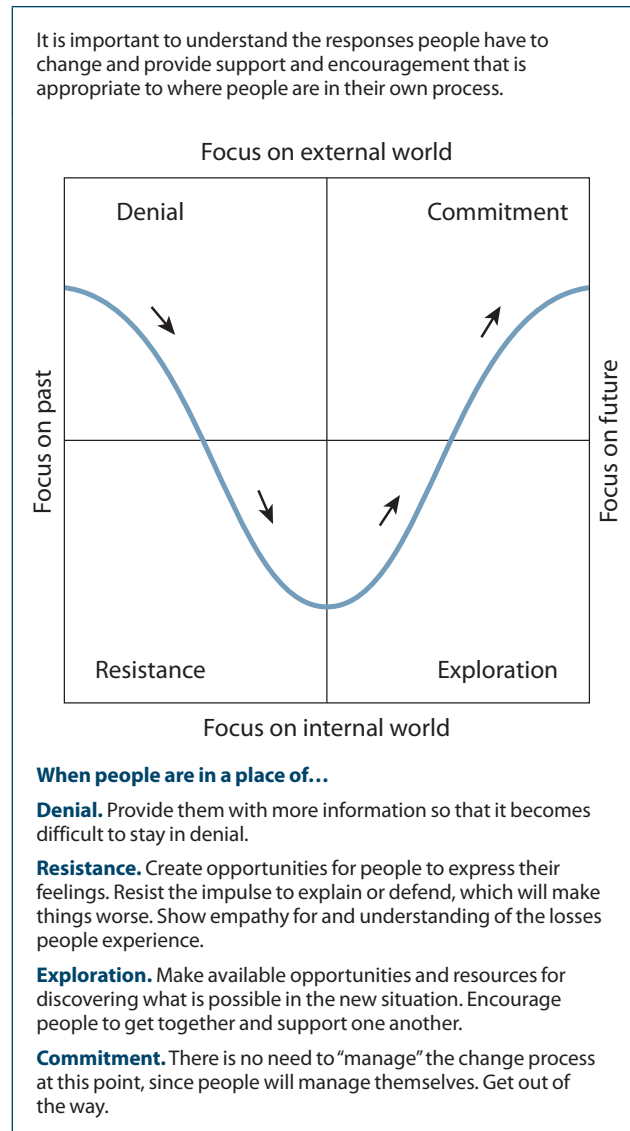
Develop a sense of timing: People often expect and want policy and program changes when the leadership changes. New governments and new managers provide an opportunity for change.

Share information and educate: Much of the resistance to change comes from fear and uncertainty. These can be reduced by clear and open communication with staff.

Recognize that people take in information in different ways: Some need to see numbers presented in graphs or tables. Others prefer to see pictures or hear quotations.

Tell a compelling story about the vision and show how the changes are inevitable.

Figure 37-5 Working with people’s responses to change



Source: Scott and Jaffe 2010.

Describe the vision in a variety of ways: Provide opportunities for people to “try on” the new vision for themselves.

Facilitate and support: Fear and anxiety can also be reduced if managers listen, show concern, and support staff in their effort to understand and adapt to change.

Be persistent: Change does not happen immediately. Successful change often occurs slowly, step-by-step. A gradual approach, with occasional retreats (two steps forward, one step back), is sometimes the best way to succeed.

Reinforce the desired new behaviors or practices: Provide resources and rewards (which may include publicity, public recognition, awards, extra resources, or

opportunities for growth) to those who apply the new behaviors or practices.

Use force sparingly: Threats of firing, reassignment, loss of privileges, or other forms of coercion may be necessary to manage specific individuals or groups. Such measures should be used selectively, and only when other approaches have not worked; threats that are not carried out soon become hollow. ■

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ASSESSMENT GUIDE

Tasks, practices, skills, values, and mind-sets

- How do managers divide their time between crisis management, routine administration, control and supervision, and long-term program development?
- To what extent do managers use the eight management and leadership practices?
- Are the managers up-to-date on their technical skills?
- To what extent are the managers financially literate and computer literate?
- What are the strengths and weaknesses of senior managers with respect to the essential management and leadership skills (setting priorities, managing time, problem solving and decision making, coaching, communicating, negotiating, managing change)?
- To what extent do managers set priorities based on the urgency, relevance, impact, future consequences, and growth of issues? Do they manage by exception?
- How frequently do managers have contact with operational staff? Do they involve staff in planning, decision making, and problem solving?

- Do managers and staff members jointly set performance targets and use them to monitor performance?

Management cycle

- Can managers articulate the management and leadership practices for each of the three phases in the management cycle?
- What levels of planning take place—strategic planning, program planning, work planning?
- Does the planning process involve staff members who are responsible for implementation?
- Are new management systems designed with input from operational-level staff? Is implementation phased? Are staff trained in the use of new systems?
- Does regular monitoring take place? Are monitoring results used to make corrective adjustments?
- Are evaluations focused on the program or project's relevance, effectiveness, efficiency, sustainability, and impact?

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Glossary

- Activity:** An action aimed at achieving a particular objective.
- Delegation:** The assignment by a manager of an activity, task, defined scope of authority, or responsibility to a staff member under the manager's supervision.
- Evaluation:** A periodic assessment of progress toward achieving long-term objectives and goals. Monitoring and evaluation are the third phase in the management cycle.
- Force field analysis:** A planning technique used in change management to identify driving forces, those forces that favor a particular change, and restraining forces, those that stand in the way of change.
- Goal:** The general aim toward which the organization or program is striving.
- Implementation:** The second phase in the management cycle; the process of putting a plan into action by organizing and directing the work. It involves managing people, money, information, and other resources to achieve intended results.
- Indicator:** Criterion used to measure changes, directly or indirectly, and to assess the extent to which the targets and objectives of a program or project are being attained. Indicators should meet the criteria of clarity, usefulness, measurability, reliability, validity, and acceptance by key stakeholders.
- Information system:** The system of records kept at offices, storage facilities, and clinical facilities; forms that are used to communicate supply needs, consumption data, and other information; reports that summarize the data from records and forms for planning and evaluation purposes; and procedures that coordinate the use and flow of these documents.
- Management by exception:** A technique in which the manager expects staff to handle all decisions, problems, and activities, except for those that are of special importance, have long-term consequences, or are in some way unusual.
- Management cycle:** The process consisting of the three interconnected phases of planning, implementing, and monitoring and evaluating.
- Mission (or mission statement):** A brief general description of the type of organization, its main purpose, and its values.
- Monitoring:** The ongoing process of reviewing the degree to which program activities are completed and objectives are being met, to allow for corrective action to be taken during implementation. Monitoring and evaluation are the third phase in the management cycle.
- Objectives:** Results that a program or workplan seeks to achieve. A well-formulated objective fits the SMART mnemonic: specific, measurable, appropriate to overall objectives or goals, realistic in terms of available resources, time-bound (there is a deadline).
- Participatory management:** The process of involving staff in management processes to bring more information, creativity, and experience to planning, decision making, and problem solving, often resulting in better conclusions and better implementation efforts.
- Performance target:** An objective or desired standard of performance for an individual or unit that is written, specific, measurable, appropriate to the individual or unit, realistic, and time-bound; is in line with overall program goals and objectives; and is used to periodically assess progress.
- Planning:** The first phase in the management cycle; the process of analyzing the current situation, assessing needs, establishing goals, setting objectives and targets, and determining the strategies, responsibilities, and resources needed to achieve the objectives. Three levels of planning are strategic, program, and work planning.
- Program plans:** Medium-term plans (three to five years) that specify major objectives, activities, and resources needed for a specific program or organization; examples include master plans and multiyear-project plans.
- Sentinel sites:** Selected units or facilities from which more detailed information is collected for monitoring purposes, on a more frequent basis than from other units.
- Strategic plans:** Long-term development plans concerned with the overall effectiveness and direction of a program or organization.
- Strategy:** A broad plan of action for fulfilling a program's basic purpose and achieving its main goals.
- Supervise:** To oversee; to provide direction; to guide and instruct with immediate responsibility for performance.
- SWOT analysis:** An assessment of the internal strengths and weaknesses of an organization or program, as well as external opportunities and threats.
- Targets:** Measurable, time-limited, intermediate progress points toward objectives; also called milestones.
- Task:** Specific work to be performed as part of an activity and within a certain time.
- Workplans:** Short-term plans (usually six to twelve months) that list for each major objective the target outputs, required tasks, individual responsibilities, schedule, and budget.