

Health districts in Western Europe: the Belgian local health systems project

Jean-Pierre Unger, Bart Criel, Jean Van der Vennet, Sylvie Dugas, Patricia Ghilbert, Pierre De Paepe, Michel Roland

British Medical Journal, Rapid Response e-Letter, 13 May 2004
<http://www.bmj.com/cgi/eletters/328/7443/DC1#59220>

Sir,

In 1987, WHO started promoting districts as baseline administrative units for health systems (1). Since then, many developing countries have adopted this policy*, theoretically to improve management through decentralisation, to make top-down meet bottom-up planning, and to integrate general practice, hospital care and disease control. The (too rare) successful experiences suggest that effective districts require:

- largely overlapping administrative and operational pyramids to enable management to address health care problems;
- an executive team able and willing to coach health professionals, enjoying some degree of autonomy and authority over the health services(2);
- two interconnected tiers (first line and hospital facilities).

Belgium is characterised by private 'not-for-profit' hospitals, a professional bureaucracy (3) and self-employed first line doctors. These last two increasingly characterise European health systems. However, there is no middle line health care management structure. The local health systems (LHS) project (4) started in 1994 to tackle this challenge and implement the rationale of developing countries' districts in Belgian pilot areas.

With the technical assistance of an academic unit, voluntary networks of health professionals used their influence to improve quality of care, coordination between tiers, hospital management and GP associations. Three out of seven areas still operate in Brussels, Antwerp and Malmédy. Methods aimed at bridging the gap between health care delivery and management, through education-oriented supervision, 'inter-vision' (peer review of difficult case management), action research, medical audits and managerial interventions. Results encompassed negotiations between tiers/providers, rationalisation of clinical decision making, in-service training for GPs, patient sensitisation, improvement of management control systems (e.g., GP access to computerised hospital files), reorganisation of hospital services and procedures (laboratory, radiology,...), reduction of hospitalisations. As participants discovered, relationships and coordination between actors improved significantly.

Participation from committed doctors, nurses and professional organisation representatives proved pivotal for success. Other positive factors included selection of areas with favourable conditions (e.g., networks of friends); external technical assistance; and modest ad hoc funding (this 10-year action research project received financial support from government for four years).

Such a stewardship strategy could prove unique in integrating health systems in professional bureaucracies settings, alongside financial incentives (5). As a feedback for developing countries where middle line administration is not always staffed by the right people, networks of committed health professionals could externally influence the management of health facilities and resources and take over some district functions.

* Some European countries also adopted the terminology, but promoted other rationales such as preventive medicine or very large entities designed to manage specific resources

1. Report on the Interregional Meeting on Strengthening District Health Systems Based on Primary Health Care. Harare, Zimbabwe, 3 to 7 August 1987. WHO, Geneva, 1987.

2. M.Segall. District health systems in a neo-liberal world: a review of five key policy areas. *Int J Health Planning and Management* 2003; 18: S5-S26

3. J.-P. Unger, J. Macq, F. Bredo, & M.Boelaert. Through Mintzberg's glasses: a fresh look at the organisation of ministries of health. *Bull WHO* 2000; 78 (8): 1005-1014

4. J.-P. Unger, B.Criel, S.Dugas, J. Van der venet, M.Roland. The local health systems (LHS) project in Belgium. Presentation at the 11th annual EUPHA meeting. *Globalisation and Health in Europe: Harmonising Public Health Practices*. 20-22 November 2003, Rome, Italy. Abstract, *European Journal of Public Health* 2003; 13 (Suppl.): 26

5. E.-L.Hultberg, K Lonroth, P Allebeck. Using pooled budgets to integrate welfare systems: a comparison of collaboration between health services, social services and social insurance in England and Sweden. Presentation at the 11th annual EUPHA meeting. *Globalisation and Health in Europe: Harmonising Public Health Practices*. 20-22 November 2003, Rome, Italy. Abstract, *European Journal of Public Health* 2003; 13 (Suppl.): 25- 26

Competing interests: None declared