Organizational Change

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Assumptions About Organizational Change

- Change requires a new set of competencies and attitudes
- Change involves everyone in the organization, not just leaders
- Finding a balance between flexibility and control is vital
- Managers are not always in control
Apete clinic staff
Assumptions About Organizational Change

- Organizations are open systems
- Organizational change and restructuring shifts the balance of power in organizations
- Change is a good thing, ultimately
- The goal of change is not organizational survival for its own sake
Health Sector Reform
Another Name for Organizational Change

» A “sustained process of fundamental change in policy and institutional arrangements to improve the functioning of the health system and thereby, people’s health”
  - Addressing financing
  - Improving quality
  - Testing delivery systems
  - Decentralization
Abolanle health facility
Examples

- Bamako Initiative
  - For essential drugs
- Health insurance schemes
- New delivery mechanisms
  - VHWs
- Enhancing community participation
VHWs Are a Second Order Change

- New type of health provider
- New relationships with the community
- New forms of supervision and partnership
- New forms of economic support for health
- New means of accessing care
VHW treats
Types of Systems Change: Responder

- Change is initiated outside the health sector, to which the sector has to respond
- Goals are non-health specific
  - Democracy
  - Economic growth
- Change is fundamental, affecting all areas of government
Types of Systems Change: Resister/Adjuster

- Daily fire-fighting
  - Lack of motive, perceived need, means or opportunities for major change
- Goals are health specific
  - Tends to be single issue
- Incremental change rather than fundamental change
Types of Systems Change: Reformer

- Impetus may be internal or external to the health sector
- Goals are health specific
  - Often multiple goals
- Change is fundamental
  - Sustained
Types of Systems Change: Rebuilder

- In the context of post conflict or disaster
  - Instability and insecurity
- Goals are health specific
- Change is major but not fundamental change
  - Re-creation rather than reform
Roll Back Malaria
*In the Context of Health System Reform*

- Prompt and appropriate treatment cannot occur unless health facilities function
- Appropriate home management cannot be encouraged without health systems outreach, educational capacity
Roll Back Malaria

*In the Context of Health System Reform*

- Prevention programs cannot work without logistical capacity and relationships with other sectors
- Needs assessment determines capacity
The Role of NGOs

- Able to innovate
- Represent civil society, minority groups
- Reflect community needs and interests
CARE's Expenditures
(including contributions-in-kind and donated food)

9% Administrative & Fund-Raising

91% Program Activities

Your questions and comments are important to us. Call CARE toll-free at: 1-800-422-7385.
In 1996, donations to Doctors Without Borders USA, Inc. were spent as follows:

- **Program Activities**: 87%
- **Management**: 4%
- **Fundraising**: 9%

Doctors Without Borders strives to direct at least 85% of revenues to relief programs, surpassing this standard in 1995.