

## Overview of the Management Reform of the Health Institutions

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### ABSTRACT

Health is essential needs of society, there are particular political attentions on how it is governed, and people know health care and health insurance as the state of the government's tasks and people expect to receive this service for free. Profit in this economic sector is not very popular not only between people, also from the perspective of the government. Resource limitations in the economy are most important reason for due to productivity in all areas of administrative organizations. So the health sector, especially hospitals need more attention as one of the most expensive parts of a economic and get more account of GDP. Hospitals have special features for playing their rules, which their performance requires powerful management that it can make ready required services for patients and society with a good quality and satisfaction based on modern knowledge of management, and maintaining existing functionality and capability with the rapid changes in environmental. Therefore, necessary and important of subject, we review the research using the library resources, Internet, scientific papers and websites and then we analyze reforming of management in health organizations and discuss about its results.

**KEY WORDS:** health sector reform, hospitals reform, manage healthcare institutions, modern management.

### INTRODUCTION

In recent decades, we have been seen the emergence of a new approach in govern management. In other words, a new approach has been shaped to deal with complicated problems of today. The necessity of dealing with challenges such as technological change, globalization, information revolution and international competitiveness, the government is forced the convention to make major changes in public management. Paradigm of the traditional pattern managing in which much of the twentieth century was considered a dominant theory, we have witnessed much larger changes in recent years rather than changes of the twentieth century, it has turn to a "management oriented" or new public management (1, 2, and 3).

Management Oriented, particularly in the field of health services is an international phenomenon and a new approach that its works is happening in many countries in the world. The most important of these, changes has had a great support and scientific research. Management Oriented, new public management and Entrepreneur administration are new names of the new approach. These are the terms of this new approach that report that. (3, 4)

Mark Roberts and colleagues, know four factors that are forces of health sector reform: rising health care costs, growing public expectations, the resource constraints that all governments face with it these days and skeptical of people to governments because of Poor governance, corruption and inefficiency relations of bureaucratic and deterrent. (5, 6, 7, 8)

Reform of Health needs to pursue, political support, not the stereotypical things, decentralization, and human resources management. In 1990's Chile's politician's performance identified training and performance as an important element in professional development for human resources (5, 8, and 31)

### Health system reforms in the countries (6, 7, 8, 10, 11, 20, 22, 23, 25, 26, 28, 30, 31, 34, 36, and 41):

Country	Country's health system reform
Canada	Reforms began in 1980 after the Board approval of Health Canada
	In 1990, rejoining was Raised as a means of saving costs, improving services, integrated services and change of institutional resources to basic services - the income change of doctors.
	2003- Change the infrastructure of health information data management to support integration of health services- the first task was investment in health information network and build electronic health records.
	From 1997 until now, the change in cost, design, design a model for market-based health care, enter the private sector to health issues
	Investment private sector and make competitive in insurance services
	Rebuild hospitals in order to achieve better human resource planning, cost efficiency, improved health information technology, study health Vbrsry technology
	Reduce costs by reducing the number of hospital beds
	In 2004, create a Health Quality Council and use quality to improve performances
	Decentralization in Ontario – one of the Canadian states- and give power to local branches to provide health care services

Country	Country's health system reform
<b>Swedish</b>	1970- decentralization of financial responsibility for health services and responsibility of the national public sector was transferred to the local council In 1980 planning health services was transferred from the national to the local council.
	Focus on justice and equality in health system reform in 1970's.
	1980 - reforms to reduce health costs
	1985 - health system reforms in the financial sector, the formula to pay payments to individuals social instead of direct payment
	1990 - Structural change in health organizations
	Committee formed in 1992 to ensure treatment, reducing treatment Waiting times in hospitals.

Country	Country's health system reform
<b>Chile</b>	Health system reform started in 1980
	Fundamental changes in financial resources with the private insurance system that its funds are provided by social insurance contributions.
	Decentralization of primary care facilities to municipal
	Changing payment mechanisms including first payment of possess and and then pay a per capita payment
	Success in the handling of hospitals
	1990 - The impact of reform on resource management through tools such as management information systems, payments based on diagnosis, assessment of social and economic projects, the criteria for cost - effectiveness of management commitment
	Community participation, development of a justice system in hospitals, social security

Country	Health system reform
<b>Mexico</b>	1980s - reforms started by a small group of technocrats
	1993 - Health care reform in portions of Social Security pensioners
	1995 - New Social Security Act in two fields: reorganization of financial institutions – study the pattern of pay allowances in the organization and design pattern for market regulators
	Access to justice through the provision of family health insurance
	Transfer human resources, material, financial from federal government to states
	An increasing share of health funding from 50% in 1996 to 73 / 7% in 2000
	1996 – present a formula for resource allocation based on health needs
	Reliability of financial resources through hospital departments, selling services or outsourcing contracts
	Social participation, improve local health committees to build the city

Country	Reforms in health system
<b>Western Europe</b>	Reforms started in 1960-70
	Reform the structure and decentralization in the public sector - increasing self-management of organizations
	Transformation of the hierarchical model of bureaucracy
	Market reforms based on new public management (NPM)
	Make Deprived organizations of public sector in company state(Corporatization) and building private (Privatization)

Country	Reforms in health system
<b>Latin America</b>	Structural changes in 1960
	Decentralization of health systems (only a few functions were delegated to provincial representative.)
	Private sector development

Country	Reforms in health system
<b>England</b>	1970 - the National Service (NHS) or social security institutions was created, with funding changes
	1979 - reform of organizational structure
	Efficiency in government policy unit was established in 1988
	Delegating authority to executer organizations in order to reduce bureaucracy and political decisions - like changes to improve business activities
	Change the institution's executive , management , their employers
	Establish accountability for services based on customer-oriented strategy

It concluded that only during 5-8 last year, the health reform that it has known NPSM (the new programs of the health management), have been used to in public sector institutions in developed and developing countries increasingly. With NPSM reforms in developing countries such as England, New Zealand, Trinidad, Tabaco and the United States, reformers of the public sector are interested to follow the methods in the world (25, 34, 36). Also, countries like Colombia, Mexico and Zambia are applying different forms of the buyer-seller to improve public sector management, for the separation of policy and services offers. In addition, countries such as China, Thailand, Malaysia and South Africa have turned to make contract increasingly (1, 2, and 34)

In the United States, although modifying NPSM was done with Al Gore's vice presidency, but it had not led to change the structure of the privatization and corporate governance of public services, and was centralized more on breeding, management and administrative units of central government (34, 25)  
He worked for a financial management review in 1993 to make government work better.

From each \$ 6 of America's national income , one dollar every dollar spent on health sector and this figure is equivalent to twice the European average, however, life expectancy rates in the United States of America is lower than Economic Cooperation (OECD). The World Health Organization reports health care system in America among 191 countries in the world's is most expensive system; however the level of public health is lower than many Western countries. National Academy of Sciences in America, believes America is only wealthy, industrialized nation that does not ensure of health insurance services for all citizens (44).

Government monopoly on health insurance and pharmaceutical companies as well as in previous years gradually reduce the scope of their services and prices have doubled .it has for them the enormous profits. experts say the past year companies has been banking More of the profit system in America, as well as health insurance costs due to inflation of nearly 50 million Americans do not have any health insurance and people that have the insurance, should spend a substantial income for insurance and when they need to it urgently, they understand that it is not useful. In fact these insurance companies that takes most benefit in the financial health of America (43, and 44).

The rising cost of health care and insurance rates, especially in the recent economic crisis, is one of the main concerns of American citizens. The cost for each year that Americans spend is more than other countries in the world, so that per capita health care in America is about 7300\$. According to Commerce Department estimates, the cost of medical services in America is more than 2.1 trillion dollars or nearly 16 percent of America's GDP and its annual growth has been equal to 7.2%. In 1994 Health care reform proposal was being introduced the last time in the early Clinton era, but with the Republicans and the insurance and the drug companies did not pass. Again the issue rose by Obama that he has become one of the biggest challenges for his government (36, 43, and 44).

Some countries such as Indonesia, Tunisia and Kenya have experienced autonomy of public hospitals that has been very successful.

Figure2 shows NPSM into three manufacturer factors that can use to modify offices and government agencies: Responsibility: managers and organizations responsible for what matters. Government operations and policy depend on providing services and complexity of their legislation on the other hand. Accountability: which organizations is responsibility and accountability of services?

Performance: How Leaders and units can be mobilized to improve performance to achieve agreed outcomes?

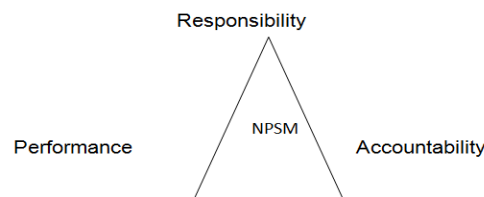


Figure 1: Components of NPSM

As shown in Figure 2, each of the three manufacturer of NPSM affect strongly on the governmental units performance. We will see it is expected that each of the three NPSM factors affect independent on the performance of sector units. But if these three factors used, we can expect that the synergy of real performance and behavior of government units. Some of the advocates of NPSM believe that sustainability of improving performance will be possible in the shadow of three factors of NPSM (2, 3, 4, and 34).

### Reforms in hospitals

Health is Essential needs of society and there are particularly political attentions on its management. The hospitals need most attention as one of the most expensive of the major economic sectors and take more account of GDP. Community scientists consider Hospital as a social system based on a hierarchy of administrative bureaucracy of the minister. The hospital shows features of a bureaucratic organization with a dual-line management: the management of technical and official management that are in conflict with each other. for improve the quality of hospital services in line with modern management of health department to do three principles (responsibility, performance, accountability) and Establish a comprehensive system of management , it is essential that a modern model of management is implemented using of management strategies of employees, budgeting operations, reducing the Enterprise services, maintenance management, establishment Information and Communication Health and Hospital Management System (37, 38).

### Modern management of hospitals in the world

During the past 25 years, many countries of Western Europe had done, reforms, including modernization of organizational structures, practices, introduce requirements relating to performance management, quality management, contract services and ... in new public management (NPM) (34 and 36).

The involvement of staff in health centers in the clinical management process started in 1974 that the leadership team concluded that the clinic doctors and nurses can veto the clinic management decisions. During the 1980s, it was more trying to get doctors into the field of management and it was done through general management in 1984 and through the resources management in 1986. In this new framework, the role of medical director appeared to be the clinic director increasingly that should control and manage the border between the patient and medical job can (which is currently under the board) in and have a significant effect on other clinic staff (32, 38, 39).

But improving the above situation and in fact turns out to management by doctor to the director of the hospital management, is based on the fact that confirmation and utilization by doctors is complex and complicated problem. In 1996 Dopson said "between the doctor's professional values and needs of management, there is an inalienable tension."(17)

On the other hand, "the crisis of public expenditure to a because of minimum coordination in planning and monitoring costs, and lack of rational management (strategic planning, evaluation and a more rational policy), the politicians had to give decentralized management for efficiency and effectiveness systems with controlling financial through giving permission to managers about professionals and emphasis on economy, to financial management. ". Now the management priority under the hospital's board (which probably doctors are members in it) was effective on overcome the shortcomings of the previous management (17, 37).

In many countries such as Britain, Canada, Australia, America, Spain and China and..., Hospitals are administered by the Board and the centrality of managers (bureaucrats). In fact, what is derived from the Articles in this context, the above-mentioned countries, passed this phase and now is seeking to reconcile relations between administrators and doctors (38).

For the realization of such terms (justice, staff and patient satisfaction, productivity and efficiency), design and deploy a comprehensive system of management over the past is considered. This comprehensive system of management in most developed countries is considered as an early priority of management strategies in the development and improving of hospitals.

Here, we look at the organization of major hospitals in several countries. We examine the ways of managing hospitals in these countries (6, 11, 24, 25, 26, 34, 36, and 44):

**United States of America:** in hospitals in the United States, the board is located at the head and is responsible for setting goals and policies. Members of the board are a combination of operational and non-operational factors. Executive director is a master in of health or management field and is after the board.

**Canada:** the board is located at the head and is responsible for policy and needs of the hospital. Manager is not a doctor and is after the board.

**France:** The board is located at the head and is responsible for setting policy and goals and needs of community and adopts a budget of the hospital. Hospital Administrator is after of the Board and is not a doctor. He/she is the implementation of the policy board responsibility.

**UK:** the board is located at the head and is responsible for policy and needs of the hospital. Composition of board members is executive and Non-Executive. The manager is not physician person.

**Federal Republic of Germany** the board is located at the head and is responsible for policy and needs of the hospital. Board composition is fully operational. Activities of Hospital manager is just technical and medical aspects.

#### **Hospital Board:**

Board members are on average 15-9 people. Hospitals should be managed by a board independent from political influence. Composition of their board depends on duties (32):

Hospital Executive Director, representatives from health care institutions, representatives of local authorities, representatives of the University, representatives of scientific and cultural institutions, representatives of insurance companies, representatives of the eligible hospital's employees (25 , 37).

Meetings of board include regular meetings, special and annual that is usually held each month (9).

In Many hospitals in America, the board is controlled by the government organizations, so political influences reduce efficiency and increase costs. The right periods for choosing board are 3 to 5 years (9).

The Board cannot manage hospitals because of different people, so the hospital administration is done by the Executive Director. In The United States of America , Canada, Western Europe, the hospital administrator as a chief executive and responsible to the hospital board, is given Full power to manage effectively the affairs of the organization (9, 25 , 38).

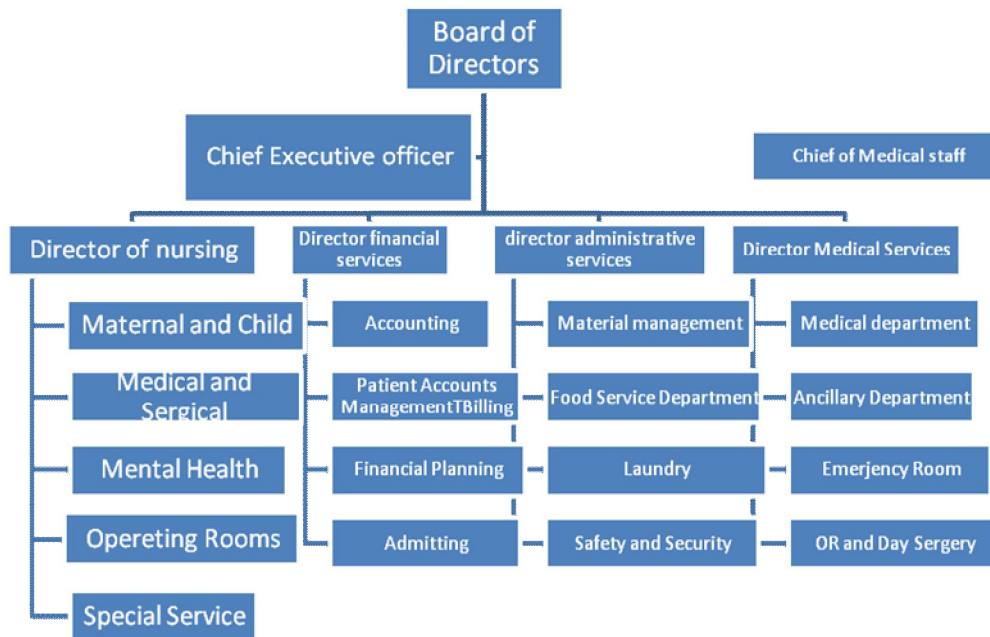


Figure 2: Organization Chart of Hospital (9, 25)

So the board should monitor activities through the Director of the Hospital that the most important of that are: monitoring and controlling the finances - monitoring and controlling personnel - monitoring and controlling the physical facility of the hospital. (37, 38, 39)

Because of any person cannot control the complicated organization of Hospital lonely. so creating hospital committees is necessary that includes: evaluation committee, evaluation committee of medical staff, evaluation of non-medical staff, infection control committee, operation committee, Nutrition Committee, Committee on Hospital Mortality, Education Committee, Planning Committee, Finance and administrative Committee , nursing committees, medical committee, drug committee (9, 38).

Increasing power of the board plays an important role in improving the performance of hospitals. Understanding the situation by the Board provides their success in achieving in the higher level in markets of health care. A study in 2005 showed that over 75% of hospitals have Finance-budget Committee. Financial performance is The most important measure which are used to evaluate the performance of hospitals. Routinely Hospitals review their financial situation and budget function. Among the hospitals that use performance Bench Marking model for evaluating performance, financial performance has been the first priority (9, 16). Studies show that the Board should have few meetings to allow there is enough time between meetings and can collect the estimation of critical performance data (9, 25). The appropriate time is each month. Writers have expressed the rotation members has an important role in enhancing their performance and responsibility to community. Duties of the board must be announced to them transparently. Board must pay attention to evaluate Executive Manager and organization performance , necessary prediction about the improvement solutions in the budget and the investment and financial status, income, health care costs and positioning in the market and getting good methods for monitoring financial performance the money.

Therefore, they must collect needed information for financial decisions and getting appropriate methods of monitoring that will effect on the financial performance of hospitals. It must be an accounting expert at the Finance Committee. Internal controls are done in the financial statements and quarterly report will be presented. It causes to ensure the good reputation of the institution's and a potential to help hospitals planning. (9)

In 2007, after 14 years of civil war, Liberia began to rebuild the health care system through health sector Decentralization and provide a standards pack for basic health services that in this pack , it concentrated on the health facility and increasing power of management in health centers, clinics.

Also Leadership skills are as well as the important criteria for making appropriate changes in the health care providing with unlimited resources (18, 19, and 33).

### Decentralization

In recent years, the decentralizing financial and political powers are introduced as a useful tool to improve health outcomes of some European countries. Such reforms may be based on tendencies and trends of Political instead of knowledge. Now many countries select the decentralization as strategies. In fact, decentralization moves the financial or political power to a multi-center (22, 34)

Some study show a decentralization in health of America, England, South Korea (36). In 2009, a study indicated using the concepts of autonomy and responsibility in orthopedic surgeons and beneficial effects in decision-making between orthopedic surgeons and other stakeholders in dealing with the challenges and changes indicated (40).

During the past 50 years, many low-income and middle-income countries have built the health system based on government funds. These systems have emerged in the portrait of the bureaucracy within the public sector (1). As is predicted, the public hospitals as the main unit of health system, are Formed as the way funds and are managed centrally (25).


The other hand, the key weaknesses in performance Public hospitals is factors, Such as inefficiency technical and allocated failure to cover low-income groups and poor and weak accountability to the stakeholders (27).

According to the 1999 World Health Organization's report, the public hospitals allocate nearly 80% of and health system resources, while only produce 20% of outcome of this unit (24). It is claimed that converting the state hospitals into autonomous units, improves management and allocation of public resources and the accountability of these hospitals will be higher (18).

The goal will be achieved with reducing direct control mechanisms of government and moving everyday decision-making from government level to hospitals managers' level (2, 6).

Giving different degrees of self-government to the government hospital can consider on a range (range of institutional reforms) (1, 2) in this range, four models for Hospitals are defined as follows:

Budgetary Hospitals: administrative units dependent on regional or national level; Autonomous Hospitals: the slogan of these hospitals is "Let the managers manage" (5) the importance of granting more authority and responsibility to the hospitals as well as exposure Hospital is a market researcher, Corporatized Hospitals: emulate the decision-volt system in private hospitals in the government hospitals, ownership r Stays in government. Private hospitals, private (Profit or nonprofit) hospitals are no longer belongs to the public sector, so it is not recommended to privatize hospitals (4). A government hospital located on a point of this range based on the degree of self-government that it is given (24, 26)



Hospital types	Hospital budget	Autonomous hospitals	Corporated Hospitals	Privatized Hospitals
<b>Organizational Dimensions</b>				
<b>Right decision</b>	Inside Hospital			Out of Hospital
<b>Market Exposure</b>	Any			Complete
<b>The financial authority</b>	Treasury			Hospital
<b>responsibility</b>	Direct: Hierarchical control			Indirect: Laws and contracts
<b>Social functioning</b>	Implicit commitments: No funding			precise commitments: With funding

Figure 3. Based on institutional reforms of the World Bank

Until 1980, the Indonesian government realized that could not provide financial needs of health care clinics and public and government hospitals and response to needs of the developing community. That time, the health costs for government per capita was only about \$ 3 U.S. per person, but country spends \$ 12 per person annually, for the health of its citizens.

So in 1991, the government offered a policy to transport and change the government Hospital to Authority hospitals that they were called "Unit Swadana".

Goals of Coalition's policy ("Unit Swadana") include:

- Reduction in government funding help to hospitals, through the participation of patients, with saved funds of the government for growing health care and preventive
- Conservation and utilization of hospital revenues in the case of hospitals, including the encouragement and motivation for the employees,
- Increasing Hospital efficiency through better management and optimum enjoyment of the resources
- Improve the quality of medical services, hospital

Currently, there are 13 vertical hospitals and about 26 regional hospitals, which run all principles (unit Swadana) or part of their (34).

In Latin America, Colombia, Argentina, Africa, Chile, there are many experiences of handling hospitals through a process of decentralization. Their success depends on the health duties in law framework and incentive structures and the public health policies of countries. In Colombia, when the 100<sup>th</sup> law must be run, it converted government hospitals to the provincial government that can contracts with companies to promote



health with independent power. Currently in Canada, in Quebec State, most of the hospitals are run private (6, 7, and 31).

A study of comparison hospital reform in Bulgaria and Estonia, showed that hospital administrators satisfy of hospitals Autonomy .They often believe part of effective and competition in hospitals are broken by legislators, bureaucracy and regulations. However, the lack of long-term strategic plan, transparent objectives, accurate monitoring of information and insufficient resources prevent to achieve the main goals of health care systems (30).

#### Performance Related Budgeting:

The necessity of reforming the economic structure of health sector is reform of budgeting methods and its resources distribution (15). Since the correct and targeted allocation can provide to clarify the distribution of resources, monitoring the operational and waiting for accessing the results, using the Performance Related Budgeting method will be a cost-effective for increasing efficiency and effectiveness of budgeting. The budgeting is known as the process of allocating limited resources to unlimited needs (45). Traditional budgeting in terms of materials, in the late nineteenth and early twentieth centuries, was as a way to control costs, reduce waste and introduce financial pressure. The advantage of this method is: simplicity, lack of ambiguity and ability, control costs in comparison with previous years and specify detailed data that are costly. But the weakness of such systems is that does not give any information about the credibility and efficacy and cost effectiveness of programs. In addition, the system based on cost of material, is short-term horizon and is unable to maintain long-term costs. Emphasis on controlling budget causes limits the authority of the central administration to control budget and closed-hand sense opposite of the lower levels of managers and executives (34).

Performance Related Budgeting is a method for allocating resources to achieve objectives, programs and evaluation results.

Compared with the traditional model of budgeting, in Performance Related Budgeting, credit is allocated to the targeted activity in terms of labor costs associated with the product and emphasizes on linked to what is necessary for production. in Performance Related Budgeting, The size of operations and cost of government and government agencies operations, are calculated by scientific methods such as cost accounting method and work, measurement. The predicted figures in Performance Related Budgeting should be documented in the detailed analysis of programs, operations and cost of them. In Performance Related Budgeting the price of a hospital bed is determined and how much should be cost of a 100-bed hospital (35, 41). We are looking for the following in Performance Related Budgeting (21, 23):

1. Independency in hospital controlling with a Look to the hospital's business
2. Tools for information management, regardless of financial needs
3. Prepare standard financial statements (balance sheet.)
4. Determine the real financial needs of hospital- based on operations and performance
5. Preparation of predictive financial statements to evaluate the performance
6. Identify deviations from the budget commensurate with the progress and end of financial period
7. Providing the possibility of calculating financial ratios
8. According to policy distortions, and problems stemming from the financial period
9. Option pricing (tariffs) services and curtailing costs

Finally, the goal of the budgeting process is to help to make correct decisions and about allocating resources, government commitment based on measurable outcomes that reflects the expected results (performance) in the time period (45).

#### **Performance management:**

In today's competitive environment, organizations can continue their activities and remain in this environment that utilizes better of their resources and increase their productivity (42). One of the most important organizational resources is manpower. Traditional performance evaluation systems does not have enough efficiency in labor productivity, therefore need to turn this type of performance management systems to new systems is dramatically evident.

Performance management causes to Corresponds staff and organization goals with make an interactive environment and showing goals to staff and ways to achieve their goals and establish and conduct staff meetings and performance-based pay systems and raise labor productivity. Performance management should focus long-time goals instead of short-term goals that require growing and changing. The planning, supervision, training, guidance and evaluation of staff should be considered. Performance management should be converted from control tool to guide tool for staff and its emphasis is been on positive aspects rather than negative aspects of their performance. Punitive Negative view of the annual assessments should be changed to evaluations consistent and positive view (12, 13, 14, 15, and 16).

### **What should we do for Establishment of a comprehensive management system in the hospital?**

First step: selecting the appropriate administrative framework. For Selecting appropriate management philosophy, we should provide criterions to we will have a more informed choice. Presented criterions:

Customer orientation, quality and continuous improvement: in other words, the selected philosophy can point to the direction of the organization because why I am. The main constituent elements of that, is been clear and understandable for everyone. Coordination of all agencies and directing them have a systemic view as a system. It converts Organizational climate to a learning climate (29).

It distributes Leadership in organizations and has a strategic vision to improve performance and encourages to reliance on numbers and measurements (42).

The Quality Management is the process by focusing on customers, quality-driven, based on facts, based on the teams to achieve strategic goals through the continuous improvement process by senior management.

We believe that Quality Management includes all the above features. Quality Management is only choosing for managers with the philosophical foundations and simple and understandable principles and provides a natural context for the efforts. The three main principles of Quality Management philosophy (The continuous improvement - process-oriented and customer-driven) are able to understand in both organization's head and in its base. Managers determine the future view of key processes with analyzing the organization's philosophy. Staff will prepare and mobilize the base of the organization to improve the performance of key processes along with the senior manager's .the outcome of two "top down" and "bottom-up" process will be a basic and directed transformation and evolution of the organization. Supporting them is cause to be Quality Management (20, 29, 38, and 39).

### **Conclusion:**

1. Successful reforms requires political and management commitment in the health system.
2. Three pillars of reform are accountability, responsibility and improvement of performance. When the reforms would be successful that these three pillars are exercised together.
3. Studies show that areas of reforms were done in the health system in recent decades in the world, suggest that organizations should be standing outside from static state and become dynamic organizations. So they make reforms to reduce costs, maintain equity in access to services, increase service quality, accountability and reduction people cost to pay with choosing a the philosophy of Quality Management, and applying separation of policy and implementation strategies, the organizational and management reform, decentralization (privatization, contracting, the company), personnel performance management (PPM), resource management (PRB), maintenance management, information management, health insurance (14, 15 , 16)
4. Following reforms in the health sector, hospitals need reforms that they are one of the most important elements in Heath system. The following tasks are done simultaneously for success of reforms in hospitals :
  - managing Hospital in private state to compliance with the terms of selection board, to avoid political influence by establishing criteria for the office, make policy by board but giving authority to the Executive Director to run with total power and the CEO's performance evaluation by the board, giving powers to the Board about the funds, employing manpower, all tasks delegated to the Board and only role of government control over it regulatory.
  - Adopting a management philosophy that uses models to suit with conditions using good strategies for the reform strategy.
  - using Study skill of countries, choosing the philosophy of Quality Management and using modern methods of management to manage the organization , assessment management of performance by using of prevailing patterns in the world (validation, Bench Marking, ISO-9000, EFQM), the budget funds management by using pattern of Performance Related Budgeting, maintenance management, information management (using comprehensive information and health communication) reduction of office services through decentralization are necessary for the successful reform.
  - Since access to health services is the right of people, so the government should not shirk from this responsibility, free services should be available to the public about primary health care. Decentralization and make privation units to the private must be under conditions that People do not lose.
  - Finally, for a successful decentralization, First, the decentralization should be done slowly and before that, the manpower is trained about (31, 19).



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