

CONFERENCE ABSTRACT

Transfer of the idea of the Managed Clinical Network into less advanced settings

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Tary Asoka

carenet.info, Nigeria

Background: The concept of the 'managed clinical network' has provoked significant attention for its promise as a means of improving services for people where their condition requires care across a range of organisations and agencies. The concept suggests a model of service organisation and governance that gives privilege to working relationships among organisations, clinical work groups, and/or individual clinicians and so promotes coordination and integration of scarce care resources, knowledge and practice. Despite repeated calls by the World Health Organisation for the adoption of managed clinical networks in developing countries, the feasibility of the network model of service delivery in this setting has not been demonstrated.

Method: Taking the implementation of programme clusters for care and support of HIV/AIDS in Rivers State, Nigeria as a 'more feasible' case study, and the formation of 'HIV/AIDS Programme clusters' that were supported by The Global Fund (The Global Fund to fight AIDS, Tuberculosis and Malaria), as analogous to the idea of the managed clinical network (MCN); this research examined the transfer of this policy idea from where such 'technologies' have been trailed in practice in a number of countries affording very different institutional conditions: notably in Australia, the USA and the UK, into less advanced settings.

Results and Discussion / Conclusion: As suggested by the expressed 'Theory of Change', this study observed that the two HIV/AIDS programme clusters under review, altered networks of relationships and produced new forms of collaborative practice within these HIV/AIDS programme clusters in response to an understanding of the disease as a 'wicked problem', requiring collective action. Though operationally feasible, the findings of this research also indicate that, because these networks challenge existing institutional arrangements in Nigeria, the ability of collaborating partners to sustain the networks without reform within the institutional context is unclear. Further research is recommended, to explore 'whether', 'how', and 'why' the policy/idea of the managed clinical network, as an alternative means of service integration, might be situated in an institutional context that is characterized by a mix of modes of governance (hierarchy and markets) typical of Nigeria, and the possibility of 'sustainable transfer' into this environment.

Keywords: managed clinical network; policy transfer; hiv/aids; Nigeria
