Fijis Health Management Reforms: (1999-2004) A Case Study

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Abstract

This paper reports on a study which analysed the policy implementation experience of the Fiji Health Management Reform Project FHRMP (1999-2004). It is the first in a series of several papers that discuss the policy experience of Fijis Management Reforms. The paper outlines the methodology and approach to the study and highlights the importance of recognizing linkages between institutional actors, policy culture and wider contextual environmental factors in the health sector and their impact on health reform implementation. The study utilised a health policy framework to answer questions related to the health reform implementation experience. The framework included recognition that while there were always technical complexities behind the policy reform programme, the main factor in determining the degree of reform changes in Fiji was the relationship between the policy and the stakeholders and their influence on each other and the policy process. The study highlights the importance of health policy analysis for developing countries like Fiji and for other nations in the Pacific who have undertaken reform initiatives. PHD, 2009; (15) (2); pp. 13 - 20.

Introduction

The notion that health systems, particularly those in low and middle income countries are in urgent need of reform is now firmly entrenched (Blaauw et al., 2003). Many developing countries have been faced with the need to transform their large and highly inefficient health systems which have operated along the same policy lines for many years following their founding in the early post war period (Gonzalez-Rossetti and Bossert, 2000). Subsequently an increasing number of developing countries have incorporated health sector reforms into their policy agendas as they have attempted to improve the health status of their populations and manage their costly health systems (OECD, 1995, 1992, World Bank, 1993, Walt 1994, Fenk et al, 1994, Berman et al 1995, Walt and Gilson 1995). The majority of reform policies used for restructuring health systems in developing countries have tended to be along the lines of decentralisation (OECD, 1994, World Bank, 2000). Decentralisation of health systems as a concept has been particularly espoused by global organizations, who have promoted health system reforms as part of their development agenda (Berman, 1995). However two to three decades of health sector reform in these same countries appear to have done little to improve the stated problems of health systems, effectiveness, efficiency and responsiveness (O.E.C.D., 1994).

Failure of Health Reforms in Developing Countries

Although there have been important advances in health care, developing and developed nations have been challenged with problems of increasing prevalence of disease, changing and rising demands of services and problems of cost containment in managing their health systems generally (Smith, 1997). In the face of these difficulties and with significant influence from the international policy arena developing nations have begun to identify the need for change across all aspects of their systems (Berman and Bossert, 2000) . Health

reforms have been on the agenda of nearly all developing nations and the past two decades have seen more than a third of low and middle-income countries undertake health reforms to improve their systems. Whilst global reforms have been nothing short of revolutionary in their intent, they have had mixed results on the ground and almost all governments have embraced reform, at least rhetorically but few have managed to successfully implement (Hutchinson and LaFond, 2004). The lack of cohesive evidence and detail in health reform literature further highlights the lack of success of health reforms in developing countries (Cassels, 1995b, Bossert, 2000a, Gonzalez-Rossetti and Bossert, 2000, Cassels, 1995a).

1. Policy analysts agree that there is no one defining issue responsible for the lack of success of health reforms, rather various studies point to a mixed bag of reasons for poor outcomes in health reforms (Walt and Gilson, 1994, Litvack et al., 1998). Issues related to failure range from the inadequate capacity of policy reforming institutions, health worker capacity, political and economic instability of the country, the role of policy makers and reformists, lack of support by stakeholders, donor agency influence and in particular the complexity and design of reform models used in developing countries (Agyepong and Adjei, 2008b, Bossert, 2000a, Agyepong and Adjei, 2008a). However, the one consistent feature linked to the debate of policy reform failure has been the recognition that much of the health reforms discourse is reflected by a preoccupation of rhetoric and ideology centred on the economics of health. This concerning feature is explained by the extensive influence of neo liberal ideology in policy reform activity during 1970 and 1980s, and the recognition that many reforming countries attempted to find solutions for their troubled health systems by using reform tools that were underpinned by this ideological approach (Gilson and Raphaely, 2008a). What has further been suggested is that reform failure has been the result of the lack of recognition and understanding by reformists of the social, cultural and political dimensions of policy systems in the implementation process of reform programs (Considine, 1994, Colebatch, 1998, Walt, 1994, Walt, 2006, Lewis, 2005).
2. The lack of understanding of the influence of social and political elements within the environment that affect policy formation have not been considered by reformists when undertaking reform programs (Lee et al., 2002). Subsequently reforms have provoked significant resistance and many have questioned the lack of evidence upon which reforms were based. A growing concern over the role of donors and international organizations and the imposition of reform blueprints without consideration of national and local context have further raised concerns for reforming nations (Walt, 1994, Reich, 1995). Consequently successive rounds of reforms have rolled out unevenly across developing countries with considerable evidence of limited progress and poor results leaving the reform agenda largely unfinished in many countries.

Approaches to Health Reform Analysis

In the early 1990s policy analysts called for a new approach to health policy analysis, recognizing the problems associated with the trend of economic approaches to health reform development and analysis (Gilson and Raphaely, 2008a). Reform approaches of the 1970s as described in literature studies could not explain how and why certain policies succeeded and others failed, nor they suggest did it assist policy makers and mangers to make strategic decisions about future policies and their implementation. (Walt, 2006, Lewis, 2005, Gilson and Raphaely, 2008a, Considine, 2005). In particular they noted that the gaps and weaknesses in the field of health policy analysis had focused on the content of policy to the neglect of actors, policy context and policy processes. What has now emerged and more recently advocated by the same analysts is the recognition that there is limited knowledge and understanding on the social, cultural and political aspects of policy systems as well as understanding of the role of actors within the policy process and their

influence on health reform implementation and effectiveness (Walt and Gilson, 1994, Sen and Koivusalo, 1998). Since the 1990s there has been little discussion or debate of the political social and economical contexts in which reforms have taken place and in particular health policy reforms in developing countries (Gilson and Raphaely, 2008a, Walt, 1998). It has been suggested that this limited knowledge base now poses serious problems for health reformists and health reform research. Analysts now recognize the need for more qualitative research in areas such as the role and influence on implementation of stakeholders and policy actors, power and institutions in the policy, areas, which have not traditionally been well considered by policy analysts (Lewis, 2005). Health policy analysis is described as a multi disciplinary approach to public policy that aims to explain the interaction between institutions, interests and ideas, actors who use structures and argumentation to articulate their ideas about health (Lewis, 2005).

Evaluation of Health Reforms in the Pacific Region

Health Reforms in the Pacific are a recent phenomenon. The central catalyst for many of the reform initiatives have mostly been due to the influence of international funding organizations and regional aid donors who have, through their country specific aid programs, enabled countries to embark on restructuring programs. Tonga, Vanuatu, Fiji, Solomon Islands, Papua New Guinea and Samoa reform programs have been most notably subsidised by the Australian Government (Government of Australia, 2004). The intimate involvement of donors in health reform programs as described in the literature and evidenced in country reform reports has created tensions over health reform processes and has led to problems such as reform design, implementation and reform sustainability (Kolehmainen-Aitken, 1991, Cassels, 1995b, Bossert, 2000b, Romeo, 2003). No formal evaluative work has been done on Pacific reforming nations and their success and there is limited knowledge and information on the health reforms in the region and their experience of health system changes.

Recently however emerging evidence that health reforms in some Pacific nations over the years has been difficult and not delivered the intended outcomes (Kolehmainen-Aitken, 1991, Ministry of Health Solomon Islands, 2008, Ministry of Health Tonga, 2008, Ministry of Health Fiji, 2007, Rokovada, 2006, Soakai, 2006, Kuridrani and Tuisuva, 2004).

The Fiji Health Management Reforms (FHMRP)

Fiji is categorized as a developing nation and has the largest and most extensive health system in the Pacific region excluding Papua New Guinea. It has like many other small island nations in the region struggled over the past two decades to deliver health services to its population whom are spread over a large geographical region that include outer and remote islands and rural village populations. Providing a responsive and appropriate health service in a country of significant geographical challenges is but one of many of Fiji's health system challenges, others problems have included the management of limited resources, fragmented health services, reducing workforce numbers and a powerful centralized administrative system.

After a series of damming reports, Parliamentary committee reviews, Auditor General reports and various studies and reviews of Fijis health service, Fiji implemented the Fiji Health Management Reform Project (FHMRP) (Government of Fiji, 1979, Coombe, 1982, Government of Fiji, 1996, Government of Fiji, 1997).

This project was sanctioned as a partnership between the Government of Fiji and the Government of Australia. The goal of the project was to improve health service delivery in Fiji through decentralisation and management capacity building within the health sector (Aus Health International, 2001).

Methodology

The methodological design of the study was an intrinsic case study as described by Stake (Stake, 1995). The study was an empirical inquiry and utilised qualitative data collection methods. The research proposed that there were useful insights to be gained from an investigation between the linkages of health reform implementation and the importance of the wider contextual elements within the policy-making environment. The study utilised a policy framework to analyse the policy reform experience. The four key components of the framework were centred on Fiji's policy culture, political institutions, the political economy and policy actors and stakeholders within the Fiji health policy-making environment (Considine, 1994). Objectives of the research asked how these four key areas affected the implementation of the Fiji Health Management Reform Project (1999-2003).

Analysis of the FHMRP

The aim of the research was to synthesize a coherent description of the policy implementation process of the Fiji Health Management Reforms (FHMRP 1999-2004).

To achieve this, the study explored numerous issues and factors that affected the reforms implementation. This was a study of policy; it was concerned with examining key areas within the policy making environment that influenced policy implementation outcomes, in particular it was concerned with the architecture of Fijis public health policy system and how health reform policy was developed and implemented in this project.

The study had five key objectives:

The first objective related to the experience of key policy actors and stakeholders within the policy system, which included individual actors, professional associations, industrial unions, academic institutions and groupings of actor's networks. An analysis of the actor roles, their personal experience with the reforms, their relationships with each other and their interrelationships within the policy process was central to the study. This objective answered questions surrounding how actors used their power and influence to develop strategies, which they used as individuals and as groups to get what they wanted in the policy process. Secondly, the study examined the role of policy institutions and was focused at the agency and institutional level. This included examining processes and relationships between the organizations that held institutional and legislative power within the policy making process. It sought to understand how institutions laid down the pathway for which the policy had to travel. An analysis of the financial arrangements, policy and governance legacies and the history of institutions was important to understanding what happened in the policy implementation process. Key institutions included Ministry of Health, the Public Service Commission, the Ministry of Finance, and Ministry of Public Works, Department of Prime Minister, and other Public agencies. Questions were posed to these agencies that revolved around their policy authority, their relationships with each other and their role in the reform process.

The third objective examined the policy culture in Fiji during the reform period. This investigation was a consideration of the policy values and knowledge of the various stakeholders together with the tensions that they brought to bear on the policy process. It sought to understand why policy actors and institutions struggled to control what they held important and how their values influenced behaviour and preferences. An analysis of the culture of Fiji's public service and the role of Fijian culture within the public sector was an important inclusion. These elements provided the study with important evidence in relation to the implementation of the reforms.

The fourth objective of the study examined the political economy of Fiji's health system. An analysis of the health systems resources, infrastructure and decision making processes were necessary to understanding the broader context of Fijis public policy processes. An examination of Fiji's societal values and their influence on Fiji's governance and traditional structures were part of this analysis. Data from reports and archival matter together with interviews by leading politicians, senators and public servants on these issues provided a perspective on the wider political and environmental issues during the reform period.

The fifth objective was an examination of the process of the reforms. This was enabled by analysing project documentation, historical reports and archival data together with evidence from interviews with key stakeholders involved in the planning of the reform process. Its importance lay in the reality of "what really happened" versus what was "intended and planned" and why.

Implications of the study

The study will have implications for improving the development of health policy in Fiji. The importance of having appropriate and trustworthy researched information available to policy makers will build a greater confidence for those responsible for using the information (Ritchie and Spencer, 1994). Further and a major priority for the research was the study of the reform process, which included aspects such as the influence of the political, social and economic environment and the distribution of power and influence between stakeholders and the state.

At a government level the research is important for politicians and Government leaders who are ultimately responsible for policy achievement. Information regarding the complexity of the reform process as a government wide strategy and the recognized learning of the many issues that are relative to the development and sustainability of reform programmes will be important for Fiji as it continues implementation of health system changes and public sector reforms.

At the level of policy institutions the study highlighted the challenges of institutions and institutional capacity to undertake reforms. Key issues in the research have been drawn out that will benefit the wider health sector such as non governmental organizations, industrial unions, international aid and donor agencies and other Government organizations. At a Pacific regional level the study will benefit other Pacific nations who have embarked on reforms in recent years and who have similar public service structures and cultural and value based tensions within the policy making environment. Further, international organizations who have promoted health reforms and who have contributed to both policy development advice and funding of reform initiatives in the Pacific region, will observe with interest the findings of this study.

Methodologically the study has contributed to the qualitative research gap on health reforms. The need for better qualitative data in particular more in-depth knowledge on reform experiences in developing nations has been limited in this research field. Case study methodology is a method that entailed the intensive collection of data about all aspects of the case. It was chosen because of its uniqueness for what it could reveal about the phenomena of the reforms, further as a methodology it has not been well utilised in the study of health policy (Merriam,1998, Gilson and Raphaely, 2008b).

The study will ultimately contribute to the body of knowledge regarding health policy analysis and the implementation of health policy in less developed countries. The challenges of implementing a reform programme in small island nations that are reliant on external resources to support its development are

also highlighted. Transferability of the reform experience to other small island nations in the region such as Tonga, Vanuatu and the Solomon Islands and Samoa are linked with many of these elements. These issues are discussed in forthcoming publications.

Conclusion

No formal evaluation of the Fiji decentralisation experience has taken place. An end of project report by the reform consultants was completed in 2004 and noted the key milestone achievements of the health reform project. (Aus Health International, 2004). The reports have been viewed with some scepticism as they were presented as a reflective review of the consultant organizations achievements of the projects milestones. In 2006 the Government of Fiji stated that it had now recognized a number of key issues emanating from the reform process that warranted a fuller review of the effectiveness of the health reform project (AusAid Review Team, 2006). Emerging results of this study highlight that the development and implementation of the reform policy was problematic. Implementation challenges related to both difficulties within the MOH itself and its own capacity to support the reforms, whilst other issues that were detriment to the success of the reforms included public sector institutional problems such as the limited legislative framework to support policy change, external stakeholder resistance as well as problems with reform timing. A difficult political environment and complex social and cultural influences within the policy-making environment further added to the myriad of implementation challenges. The policy reform model and the role of donors was an important aspect of the projects analysis.

This study goes some way to assisting Fiji to understand the nature of health policy and reforms in particular it highlights the importance of policy knowledge when introducing administrative system changes. Within this context the project was important for Fiji as it works towards developing a health system that is more efficient and effective in the delivery of services.

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"Always dream and shoot higher than you know you can do. Don't bother just to be better than your contemporaries or predecessors. Try to be better than yourself"

William Faulkner