Implementation of the National Health Plan in the PNG decentralised health system

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Abstract

In the decentralised health system in PNG, the National Department of Health is responsible for planning and developing the national health policies and plans and the Provincial and the District Administrations are responsible for implementation. Therefore successful implementation of the national health policies and plans depends on planning and implementation efforts of the Provincial and the District Health Administrations. However, many provinces and districts in PNG are not able to implement the national health policies and plans successfully since the administrative functions of the rural health services were decentralised to the provinces in 1995. This paper discusses the challenges of implementing the National Health Plan (NHP) in the decentralised health system in PNG. The paper also discusses management practices to improve implementation of NHP.

Key words: decentralised health system, national health plan, planning and implementation of the national health plan

Introduction

Successful implementation of the national health policies and plans contributes to improving health service systems, quality of health care and health service delivery (WHO, 2010). In Papua New Guinea (PNG), many provinces and districts are not able to effect the national health policies and plans successfully since the administrative functions of the rural health services were decentralised to the provinces in 1995 (Lowy Institute, 2010; Thomason & Kase, 2009). Poor implementation still remains a challenge for the provincial and district administrations and could affect the efforts of the health sector to progress towards achieving ‘Health Vision 2050’ because key strategies of ‘PNG Vision 2050’ will be brought about in the health sector through the National Health Plan (i.e. from 2011-2050). This paper reviews the literature and discusses the challenges of implementing the National Health Plan (NHP) in the decentralised health system in PNG.

The purpose of the National Health Plan in PNG

The National Health Plan is mandated by the PNG Health Administration Act (1997) as the single policy document for the health sector in PNG. The NHP is a resource document for people involved in planning, implementing and managing health services (PNG NDoH, 2013). The NHP provides guidance for health workers, health managers, government bureaucrats and political leaders.
For the health workers, the NHP provides direction in their work and determines the objectives, priorities and expected results in delivering health services. For the health managers, the NHP is a guide to ensure the health system is managed in accordance with the standards set by the National Government. For decision makers (government bureaucrats and political leaders), the NHP provides priorities for decisions on mobilising and allocating resources to develop and sustain the functions of the health system. The NHP also provides general information for the stakeholders on the country’s health status, health systems and priorities. Therefore implementation of the NHP is crucial for the development of health services in PNG.

The previous NHPs (from 1977 to 1996) were based on short and medium term plans (i.e. plans with a time frame of 3 years and less). The 2001-2010 NHP was the first long term plan (i.e. a plan with a time frame of more than 10 years). The current NHP for the years 2011 to 2020 and the following NHPs will be based on 10 year plans and will be designed to implement the government’s development priorities and reforms to achieve the key strategic goals of “PNG Vision 2050” (Government of PNG, 2010). It is a 40 year plan which aims to improve social and economic development to place PNG among the top 50 countries in the United Nations Human Development Index (HDI) by the end of 2050.

Reforms to achieve the key strategic goals of “PNG Vision 2050” in the health sector will be implemented through the NHP. Programs and projects prioritised during 2011 to 2020 have already commenced with the implementation of the current NHP and, if successfully implemented, should transform the country’s health system towards ‘Health Vision 2050’. How well the current and future NHPs are implemented is a concern due to the fact that inadequate implementation in the provinces remains one of the main weaknesses for the health sector. The challenge for the Government is to improve planning and implementation efforts to realise the PNG ‘Health Vision 2050’.

Implementation challenges

The National Department of Health (NDoH) has had well-articulated national health plans but the progress of development in the health sector has declined since the functions of the rural health services was decentralised to the provinces in 1995 (Asante & Hall, 2011; Lowy Institute, 2010; Thomason & Kase, 2009). Many provincial and district health administrations are not able to implement the national health policies and plans successfully and poor performance has been clearly reflected in the country’s health outcome indicators and the UNDP Human Development Index. A review of the literature on the implementation of the health policies in PNG highlights a number of challenges affecting the NHP during 1995 to 2014.

One of the challenges highlighted by Asante and Hall (2011) is weak management and leadership at provincial and district levels. Many provincial and district administrations lack quality leadership to provide strategic directions to integrate the national policies in the provincial and district plans.
Some provinces and districts do not have the necessary capacity or resources for their health plans. When commenting on this issue, Thomason and Kase (2009) argue that, despite well-articulated health plans, there has been a slow decline in the services available to rural areas as result of decentralisation reform because many provinces and districts do not have the administrative and management capacity to effect the national health policies and plans.

Another challenge is an inadequate number of health personnel. Some provinces and districts do not have sufficient staff to implement the national health policies and plans. In the current decentralised health system, the provincial and the district health administrations are responsible for the recruitment of their personnel. However, many primary health care facilities in the rural areas have closed due to lack of staff or are run down due to lack of maintenance (Asante & Hall, 2011). The Deputy Opposition Leader, Hon. Sam Basil, commented that the total number of national doctors in private and public health is about 450 which indicates that the doctor to population ratio is 1 doctor to every 15,000 people (National News, October, 2012). Hon. Sam Basil further stressed that to improve health outcome indicators, the large ratio disparity between health workers and the population must be reduced from 1 health worker per 800 people to 1 health worker per 50 people in the next 20 years. Currently the total health workforce of doctors, health extension officers, nursing officers and community health workers adds up to just over 8000 for a country over six million people.

Another challenge is ‘management disconnection’ between the National Department of Health and the Provincial Health Administrations and the District Health Administrations. Under the Organic Law on the Provincial Local Level Governments (1995) the NDoH does not have direct control of the performance of the provincial health services. The NDoH has no control over health staff in the provinces as they report to the Provincial Administration (PHA) and likewise the PHA has no control over health staff in the districts as they report to their District Health Administrations. Therefore NDOH would not intervene directly to address poor implementation in the provinces and likewise the PHA would not intervene directly to address poor implementation in the districts (Asante and Hall, 2011). Furthermore Bolger, Mandie-Filer and Hauck (2005) commented that decentralisation has created two separate functions in the provinces – the hospital services under the national function and the rural health services under the provincial function. Therefore decentralisation has created disintegration of the health services in the provinces.

Another challenge is that the NDoH has little control over planning, budgetary and staffing decisions that affect the implementation of national health policies in the provinces and districts as these come under the functions of the Provincial and District Administrations. Some provinces and districts do not have adequate staff, some have deficient managerial skills and some lack necessary resources and facilities to implement the national health policies and plans.
Another challenge is lack of supportive supervision of the Health Program Managers in the districts. In the current decentralised health system the Provincial Health Office has no control over health staff in the districts as they report to the District Administration. Asante and Hall (2011) commented that District Managers need to be supported by the Senior Health Managers from the PHA and the NDoH so that they in turn are able to supervise and support sub-district managers.

**Progress of health service delivery in PNG**

The progress of health service delivery in PNG has declined in the last 20 years (1995-2014). The decline of the health services is clearly reflected in the health outcome indicators. For instance PNG has the highest infant and maternal morbidity and mortality rates in the Western Pacific Region. Preventable diseases such as malaria, tuberculosis and diarrheal diseases continue to be the leading causes of mortality. Fifty per cent of hospital admissions are from these diseases and many rural health facilities have closed due to lack of staff or lack of maintenance (NDoH, 2012; World Health Organization, 2012).

In addition to the health indicators, the UNDP Human Development Index (HDI) measures of national development ranked PNG 156 out of 187 countries in the world in 2013–2014. The HDI is a summary measure for assessing the long term progress in three basic dimensions of human development: a long and healthy life measured by life expectancy; access to knowledge measured by mean years of schooling for the adult population; and a decent standard of living measured by Gross National Income (GNI) per capita. The HDI trends tell an important story both at the national and regional level and highlight the very large gaps in the well-being of the population as measured by health, education and income status. Although there was a slight improvement in all three indicators in the last 15 years, they are still below the regional average for East Asia and the Pacific regions (UNDP Report for PNG, 2013).

Furthermore a report by PNG Public Accounts Committee (2011) following an inquiry into management of public hospitals in PNG highlights that public health services in PNG have deteriorated over the years; basic health services are not available in many rural areas and many rural health facilities lack essential medical equipment, manpower and funding. The deteriorating state of the health facilities and infrastructure is contributing to the decline of health services in PNG. Thomason & Kase, (2009) commented that the decline of the health services in PNG has resulted from the decentralisation reform which was introduced in 1995. The challenge for the Government is to improve the implementation of the current and the next decade’s National Health plans so that positive impacts can be made towards achieving “Health Vision 2050”.

**Reforms to improve implementation of NHP in PNG**

The National Department of Health has taken note of the challenges affecting the progress of health services in PNG and is currently implementing reforms to improve the administrative structure of the health systems in the provinces.
Strategies for 2011 to 2020 have already started with the implementation of the current National Health Plan (NHP 2011–2020). One of the reforms that would improve planning and implementation of NHP in the provinces is ‘integration of the health services in the provinces’. By the end of 2020, all health services in the provinces, which include hospital health services, provincial health services, district health services and the church health services will function under one authority which is the ‘Provincial Health Authority’. Through the Provincial Health Authority Act (2012), the National Department of Health is initiating reforms to the structure and the administrative functions of the health system in the provinces. There will be one Provincial Health Board to provide leadership for planning, implementing and coordinating health services in the province. How successful the Provincial Health Authority will be to facilitate the working of NHP in the provinces is yet to be seen.

Currently the government is focusing on making changes to the structure and the administrative functions in the provinces to improve planning and coordination of health services. However, there is very little discussion in the literature on improving the actual implementation process of NHP in PNG. This should be examined to ensure changes in the provinces and districts are done in accordance with the current reforms in the health sector. While it is important to improve the structure and the administrative functions of the health system, it is also important to improve the implementation process. Literature shows that successful implementation of policies and plans depend on the success factors or enablers for successful planning and the implementation (Burke, Morris and McGarrigle, 2012).

The National Health Plan (NHP) is a long term plan. Therefore literature was reviewed to identify the success factors for implementing a long term plan. The review identified three key aspects of the planning and implementation processes that decision-makers, policy makers and implementers should take note of when working on a long term plan.

1. The first one is having an understanding of the factors that enhance organisational capability and capacity to implement a long term plan. These factors are described in the literature as success factors, drivers and enablers of successful implementation.

2. The second aspect is having an understanding of the factors that limit the organisational capability and capacity to implement a long term plan. Literature describes these factors as barriers, obstacles, limiting factors and risk factors (Birnbam Associates, 2012).

3. The third aspect is having an understanding of the management concepts and practices that facilitate successful implementation. Discussion for the purpose of this article only focuses on the success factors and the management practices to facilitate successful implementation planning.
Success factors for implementing a long term plan (enablers of successful implementation)

Having an understanding of the factors that enhance organisational capacity and the capacity to successfully work out plans is one of the key aspects of planning and implementation. These factors are described in the literature as enablers of successful implementation (Burke, Morris and McGarrigle, 2012); drivers of successful implementation (American Management Association, 2007); facilitators of successful implementation (Miniance & Falter, 1996); success factors of implementation (Saunders, Mann & Smith, 2008); key attributes of implementation; and determinants of successful implementation (American Management Association, 2007).

Although there are a number of factors, only the ones cited as critical success factors are discussed in this review. One of the critical success factors is to have an implementation plan at the organisational level. Long term plans such as a national strategy plan or a national development policy or a sector plan are designed at the national level (i.e. in the government sector) or by the organisation’s top management (i.e. in the business sector) and delivered down to lower level management for implementation. Therefore it is important to devise an implementation plan for the key strategies of the national plan. The purpose of this is to provide guidance and step by step processes. For the implementation to be successful, the plan must provide very clear goals and objectives and be understood by everyone involved in the process (Barnett, Smith & Cumming, 2009). The plan must clearly state the roles, responsibilities and specific tasks for individuals, teams and groups responsible for the plan with agreed timelines. Saunders, Mann, & Smith (2008) commented that implementation is successful when all departments, divisions, sections, teams, groups and individual employees involved in the implementation have very clear and well defined roles and responsibilities.

Another factor is risk assessment. Feo & Jansen (2001) commented that risk assessment is an essential part of planning, and implementation has greater potential to be successful when the agency identifies internal and external risks and develops strategies to address them during implementation. There will be changes in the organisation’s macro and micro environment during the implementation which can act as barriers to implementation. Therefore it is important to have a general understanding of the factors that could act as barriers.

Another factor related to planning is aligning the organisational goals with the development priorities of the government and the stakeholders. One of the leading studies on strategy implementation was done by the American Management Association (2007). This study consisted of a series of studies conducted in a number of countries around that world on success factors for strategy implementation. This study confirmed and highlighted a number of success factors. The finding of this study shows that regardless of the type of organisation, location, nature of business, etc., aligning the organisation’s strategic goals with the development priorities of a corporate plan or the
government’s priorities is one of the key success factors to strategy implementation. Barnett, et al. (2009) stated that it is important for the public sector organisations to align their operational strategies with the government’s development priorities which would enable the organisations to contribute to achieving the government’s development policies and to getting financial support from the government funding agencies.

Another factor is leadership. According to Jooste and Fourie (2009), quality leadership is a success factor in planning implementation. The role of a leader is to set the vision of the plan and provide incentives to motivate employees to participate in the planning and implementation of the organisation and establish the structure and the management systems to drive the organisations to achieve the vision. Oakland (2011) mentioned that the role of the management is to provide leadership that facilitates effective planning and implementation and overcome challenges that occur during implementation. Jooste and Fourie (2009) also highlighted developing leadership capacity as a factor for successful implementation. Leadership development through succession planning would enable the organisation to continue to sustain its implementation efforts.

Another factor is communication. According to Miniace and Falter (1996) communication is essential for successful implementation. This involves communicating the plan for implementation, monitoring the progress, and providing feedback for improvement. Miniace and Falter (1996) highlighted that communication is one of the key success factors to strategy implementation. Gaining employees’ support and commitment can be facilitated through effective communication. Managers must have excellent communication skills to ensure the organisation’s strategic plan is communicated in such a way that all employees feel part of the planning and implementation process. Barnett, et al. (2009) commented that implementation is successful in the government sector when communication is maintained between all levels of governance at national, regional, provincial and district levels. It is also important that the organisation’s vision and strategic goals should be communicated to all levels of the organisation (Saunders, Mann, & Smith, 2008). Effective communication is also critical for motivating staff, overcoming resistance to change and giving and receiving feedback for improvement. Communication enhances better understanding of the plan, its vision, goals and objectives, its implementation process and roles and responsibilities. The role of the top management is to maintain effective communication from top management to lower level management on policy directions and priorities, resources allocation and feedback from lower level to top management for improvement.

Communication with the external stakeholders is also essential to support an organisation’s implementation efforts. Saunders, Mann and Smith (2008), commented that consultation with the relevant stakeholders enables an organisation to get support from external partners. Informing the stakeholders (communities, citizens and politicians, etc.) also helps to create awareness about the plan and to get stakeholders’ support. Another factor related to
communication is employee involvement and participation in the planning and implementation (Alperstein, Sainsbury & O’Grady, 2008). Employees are able to participate in the planning and participation through effective communication when they understand the benefits of the plan on the organization and on their employment career within the organization. This claim was also supported by studies done by the American Management Association (2007) on strategy implementation in countries around the world which showed that employee involvement in the planning and implementation was one of the key success influences on strategy implementation.

Another factor is developing staff capability. This involves staff development practices such as staff selection, training and on-going coaching to build capacity in staff and to equip the organisation with the needed skills and expertise to support implementation. Studies done by the American Management Association (2007) on strategy implementation show that organisations that invest in staff development practices such as training, performance improvement, improving knowledge and skills, leadership development etc., are able to successfully effect their strategic plans. It is also important to provide incentives such as training, improve work conditions and share benefits during planning and implementation to improve staff performance, interest and commitment.

Another factor is the provision of resources. Sufficient resources should be provided (financial resources, operational resources, human resources etc.). Johnson and Scholes (2002) highlight that securing appropriate funding, qualified staff with necessary skills and experience, obtaining operational resources and developing infrastructure, improve an organisation’s capability to successfully plan and implement their strategic plan. Parnett et al. (2008) also commented that implementation of the governments development policies are successful when key resources such as finance, people, facilities and equipment are allocated to all agents at the national, regional, provincial, district levels.

Another factor is having supportive organisational structures and management systems. The American Management Association (2007) study on strategy implementation in a number of countries around the world show that supportive organisational structures and systems are one of the key factors for successful implementation. Organisational support means having systems, policies and procedures in place within the organisation which align with the implementation framework including its goals and objectives. Having an adaptive organisational infrastructure helps organisations to react quickly to new strategic opportunities, changes in the environment and to minimise resistance to change. Johnson et al. (2008) argued that organisations which are successful in implementing their strategy plans give thought to their organisational structure beforehand. The important fact in the structure is that the intended strategy must fit the structure of the organisation and the structure must be appropriate for the intended strategy.
Another factor related to organisational structure and systems is having a planning and implementation coordinating committee to provide guidance and advice to the process (Alperstein, Sainsbury & O’Grady, 2008). Implementation is successful when there is an authority providing advice, leadership and technical support to the organisation.

Also important is having a supportive organisational culture. Oakland (2011) argued that, for a plan to be implemented successfully, it must become culturally embedded within the organization. Johnson, et al. (2008) stated that if the organisational culture is at odds with the plan, those implementing the plan must seek behavioural and attitudinal change to facilitate cooperation. Culture can be changed and managed through change management strategies and this would require time, commitment and planning. Changing the organisational culture can be achieved through communicating a compelling vision for the change, providing training, providing incentives and rewards for positive change and performance improvement and for those in-charge to be positive role models.

Another consideration is monitoring and evaluating the process. Johnson et al. (2008) argued that monitoring and evaluation are essential to determine the progress and achievement of implementation. Monitoring and evaluation helps to identify risks and inform future actions. Top management of the organisation must ensure appropriate reporting and review mechanisms are put in place for monitoring and evaluation before the plan is implemented. It is also important to revise the plan on a regular basis to ensure implementation is adjusted to the changes in the general environment.

The review of the studies on success factors to implementation shows that understanding the success factors would enable the management of an organisation to successfully implement long term development plans.

**Management concepts and practices to support planning and implementation of NHP at the health facility level**

An aspect of successful implementation is having an understanding of the management concepts and practices that make it happen. Although there are a number of management practices discussed in the literature, the ones identified as key enablers for implementation are discussed here.

One of the key management practices is human resource development. Johnson, Scholes and Whittington (2008) illustrate organisational success through people and highlight that developing human resource of the organisation through training, performance appraisal and improvement and reward based on performance would enhance employee productivity and improve the capability of the organisation to successfully implement its long term strategic plans.

Another aspect of management practice is change management. Implementing a new plan can impact on the organisation’s management function,
organisational structure, and organisational behaviour (Spector 2010). Therefore introducing change must be accompanied by change management strategies to minimise the negative impact on the organisation. The change management framework developed by Lewin (cited by Holbecher 2006, pp. 47-66) can be a useful tool for managing change, in ways which include unfreezing, transiting or changing to a new state, and freezing to make the change permanent. Top management of the organisation should take note of barriers and resistance to change during implementation and take appropriate actions to address them during planning and implementation of the organisation’s long term strategic plans.

Another management practice is strategic planning and management (Porter, 1996). Research shows that organisations that use strategic management concepts and techniques have higher levels of performance (American Management Association, 2007). Organisations taking a strategic approach to implementation are able to implement their operational plans successfully and by following the strategic management process, strategic decision makers examine all the important aspects of the organisation in order to determine the most appropriate decisions and actions for implementation (Johnson et al.; 2008). Strategic planning and management also enhances goal setting (vision, key strategic goals) and making decisions on resource allocation for key activity areas to achieve the goals. Another management practice related to strategic planning is conducting an environmental analysis during planning and implementation (Porter, 1996). Some of the common barriers are related to factors in both the external and internal environment of the organisation. Therefore it is important during planning to do external and internal factor analysis to identify barriers (risk factors) to implementation and to explore opportunities for success.

Resource development is another management practice to be considered. Johnson et al. (2008) alleged that the success of a long term plan implementation depends on the availability of current and future resources and infrastructure of an organisation. Resource development is a management practice because it requires planning and coordination to support the implementation process. According to the American Management Association study (2007), organisations that develop their resources are able to successfully implement their strategic plans. Resource development improves an organization’s capacity to sustain its current and future operations. This includes resource acquisition and infrastructure development to sustain current and future operational functions.

The implementation process of a long term plan (i.e. how and when the plan is implemented) varies from organisation to organisation depending on the design, availability of the resources and time frame for implementation. However some basic steps are required for the plan to be successful. Even though a plan can be well designed, its implementation can still fail due to poor process. Oakland (2011) argued that the success of an implementation of an organization’s strategic plan depends on how well the plan is institutionalized in the organisation and understood by everyone involved.
Suggestions for further review to improve NHP planning and implementation

Planning and implementation of the NHP in PNG’s current decentralised system takes place at the national, provincial and district levels. Therefore there is a need to explore management interventions to support the role and the functions of the Provincial Health Authority to provide leadership for NHP planning and implementation. Three interventions are suggested.

- Firstly the National Department of Health is responsible for the planning of NHP so there is a need to improve planning, communication and coordination between the National Department of Health and the Provincial Health Authority.
- Secondly the Provincial Health Authority provides leadership for implementing a NHP in the new reform structure so there is a need to review the role of the Provincial Health Authority particularly with regard to implementation planning and coordination between the Provincial Health Authority, Provincial Health Administrations, District Health Administrations and the Church Administrations responsible for implementing the NHP.
- A third consideration is that the health facilities in the districts are locations where NHP implementation occurs, so there is a need to review the process of planning, implementation and coordination between the health facility, district health administrations and the Provincial Health Authority.

Conclusion

Successful implementation of the National Health Plan (NHP) contributes to improving health service systems, the quality of health care and service delivery in PNG. However, many provinces and districts are not able to implement NHP successfully in the decentralised health system. A review was conducted to understand the challenges of implementing NHP in the provinces. The challenge for the Government is to improve planning of the current and future National Health Plans particularly for the years 2014 to 2050 so that positive progress can be made towards realising Health Vision 2050. The government has taken note of the challenges impacting on the progress of the health sector in the decentralised health system and is currently initiating changes to improve the structure of the health systems in the provinces. One of the key changes is integration of the health services in the province through the establishment of the Provincial Health Authority. There will be one Provincial Health Board to provide leadership for planning, implementing and coordinating health services in the province. There is a need for a review on the planning and implementation process of the NHP to ensure it is done in accordance with changes and reforms in the health sector.
References


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