Challenges experienced by health care providers on implementing the National Health Plan in the Madang Province

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Abstract

This study investigated the implementation of the National Health Plan (NHP) in Papua New Guinea. The study was conducted in Madang Province with the aim of providing an understanding of the implementation of the NHP in a decentralised health system. The design of the study was based on qualitative research methodology. Data were collected using in-depth interviews and written documents. Face-to-face individual interviews were conducted with the managers of the health programs and facilities. Program activity implementation plans were obtained from the health facilities where interviews were conducted. Data were analysed using content analysis method to allocate codes and identify themes. Themes were further analysed to explain their relationship. Findings of the study provide insights to the challenges experienced by the health care providers on implementing the national health plan in a decentralised health system.

Key words: national health plan, implementation, decentralised health system.

Introduction

In early 2000, the planning process in the government sector in Papua New Guinea (PNG) shifted from short and medium term planning to long term planning. As a result, the PNG government launched long-term strategic objectives for social and economic development. Government publications included *PNG Vision 2050* (Government of PNG, 2009), *PNG Development Strategic Plan 2010-2030* (Department of National Planning and Monitoring, 2010), and *Medium Term Development Plan III 2018-2022* (Department of Planning and Monitoring, 2018).

In the health sector, a key publication is the *National Health Plan 2011-2020* (Government of PNG, 2010). The key strategic goals of *PNG Vision 2050* are implemented in the PNG health sector through the national health plan. This study investigated the implementation of the national health plan to gain insights to the challenges of health care providers to implement long-term plans designed by the national government for implementation at the provincial, district and local levels. The paper is organised into following sections. First, is the introduction, which provides the aim and objectives of the study and explains key concepts. Second, is the design of the study, which explains data collection and data analysis processes. The third and final section is discussion,

which interprets the findings of the study and provides suggestions for improvement.

National Health Plan 2011-2020

The *National Health Plan* (NHP) is the overall governing policy document for the health sector in PNG. This Plan provides the government's key strategic objectives for the health sector in PNG. The NHP also provides a planning framework for aligning the health sector's key strategic goals with the government's development goals, *PNG Vision 2050*, with the *Millennium Development Goals* (United Nations Development programme, 2000) and other international health standards (WHO, 2016). The NHP for the previous years, particularly from 1977–1996, were short and medium term plans of 3 to 5 years. The last NHP was the first ten-year plan implemented from 2001 to 2010. The current NHP is also a ten-year plan for the years 2011 to 2020, with a long focus (i.e. *PNG Vision 2050*). NHPs for the years 2010 to 2050 will focus on implementing the strategic goals of *PNG Vision 2050.*

The health system: Health care providers in Papua New Guinea

PNG's health system consists of services provided by the government, services provide by faith-based organisations and services provided by private practitioners. Some commercial organisations, particularly large employers in the mining, petroleum and forestry sectors also provide health care for their employees, their families, and the local communities within their operational areas. The government and churches are the main health care providers in PNG. The government provides about 50% of services and the churches about 45%. Government subsidised church-run health services are an integral part of the national public health system and are partly funded by the government through a Public-Private Partnership Policy (Government of PNG, 2014). Traditional medicine is also recognised as alternative treatment to Western medicine and is a component of the primary health care system in PNG (Government of PNG, 2010).

Health systems in PNG are currently undergoing structural reform (2011 to 2020) with the establishment of the Provincial Health Authority (PHA) and the District Development Authorities (DDA) in the provinces and districts. The aim of PHA is to strengthen leadership and management of the provincial health services by integrating the hospital and rural health functions. The aim of DDA is to strengthen the leadership and management of the District Administrations to improve service delivery in the rural areas.

Administrative and legal framework for the health systems in PNG

PNG's health system operates under three separate pieces of legislation: the Organic Law on Provincial and Local Level Government (OLPGLLG Act, 1995), the National Health Administration Act (1997), and the Public Hospital Act (1994). Each of these laws explains the role and functions of the government on service delivery. The OLPGLLG Act (1995) empowered the

District Administration to take responsible for the implementation of government-funded services, including health services in the districts. The Health Administration Act (1997) guides the management of the health services in the provinces. The Public Hospital Act (1994) governs the management and delivery of hospital services under the National Department of Health.

Under the Organic Law (1995), the role of the National Department of Health is to plan and document the national health policies, plans and standards, and implementation is carried by the provincial and district administrations. The government's administrative functions on service delivery are also decentralised to the provinces and districts under the same law so provincial administrations and district administrations are responsible for implementation planning, financing and acquisition of resources to support implementation of government development policies and plans. Therefore, successful implementation of NHP in the provinces and districts depends on the implementation efforts of the health care providers in the provinces and districts in PNG.

Design of the study

The design of the study is based on qualitative research methodology. Data were collected using interviews and written documents. Face-to-face individual interviews were conducted with 25 key informants (study participants) using an interview guide containing open-ended questions. The key informants were the managers of the health programs and facilities. Program activity implementation plans were obtained from 20 health facilities where interviews were conducted. Data analysis started with content analysis in each data set (interview and document). Participants responses on the interview transcripts were analysed using content analysis method to identify key statements. The key statements were categorised as codes and were assigned to themes. The same process was applied to the program implementation plans. Themes were further analysed using thematic analysis to explain their relationship and interpret the patterns identified to answer the key research question.

The key research question that guided the study was:

> **"*What challenges were reported on the implementation of the National Health Plan in the decentralised health system in Madang Province in 2001 to 2014*?"**

Findings of the study

Findings of the study are discussed under the following themes: (1) Infrastructure, (2) Funding, (3) Lack of understanding, (4) Human Resources, and (5) Resource and logistic support.

Infrastructure

Data analysis shows that one of the key factors affecting planning and implementation of the NHP in Madang Province is the infrastructure. Infrastructure is defined as "the physical structures and facilities such as buildings, roads, power supplies, etc. needed for the operation of a society or enterprise". Infrastructure in the context of this study refers to the condition of the health facilities such as patient care facilities, clinic facilities, drug storage, laboratory equipment, staff accommodation, information and data facilities, sources of water supply, and electricity. Study participants from both the government and church health care providers said that poor condition of the infrastructure at the health facilities is affecting their program activity implementation planning and implementation of the activities. One of the study participants from the district health service said that,

> *Deteriorating conditions of the infrastructure at the district health centre sometimes prevents us from implementing our program activity implementation plans. We need a vehicle to conduct extension programs and to bring supplies in. We need an out-board motor dinghy to travel to the villages along the coast to conduct mobile clinics. We also need additional staff, but there is no accommodation at the health centre.*
>
> (Officer In-charge: Health Centre, District Health Services)

The challenge for the care providers is that successful planning and implementation of the program activities depend on the condition of the infrastructure and availability of the required facilities at the health institutions. According to the World Health Organisation (2014), the poor condition of health facilities' infrastructure, such as staff housing, buildings, water sources, medical equipment, laboratory facilities, and transport, is one of the main causal factors to poor implementation of health programs in developing countries. Experiences in Madang province show that the poor condition of the infrastructure affects program activity planning and implementation of the program activities in the district. This limits health care providers' capability to successfully implement their program activity plans.

An ADB report (Asian Development Bank, 2016) also highlights that "PNG lags far behind most other major economies in the region in key infrastructure, including transport, electricity and water supply". Moreover, the state of most of the infrastructure is very poor and in need of major restoration or upgrade. PNG's infrastructure was ranked 135 out of 155 countries by a World Bank study, a rank that was lowest among the major economies in the region (World Bank, 2016). The available statistics on road infrastructure indicate that PNG compares unfavourably with most other major economies in the region in terms of road density and proportion of road length that is paved (ADB, Report; 2016). Therefore, poor infrastructure remains one main challenge for the government of PNG to address in its efforts to progress towards achieving *PNG Vision 2050.*

Funding

Another challenge is financial constraints. Under the current decentralised governance system, the budget and grants do not reach health care providers and facilities on time. Over eighty percent of the key informants from both government and church health care providers said that program activity implementation is often behind schedule or not fully implemented due to financial constraints. For instance, one of the study participant from the district health service said that,

> *Late release of budget allocations often affects the implementation of our program activity plans. In the government, program activity implementations are done on a quarterly basis in line with funding allocation, divided into four quarters in a year. First quarter is from January to March, second quarter is from April to June, third quarter is from July to September and the fourth quarter is from October to December. Funds should be released before each quarter to enable service providers to implement their program activities. When budget funds are released late for a quarter, it affects program implementation and program activity planning for the next quarter.*
>
> (District Health Program Coordinator, District Health Services)

Evidence from the data analysis shows that over eighty percent of the study participants said that the government's financial system is very slow in the decentralised governance system where budget allocations are not released on time to the health providers and it affects the health facilities program implementation schedule. In the government financial procedures, provincial budget funds for service delivery are released on a quarterly basis through the Department of Treasury. First quarter is from January to March, second quarter is from April to June, third quarter is from July to September and final quarter is from October to December. However, evidences from the data revealed that many health care providers do not get their quarterly allocations on time.

The challenge for the health care providers is to receive budget funds on time to implement their program activities' schedule for each quarter in-line with the timeframe. Previous studies on health service delivery in the rural areas of PNG (Asante & Hall, 2011; Thomson & Kase, 2009) have also highlighted this problem.

This study shows that the financial management system in the province has not improved despite establishment of the district treasuries. Many health facilities are not getting their funding allocations on time. The government of PNG is well aware of this problem and has proposed further reform to improve the administrative functions of the service delivery in the provinces and districts between 2014 and 2020, which includes establishment of the Provincial Health Authority in the provinces and District Development Authorities in the districts. In the last few years, the government of PNG focused on implementing reforms to improve the administrative functions of the health service delivery but failed to improve the process of timely budget allocations

to the health care providers. Therefore, this study suggests that the government should review the current administrative processes for budget and funding allocations to the health facilities to support implementation of planned activities.

Lack of understanding: The NHP and the process of strategic planning

Another of the challenges highlighted by the study participants was inadequate understanding of the national health plan. Most of the key informants from the health facilities in the district said that their understanding of NHP was limited. They said that they lack understanding of the strategic planning process. One of the study participants from the district health services said that,

> S*taff working in the health facilities in the districts lack understanding of the NHP2011 KRAs* (key result areas) *and were not sure about their program activity plan alignment with the KRAs of the NHP2011*.
>
> (Officer In-charge: Health Centre, District Health Services)

Evidence also shows that many health facilities do not have a strategic plan (or a long-term plan) and their program activity plans are not aligned with district and provincial development goals and objectives. The current program activity implementation planning for health is facilitated through a standard planning template. The National Health Plan encourages strategic alignment of program activity plans with the NHP and the PNG Vision 2050. Therefore, it is important that all health facilities should be involved in strategic planning to align their program activity plans with NHP, district and provincial development goals and PNG Vision 2050.

Human resources

Another challenge is lack of staff at the health facilities in the rural areas. Key informants talked about lack of staff, resulting in them not being able to implement some of their program activity plans. For the government health services, staff are not at the location of their employment due to lack of accommodation. Key informants said that they were not able to employ new staff or transfer existing staff to other facilities due to lack of accommodation. According to the PNG Government Public Service General Orders, staff accommodation is not a condition of employment, and PNG has a major problem with providing accommodation in both urban and rural areas.

Evidence in the data shows that Church health providers in PNG continue to have issues with staff recruitment and retention. It was reported that qualified health medical specialists only work for a short period of time because salary for the church health workers is lower than the Government and private health services. It is a challenge for the church health providers to attract, recruit and retain qualified medical specialists and health workers when employment terms and conditions are not as attractive as the government and private health providers. Lack of staff is affecting the health providers' capability to deliver

services and to implement their program activity implementation plans. Furthermore, the Church Health Services could not afford to employ new staff because of the costs for hiring and retaining staff. One of the study participants from the church health services said that,

> *One of the challenges for church health providers is to attract, recruit and retain qualified medical specialists and health workers because employment terms and conditions are lower than the Government and private health providers.*
>
> (Hospital Administrator, Church Health Services)

Many health facilities in the rural areas are not staffed due to lack of accommodation. For the Church health providers, staff retention has been a challenge because many highly skilled medical staff do not seek long-term employment, many exiting after 1-3 years of employment to seek employment in the Government or private sector. Employment terms and conditions in the church health services are not attractive compared to the Government and private health sectors. That is why Church health services cannot attract and retain medical officers and other highly skilled health personnel. Previous studies on health service delivery in the rural areas of PNG (Asante & Hall, 2011; Thomson & Kase, 2009) have also highlighted this problem and this study also shows that financial management systems in the provinces and districts have not improved.

Resource and logistic support

Another challenge is inadequate resource and logistic support. Study participants said that lack of resources affects their program activity implementation planning because program activity implementation planning depends on availability of the resources and support services. Some health facilities lack resources for operations such as funds, work force, transport, information, and operational resources. One of the study participants from the district health services said that,

> *Lack of logistic support in the rural areas in the districts is affecting their program implementation planning and program implementation activities. Some of the specific issues highlighted are no vehicle or ambulance at the health facility to support extension program or vehicle is not serviced due to lack of spare parts at the local dealers and no out-boat motor dinghy to conduct extension programs in the coastal area without roads.*
>
> (District Health Program Coordinator, District Health Services)

Discussion

It is a challenge for the health care providers to implement their program activity plans with limited funds, resources and logistic support. Issues related to resources and logistic support are ongoing and previous studies have highlighted them (Asante & Hall, 2011; Thomson & Kase, 2009). A report by

AusAID (2015) also highlighted that "many government health facilities in rural areas are now run-down and under-used and access to quality health care is limited in many rural communities due to closure or lack of health facilities". This study shows that not much improvement was done on the infrastructure in the provinces and districts during the last 10 to 15 years. Therefore, poor infrastructure remains one of the obstacles to implementing national health plans and policies in the provinces and districts.

The health workers involved in the implementation planning of health program activities and implementation of health plans and policies in the districts have limited understanding of NHP during the time from 2011 to 2014. This was caused by lack of training and ineffective communication between the provincial health administration, district health administration and the health facilities. Secondly, the provincial health administration made efforts to conduct awareness on health policies through planning workshops at the provincial level but the District Administration failed to take ownership of NHP awareness in the districts, because after provincial workshops there was no continuous awareness and training in the districts before and during implementation of NHPs.

Findings of this study highlight the challenges of implementation planning in a decentralised health system from a development context. The study focused on the implementation planning of the NHP in the districts where implementation of the government policies and plans takes place in the current decentralised governance system in PNG. Discussion of the findings highlighted four issues. First, is the understanding of NHP by the implementers, second is the implementation planning process of NHP, third is the role of the Provincial and District Health Program Managers and fourth is the collaboration and partnership during NHP implementation planning in the districts. These are the areas that the National Department of Health and the provincial and district health administrations should work on to improve future implementation of government development policies and plans in the provinces and districts in PNG.

Conclusion

Findings of the study show that implementation planning of the National Health Plan in Madang provinces is affected by poor infrastructure at the health facilities. Many health facilities in the rural areas are run down due to lack of maintenance, delays in receiving funding allocations where quarterly operational budget allocations are not released to the health facilities on time, lack of understanding of NHP and planning framework to implement NHP, limited or lack of staff at health facilities and limited operational resources especially transport and logistic support for delivery of health programs. This results in the current decentralised health system not functioning effectively in the provinces and districts in PNG.

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