MANAGEMENT OF HEALTH SERVICES IN THE COMMONWEALTH CARIBBEAN

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Despite great progress in many areas, the health services of the Commonwealth Caribbean still face important administrative problems. This article reviews those problems, and recommends measures to help meet the challenges of the years ahead.

Preliminary Considerations

In the Caribbean as in the rest of the world, the quality of health service administration plays an important role in socioeconomic development. For the ultimate aim of development, to raise the population's level of living, can only be satisfactorily attained if the health service achieves its goal of raising the population's level of health.

In purely economic terms, disease decreases productive capacity, and death—viewed impersonally—represents a loss of social investment. And in countries where tourism represents an important part of national income, the health services also make a direct contribution to economic development by helping to encourage this activity.

Quite aside from these considerations, current social and cultural values have given provision of health services the character of a fundamental human right. Therefore, we are compelled to regard this as an essential component of any national development process.

The implications of these facts for health administration in the Caribbean are twofold: first, health planning has to be done in the context of national economic planning; and second, the appropriate position of health in the hierarchy of national priorities must be determined by its impact on socioeconomic well-being.

The Caribbean Background

Achievement of associated statehood and independence by the English-speaking Caribbean countries has caused their people to voice greater demands for self-fulfillment and for satisfaction of needs—which before were non-existent or were suppressed by the feeling that power, under the colonial system, was not in the hands of elected leaders. Today the Government is regarded as the principal agent for economic, social, and cultural change and for bringing national activities into line with public needs. Political leaders seeking to achieve this transformation must of course rely on the civil service and the established channels of public administration. But the existing machinery of public administration, devised at a time when emphasis was on a "static" rather than a "dynamic" approach to social and economic development, has often been unresponsive to community needs.

In addition, administration under the colonial systems was highly centralized, with power being vested in the Governor or Administrator as the decision-making authority. Prevailing systems and procedures tended to reflect this centralization, which can still be seen today. For example, the Ministry of Finance and the central personnel agencies (e.g., the Public Service Commission or the Personnel Department) generally have power to make detailed decisions affecting the ef-
ficiency of other ministries. Many detailed matters have to be settled by ministers or even the whole Cabinet, with a resultant slowing down in the efficiency and effectiveness of administration. Moreover, large ministries such as the Ministry of Health tend to relate to peripheral units, such as hospitals, in a way that places decision-making power within the ministry and does not permit those in charge of the peripheral institutions to make decisions on many matters which they are competent to judge.

This desire for detailed control of operations is, to some extent, a reflection of the experience and training acquired in the colonial era by administrators who now occupy key positions. In general, the function of the local officer during this period was to perform minor duties and to collect data for submission to higher "expatriate officers," who either made the decisions or referred the matter to more senior "expatriates" that did. The result was that local personnel were given no preparation enabling them to understand and assume the managerial tasks now required of them. Consequently, in many cases those responsible for the management of ministries and departments today do not seem to have a clear understanding of the aims of the organizations they manage, or of the policies and programs required to achieve those aims.

It is not only in the field of management that a shortage of skills exists. Everywhere, it seems, the tempo of social and economic change has caused old institutions to expand and new ones to be created. This has sharpened the demand for more and better-trained staff members in many fields, including management, which helps to explain the greater emphasis now being placed on training designed to meet existing needs. Nevertheless, the current lack of trained personnel is an important factor underlying the inadequacy of the present systems of administration.

This situation is further exacerbated by the system of personnel management generally employed in the civil service, under which persons trained in a specific area are frequently promoted to posts where this training cannot be used. This is partly the result of inadequate job classification systems which fail to provide individuals with career prospects in specific areas, and partly a result of the civil services' small size.

The system of financial administration which exists in most of the countries also reflects the "static" approach to administration. Most budgets are prepared under the main categories of (a) personnel emoluments and (b) other charges. Such a system does not provide any information about the purpose of the funds or the identity of specific programs, placing more emphasis on the control of expenditure than it does on the tasks to be performed with the allotted funds.

In addition, the transition to a ministerial system of government has given rise to considerable conflict between ministers and permanent secretaries, as well as between administrative officers, professionals, and technical personnel. The conflict between ministers and permanent secretaries arose out of adjustment to the new system of administration. Ministers were anxious to bring about changes they deemed vital, and felt frustrated by the administrative barriers which permanent secretaries seemed to erect by insisting on certain procedures. The position of the professional officer was somewhat different, in that he was demoted from the position of complete authority which he held under the colonial administration—in departments such as health, agriculture, and public works—and was placed under the control of a Permanent Secretary who, he felt, lacked the technical knowledge and competence required for leadership.

It is against this background of public administration that the problem of management within the health services of the English-speaking Caribbean must be assessed. The restrictions imposed by the systems of personnel and financial management, the conflicts existing at different levels, the shortages of personnel trained not only in managerial
skills but also in other professional and technical areas, are all factors seriously affecting the efficiency of the health services. Future development must therefore include not only a review of the present system of administration throughout the public service, but must also emphasize the need for training to provide the skills and attitudes required to meet the challenges ahead.

The Health Services

Besides affecting public administration in general, historical circumstances affect specific conditions in the health services. In particular, the concept of health upon which these services were originally founded depended heavily on the doctor-patient relationship prevailing in the metropolitan country at the time. This is one important reason why in the past emphasis has been placed on treatment of the sick, with relative neglect of preventive services.

On the other hand, the demand for health services has grown so fast in recent years—partly as a result of population growth, partly as a result of industrialization and urbanization, but mostly because of increased public awareness and expectations—that the available resources seem insufficient. In actual fact health resources have increased significantly, and in financial terms they now represent 10 to 12 per cent of total government expenditure throughout the region. The possibilities for obtaining an increased share of the government budget seem limited at present, when we take into account demands from other economic sectors; but there are possibilities for improving the utilization of the existing resources, and for bridging the gap between the demand and supply of health services in this way.

One such improvement could be made by better distribution of health resources. That is, within most countries the ratio of physicians and allied personnel to the general population is several times higher in the capital than in the rest of the country. Also, immunization, environmental sanitation, and other preventive health activities still receive a relatively small allocation of health resources—despite a relatively high prevalence of diseases which could be effectively combated with low-cost preventive measures.

To sum up, one could say that the health care system of the Commonwealth Caribbean countries evolved in more developed countries and was introduced with very limited adaptation to the local environment. It was thus oriented to the provision of individual medical care by highly trained hospital-minded professional personnel. Additional health services were eventually added to the system, but these were unsupported by good planning and have been hampered by a shortage of medical and allied personnel. This situation is worsened by the inadequate distribution and utilization of resources, as well as by outdated legislation, organization, information systems, and management techniques.

Management of the Health Services

Studies conducted by the ministries of health of the various countries, by higher education and research institutions in the area, and by international organizations, point to the existence of important constraints on the management of health services that are shared by the Commonwealth Caribbean. Of these, the following appear to be among the most important:

- The health services need to make greater use of planning as a tool of management.
- In most cases the legal framework of the health services is defined by laws that were enacted before an independent or associated status was attained. Many of these have become inadequate for day-to-day management, and so comprehensive efforts are needed to bring them up to date.
- There appears to be an urgent need for the health services of the area to establish
an adequate information system designed to meet health management needs.

- In most cases the annual budget—the principal means for giving effect to government plans, programs, and projects—should use an itemized classification system suited to managerial purposes and less wholly dedicated to ensuring accountability and fiscal control.

- The beneficial impact of budgetary processes could also be improved in many countries by diminishing rigid and formalistic controls over budget execution, and by overcoming an apparent lack of qualified staff in the finance management field.

- In the area of personnel management, mechanisms are needed for clearly defining areas of responsibility and authority, official interrelationships, channels of communication, etc., and for establishing a personnel evaluation system oriented to staff development.

- Health services in nearly all the countries show signs of serious supply management problems—such as material shortages, high prices, and the like.

- Documents and files are required to follow a long and involved path through many administrative layers, a process which makes it extremely difficult to arrive at timely decisions.

- Because of general reluctance to assume responsibility, there has been a proliferation of committees and subcommittees which frequently take no decisions or, if decisions are made, fail to follow them up properly. Although such committees can provide an excellent medium for communication and discussion under the right circumstances, they clearly cannot provide a substitute for individual responsibility in the decision-making process.

The Health Management Process

It is felt that a rational way to meet these challenges, needs, and problems is through effective understanding and application of what has been called the “management process.” Very briefly, the main components of this process are:

(a) Identification of the magnitude and characteristics of the problems being confronted.

(b) Determination of broad objectives and policies.

(c) Definition of specific objectives.

(d) Formulation of alternative plans for the attainment of objectives.

(e) Development of programs as components of overall plans.

(f) Design of the organizational structure and administrative systems required to carry out the program activities.

(g) Determination of the resources required for the implementation and follow-up of the plans.

(h) Setting up a system of positive control—that is to say, a system for evaluation of results.

Two Critical Components of the Management Process

Identifying problems. Defining the “situation,” so as to provide a basis for overall orientation and establishment of health service goals, is a difficult task. Several obstacles exist, the most important being:

1) The quantity, reliability, and format of the available information is, generally speaking, insufficient to permit effective analysis of the country’s health problems. In addition, the rapid pace of development in some countries is posing increasing demands on health services and generating variables related to future events that are difficult to objectively assess.

2) The system of administration does not sufficiently encourage supervisors to analyze problems and to prepare programs for meeting existing contingencies. Thus there is a tendency to simply “repeat” activities year after year.
3) There is no evaluation or "feedback" mechanism for positive control; moreover, most systems and supervisors are concerned with how funds are expended rather than what results are attained. There is thus little motivation for objectively assessing how effective a program has been in helping to solve particular problems.

This elusive nature of problem areas or situations indicates a need for more systematic efforts and improved techniques. Furthermore, so much is at stake that the ministries of health can hardly allow events to take their own course or wait until a crisis develops before providing solutions. Actions that can be taken to promote effective identification of problem areas include the following:

(a) Make sure that health personnel are trained to think creatively and critically about the purpose of their work; and promote increased awareness about the usefulness of health information in giving their activities a positive orientation.

(b) Set up systems or processes which make it necessary to use information in formulating programs.

(c) Evaluate the results of programs in terms of goals achieved.

(d) Improve systems of information.

Policies, goals, and objectives. These are of paramount significance in the health services, because they are vital to the most important relationship in the management process, the relationship between problem areas and administrative action. The nature and characteristics of the "health situation," once defined, provide the basis for establishing broad policies and goals. These in turn give a sense of direction to health management and support administrative action. But a complementary process also needs to be provided in order for broad goals and policies to be translated into specific programs with both detailed objectives and the means to achieve them. Overall, if policies, goals, and objectives are all satisfactorily defined, it will then be possible to assess the effectiveness of the health system in achieving its aims.

Decision-making

Allocating functions, assigning resources to activities, and directing these resources toward the accomplishment of objectives all depend on effective decision-making. It is thus essential that the decision-making process be supported by an administrative and legal framework which provides for sufficient delegation of authority to ensure speedy action.

In addition, the decision-making system needs to be directed at achieving the program's final objectives. This seemingly superficial statement acquires meaning if we realize how many activities are carried out with no clear purpose. "Success" in such cases is measured by the accomplishment of an assigned activity, not its results.

Finally, there is an urgent need for national policy-makers to update existing systems of public administration, so as to remove the inflexibility that limits the ability of their ministries to solve existing problems.

Health Service Organization

Since the organization of the individual health services follows different patterns, in accordance with the particular conditions of each country, it may be helpful to highlight some problems and issues common to most of the English-speaking Caribbean.

For one thing, the interrelationship between technical and administrative officers (and services) has been a traditional source of confusion, and sometimes friction, affecting all levels of the administrative structure. One significant manifestation of these problems is the position of authority of permanent secretaries relative to chief medical officers. Whatever the formal organizational charts may suggest, the Permanent Secretary invariably has overall authority for administrative and technical services, with the Chief Medical Officer functioning in an advisory role. The
net result is a certain lack of “partnership” between these two officers in the discharge of their responsibilities and a weakening of leadership, along with a reduction of the tendency for personnel to regard the health services as an integrated system.

A further complication is that official responsibilities are often not functionally defined, thus restricting coordination and specialization. Common examples of this are making nurses responsible for conducting a wide range of activities (housekeeping, supplies administration, food services, etc.), and scattering of some management functions, such as personnel, among several officers in diverse administrative units.

In seeking to improve conditions, it would appear that clear definition, in writing, of organizational and individual functions, degrees of authority, desired interrelationships, and channels of formal communication could be a considerable help in alleviating the problems cited above.

**Human Resources**

The quality of an organization’s human resources, the most critical element in any institutional development program, determines the quality of the management process. Even in those cases where that process is established with outside technical assistance, its follow-up and continuity depend on the capacity of the individuals who make up the organization.

What are the main factors influencing the development of human resources in the Commonwealth Caribbean? Since the future of the public service, as the main mechanism for socioeconomic development and innovation, depends on the answer to this question, we should perhaps look at the factors which have a negative influence, ignoring for the moment the significant improvements achieved after the people of the Caribbean countries assumed responsibility for governing themselves and for determining their own goals and priorities. Some of these negative factors are as follows:

(a) The centralized administration of the colonial system did not permit participation by nationals who later, in the light of the political changes of the 1960’s, had to assume a more active role in the decision-making process. Consequently, the public servant was largely unprepared for his new responsibilities.

(b) The systems of education tended to be deficient and relatively unproductive during colonial times. In spite of dramatic efforts, the output of these systems is not yet adequate to meet their countries’ educational needs.

(c) There is a “brain drain” from the public service to the private sector and from the Caribbean region to more developed areas.

(d) Specialized training is generally lacking; the emphasis in most cases is on skills required by clerical and operational personnel, only limited efforts being made to reach members of the executive and administrative staffs.

(e) There is a shortage of trained officers with sufficient exposure to modern management techniques; as a result, in some cases training centers may be perpetuating the very behavior and management patterns that the Government is trying to overcome.

(f) The prevailing system of post classification tends to lower the quality of the public service, because it prevents standards of recruitment based on adequate qualifications from being set up.

(g) In some cases the public servant tends to be “income-oriented” rather than “task-oriented,” and this affects the quality of his work.

The situation described here suggests that an effort of major proportions should be made to train health staff members, especially at the administrative and executive levels. In fact, it is felt that training at these latter levels would have the greatest relative influence, resulting in the updating of systems and
alteration of behavior patterns that is needed if we are to meet the demands placed on health services by the more dynamic governments of our present day.

**Personnel Management**

Many of the reforms required to make the public service more responsive to modern management call for political decisions at the national level; others, like the ones mentioned below, can be attained internally by the ministries of health within the existing legal framework.

One simple high-priority measure for improvement of personnel management would be provision of job descriptions. This would eliminate a great deal of confusion about areas of responsibility, degrees of authority, channels of communication, official inter-relationships, and other matters. Job descriptions might also compensate for some of the weaknesses in the classification systems of the Caribbean. For instance, they could permit the assessment of levels of staff education that would provide a means for designing effective training programs and also for establishing requirements for entry into the service.

Since recognition and motivation make important contributions to productivity, the ministries of health might also find it desirable to take an increasingly positive approach to performance appraisal, going beyond the existing procedure involved in preparation of the "confidential report."

Also, the ministries of health could considerably improve personnel management by coordinating and setting training priorities in strict relation to programs actually in operation. In this connection, the existence of a need rather than the availability of resources should be the criterion used in awarding training grants.

Finally, three major steps are urgently needed to increase the effectiveness of personnel management. These are:

- Grouping of all personnel management functions under one unit and one leader.
- Updating of personnel management systems within the ministries.
- Provision of specialized training for staff members concerning development of more advanced systems of personnel management.

**Administrative Reform**

For some time now the governments of the area have recognized the need to improve their administrative apparatus as a prerequisite for achieving their economic and social development goals. Health services have been in the forefront of this movement, as has been demonstrated by many studies concerned with their organization and administration. These studies to major problems faced and make suggestions for reforms. Consequently, there is no lack of information on these problems or on the reforms needed; the problem is, rather, how to put these reforms into effect.

A brief and superficial review of the reform efforts made to date appears to indicate that their success has been rather limited. At the same time, information derived from these efforts shows that important problems exist which may require complete reorientation of the reform process. These major problems can be summarized as follows:

- Reform efforts have focused on improvement of civil services, budgeting, organization, and management, but not on the institutional and developmental benefits such improvements are supposed to bring about.
- Most health sector reform programs have been conducted in the absence of national efforts of a similar nature.
- Reform programs have generally been drawn up by a small number of key Health Ministry headquarters personnel. When personnel at all levels and branches of the service are later called on to implement the program, they are unaware of the objectives sought, and hence their degree of cooperation is often very limited.
- Most reform programs are based on
rather broad plans which require further breakdown of objectives, activities, targets, etc. in order to arrive at a work program that is easy to implement, control, evaluate, and adjust. In other words, it is necessary to further refine the plan.

- In most cases administrative reform has been viewed as a one-shot activity, while in fact, like planning, it is really a continuous process of adapting administrative techniques, organizational structures, and legislation to the country's development and growth.

- In most cases there is no one organizational unit fully responsible for orienting and coordinating the work of implementing the reform program and ensuring its continuity.

- Reform proposals have often been prepared by foreign experts guided by principles that work well in other countries, but application of these principles may not be compatible with the traditions of the countries receiving advice. In general, experience has shown that reforms are more easily accomplished when traditional institutions are employed, and when no immediate attempt is made to impose radical change.

The problems faced by the health services of the Commonwealth Caribbean regarding the quantity of services to be provided to the whole population, the paucity of skilled personnel of all types, limited financial resources, and inadequate administrative systems—as well as the small gains made by previous reform and/or improvement programs—make it imperative to reexamine the possibilities for using managerial reforms to help cope with present and future demands.

The process of reform, however, should involve several steps, such as: making a proposal to initiate a specific change; working it into viable recommendations if it is deemed sound; discussing the recommendations with other parties and government departments likely to be affected; and defining new policies (based on the recommendations) which must receive authorization from the Minister and, if necessary, from the Cabinet as well.

In view of this, it is felt that administrative reform should be oriented not only to current problems, but also to the task of enabling the health service to cope with any new situations which may arise, before such situations can create a threat to the objectives of the service and its contribution to national development. Reform, in this context, is a responsibility of all personnel and should relate effectively to all fields of health activity, not merely to so-called "administrative" functions. Handled in this way, administrative reform should thus become an integral part of the health service management process.

**SUMMARY**

Putting aside the very substantial gains made in recent years by health services of the Commonwealth Caribbean, this article reviews the administrative problems faced by those services at the present time. For the most part, these problems appear to have two main sources: weakness of the colonial heritage, and greatly increased popular demands following the attainment of associated or independent status.

In general terms, there are a great many current needs. In many cases, for example, it would help to give more attention to identification and delineation of specific health problems, to make more extensive use of planning, to update existing legislation, to establish a better information system, to revise the budget classification system and loosen budgetary controls, to improve supply management, to more thoroughly define areas of official responsibility, to reassert individual responsibility for decision-making, and to streamline administrative channels.

All in all, the problems faced by the health services make it imperative to reexamine the possibilities for implementing administrative reforms. It is felt, however, that besides being addressed to current problems, such reforms should be designed to help the health service cope with any new situations that may arise—before such situations can threaten its vital contribution to social and economic well-being.