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Case Report

Health Sector Reform- Improving Health Care Delivery in Trinidad and Tobago

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ABSTRACT

The Health Sector Reform Symposium held on the 31st October 2013, sought to discuss past lessons and innovations in line with health sector reforms. It provided an opportunity for various players in the health sector to present, examine and discuss the research evidence that will guide the development of innovative strategies that are responsive to the needs and realities of the population being served.

The Symposium showcased research studies conducted by the University's students, graduates and faculty as well as other researchers and academics on key reform areas; provided a platform to lead the discourse on these reforms through the conduct of this Symposium and a commonplace for networking and building collaborations with national and regional partners.

The Symposium was an informative and educational event inspiring the participators to develop techniques of better Health Care.

Advancements in monitoring methods, patient care and systems reformation can allow for the development of emergency responses catering to the needs of the society.

Key Words: Health Sector Reform, Quality, Patient Care, Symposium

INTRODUCTION

In order to become globally competitive in the 21st century and create a robust economy that will support sustainable development of Trinidad and Tobago, it is of paramount concern for the country to continuously ensure the health and well-being of the population.

Since the 1990s, reforms have been undertaken to restructure the governance and delivery of health services. Innovations in governance included the decentralization of healthcare delivery to five (5) semi-autonomous Regional Health Authorities, while the Ministry of Health retained its policy-making, strategic planning, financing and regulatory responsibilities. The overall

goal of these reforms is the improvement in the health status of the population by promoting and providing affordable quality healthcare in an efficient and equitable manner. The lessons and impacts of these reforms, however, have largely been left unexamined. Hence, there is a need to create an opportunity for a more in-depth understanding of the lessons and effects of these innovations in achieving the desired goal of improving health outcomes.

In this era of reforms, health administrators have a role to play in ensuring that the goals and objectives of the health reforms are achieved, while providing leadership in the implementation of innovative approaches in health. Towards

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this end, health administrators need to take a closer look at successes and failures of reform initiatives so as to help chart the way forward.

The Symposium held on the 31st day in month of October 2013, highlighted past lessons and innovations in line with health sector reforms. It provided an opportunity for various players in the health sector to present, examine and discuss the research evidence that will guide the development of innovative strategies that are responsive to the needs and realities of the population being served. Further, the Symposium focused on strategic solutions which synthesized, will unlock the full value of healthcare innovations in a more systematic and deliberate manner. The country's growth and development will be influenced by national research that provides evidence for the development of sound national plans, policies and programmes.

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Events Reports

Date of Event: October 31st 2013 Name of Event: Health Sector Reform Location: Theatre 1, National Academy of the Performing Arts, Port of Spain

1) Brief outline of key issues and challenges addressed in the event

Several Health Sector presenters and University students gave presentations concerning some of the issues relating to this sector. Presentations were made concerning;

- i. Strengthening the Health Systems
- ii. Responding to Healthcare Priorities
- iii. Re-orienting Customer Service Delivery

- iv. Improving Quality in Service Delivery
 - 2) Key messages, outcomes, recommendations
- i. Varying ideas and methods of developing a sustainable framework were derived.
- ii. During sessions of the Question and Answers segment:
 - Informative discussions were held,
 - Some concerns of the audience were addressed.
- iii. The importance of patient care, quality and service delivery
- iv. Highlights some of the inconsistencies of the Health Sector
- v. Developing approaches of building bridges towards a more efficient and effective Health Sector Environment.

Summary of Proceedings

The Symposium began with a Address Welcome by Mrs. Agatha Carrington, Programme Administrator Masters in Health Administration. In her address she highlighted the importance of speaking on past lessons and innovations cognizant with health sector reforms. The aim of the event was to provide an opportunity for various players in the health sector to present, examine and discuss the research evidence that will guide the development of innovative strategies that are responsive to the needs and realities of the population being served. The symposium also aimed to showcase research studies conducted by the University's students, graduates and faculty as well as other researchers and academics on key reform areas.

Following Mrs. Carrington's speech was Dr. Bernadette Theodore-Gandi, Country Representative, PAHO, gave her greetings followed by Special Remark done by Dr. Fazal Ali, Provost UTT.

The Feature Presentation was done by Dr. Peter Kowlessar, a student of the Masters in Health Administration (MHA) Programme at The University of Trinidad

and Tobago. His presentation was titled: "Decentralization of Health care Delivery in Trinidad and Tobago". Dr. Kowlessar in his Introduction gave a brief idea as to what comprises the Health Sector of Trinidad and Tobago. In his presentation Dr. Kowlessar spoke on Decentralization, highlighting the fact that the Government of Trinidad and Tobago in 1992 decided there was a need for a Health Sector Reform Programme (HSRP). He further stated that the aim of the HSRP was to improve the health status of the population by promoting and providing affordable, quality healthcare in an efficient and equitable manner. He also defined it by saying "its definition implies the central authority attempting to move decision-making to the periphery. It entails distribution or dispersion of functions and powers from a central authority to a regional authority and there are three forms of decentralization:

- a. De-concentration
- b. Devolution
- c. Delegation."

Dr. Kowlessar also pointed out that Decentralization in Latin America and the Caribbean has been an ongoing process for over twenty years.

Dr. Kowlessar also highlighted and discussed some of the issues with Decentralization in Trinidad and Tobago:

- There were no enabling conditions provided by wider Public Sector Reform
- 2. Periods of political uncertainty and wavering political momentum for the project contributed significantly to the delays in project implementation
- 3. Flaws in the project design
- 4. Lack of support from the main union representing the majority of workers in the public health sector
- 5. The need for the Public Service Reform to support the Health Sector reform is to be considered as the transfer of all Public Health Sector employees was to be completed in 2008 and still yet to be

- accomplished. In this regard, there was no Public Sector Reform.
- 6. Increasing public expectations is and will always be a factor in the fabric of healthcare. People have increasing comparative needs to what is delivered in North America and Europe. It was not realized and seems it may not be reachable because of the inappropriate funding for healthcare.
- 7. Political interference was considered but then rationalized, given the fact that when the RHAs do not perform, the negative publicity highlights the Ministry of Health as the cause to blame for any and all mishaps that will occur. So we actively observe the "interference" by the Ministry on the day-to-day operations of the RHAs.
- 8. Financing remains crucial to any properly managed organizations.
- 9. Lack of proper data collection

After having pointed out the issues with decentralization, Dr. Kowlessar then briefly gave solutions:

- 1. Proper assessment of cost of quality health service
- 2. Strengthening the role of the MoH
- 3. Development of a National Health Insurance System and other financial tools to help meet the health care cost for a basket for a basket of services, that would allow equitable access, regardless of the individual's ability to pay.
- 4. Effective Human Resource systems and policies
- 5. Vaccinating the system from negative political interference.

He then concluded that the Health Sector Reform Programme (HSRP) in Trinidad and Tobago, continues by the process of devolution. The role of the MoH in this process must be strengthened, in addition, the necessary resources needed to allow the RHAs to fulfill their responsibilities and functions must be

provided. Nevertheless, they should be held accountable and regulations enforced. Political will must not waiver in the drive to

develop an equitable, quality and cost efficient healthcare system.

Action Plan for Health Sector Reform

| Objective | Activity | Outcome | Timeline | Person Responsible |
|-----------------------|------------------------------------------------------------------|-------------------------|----------|--------------------|
| Provide technical | - Host international conference on health | Enhanced leadership | October | MHA Team |
| leadership in health | systems strengthening biannually | role of UTT in health | 2014 | |
| systems strengthening | - Engage other partners in health sector reform | Systems | | |
| nationally and | dialogue | strengthening in the | | |
| regionally | - Participate in regional and international | country and the | | |
| | conferences on health systems | region | | |
| Improve the | - Develop the Terms of Reference (TOR) and | At least 90% of past | January | Representatives of |
| visibility of the | seek approval for the establishment of a | students are registered | 2014 | Graduates 2010- |
| Masters in Health | MHA alumni Association | by the end of 2014 | | 2013 |
| Administration | - Launch the MHA Alumni Association within | | February | |
| (MHA)Programme | the 1 st quarter of 2014 | | 2014 | |
| | - Implement a recruitment drive to enlist | | | |
| | registration of past student into the MHA | | | |
| | Alumni Association | | | |
| Provide opportunities | - Increase the number of spaces available for | Increase in number of | October | Programme |
| for the enhancement | prospective students | students expected to | 2013 | Administrator and |
| of leadership / | - Develop and market short courses in | acquire skills in | ongoing | Team |
| management | leadership/management for health executives | MHA programme and | | |
| expertise in health | Review curriculum to allow opportunities for | other training | | |
| | matriculation into the MHA programme | opportunities. | | |
| Build | Develop and formalize a system to facilitate | Increase in the | | |
| collaboration | communication of leadership/Management | number of | | |
| with RHAs and | needs of the RHA | partnerships | | |
| other health | Seek opportunities for partnering with RHAs | between Health | | |
| agencies | and other health agencies for sponsorship of | Services | | |
| | students in each MHA cohort. | Executives and | | |
| | - Establish a system for implementing action | the strategic | | |
| | research in leadership/ management in RHAs | leadership at | | |
| | and other health agencies | RHAs and other | | |
| | - Develop a data bank for a cadre of Health | health agencies | | |
| | Systems experts who could be sourced as | | | |
| | consultants to assist RHAs and other health | | | |
| | agencies | | | |
| Develop a | - Establish a multi-sectoral committee to | | | |
| system to enhance the | develop and implement a research agenda | Increase in the uptake | | Programme |
| transfer of | with an emphasis on Innovative leadership; | of knowledge to | | Administrator |
| knowledge into | Management of CNCDs | inform policy | | and Team |
| policy | - Network with health executives to develop | | | |
| | best practice manuals/ protocols in | | | |
| | management / leadership | | | |
| | - Publish a quaterly journal on health care | | | |
| | leadership and health service delivery. | | | |

CONCLUSION

The Symposium was an informative and educational event inspiring the participators to develop techniques of better Health Care.

Advancements in monitoring methods, patient care and systems reformation can allow for the development of emergency responses catering to the needs and distresses of the society.

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