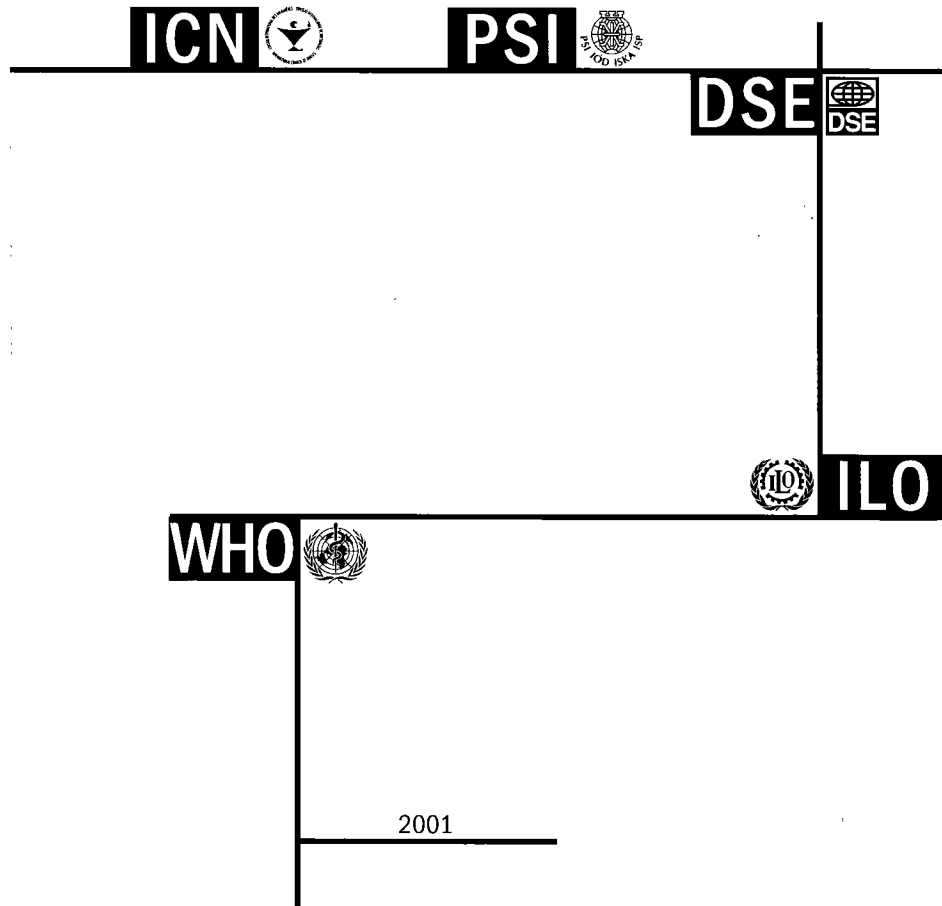


# **PUBLIC SERVICE REFORMS**

AND THEIR IMPACT ON HEALTH SECTOR PERSONNEL  
CRITICAL QUESTIONS: A TOOL FOR ACTION



# **PUBLIC SERVICE REFORMS**

## **AND THEIR IMPACT ON HEALTH SECTOR PERSONNEL** **CRITICAL QUESTIONS: A TOOL FOR ACTION**

This booklet has been prepared to assist policy makers in international organisations, governments and civil society. We hope that it will help design, introduce and implement public service and health sector reforms in the most effective and sustainable way, taking into account human resource policies. At the heart of the booklet are a set of critical questions which aim to help policy makers, including all social partners, to construct an effective path through the complex process of reform and restructuring.

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## *Introduction*

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Health, demographic, technical, economic and social factors are continuously evolving world-wide. Health services attempting to meet the changing needs of the population they serve must constantly be under review and introduce reform as required. Change is therefore a necessary process. However, to make sure the process is sustainable, it should be undertaken within a positive framework of social dialogue with all the stakeholders – consumers, government, employers, workers and financial institutions.

In most developing and transition countries the health care and public service systems are in a process of dramatic change, often referred to as reform. An efficient and well-managed health care system is critical for the economic and social development of a country. Yet, achievement and improvement in the health sector are crucially dependent on the performance of staff at all levels which, in turn, is intimately related to their general employment and working conditions.

These reforms have for the most part been stimulated by external forces, due to macroeconomic conditions. The restructuring of the economies of countries as a condition of loans from the International Monetary Fund (IMF) and the World Bank has had a profound impact on public and health services of individual countries. While these changes are intended to achieve efficiencies in different sectors, there are often unintended consequences for the health sector.

In 1998 the International Labour Office (ILO) and the World Health Organization (WHO) launched a joint research programme to study selected reform processes and examine their impact on health care personnel (see Annex I). The lessons drawn from the individual cases are designed to assist bilateral and multilateral

agencies, international advisers, governments and organisations of civil society to implement more effective health sector reforms. Six countries from different regions of the world were selected as the focus for this international research (Cameroon, Colombia, Jordan, the Philippines, Poland, Uganda). Country case studies on public service reforms and their impact on health sector personnel were undertaken, presented and discussed at a Round Table in Berlin (October 1999). The Public Administration Promotion Centre of DSE (German Foundation for International Development), Public Services International (PSI) and the International Council of Nurses (ICN) together with their affiliates assisted throughout the process by providing technical advice and information at national, regional and interregional level (see Annex II for the studies' terms of reference).

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Building on the case studies and the broad experience of the participants, a set of critical questions were proposed to assist policy makers in improving the quality and efficiency of public sector reforms. These questions although they can be considered "obvious" or "common sense" are often ignored and remain unanswered. This tool provides a check list of important areas that are often inter-related with others that require attention (to a different degree) if public service reforms are to be consistent with and support national social goals.

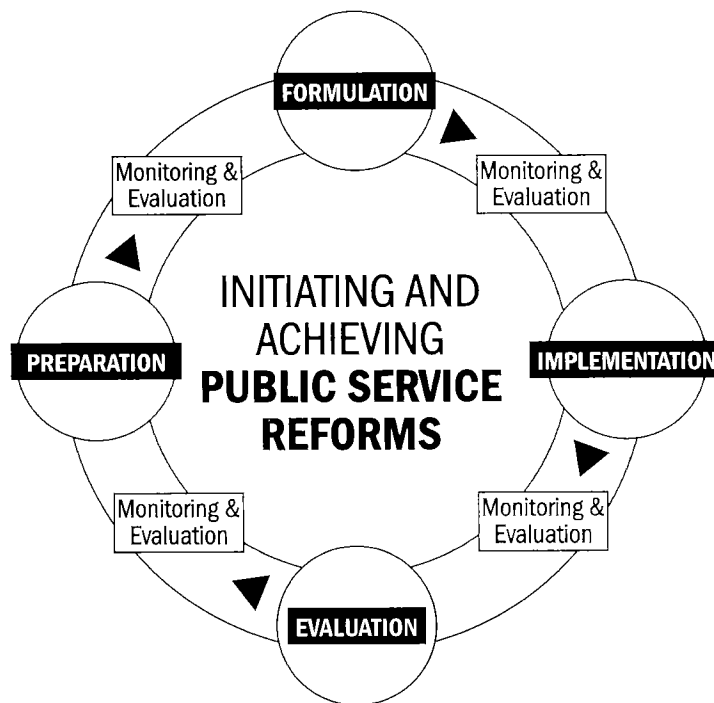
In this context, gender issues, equity and equal opportunity have to be considered and addressed across all questions listed below. It should be noted that these questions have not been placed in order of priority. They are by no means exhaustive, nor will they all be raised in every country. Rather, they are meant to initiate discussion at appropriate levels and will need further development as experience matures and reform continues. The tool is relevant to ongoing processes (allowing thus for corrective action) as well as to newly initiated or developing reforms. Its application has to consider the particular national context in which reform is taking place.

Reform is an intrinsically iterative and on-going process in every country. The questions put together in this paper follow the different phases of reform which are:

- review/preparation,
- policy formulation,
- implementation, and
- monitoring and evaluation.

These critical questions integrate the perspectives of public policy makers, health sector specialists and senior representatives of employers' and workers' organisations. They are the result of analysis and expert opinion. Their intent is to provide a common basis for all stakeholders in the reform process and to stimulate social dialogue among all parties concerned. They allow for a tailoring of reforms to the specific needs of countries.

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## *Critical questions*

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### **Questions**

#### **Set 1: Preparation**

During a preparatory phase, it is essential to establish a common understanding amongst all stakeholders of the situation of the country before and during public sector reform (PSR), and of the challenges to be addressed. In addition, the strengths and the weaknesses of the public and health sectors need to be known. Answering the following initial questions will help to understand the context in which PSR takes place.

#### **Situation analysis**

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- What are the present policies (e.g. education, health, labour) and are there stated priorities?
- What is the regulatory framework of the public and private sectors?
- How do public and private sectors co-ordinate?
- What are the financial mechanisms that fund the public and private sectors?
- What can be said about the quality of health services in both the public and private sectors (e.g. recent trends or changes, strengths, weaknesses)?
- What is the quality of work life (e.g. pay, working conditions, recent trends or changes, compared with other sectors)?
- What are the skill mix needs of the health sector and how well does the current skill mix correspond?
- Who are the stakeholders in PSR and what are their expectations of the health services?
- What are the existing monitoring systems?

- Are there other parallel reforms taking place? What have been the experiences from prior reform processes? What can be learnt from them?
- What is the role of external partners (e.g. bi-lateral, multi-lateral)?

#### Prioritisation of needs and policy goals

- What selection of appropriate analytical methods will best identify current and future needs?
- What are the policy goals and in what order of priority? What strategies will support their realisation?
- What mechanisms are needed to ensure that legislative requirements of human resources within the PSR are met on time?
- What is the social cost of the status quo?

#### Management structure and resources

- What is the appropriate structure for the management of PSR in the prevailing national circumstances?
- What resources – financial and human – are needed for PSR?
- What mechanisms are required to ensure a broad involvement of all stakeholders, including other ministries, consumers, trade unions, professional associations and private employers?
- What are the political interests of the stakeholders and how does the political environment influence the reform process?
- What is the potential impact of external forces on PSR and human resource development (e.g. international trade in health services)?

## Questions

### Set 2: Formulation of PSR with regard to human resources

During this phase, as well as during implementation, the key words are communication and co-ordination with stakeholders, including personnel. The core planning unit should be appropriately staffed, and the mechanisms for decision-making, negotiation, feedback, interim evaluation and dealing with deviations should be well established.

#### Managerial and organisational structure

- Who is responsible for drafting and costing of PSR?
- How will the participation of stakeholders in consultations and negotiations be ensured?
- What approaches would be effective in gaining acceptance of PSR among affected parties?
- By what process should the management team formulate an action plan for the implementation of the PSR?
- What are the consequences of PSR for health staff?

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#### Provisions for management of change

- What measures could be taken to secure and retain political support for the proposed changes?
- What measures should be established to regulate and co-ordinate public and private sectors?
- What is the time frame?
- How will the co-ordination between different types of reform and across sectors be supported?
- How will the health sector deal with conflict between stakeholders?

- How will abuses in the system be addressed before they become a threat?
- What are the social and economic costs and benefits of PSR?
- How will reforms be monitored? (see set 4 of questions)

#### Provisions for human resource development

- How will the competitiveness of the public sector be strengthened?
- What policies will ensure adequate human resource development?
- What are the criteria and systems for staff appraisal and advancement?
- What mechanisms are needed to maintain and develop health personnel skills and capacity?
- What are the (re) training needs for:
  - staff with new functions?
  - retrenched staff?
- How will the health sector deal with redundant workers?
- How will PSR affect the relative pay and working conditions of health personnel?
- How will PSR affect ethical practice within the health sector?

#### Provisions for the impact of reform on health services

- How will the quality of health services be enhanced by reforms?
- How will the reforms support equitable accessibility of services?
- How will the reforms improve care for vulnerable groups?
- How will the reforms promote respect of patients'/consumers' rights?
- How will patient care be financed?
- What are the criteria for the evaluation of health services? (see set 4 of questions)

## **Questions**

### **Set 3: Implementation**

When reforms are developed, the practical aspects of implementation and the human and financial skills required are often not given sufficient consideration. This can result in a lack of support for the reforms from the various stakeholders and especially lack of acceptance or opposition of the health workers and consumers of services.

Management team (see set 2 of questions)

- Who is responsible for the monitoring, follow-up and adjustments of the questions/issues listed under Set 2: Formulation?
- Who is responsible for the management of reform?

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### **Communication channels**

- What mechanisms are in place for effective communication, coordination and consultation throughout all stages of the reform process (e.g. horizontal, vertical, cross-sectoral, public/private)?
- How is information about reallocated powers and responsibilities effectively disseminated?
- What steps are required for building/maintaining trust between management and staff and between organised labour and management?
- How are staff and management made aware of human resources development opportunities?
- How are consumers made aware of their rights and responsibilities?

- How are (re) training needs addressed for:
  - staff with new functions?
  - retrenched staff?
- What are the conditions for negotiating pay and conditions of workers throughout the reform process?
- Is the negotiation process transparent and participatory?

### Troubleshooting

- What provisions need to be put in place to avoid undue political interference (e.g. an independent review commission)?
- How will any shortfall in financial and trained human resources be addressed?
- How can the sustainability of specific reform measures be assessed? What is the level of sustainability? Does it need to be improved and if so, how?
- What are the mechanisms for enforcing reform?

## Questions

### Set 4: Monitoring, evaluation and follow-up

Monitoring and evaluation of reform are on-going responsibilities of policy makers, managers and decision-makers of reform along with other stakeholders. Individuals involved in the implementation of reform, stakeholders and beneficiaries are also implicated in the monitoring and evaluation of the system as a whole. Monitoring and evaluation should never be undertaken in isolation. Rather, monitoring is always linked to planning, review and/or adjustment of objectives and operational level activities (see sets 1 and 2 of critical questions), and it is closely tied to implementation.

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Monitoring and evaluation thus serve a variety of reform-related aspects. These are quality management tools to safeguard adequate realisation of the goals and measures agreed. Monitoring provides data and information for operations research and facilitates benchmarking. Last but not least, monitoring is a process as is reform itself. It is an intrinsic measure, applied not after but throughout the reform.

#### Evaluation of structures and processes

- Who is responsible?
- By what means will reform be monitored and what specific indicators are needed for the monitoring process?
- What mechanisms are required for periodic review of PSR in the light of progress and evolving needs?

#### Troubleshooting

- If deviation from the PSR occurs, who is responsible for deciding and introducing needed adaptation?

- Who monitors gender issues during reform, particularly when it comes to retrenchment, contract flexibility and further re-training requirements?

#### Outcome measurement

- What impact has reform had on quality of work life (e.g. pay, satisfaction, shifts, working hours)?
- What has the social impact been on various groups of stakeholders?
- How has PSR affected economic and social development in general?
- How has it helped the global campaign for the elimination of poverty?
- How has PSR affected the environment?
- How has PSR affected consumers' access to public services?
- What impact has PSR had on the private-public mix of services?
- What impact has PSR had on the human rights of consumers and workers?
- What impact has PSR had on labour relations in general?
- How has PSR affected the collection and availability of data, i.e. access to information?
- How has PSR affected the occupational health and safety of workers?
- How has PSR affected the supply and demand of health sector personnel?
- How has PSR affected workers' access to further and continuing education?
- What outcomes have resulted from any changes in sectoral responsibilities?
- How has PSR affected ethical practice within the health sector?

- How has PSR affected adherence to international labour standards?
- How has PSR affected access and use of research funding?
- How has PSR affected the basic health care philosophy applied throughout the sector?
- How has PSR affected the scope of practice of health personnel and the relationships between categories of health personnel?
- How have professional regulation and staffing levels been affected by PSR?
- What type and degree of rationalisation has been introduced by PSR?

## *Closing remarks*

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A systematic approach to change is critical if a maximum benefit to all parties is to be ensured. The first step is the development and setting out of a clear set of questions. These provide a sound and common framework within which analysis and social dialogue may be facilitated.

The questions listed above are not exhaustive and all may not be relevant to every country. Their intent is to stimulate debate and generate sound strategies that will improve the quality of care and the health sector environment where services are provided. This initial work needs to evolve within national and international realities in order to better meet the needs of policy-makers and all those affected.

For more detailed information with regard to this research effort, two publications are available from the sponsoring organisations:

- Public service reforms and their impact on health sector personnel: round table
- Public service reforms and their impact on health sector personnel: country studies

## *Annex I – Background*

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Over the past decade many countries have undergone public service reforms of some kind, however the consequences for employment and working conditions in the health sector have hardly been documented. This gap in information needs to be addressed, as any public service reform should be judged in terms of its influence on various sectors. The health sector is in most countries predominantly a public sector and therefore influenced by public service reforms.

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The reform process may have been driven by either a general reform of the public service or a more specific health sector reform effort. In 1998, the International Labour Office (ILO) and the World Health Organization (WHO) supported by the German Foundation for International Development (DSE), Public Services International (PSI) and the International Council of Nurses (ICN) launched a joint research programme to study selected reform processes and document their impact on health care personnel. The lessons drawn from the individual cases are designed to assist international advisers, governments and organisations of civil society to implement more effective health sector reforms.

By examining selected reform processes and details of their impact on health care personnel more effective planning and implementation of public service reforms can be undertaken (see annex II for the studies' terms of reference). The full text of the country studies and a report on the international Round Table have been published and can be obtained from the organisers.

The reasons for ILO and WHO launching this project had different origins, but led to a same interest in the theme for the joint programme. The 1998 sectoral meeting on health services requested the ILO to facilitate the exchange of experiences among countries through regional meetings and network arrangements of repre-

representatives of employers, workers and governments and to facilitate research activities on the impact of reform processes on the workforce. The joint programme with WHO and the Round Table were a first response to these requests. For the ILO, this programme contributes to the follow-up of a series of sectoral meetings on reforms in both the health services and the public service sectors which concluded that “reforms are most likely to achieve their objectives of delivering efficient, effective and high-quality services when planned and implemented with the full participation of the public sector workers and their unions and consumers of public services at all stages of the decision making process. Continuing dialogue between governments and citizenry as a whole, including public sector workers, should be ensured” (1995) and successful “health care reforms cannot be imposed from above and from outside” (1998).

For WHO, the study of the impact of public sector reforms on health human resources is part of a programme to understand the environment, factors and conditions that have an impact on health workers. With this data and information, discussion papers have been developed and disseminated to enable and increase debate on the key issues.

These issues include: education and training, motivation of health care providers, policy development, planning, recruitment, retention and deployment. The research is intended to provide the basis from which policy options can be developed for use by decision makers in different countries. WHO’s work plan in the area of health workforce, education, performance and policy includes:

- a review of the changing roles of health professionals in many countries, through a reprofiling of different methods of health provider mix under different institutional arrangements

- strengthening national capacity to use existing computer-based tools for health workforce planning and management
- development of a set of standards for quality in the education of health workers
- development of a set of policy options for improving provider performance
- direct country support in overall human resource policy development and more specifically in nursing educational issues.

WHO is working with countries as well as bilateral and multilateral partners in moving this agenda forward.

## **Objectives**

At an international Round Table of experts hosted by DSE the experiences documented in the country studies were analysed and complemented. Consequently, critical questions were formulated in order to facilitate the design and implementation of human resource policies in public service and in particular health sector reform.

The Round Table was organised to assist governments and civil society to formulate and implement public service reform more effectively by examining the following questions:

- Which elements of public service reforms have a significant impact on health sector personnel?
- How do they impact on various categories of health sector personnel, why and under which conditions?
- What are the consequences for the design and development of public service reforms?
- What are favourable/hindering factors influencing human resource policies for the health sector?
- What are the questions to be examined by a given country engaging in public service reforms in relation to the health sector?

## **Participants**

Participants at the international Round Table were the six authors of the country studies (Cameroon, Colombia, Jordan, the Philippines, Poland, Uganda) together with representatives from governments, workers' and employers' organisations from the countries under review. Key representatives of the co-organising international agencies – ILO and WHO – were resource persons and facilitators. PSI and ICN were involved during the preparation of the studies and participated in the Round Table. The team of moderators and resource persons also included staff from the Public Administration Centre and the Public Health Promotion Centre of the DSE. Representatives from the German Agency for Technical Cooperation (GTZ) also attended the Round Table. Their interventions provided the Round Table with additional information on best practice. The range of perspectives represented helped to focus questions on the design of appropriate human resources policies and contributed to improving the dialogue between governments and civil society, across countries, as well as with donors and technical assistance institutions.

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**Terms of reference**

**1. Synthesis of public service reform in the country**

- 1.1 Origin, context, socio-economic background and framework of reform efforts
- 1.2 Reform objectives and strategies
- 1.3 Reform processes and actors
- 1.4 Focus and scope of reform implementation (relative emphasis on sector policies, structures/institutions, financing)
- 1.5 Working conditions and terms of employment in public sector (management processes, workforce issues)
- 1.6 Overall achievements, constraints and failures

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**2. The impact of public service reforms on health sector employment and working conditions**

- 2.1 Implications for human resources policies in the health sector
  - 2.1.1 General organisation of the health sector (hospital and out-patient treatment, incl. institutional changes and contracting out – special issue: delinking health sector staff regulations and benefits from general public service regulations)
  - 2.1.2 Overall costs, fiscal restraints and availability of resources (human and financial)
  - 2.1.3 Intended and unintended staff movements, including reduction, redeployment and migration of staff (regional, internal and external)
  - 2.1.4 Educational systems (pre-service, in-service training and continuing education, training institutions and actors)
  - 2.1.5 Professional standards, registration, code and scope of practice
  - 2.1.6 Labour relations (unionisation, procedures for collective bargaining, settlements of conflicts)
  - 2.1.7 Gender policy

- 2.2 Impact on the health workforce (private and public sector)
  - 2.2.1 Changes in the pattern of employment (structures and levels, decentralisation)
  - 2.2.2 Legal status of staff (contract flexibility)
  - 2.2.3 Training and retraining, career opportunities, mobility
  - 2.2.4 Organisational change and participation of workforce (incl. supervision/management/accountability, working time: part-time work and flexibility, shift and night work, rest periods)
  - 2.2.5 Staff performance, remuneration, incentives and other entitlements
  - 2.2.6 Work environment, staff perceptions, attitudes, absenteeism
  - 2.2.7 Workforce's occupational safety and health (incl. stress and violence at workplace)
- 2.3 Reform effects on public – private mix in the health sector
  - 2.3.1 Participation in service delivery (NGOs, local communities, private sector, users)
  - 2.3.2 Distribution of roles in enforcing standards, quality, fair competition and appropriate service
  - 2.3.3 Budgetary repercussions

**3. Lessons learned from the cases: comparison and transferability of reform experiences**

