

Papua New Guinea and Sri Lanka: Scaling Up Health Interventions

The Papua New Guinea (PNG) and Sri Lanka experiences in some ways provide useful comparisons and hold valuable lessons for developing countries attempting to scale up health sector interventions to achieve their millennium development goals (MDGs). Although there are obvious differences between the two countries, there are common features in the health systems of both. The differences include the nature of the countries, for example: PNG is sparsely populated and the terrain makes communication difficult; Sri Lanka is more densely populated and has better communications infrastructure. Human resources development indicators were higher in Sri Lanka. However, both countries had decentralized health care delivery systems, although PNG started much later and was still in the throes of institutionalizing decentralization in the 1990s. In both cases, initial efforts were to develop the primary health care infrastructure to extend health care coverage to the countryside and rural population; while later the emphasis turned to improving the quality of health care services. Both countries were faced with low financial allocations to the health sector. Although PNG was able to step up allocations significantly in the 1990s, health allocations remained low as a share of GDP and on a per capita basis.

However the outcomes are quite dissimilar. Sri Lanka has reached or is well on its way to reaching the Millennium Development Goal targets in health, while PNG is very far behind. In trying to find the causes of the somewhat unsatisfactory results in the PNG case, a comparison of the two countries' experiences where the Asian Development Bank (ADB) played a significant supporting role provides valuable insights.

An important conclusion is that while funds are obviously important, they are not sufficient to guarantee delivery of services. PNG increased health allocations significantly and yet outcomes remained unsatisfactory. Sri Lanka was able to make do with low allocations and appeared to have delivered health services quite cost-effectively. One must note, however, that the adequacy of expenditures on health depends greatly on country circumstances. Sri Lanka may have been able to make its health expenditures go further in view of better complementary communications infrastructure and human resource development attainments overall. In addition, because of public budgetary constraints, there is growing private sector involvement in Sri Lanka.

The quality of governance is obviously a major determinant. While both countries exhibited strong leadership and political will at the central level, in PNG this did not permeate down to lower decentralized levels to the extent needed. There were very apparent problems in coordination, both among departments and between central and decentralized levels. Inadequate monitoring and supervision has also been cited as a factor in the PNG case. In addition there is the issue of lack of good governance, PNG still needs to address adequately.

A special governance-related matter is the proper implementation of decentralization and its implications for developing countries worldwide. Many developing countries in Asia are still

grappling with this problem--including Pakistan, Indonesia, and the Philippines--and there are no easy solutions. Decentralization is essential for public participation but the administrative readiness for delivering basic services at the local levels remains questionable in many cases. This has major implications for achievement of the MDGs and is not a problem related to the health sector alone. The PNG case illustrates the problem very well. Issues that the PNG case highlights, and that need to be addressed, include (i) capacity building at the regional level as well as central level for monitoring, supporting, and coordinating decentralized efforts; (ii) improved fiduciary standards; and (iii) effective personnel policy that provides incentives for performance at all levels.

An important requirement for effective delivery of quality health services is human resources development and management in the health sector and this has been underscored through both the Sri Lanka and PNG cases. In Sri Lanka, the first health project had not focused sufficiently on this issue and the deficiencies became apparent soon. This was effectively rectified in the second project. In PNG, management of human resources remains a major problem in the public sector in general and health services in particular. Much more attention needs to be focused on human resources issues if health services are to be delivered effectively.

While focus on public health services will continue to need attention, support can be provided through alternative means such as the private sector (if that is developed) or nongovernmental organizations (NGOs). While PNG has made attempts to use the services of some NGOs, such as the church, some regional examples hold promise. Cambodia's recent success with contracting out health services to NGOs is an example.