

ABSTRACT

An Evaluation of the Effectiveness of the Decentralized Health System in Trinidad and Tobago

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Many Caribbean and other developing countries have been experiencing the fourth stage of health and development growth, namely prolonged life with health deterioration. Trinidad and Tobago, however, over the last decade and a half, has had no further increase in life expectancy and has even shown a marginal deterioration of life expectancy.

Like many other countries, Trinidad and Tobago has made renewed efforts and initiatives to deliver improved quality health care in the form of new public service management or, more recently, decentralization. This has led to more resources (human capital, financial capital, and infrastructure) being pumped into the health care system. However, health services are increasingly being questioned in fulfilling the objectives of health care even with new policies and plans and added resources. Furthermore, substantial gaps still exist between the policies and their implementation.

In this study one such policy, decentralization, shall be examined. The introduction of the decentralized structure was to catch up and even generate outcomes in keeping with other first world countries by improving outcomes. However, even with the decentralised bodies introduced in 1994 and an increase in inputs in nearly all areas (money, manpower, infrastructure - water supply per capita, education, employment, and communication) the health outputs were not satisfactory and have not attained expectations and in many instances showed a significant deterioration. Three end outcome indicators NMR, PNMR and MMR were the direct responsibility of the regional health authorities. Neonatal Mortality Rate (NMR) worsened from 9 (1990) to 13.4 (2004), Maternal Mortality Rate (MMR) was 54.3 (1990) and decreased marginally to 52.2 (2007) but with large swings, Perinatal Mortality Rate (PNMR) increased from 20.1 (1990) to 23.2 in 2004-2007. These were findings of patients in first world countries' health care before the 1960s. Even customer service was poor. Global customer satisfaction level was 38.4% (inpatients) and customer complaints resolution decreased from 80% in 2000 to 37% in 2007.

The performance of the decentralised health system was analysed using Donabedian's "structure, process, outcome" model. The study revealed that there was a lack of consistency between the increase in inputs and outcomes which had not improved since the creation of the RHAs. Furthermore, the decentralised

bodies generated intermediate indicators (finance allocation, human resources, management structure and function, staff patient ratios, support services, waiting times, average length of stay in hospital, accessibility, bed utility, and workers' perception) which were far different from international benchmarks or other first world countries' benchmarks and were to a large extent incapable of translation to optimum health end outcomes. This lack of expected outcomes and the suboptimum throughput indicators which worsened since the RHAs suggest there may be an association between the present performances of the RHAs and outcomes.

The study also attempts to answer the following questions: has the decentralization strategy shown significant positive or negative correlation on outcomes? Furthermore, the reasons for the RHAs performance will be assessed. The study shall also seek to explain the reasons for the outcome in Trinidad and Tobago. In the end, we seek to provide policy makers and citizens with information on the usefulness of the health decentralization policy and make recommendations to improve the system.

Keywords: Mandreker Bahall; Decentralization; Customer satisfaction; Health performance; Global satisfaction index; Apprehension index; Health policy and administration; Decentralisation and health policy - Trinidad and Tobago; Politics and public policy – Trinidad and Tobago; Health care – decentralisation – Caribbean.