ORIGINAL RESEARCH

Safeguarding Primary Health Care: A Case Study of Barbados

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At the launch of the 2008 World Health Report, WHO Director-General Margaret Chan declared "a world that is greatly out of balance in matters of health is neither stable nor secure." She went on to note that "thirty years of well-monitored experience tell us what works and where we need to head in rich and poor countries alike."[1] On May 21st, 2009, the 62nd World Health Assembly unanimously adopted a resolution reiterating the relevance of primary health care for the 21st century.[2]

The 1978 Alma Ata Declaration defined primary health care as "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford."[3] The central element of Alma Ata was the emphasis placed on community engagement and involvement which promoted individuals, families, and communities to accept greater authority, responsibility, and decision-making power within the health system. Primary health care as envisioned in the Declaration was intended to transfer knowledge and power into the hands of communities. Another concept central to primary health care was the idea of *universality;* that health should be provided to all.[3]

This paper reviews the status of primary health care in Barbados after the country's commitment in 1976 to adopt the primary health care model. Barbados was selected for review because of its longstanding commitment to overall social development in areas such as workers rights, education, and health. For example, in 1972 the government allocated 17.9% of its budget to health; by contrast, Jamaica spent only about 12% on health.[4] The level of national expenditure in a particular social service is usually a fair indicator of the importance that government places on that sector. By this standard, it may be fair to say that even prior to Alma Ata, Barbados had placed a high premium on health care.

History of Health and Social Policy in Barbados

Barbados' long history of unbroken British colonial rule (1625-1966) is unique in the Caribbean. As early as 1954, the government worked in collaboration with labor unions to pass several pieces of legislation and implement social reforms to improve workers' rights and conditions. Prior to independence in 1966, the government of Barbados introduced free primary and secondary education in the public school system and established the University of the West Indies at Cave Hill. This opened the educational system to children of working class parents. This long commitment to universal primary and secondary education has contributed to the country's high literacy rate.

The Barbados Labor Party (BLP) and the Democratic Labor Party (DLP) are the two major political parties and have shared governance of the state since independence. Both parties have won elections with a mandate to continue providing free publicly-financed education and healthcare services to the population. Barbados continues to have the highest literacy rate of all developing countries.[5] Compared to other countries in the region, it is well administered with an efficient civil service and stable economic and political systems. It is considered one the most developed countries in the Caribbean and has been ranked

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among the top developing countries in terms of human development.[5,6]

The government of Barbados adopted the Alma Ata Declaration of 1978 and made a commitment to decentralize medical care as much as possible. The state has consistently included the concept of primary health care in the policy and planning of its health care system. The Barbados Labor Party (BLP) in its 1979-1982 Development Plan stated that:

> *The government of Barbados strongly supports the views that health is a fundamental human right and that the attainment of the highest level of health is a most important social goal, whose realization requires action of many other social and economic sectors in addition to the health sector. Further, the government views health services as an essential component of the socio-economic system and considers that the services should be targeted to protect and improve the health of every individual as well as the entire community.*[7]

In the Development Plan, the government further stated that the changes envisioned to make "Health for All" a reality required unequivocal commitment from the entire government not just the Ministry of Health or the health sector. To achieve "Health for All" the government attempted unsuccessfully to establish a National Health Service (NHS). The decision to create a NHS and establish polyclinics was in keeping with the government's goal of decentralization and integration of services at the community level. It would also ensure "that every person has access to all facets of the country's health services and that the ability to pay for services at the time of delivery would not be a determining factor."[7]

Regardless of changes in the governing political party, health services continue to be offered free of charge at the point of delivery by the public sector. This is indicative of the State's significant political commitment to preserve the health of the entire population. However, maintaining this focus has meant opposing the interests of domestic groups.

The Barbadian Health System: An Overview

Barbados is viewed as having a well-functioning healthcare system that seeks to provide high quality services to all of its citizens. Of the countries in the Americas, Barbados had the highest percentage reduction in its infant mortality rate (93.18%) between the years 1955 and 1995.[9] In fact, even before this time period the infant mortality rate (IMR) had already fallen from 371/1000 live births in 1923 to 150/1000 live births in 1945.[6] The IMR estimated for Barbados in 2008 is 9.6/1000 live births.[10] Life expectancy (77.2 years) is comparable to most developed countries.

The Strategic Plan for Health 2002 – 2012 outlines a vision for health that is based on the WHO definition that health is "a universal value, basic human right, and a resource for everyday life."[8] The delivery and regulation of health care in the public sector are executed by the Ministry of Health (MOH) and stratified into three levels: primary, secondary, and tertiary. Primary health care is delivered through a network of eight MOH polyclinics that are strategically located throughout the island and accessible to their respective catchment areas. Secondary and tertiary care are provided mainly through the Queen Elizabeth Hospital (QEH), Psychiatric, and Geriatric Hospitals and offer those medical care services which cannot be provided through the polyclinics. The QEH, a well-equipped general hospital, is located in the capital city of Bridgetown and caters to the needs of the entire population. In 1999, the QEH had more than 90% of the acute beds in the country.[11]

Health services in Barbados are also provided by the private sector in a parallel system to that of the MOH.[4]

Methodology

The purpose of this paper is to identify advances or reversals of the government's stated primary health care policy by assessing the perspectives of key MOH officials. The paper utilizes primary and secondary data. Prior to traveling to Barbados, an extensive literature review was conducted. Secondary data sources were reviewed while in Barbados and included annual reports of the Chief Medical Officer and reports of the Pan American Health Organization (PAHO). The primary data elicited responses to these two questions: (1) has health planning and strategy development remained localized and reflective of national needs and priorities, or is it

driven by the mandates of international agencies? (2) What is the nature and effect of the engagement between primary health care and domestic political structures?

To begin the research process, a concept paper accompanied by a letter was sent to the Chief Medical Officer (CMO) seeking permission to conduct interviews with key professionals responsible for policy management and service delivery at the Ministry of Health and at the polyclinics. Included in the approval to conduct the study, eleven professionals were identified by the CMO as being important to the study. The researchers initiated contact with these key informants by email and individual phone calls to confirm dates and times for the interviews. Interviews were conducted with the Senior Medical Officer, the acting Chief Medical Officer, and the Chief Health Planner (representatives from the Ministry of Health); three Medical Officers of Health; and one Clinical Medical Officer at four of the eight polyclinics. The following clinics were selected: Winston Scott and Edgar Cochrane polyclinics in St. Michael Parish (two urban clinics), Randall Phillips polyclinic in Christ Church Parish, and St. Philip polyclinic in St. Philip Parish. Collectively, these four poly-clinics serve 168,000 Barbadians, representing more than 60% of the country's population. Face-to-face interviews were conducted in-country during a two week period in July of 2007. The interviews averaged ninety minutes in length and were carried out by recording. Transcripts were then made of the individual interviews.

Results:

Independence of the Barbadian Health Care System

The health officials interviewed concurred that although Barbados has strong relationships with international agencies, the State sets its own health agenda based on the needs of its population. The Acting Senior Medical Officer of Health stated that, "We have good relationships with our international partners, such as PAHO and the European Fund; nonetheless, policy is set in Barbados."[12] This viewpoint was shared by other health professionals who reported that policies are not only internally directed but demonstrate the country's independence and ability to negotiate with international donors. One health professional illustrated Barbados' independence by its refusal to adopt Structural Adjustment Policies (SAP's) promoted by International Monetary Fund and the World Bank during a period of economic crisis (see McAfee[13]). When pressured to devalue its currency and restructure education and health policies, Barbados' Prime Minister, Tom Adams refused, stating "no, we are not devaluing our currency."[14]

Government social policies are discussed on radio call-in programs during which community people voice their concerns about policy decisions. It was noted that health planning decisions were made locally based on input from a highly involved populace. This viewpoint was reinforced by all the interviewees who affirmed that health planning is local in nature and reflective of community priorities. A senior Ministry of Health official stated that although pressure from international agencies may influence funded targeted programs, most of the direction in implementation is generated locally.[15] It is interesting to note that several of the interviewees, when asked about 'localized' as opposed to 'globalized' strategies, referred to the country's relationship with international organizations and donors, but did not discuss the role of organized domestic interest groups and their influence on the country's health system.

For example, the Barbados Association of Medical Professionals (BAMP) has used its professional and political influence to protect the existing medical health care delivery system. An excellent example of BAMP's power was its strong opposition to and the subsequent defeat of the proposed NHS in 1986. BAMP claimed that the government failed to consult with the Association about the proposed plans for the introduction of the NHS. Interestingly, no other administration since 1986 has proposed a resumption of discussions on a NHS.

The Role of Politics in Primary Health Care

Health officials were asked to describe the engagement between primary health care and the state's political structure. This question was designed to investigate whether health officials acknowledged that primary health care has a political dimension which would affect the relationship and dynamics between communities

and the health care system. A Ministry of Health official stated that "Everyone is aware that there are politics involved with health care."[16] This statement was echoed by a colleague who noted that, "The Strategic Plan itself is made by government, including cabinet members and law makers."[17] Both responses suggest some general acknowledgement that politics influence the type and structure of how primary health care services are implemented. However, none of the interviewees linked the political influence of a particular interest group and the maintenance of the current medical model.

Community Involvement

Interviewees noted that although communities have various informal outlets to make their voices heard, a structured and responsive system for utilizing these contributions was lacking. One interviewee stated that, "Community members have a voice but no real input. Too much time is spent looking at what's wrong and the community is never asked; what do you want to see?"[18] Despite the general recognition of the political nature of primary health care and role of the community, local participation remains limited and occurs only on terms set by medical and health professionals.

Public – Private Dichotomy

Most Barbadians seek health services in both the public and private sectors. As much as 50-80 percent of first contact with the primary health care services is provided by doctors in the private sector.[19] These private doctors operate as 'free agents' with little or no accountability to the Ministry of Health. Since the majority of both public and private doctors receive their medical training in the traditional medical model and in highly specialized areas, refocusing to a primary health care model is a challenge.

Conclusions

Barbados provides fairly effective healthcare services compared to other developing countries. Nevertheless, the system can be described as fragmented rather than holistic. In most places, doctors occupy privileged positions which almost guarantee them access to government officials and influence over both the distribution of resources and the design of health care policy. The self-interests and power exerted by this group continue to influence the design of the health care system which has maintained a top-down, curative approach to the delivery of primary health care services.

In 2008 WHO proposed a framework to evaluate the "five common shortcomings of healthcare delivery around the world": inverse care, impoverishing care, fragmented care, unsafe care, and misdirected care.[20] Within this framework, the researchers found health care services in Barbados characterized by two of the five shortcomings: fragmented care and mis-directed care. Fragmented care is characterized by "excessive specialization by physicians and the narrow focus of many disease programs [which] discourage a holistic, continuous approach to health." In misdirected care "resources are concentrated in curative services at the expense of primary prevention and health promotion, which could prevent up to 70% of illnesses and deaths."[1]

Study findings are limited by the fact that permission was not granted to interview community members or other polyclinic staff such as nurses or administrators. The views of the persons interviewed would give a particular perspective which may not completely validate the views of the community of other health professionals.

The case of Barbados illustrates that even when a developing country embraces the concept of Health for All, political challenges to the redistributive nature of primary health care remain. A fundamental difference between Barbados and many other developing countries is the fact that the country refused to accept IMF loans and World Bank Structural Adjustment Policies. Despite the government's ability to maintain its autonomy from international agencies and to resist pressure from local political and special interest groups, the health system remains predominantly a curative one. Reorienting the existing medical framework towards the type of community involvement recommended at Alma Ata would involve a transformation of the educational system, the demystification of medicine, and a change in the doctor-patient relationship. Restructuring the current system towards a comprehensive primary health care model will require reestablishment of community councils and representation on policymaking

decision bodies, civic and community engagement in policy implementation, political will of the government, redesigning the educational system, including public health in the medical curriculum, and retraining of current health professionals. Additionally, utilizing a more participatory model and enhancing multi-sectorial relationships will change the social relationships between policymakers, providers, and users of services, ultimately creating a more equitable healthcare system.

References

1. Pan American Health Organization. Primary health care: Best cure for failed systems. PAHO Today. December 2008.
2. De Maeseneer J. Primary healthcare resolution adopted in Geneva. The Network: TUFH. 2009; 1(28): 31.
3. World Health Organization/UNICEF. Alma Ata Primary Health Care, Report of the International Conference on Primary Health Care. 1978.
4. Rodney P. The Caribbean state health care and women: An analysis of Barbados and Grenada. Trenton, NJ: Africa World Press; 1998.
5. Swaroop V. Education and health care in the Caribbean. Finance & Development. June 1997. P.46-48.
6. Ramsay FC. War on disease: The contribution of 100 years of public health in Barbados. Paper presented at the meeting of the Barbados Association of Medical Practitioners, Bridgetown, Barbados. May 1995.
7. Government of Barbados. Barbados Development Plan 1979-1983. Bridgetown, Barbados: Author. 1979.
8. Government of Barbados. The Health of the Nation is the Wealth of the Nation: Barbados Strategic Plan for Health 2002-2012. Bridgetown, Barbados: Author. 2003.
9. Schneider MC, Castillo-Salgado C, Loyola-Elizondo, Bacallao J, Mujica OJ, Vidaurre M, Alleyne GAO. Trends in infant mortality inequalities in the Americas: 1955-1995. J Epi. Community Health 2002; 56(7): 538-541.
10. Pan American Health Organization. Health in the Americas: Volume 1 (Scientific and technical publication no. 587). Washington, DC: Author. 2002.
11. Pan American Health Organization. Barbados: Health situation analysis and trends. 2005. [Cited 2007 Jul 3], Available from: http://www.paho.org/English/DD/AIS/cp_052.htm
12. Key Informant Interview.
13. McAfee K. Storm Signals: Structural Adjustment and Development Alternatives in the Caribbean. Boston, MA: South End Press. 1991.
14. Key Informant Interview.
15. Key Informant Interview.
16. Key Informant Interview.
17. Key Informant Interview.
18. Key Informant Interview.
19. Barbados Ministry of Health. EDF Health Sector Programme. Unpublished government document. 2007.
20. World Health Organization. The world health report 2008: primary healthcare now more than ever. Geneva, Switzerland:. 2008.