ReBUILD Consortium

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Briefing

A window of opportunity for reform? The case of policy on human resources for health in Sierra Leone after the conflict (2002-2012)

Overview

One of the central challenges immediately after a conflict is the delicate balance between humanitarian aid, aimed at saving lives in an emergency, and the longer-term development approach based on health system reconstruction and strengthening. It is thought that decisions taken in the early post-conflict period can determine the development of the health system. What's more, a political "window of opportunity" for reform - in which a future equitable health system can be forged – may open immediately after the conflict, when energy is released by a change of government and donor support becomes available.

To test these two hypotheses relating to the political window of opportunity and the significance of early policy decisions on the future health system, as well as to understand the wider process and pattern of reform, it is useful to look at how policy decisions are made in the post-conflict period. It is particularly valuable to identify and understand the factors which affect policy formulation, the key actors who influence policy, the timing of crucial decisions and long-term repercussions. To this end, the ReBUILD Consortium analysed as a case study the factors shaping the formulation of policy on human resources for health (HRH) - an integral but often neglected element of health systems - in Sierra Leone. The war, which ended in 2002, left 50,000 dead and two million people

ABOVE
Photo by Maria Paola Bertone

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displaced, and further stretched the already over-burdened health system, resulting in one of the highest maternal mortality rates in the world.

The study identified three stages in the policy-making process in the period from 2002-2012:

1. The period immediately after the conflict ended in 2002 was a time of political uncertainty, described as "chaos" by the people interviewed in the study, with health facilities extremely under-staffed. Significantly, health services were not contracted out, unlike in other post-conflict settings. From 2002 to 2009, health policies were not united in an overall vision, were donor-driven and not systematically implemented.
2. The landmark creation of the Free Health Care Initiative (FHCI) in 2009/2010 by His Excellency President Ernest Bai Koroma, which introduced free maternal and child health care at the point of service delivery, heralded radical reform throughout the health system, particularly in health financing, including in the area of HRH.
3. The period following the establishment of the FHCI was characterised by a lack of coordination between different departments of the Ministry of Health and Sanitation (MoHS), policy fragmentation and a loss of momentum in HRH policy-making.

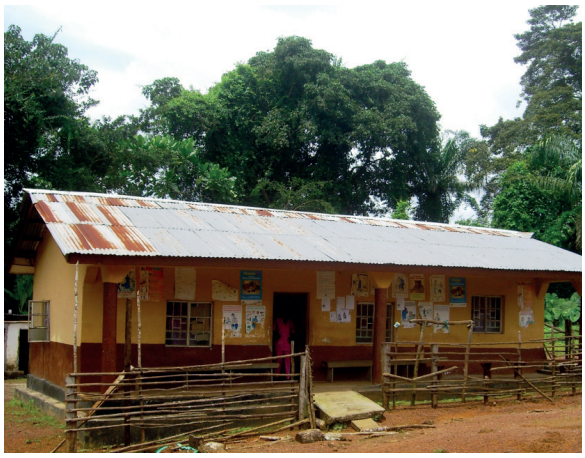

Photo by Maria Paola Bertone

KEY MESSAGES

- The overarching political situation in a post-conflict setting has an obvious impact on the formulation of policies for health. In Sierra Leone, fragmented HRH policy immediately after the conflict reflected uncertainty in the wider political context.
- Decisions taken early on in the post-conflict period in Sierra Leone did have an impact on the development of the health system: the decision not to contract out services was significant in that the government kept control of the delivery of health services.
- The "window of opportunity" for reform did not, however, open in the immediate post-conflict period, as anticipated, but rather eight years after war had ended, with the creation of the flagship FHCI. The FHCI served as a catalyst in triggering major health system strengthening reform, including HRH changes. It is noteworthy that strategic reform was related to the FHCI, and the momentum surrounding it, rather than the post-conflict setting.
- Two factors were instrumental in creating support for this flagship policy: high-level political leadership, notably by the President himself, and the support of donors, particularly DFID. National political will and international pressure combined to foster widespread support for radical change. Donor funding for health significantly increased after the FHCI was established, and health workers' salaries rose by up to 700%.
- The role of donors in influencing HRH policy in Sierra Leone was substantial: donors not only played a key role in the provision of funds and technical assistance to support reform, but also had a significant input to policy formulation, at times setting the agenda.

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THE RESEARCH PROBLEM

Looking at the long-term implications of policy decisions taken in the early post-conflict period is particularly valuable in enhancing understanding of the reform and recovery process. However, this analysis is missing in the literature on health systems in post-conflict settings. The ReBUILD Consortium has identified this gap, and addressed the need with the study described here, which considers policy-making in the ten-year period after the end of the conflict in Sierra Leone.

THE ANALYTICAL FRAMEWORK

Political economy and policy analysis approaches were used in the examination of the qualitative data collected from the period 2002-2012. The focus was not on evaluating policy outcomes but rather on understanding how, when and why policy decisions were made, particularly the drivers of reform, key actors (in-country and external), their agendas and the wider political and historical context. The analysis also considers the dynamics and interactions between different institutions, agencies and power structures.

COLLECTION TOOLS AND SOURCES

Three tools were used to collect qualitative data and information retrospectively for the period 2002-2012, namely:

- A half-day stakeholder mapping workshop (held in October 2012 in Freetown) which was attended by 23 stakeholders in the health sector. The workshop aimed to identify the key actors who influenced HRH policy during the post-conflict period.
- A document review, based on documents obtained in-country, as well as in journals and reports. In all, 76 documents were identified, of which 57 were considered relevant for HRH issues.
- 23 interviews were conducted between October 2012 and June 2013. Twelve of the interviewees were or had been MoHS employees, six were NGO representatives, four were donor representatives and one a technical assistant to the MoHS.

METHODOLOGICAL CHALLENGES

Significant challenges exist in collecting data in a post-conflict setting – where data is scarce - and over a lengthy period of ten years. Particular limitations included:

- Most of the people who contributed to the study, whether in interviews or group discussion, as well as about half of the documents, were from the MoHS or other parts of the government.
- Only a few documents related to HRH issues before 2009, and more than half were dated after 2011.
- Only a few people had been in Sierra Leone and involved in HRH policy-making for the period considered, especially during the immediate post-conflict phase. In addition, those people struggled to remember events from that time.

In spite of these challenges, the methodology ensured that various data collection methods were combined and compared in a comprehensive way in order to clarify the process of HRH policy-making and reform.

LEARNING FOR OTHER POST-CONFLICT SETTINGS

Certain observations can be made from the case of HRH policy-making in Sierra Leone in the ten-year period after war had ended which could be applied to other post-conflict settings. These include the reflection that the pace of reconstruction and recovery can be slow, without reform in the health system in the early phase of political uncertainty. This was also true of

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South Sudan and Liberia. The government's early decision not to take a certain course of action (namely, contract out health services) was significant. However, recovery after a conflict is not a linear process. Some momentous events - in the case of Sierra Leone, the creation of the FHCI - can give rise to substantial change in the health system and generate radical reform. The FHCI acted as a catalyst for a broader health financing reform which had a key impact on HRH. It is worth noting that a wider health financing reform may be useful or even necessary for HRH reform in other contexts.

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