



PRIFYSGOL CYMRU

Y Drindod Dewi Sant

UNIVERSITY OF WALES

Trinity Saint David

SWANSEA - ABERTAWE

Module: Research Principles and Philosophy

Research Proposal

Mamy Verona Esombe (2115629)

[Email address]

Research proposal

1. A provisional or working title

Reforming policy and practice of Public Healthcare system in the Democratic Republic of Congo

2. Introduction

The Healthcare system is a platform in which plans are implemented to enhance the population's health-care quality. of the population. This involves different stakeholders like medical practitioners, nurses, doctors, government, and other providers including political, economic, and social actors in the community (WHO, 2000).

Health is not the absence of sickness and infirmity but a state of well-being physically, mentally, and socially (WHO, 1948). Humanitarian agenda (2015) shows that there is a lack of healthcare infrastructure in most of the places in the Democratic Republic of Congo (FIC, 2015). This issue is due to the fact that there is an absence of policymaking in the process of managing the healthcare system in the country. A Policy is understood to be like a way of deciding or not, which is made by people in power (Buse et al, 2005); it can be based on the decision that exists in an environment and leads a cause of action (Hill, 2005); a government can decide to do something for the population-based on implemented policy (Walt, 1994); therefore, if there is no policy implemented in an environment, the services don't look suitable for the people and all the stakeholders will act inappropriately. Congolese residents do not have affordable healthcare. This is caused to the country's long-term poverty and a lack of clinical effectiveness. Because there are no free hospitals in DR Congo, each individual must spend for their treatment. Medical expenses might range from \$50 to \$100. But, since the average yearly earnings in the country are about \$400, medical expenditures are excessively high. Furthermore, despite the fact that 71 percent of the population lives in poverty, the legislation does not mandate people to have access to healthcare regardless of their financial situation. (Waldman 2006; Bailey et al. 2011; Rand Lateef 2021).

This research in reforming policy and practice of the Public Healthcare system in the Democratic Republic of Congo aims to make available all the needed innovative findings to reform the healthcare system and provide the adequate policy that will regulate the healthcare sector in the democratic republic of Congo. Congo, DR, which was called Zaire before, is one of the richest countries in the region, possessing natural resources including gold, diamonds, and minerals, especially in the East of the country, and historically, the country passed through violent war for more than two decades with armed groups from Rwanda and Uganda. (FIC, 2015).

This context makes that country vulnerable and this is very important for me as a researcher to undertake this project to help this country in the ongoing conflict. That is the reason I think that this project is important because if no action is taken with regard to the reform, life expectancy will continue to decrease, infant mortality will increase, targeted diseases will prevail; therefore, the research looks for how to create and improve policy that will protect people from chronic and endemic diseases as well as reduce inequality in accessing medical services; this will prevent from a health crisis, premature death in the community and improve the healthcare system in general.

2.1. The problem statement

The problem statement focuses on how policy is missing in the system and how we can reform the system to implement change. In recent years, there have been lots of reforms in organisations, especially structural changes; but research suggests that doing structural change alone is not enough, there should be the implementation of political changes or changes related to policy (Institute of Medicine, 2000). There are a lot of challenges facing the world today, especially in Sub-Saharan Africa that necessitates attention, and the World Health Organisation is looking for ways to tackle those challenges; they include living standards and inequality in the distribution of wealth, but mostly inequality of access of healthcare. Health inequality has a big negative impact on the process of formulating and implementing policy; this situation needs to be measured and understood to act. That is why most humanitarian organisations focus on the health impact assessment which is a collection of techniques, methods, and instruments by which a policy, programme, or project may be appraised as to its prospective impacts on the health of a population, and the distribution of those effects within the population (WHO (1999). That means that for most of the organisational issues to be solved, there is a need of reforming policy. This is happening currently in the Democratic Republic of Congo. This research will look at a healthcare framework that can inform & influence decision-makers and other stakeholders.

Unfortunately, the Democratic Republic of Congo has gone through different changes; the first change is related to social and political changes with autocratic rule and unending war; another disruption is happening in the healthcare sector which affects malaria and other diseases like diarrhoea (Ntembwa and Lerberghe, (2015),). The challenge of this research project is to identify or create the framework which will help to solve the problem of reform. Therefore, the main question to be answered in the research is: what is the adequate policymaking framework to reform the healthcare system in the Democratic Republic of Congo?

2.2. An outline of the key aims of the research

This study aims to contribute to the understanding of public healthcare organisations in the Democratic Republic of the Congo. The study of policy implementation is chosen since it is both of present interest and of long-term value as a tool for improving health care (Mannion et al., 2005). Having to build on theoretical and empirical literature in the field, this research intends to contribute to the debatable topic of health care systems reform and the role that policy could play in enhancing care quality in situations such as the Democratic Republic of the Congo, where literature is very limited.

This project pursues 3 objectives:

- Understanding the policymaking process in the healthcare sector
- Assessing the framework of healthcare policymaking system in the Congo, DR
- Finding the adequate healthcare policymaking system to reform and shift it from a traditional to an innovative system

2.3. Importance of the project

The project is about proving contribution to the debate of reforming healthcare by creating or improving a healthcare policy framework as it has never been applied before. There is not much literature on public management in the Democratic Republic of Congo. Although the process of changing the health care sector in Congo in 2005, the strategy has improved over the years.

The project will contribute to the Health System Strengthening Strategy (HSSS) to inform those who make the decision, the policymakers, concerning the need of revisiting the healthcare system and propose a conceptual which can help the healthcare system at all levels and accompany organisations and the government in the implementation of the framework at all levels (Rajan et al., 2014).

3. A brief outline of key literature in healthcare reform and theoretical frameworks

A policy is a set of decisions (and non-decision) taken by individuals in charge of a certain region (Buse et al, 2005). According to Hill, the policy is not always expressed as a single decision but it can be considered as a set of decisions that link prior and current policies (Hill, 2005). Walt defined it as something that governments promise they will do, what they actually do, and what government authorities decide not to do (Walt, 1994).

Health policy influences decisions including which health technology to develop and use, how to organise and support health services, and which drugs will be free of charge (O'Brien et al.2020).

3.1. Understanding the health policy triangle (HPT) framework

Walt and Gilson created the HPT framework in 1994 to analyse healthcare policy, although its use is not limited to this field (WALT and GILSON,1994). The HPT is widely used for a wide range of health-related problems in society (O'Brien et al.2020).

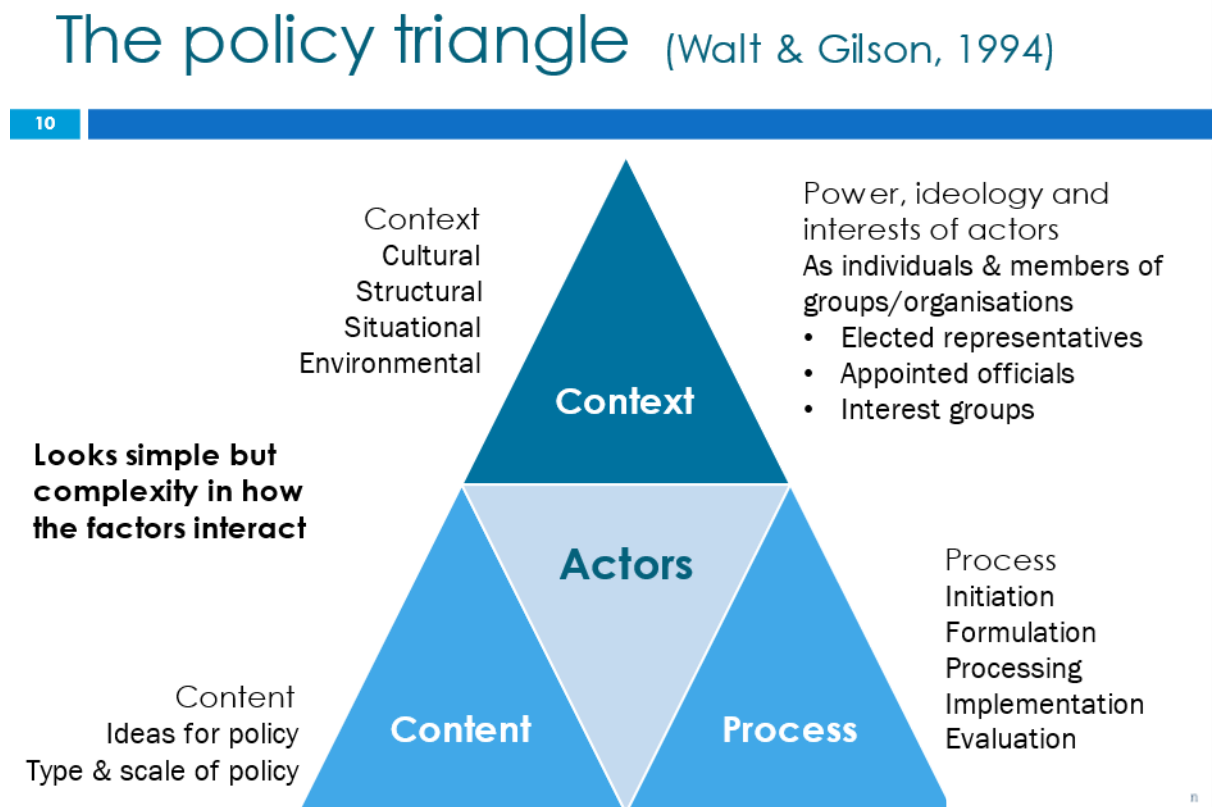


Figure1: Walt and Gilson policy triangle framework

According to Watt and Gilson, the content includes policy goals, operating practices, laws, rules, and regulations. Actors are considered influential individuals, groups, and organisations who design and implement the policy. The term context refers to social, economic, political, cultural factors, as well as other environmental elements which need to be considered when elaborating the policy. The method through which policies are developed, elaborated or formed, negotiated, conveyed, and implemented is referred to as the process.

3.2. Reforms in the Healthcare sector

Reforms in the Healthcare sector across the world are going through continuous change. Changes in demographics and advancements in medical technology have urged countries to establish reforms that will allow them to contain increasing costs while maintaining the accessibility of quality insurance in the sector and make available quality healthcare service to the population (Rothgang et al. 2010; Marmor and Wendt, 2012).

While many governments have established authority on the institutions, for many years, deep changes in the macroeconomic levels have forced some countries to rethink their social protection system resulting in a reduction in government aid and the privatisation and payment of healthcare services (Pierson, 2001).

Went et al. (2009) define health systems as interactions among service providers, beneficiaries (patients), and financing agencies that must be regulated in some way. Following that, research from Rothgang et al., (2010) argues that the examination of healthcare sector system changes and the mission of the government state in this field should concentrate on three major functional processes: financing, service delivery, and regulation. Field said that the proportion of the public sector in the provision of health services is seen as an indicator of the level of state engagement in the health sector (Field, 1973). So, the regulations refer to the link between providers, funding agencies, and beneficiaries (Rothgang et al., 2010).

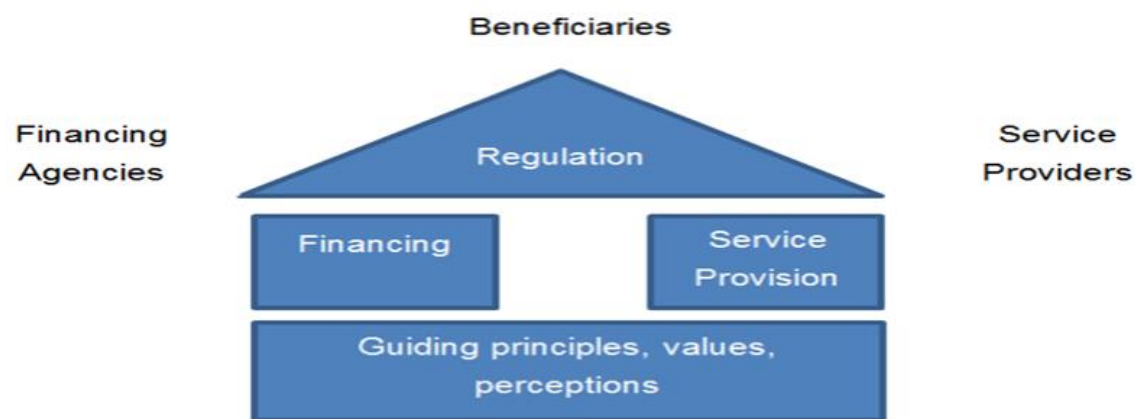


Figure 2: Conceptualisation of a Healthcare Sector (Rothgang et al., 2010)

3.3. Exploring Healthcare Policy context in DR Congo

An article published by DFID (2021) which is a Department for International Development presents data that describe access to healthcare programmes by more than 9 million people in fifty-two places funded by this British agency from

2012 to date, covering places in the Democratic Republic of Congo, like “Nord Ubangi, Kasai-Centrale, Kasai, Maniema, Tshopo”. This seems to be very limited in terms of coverage and the immense space of healthcare that need to be covered.

A book from Turner (2007), reveals that the healthcare need is a big challenge due to the long period of war and conflict that the country went through, which makes the Congo, DR, one of the bloodiest places on the planet. Some efforts are being made to facilitate access to healthcare systems including payment systems to facilitate the way people could pay cheaper than usual to access primary care (Soeters et al., 2011).

A lot of articles present the Congo as a low-income country “ranked 2nd poorest in Sub Saharan Africa (SSA) and 186th in the world” (Bokosi, 2015). It is also described as a country with a lot of natural resources but where the population is among the poorest countries on the planet (Lubanda et al., 2016). An article reveals that the level of people using the healthcare system is extremely low and the consultation of a general practitioner (GP) is done every 6.7 years (Laokri et al, 2018).

As demonstrated above, most of the articles coming from the World Health Organisation present the healthcare system in the Congo as a very limited service to a certain category of people; not much innovative research is done in that sector in the nation. Some general books like the one from Shlian (2001) present how the healthcare system as a sector can be managed and controlled.

Wolper (2010) shows the ethical side of the sector, in a sense that the healthcare system favours the rich, but poor people cannot afford to pay for the health service. Congolese government published a document called “Health System Strengthening Strategy Document” (2006), where the healthcare needs are expressed by stakeholders theoretically and practically. The document offers a framework to solve the problem in two ways:

1. Implement operational health zones that are strong enough to integrate the concerns of different disease control programmes or specific problems and able to manage health problems fundamentals of the population, with their participation
2. Implement some prevention programmes and some others aimed at controlling some significant endemic (possibly free) leaving the curative to the private (Ministry of health, 2006).

Data collected from exploratory research has raised criticism on the Congolese healthcare system; it appears that the predominant healthcare issue in Congo is a high level of infant mortality; that is why the health programme has introduced

and adopted health policy IMCI (Integrated Management of Childhood Illness) to eliminate this issue by implementing healthcare strategy to build capacity, to manage health case management promote the good quality of life for children (Etshumba et al., 2019).

3.4. Classifications of Healthcare Systems

There are lots of models of healthcare systems in the world. The first one comes from Field (1973), which puts much emphasis on the control of the government on the resources of the healthcare system.

Researchers like Marmor and Wendt (2009) estimate that the most famous classification of the healthcare models used is the one coming from the Organisation for Economic Co-operation and Development (OECD) (Scheiber, 1987); it makes the difference between three fundamental elements, which are the availability of healthcare, the funding and the involvement of the private sector. The research from Moran (1999) states that there are three issues related to the healthcare system, which are Consuming, Resources, Produce.

Moran (1999), adds that there are different types of healthcare policies to be considered:

- The established control state, as demonstrated by Nordic and the United Kingdom
- The delivery country, as exemplified by the United States
- The institutionalism country, as exemplified by Germany
- The unstable control state, as exemplified by Athens and Lisbon. (Marmor and Wendt, 2012).

Wendt et al., (2009) propose in the research that there is a difference between the function that a government has to play, the social and commercial entities in the funding, the delivery, and governance of healthcare.

As a result, a classification framework for 27 different types of healthcare systems has been developed. National medical practices, in which the government funding provides services and put the regulation in the sector; sociocultural healthcare systems, in which social and cultural players control all three aspects; and private care systems, in which profit and non-profit actors dominate all three components (Wendt et al., 2009). In the context of the DRC, considerable foreign donor funding through multilateral, bilateral, and non-governmental organisations continues to assist the country's health system (NGOs). This contributes to around 40% of total health sector funding (Institute for Health Metrics, 2020).

In 2018, according to OECD, DRC did receive a total of USD 2 509.8 million (Organisation for Economic Cooperation and Development, 2018).

According to Rothgang et al., (2010), OECD health services are classified into three types: national healthcare systems, public insurance programme, and private health systems, well defined by (Wendt et al., 2009). Rothgang and Wendt's classification of healthcare systems, according to Bhm et al., (2013), provides a solid approach. Unlike prior typologies produced using inductive observation methodologies (Böhm et al., 2013), the Rothgang and Wendt classification is based on a systematic derivation of healthcare system types. The Rothgang and Wendt classification has been used as a comparative framework for generic definitions of health systems in the UK, Germany, and the US, as well as for qualitative clustering of health systems based on service supply and access (Wendt, 2009). Healthcare systems typologies in general, and Rothgang's model in specific, provides a straightforward approach to categorise healthcare systems as well as a valuable platform for comparing politics and policy (Marmor and Wendt, 2012). However, those categorisations have limits, as per Marmor and Wendt (2012), since they are narrative and hence do not capture result variables connected to national healthcare types such as 'general health,' 'professional excellence and care quality,' and 'equity.' Furthermore, according to Bhm et al. (2013), the three aspects of funding, service supply, and legislation are not mutually exclusive, but rather follow a clear order and hierarchical connection, with regulation leading the way, followed by financing, and lastly service provision. Despite the aforementioned constraints, the investigation utilised Rothgang's method.

Healthcare system type	Underlying values and principles	Financing	Service Provision	Regulation	Examples
National Health Service	Equity: equal access to services for everyone	Public: direct and indirect taxes	Public Providers	State Hierarchical: comprehensive planning and tight control by the state	UK, Sweden
Social Insurance System	Solidarity: equal access to services for all members of insurance funds	Societal: social insurance contribution according to income	Societal: private non-profit providers	Collective bargaining of corporatist actors, legal framework, and some state control	Germany, Canada
Private Healthcare System	Principle of equivalence: services according to pay	Private: Private insurance premium according to risk	Private for-profit providers	Competition of private actors; limited state regulation	United States

Figure 3: Types of Healthcare system (Rothgang et al., 2010)

3.5. Healthcare policy reforms around the world

3.5.1. Reform and change

Research undertaken by Hurst (2010) establishes that we have to know how healthcare is performing before implementing a policy.

Another research was undertaken in 11 rich countries, Tenbensen et al., (2012) four objectives for a healthcare system to change. The first objective is the orientation toward a result, which improves the life and condition of living of the people (Tenbensen et al., 2012); the three more objectives to apply quality management, access, and efficiency (Blank and Burau, 2007).

There are some trade-offs, such as the long waiting time when allowing people to have access to healthcare, and this negatively impacts the access to healthcare (Tenbensen et al., 2012). Provided that technological change is occurring in every sector, there is a need to improve the quality of care and to reform all the health care sector considering the cost and the quality (Rothgang et al., 2010: 3).

To summarise, whether to increase efficiency and contain healthcare spending or to ensure access to quality in conclusion at this point, it is important that all the reforms focus on quality and cost.

The actors operating to make the reform possible should focus on funding, quality, delivery, and quality of the offer to meet the challenge of the changes prevailing in the healthcare system.

3.5.2. Health governance and healthcare reforms in China

An article from Ramesh et al. (2013) on Health governance and healthcare reforms in China talks about how to shape the outcomes of healthcare reform in China; one of the aspects on which the article emphasises is the negligence of the Chinese government to consider different aspects of governance which focus on the relationship between government and beneficiaries and sponsors or providers. The paper emphasized the need for the Chinese government to improve health governance and the cost of the service provided.

By developing and Emerging health governance in China Framework (see Figure 1), the article develops key messages:

1. The only challenge that the Chinese government faces on the healthcare system reform is related to governance
2. Providers of the health services during the 1980s and 1990s did use the beneficiaries and delivered false information to the government, which also undermines the role of governance in the country
3. consequently, all the healthcare reforms will fail the fact that they all put aside the aspects of governance (Ramesh et al. 2013).

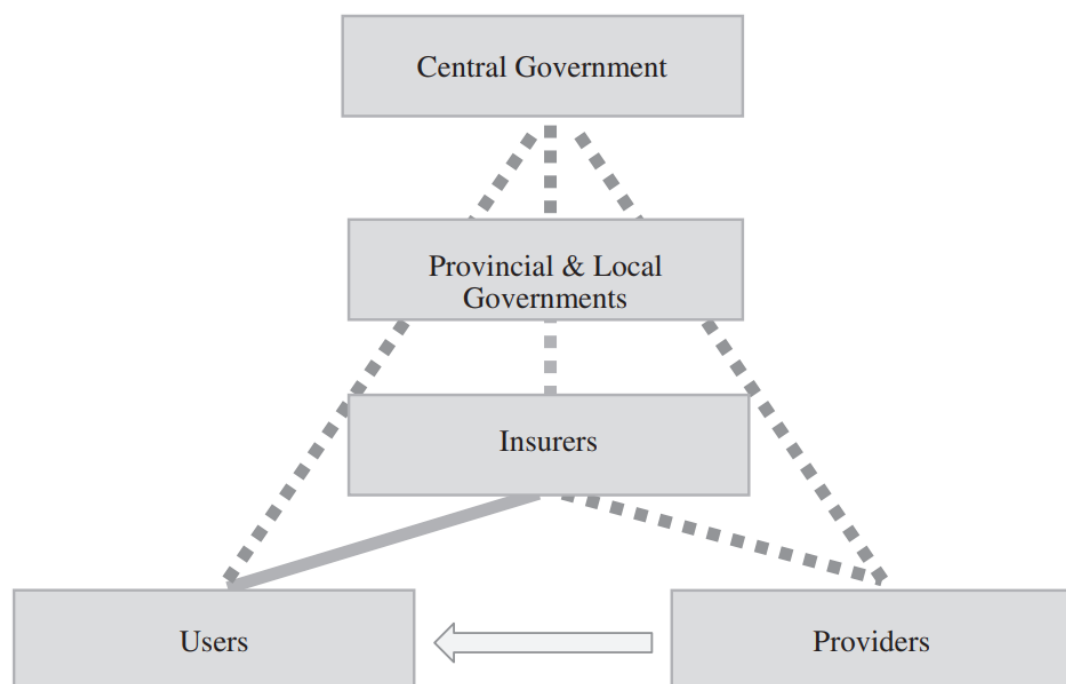


Figure 4: Emerging health governance in China

Criticism has emerged as the private sector is investing in research and development to seize the opportunity of the rising of the country as an economic power, however, the prices of the drugs are causing lots of problems, and this is favouring the rich; the government is implementing tight rules and regulations to control the market, which can also limit the growth of the sector (Daemmrich, 2013).

3.5.3. Healthcare reforms in South Africa

There is another reform in South Africa that focused on the reform in primary healthcare; the overview elaborated legislation and policy reforms, with the focus on the improvement on quality assurance and establishing South African Health Products Regulatory (Schaay et al., 2011). According to the paper, a Conceptual framework was generated from the WHO to assess the effectiveness of the healthcare system in the country (WHO 2002 and 2007). In sum, it talks about the perspective of implementation of all the Health Care systems policy and procedures to transform South Africa's healthcare with priorities elaborated as a plan of implementation (Schaay et al., 2011).

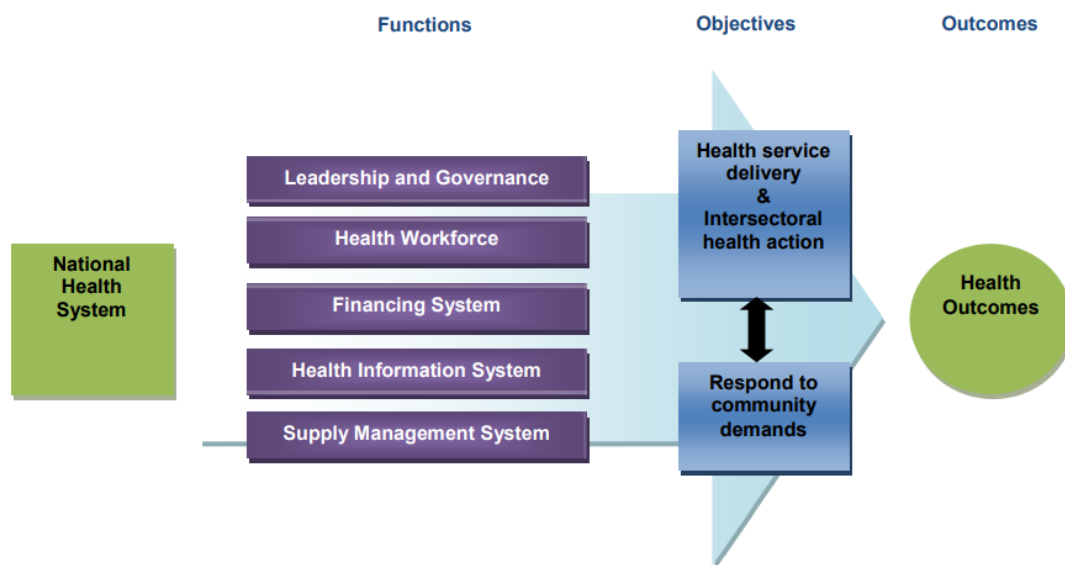


Figure 5: Adapted from WHO's Framework

There have been issues raised when the National Health Insurance (NHI) was introduced by the authority to reform the healthcare system in South Africa, especially with matters related to fiscality and the services provided by private sectors. A lot of criticism has raised the issue of the lack of strategy to implement the healthcare reforms in the country (The Star, February 24, 2012).

3.5.4. The impact of policy reform in the United States of America.

According to Porter (Porter et al.2018), Without policy reform in many countries, public health achievements would not be feasible. Policy reform was

essential in all of the "Ten Great Public Health Achievements" listed by the Centres for Disease Control and Prevention, including motor vehicle safety, tobacco control, and maternal and infant health. With this public health progress, Americans' average life expectancy increased from 47.3 years in 1900 to 76.8 years in 2000. In 2014, the life expectancy in the United States increased to 78.8 years. But it dropped to 78.7 years in 2015 and 78.6 years in 2016. Therefore, the article, argues that policy reform plays a critical role in reducing America's public health concerns (Porter et al. 2018).

3.5.5. Healthcare system reforms in Indonesia

There is a healthcare program that was introduced by the Indonesian government in 2014, called the Universal Healthcare System. This was explored by a paper that analysed the political, economic, social, and environmental impact of the implementation of the healthcare programme in Indonesia (Erniaty¹ and Harun, 2019). Although the reforms introduced insurance programmes in the country, there was a lack of understanding of the real healthcare problem, neglecting primary care and people with a limited budget.

There is a lot of concerns about the fact that the government has introduced New Public Management principles (NPM) in healthcare. The government did put in place an insurance program in 2014 for the healthcare system (Erniaty and Harun, 2020). However, the system has ignored completely the real health challenge faced by the population, and that made the reform program unsustainable. It has been criticized that the government has just done so for political purposes. Unfortunately, that has called a lot of problems for healthcare workers and professionals and has raised conflict between those in the sector, activists, and other third parties (Pushkar, 2019). Many people criticized the fact that the program's main beneficiaries were people from the Government, multinationals. Professional consultants and employees from the World bank organisation (Homedes and Ugalde, 2005). Research from As Xu and Mills (2019) states that for the reforms to be effective, they should be backed by local institutions; they suggest the institutional framework, which should consider all the actors and decision-makers in the process of implementing strategy (Razavi et al., 2019).

3.5.6. The healthcare system Reforms in Arab World

This is one that attracts my attention in this research proposal. Arab World is a mixed lot of culture, which people coming from different places.

The healthcare system is influenced by public services, free fee programmes, and tax-based systems. What is noticeable in the region is that the healthcare system is trying to expand to the private sector, where lots of companies are proposing

private services to reduce the involvement of the Government (Mourshed et al., 2008, Jabbour and Rawaf, 2012, Batniji et al., 2014).

There is also the availability of capital, and the economic progress of the region is offering a lot of opportunities to develop and improve the lives of the population.

However, even though the region is expanding, there are still issues related to governance (Jabbour et al., 2012). That means that there is still a need for the government to collaborate with the private sector to implement a sound healthcare system; because the region has a very low level of research and innovation (Benamer and Bakoush, 2009), there is a need to increase the productivity in innovation. Even though the governance system is still relenting the development of healthcare in the region, there is hope for the fact the region is growing rapidly, economically, politically, and technologically.

Because of the changes noticed in the last four years the health systems offer a fertile hope to see the region expand and offer a much better healthcare system.

3.5.7. The healthcare reform in developing countries

Research from WALT and GILSON (1994), states that in the process of reforming the healthcare system, lots of policy reforms focus on the content without considering people or actors involved in the process at all levels; the paper presents the need for policy in elaborating the reform.

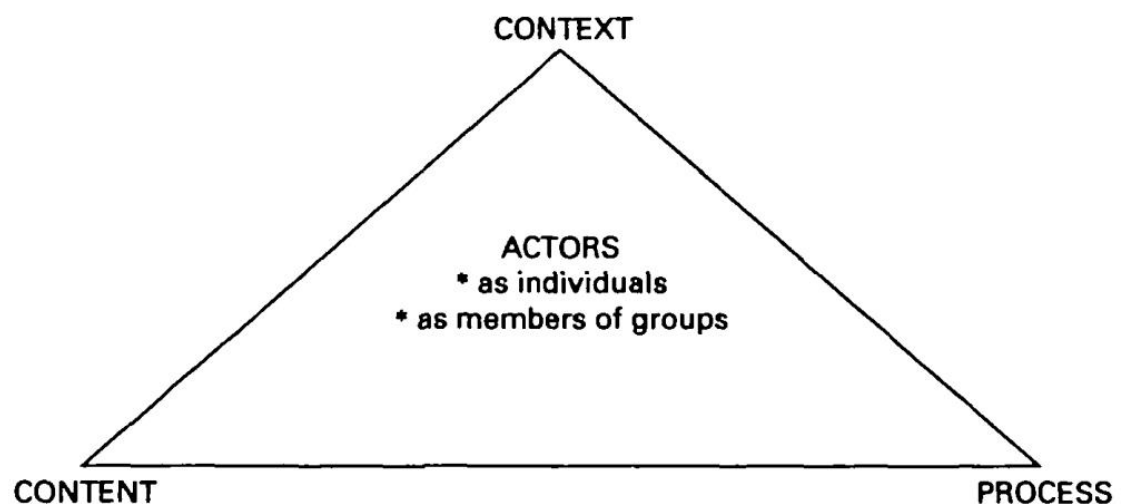


Figure 6: A model for health policy analysis WALT and GILSON (1994)

This model (Figure 6) suggests policy concepts including the process, the content, the context, and the actors to reform policy in a specific sector. It presents the place of policymakers in the development of the policy.

One of the important questions about this model is the concern about the state. The state is seen here as having the authoritative role; Mackintosh (1992) reveals that Marxist critics think that the state exercises power over its subjects, the private's theorists think that the state is a set of people defending the interest of certain categories. Liddle (1992) notes that most countries in the third world do not pay much attention to formulating policies. It is important to note that this policymaking process is subject to considerable changes in the countries where they are implemented. Most of the countries face political changes and this makes the policy unstable (WALT and GILSON, 1994).

4. Policy implementation Conceptual framework

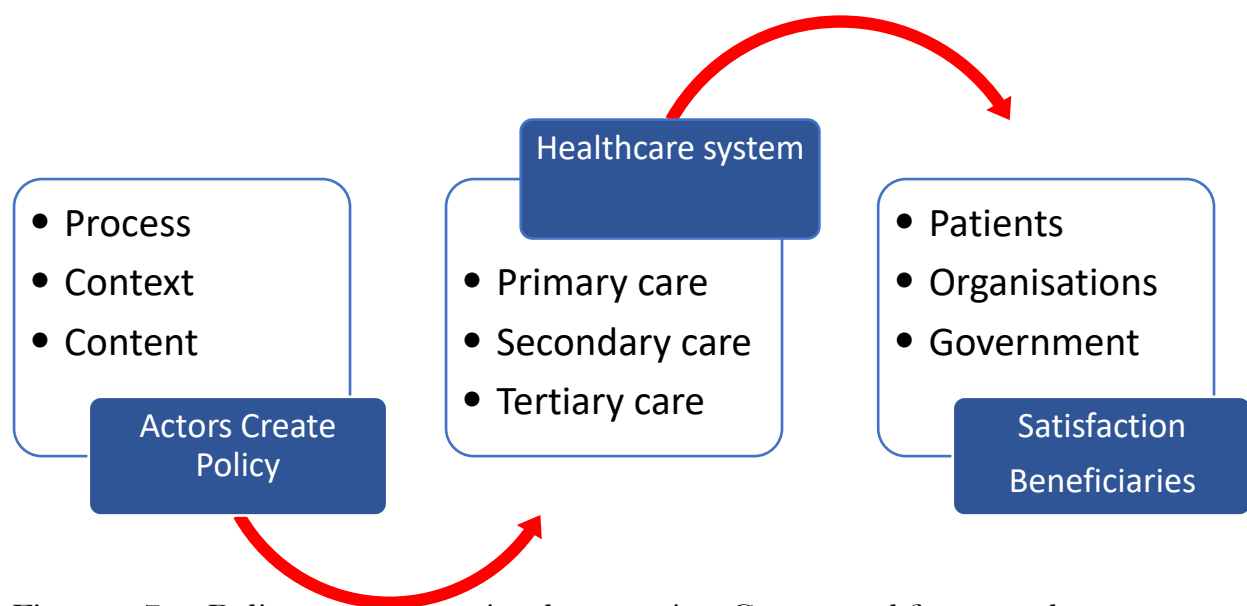


Figure 7: Policy implementation Conceptual framework

This Conceptual framework enables the Policymakers and researchers to better understand the process of the health policy change and prepare for more successful implementation if they use this conceptual model that combines the policy creation as an independent variable, the Healthcare system as mediating variable, and beneficiaries' satisfaction as a dependant variable.

The intermediary variable presents how DR Congo's healthcare system is organised with three levels: Primary care, Secondary care, and Tertiary care.

The last variable pays attention to the outcomes of healthcare systems for patients, organisations, and government. There is no compelling evidence to plan healthcare reform without focusing on beneficiaries. Defining health policy goals, such as enhancing cost-effectiveness, promoting population health, and ensuring patient safety, as well as performance monitoring, are examples of how health policy decision-making may be improved (MARMOR, and WENDT, 2012).

5. The gap in the literature

After reviewing a lot of significant issues surrounding the health system in DRC, the key theories of health policy analysis, some challenges on implementing, evaluating the policymaking framework, and the importance of policy change in healthcare contexts, there are two major gaps in the literature. The first gap is in researching healthcare solutions. Given reports of significant issues in the health system in developing countries, particularly in the policymaking process and policy instability. Although it was found a lot of literature on health system reform in many nations, research papers on healthcare improvements in Congo are limited. Undoubtedly, both descriptive and evaluative studies on health systems reforms in DR Congo are very rare. The second gap is connected to the examination of the existing policy in Congo. Furthermore, the review revealed a lack of literature on the reform policies of emerging countries' public healthcare systems. Finally, because the amount of research publications employing the policy triangle framework to evaluate policy in the healthcare sector in the Democratic Republic of the Congo is very limited, there is an opportunity for this research to give a methodological contribution through the use of the policy triangle framework the context of public healthcare administration, particularly in DR Congo.

6. Philosophical views and research methodology

According to Creswell (1998), every philosophical step is based on three assumptions: ontology, epistemology, and methodology. Ontology is what we know, and epistemology is how we know it (Rousseau and Fried, 2001).

6.1. Ontological views

The ontology is a philosophical assumption that addresses the nature of reality; in this stance, the researcher wants to know whether something is real or not, and when a researcher conceives a thing in his thought in a given situation, then he is taking an ontological orientation (Guba and Lincoln, 1988). Ontology, therefore, deals with what is out there or the reality of the world and how does it look like (Crotty, 1998). In healthcare, we will look at it the way it is defined by Denzin and Lincoln (2005), where we will look at actors involved and the cultural norms existing in society. In reforming healthcare in Congo, we will look at the

assumptions about what kind of policy exists and what does it inform the research we are undertaking. The ontological approach of this project will consider what is happening right now, and what is known in healthcare policy. The reflection will go beyond the current debate and understand what empirical or interpretive research methods exist in understanding reality (Ironside, 2005). So, the policy reform will be modified after knowing the experiences of social participants.

6.2. Epistemological views

The research will look at the epistemological approach to understand how we know what we know (Richards, 2003), in another way, how can we discover the knowledge of reality (Snape & Spencer, 2000). So, when looking at epistemology, we look at the nature of the knowledge (Crotty 1998). The research will focus on positivist epistemology and try to be more objective in the search for reality. This positivist approach will consider facts and separate them from opinions and values (Snape & Spencer, 2003). The opinion of the researcher will be distinct from the findings of the research. So, the first focus of the research is to test how policy is generated and how it is applied in the Congo.

6.3. Research approach

Research has noted that the mixed-methods approach is the most referred approach when it comes to philosophical views (Gray, 2014, Venkatesh, et al., 2013); some researchers suggest that the mixed methods approach brings the most comprehensive result (Morse, 2003, pp.195), especially because of numerical data and experience that people face in the process.

This is verifiable in the context of both methods because you can generalise from a large coverage with limited resources (Hanson et al. (2005).

This project will use mixed methods which are the combination of the qualitative and the quantitative methods, (Creswell and Clark, 2007). This perspective is also referred to as integrated methods (Tashakkori and Creswell (2007, p. 208), which will consist of involving two phases: the first part will use the opportunity to interview people (structured or unstructured); the research will look at various stances to collect information like Gray, (2014) states in his research that qualitative methods can include analysis of the document, more involvement in interviews, case studies or locating groups to focus on. Research conducted by May (2002) finds that unstructured interviews are the most important method if you want to get a more in-depth sensation about a phenomenon (May, 2002).

The second part of the project will focus on the quantitative approach, which according to Watson (2015) emphasises the importance of measurement to test the hypothesis. The research will focus on the framework which will evaluate and test the dependent variable, the outcome of the healthcare system, actors who

create the policy as the independent variable, and the healthcare system as an intermediary variable.

6.4. Sampling in qualitative and quantitative methods

All of us in some way use sampling, but for a sample to be more valid, there are techniques and strategies to follow. The research has to think about the method of sampling and it can be applied in research. He needs to know about the theory, the plans, the probability for quantitative and qualitative methods, the result, and the size to consider (Nursekey, 2017).

We may need quantitative data or qualitative data or both; therefore, it is important to use a sample based on a population selected which also should be unbiased (Suresh, et al, 2011).

The project will consider sampling which is needed if qualitative or quantitative research has to be conducted Moser & Korstjens, (2018). The qualitative method is assessed according to Criteria (Gray, 2014) for the credibility of the project.

The research will focus on senior managers in Congo to undertake the sampling, which also will validate the research. In the semi-structured interviews (Creswell, 2009) a certain number of people to be involved may be between 7 to 20, including consideration a range of years of professional experience.

For questions to be tested, the project will use surveys (Garratt and Li, 2005). The research surveys will be used because we will analyse data statistically and find the relationship between the outcome of the healthcare system, the actors involved, and the satisfaction or the final result. This will be applied to Clinique Ngaliema, a public hospital, in Kinshasa, in the Democratic Republic of Congo (DRC) (Matangila et al.2020), which is a Quality HealthCare centre, a health care institution, which has existed since 1927. As a public service, Clinique Ngaliema, has from the outset been able to make itself available to the inhabitants of the city of Kinshasa (Capital city of DRC) and even foreigners for their health needs. In various circumstances characteristic of the Third World, this institution was able to provide quality care in the most appropriate setting possible (Clinique Ngaliema, 2022).

We will use the case of Ngaliema clinic because, in quantitative research, the size of the sample is critical to succeed in the final result (Gray, 2014). I will consider a certain number of surveys and participants to reach the goal of the research (Macur, M. 2013).

In the healthcare policy reform, the project will consider the generalisation of the findings based on many variables from the frameworks. This is mostly influenced by the way we decide to sample and which method we use to do the sampling (Elfil and Negida, 2017).

Peace et al. (2008) state that for the research to be valid and trustworthy, the process of all research should be assessed to get the appropriate result in the reform of the healthcare policy.

6.5. Data Collection in qualitative and quantitative research

The research will use mixed methods and will combine semi-structured interviews which will be conducted with senior managers in Kinshasa (Clinique Ngaliema). The semi-structured interview is the most used in qualitative research and is more referred to because of its flexibility (Grix, 2010), especially when questions are complex and very open (Saunders et al. 2007). Furthermore, Blaikie (2010: 207) states that interviews are trustworthy because they involve the person and his social environment. However, there are many criticisms against the kind of interviews undertaken (Kvale and Brinkmann, 2009). Kvale and Brinkmann talk about the involvement of the interviewee, the process of analysis, and the validity of the research.

The research will use questionnaires and surveys to get a result which more representative. Grix (2010) shows that it is the best option to use the surveys if you want to get precision in the result; because it covers in a systematic way without spending a lot (Sackmann, 1991). Saunders et al. (2007) suggest that the research which will use quantitative methods needs to be descriptive and provide more explanatory facts.

Even if the surveys offer some kind of precision, they present some sort of limitations including, for example, the questions they cover are not clear and they are ambiguous (Kumar, 2005) and also for the result to be considered, they are to be rigorous (Jung et al., 2009), and more the researcher has to clarify the level of involvement of cultural aspect (Yaugh and Steudel, 2003).

Although the primary data will be gathered using a mixed-methods approach that combines semi-structured interviews (with a sample of leading executives and directors at Clinique Ngaliema) with a policy evaluation survey based on the conceptual framework for policy implementation. It is vital to note that the secondary data for this research will be obtained from the following sources:

- Official publications from the Democratic Republic of the Congo's Ministry of Public Health (Ministère de la Santé Publique de la République Démocratique du Congo).
- Online database platforms such as EBSCO, ProQuest, Elsevier, PubMed, and Scopus
- Reports from international organisations like the World Bank, the World Health Organization, and the United Nations Development Programme

6.6. Validity and reliability

The validity, in theory, is associated with the precision and authenticity of scientific results. Good research should illustrate what exists and is correct, and a valid instrument or measure should really measure what it is designed to assess (Cypress, 2017). Nordstrom (2015) stated that an interview is valid when it is recorded and everyone who will be interviewed has given their consent. So, the current study will scrupulously follow these steps for its validity. The reliability of measurement is referred to as its trustworthiness. As a result, consistency is the key to credibility in qualitative research (Leung, 2015). Consequently, this study will ensure that we preserve the work's integrity by maintaining it trustworthy and authentic.

To summarise, according to Suresh et al (2011), research in the healthcare industry can be summarised like shown in the figure below:

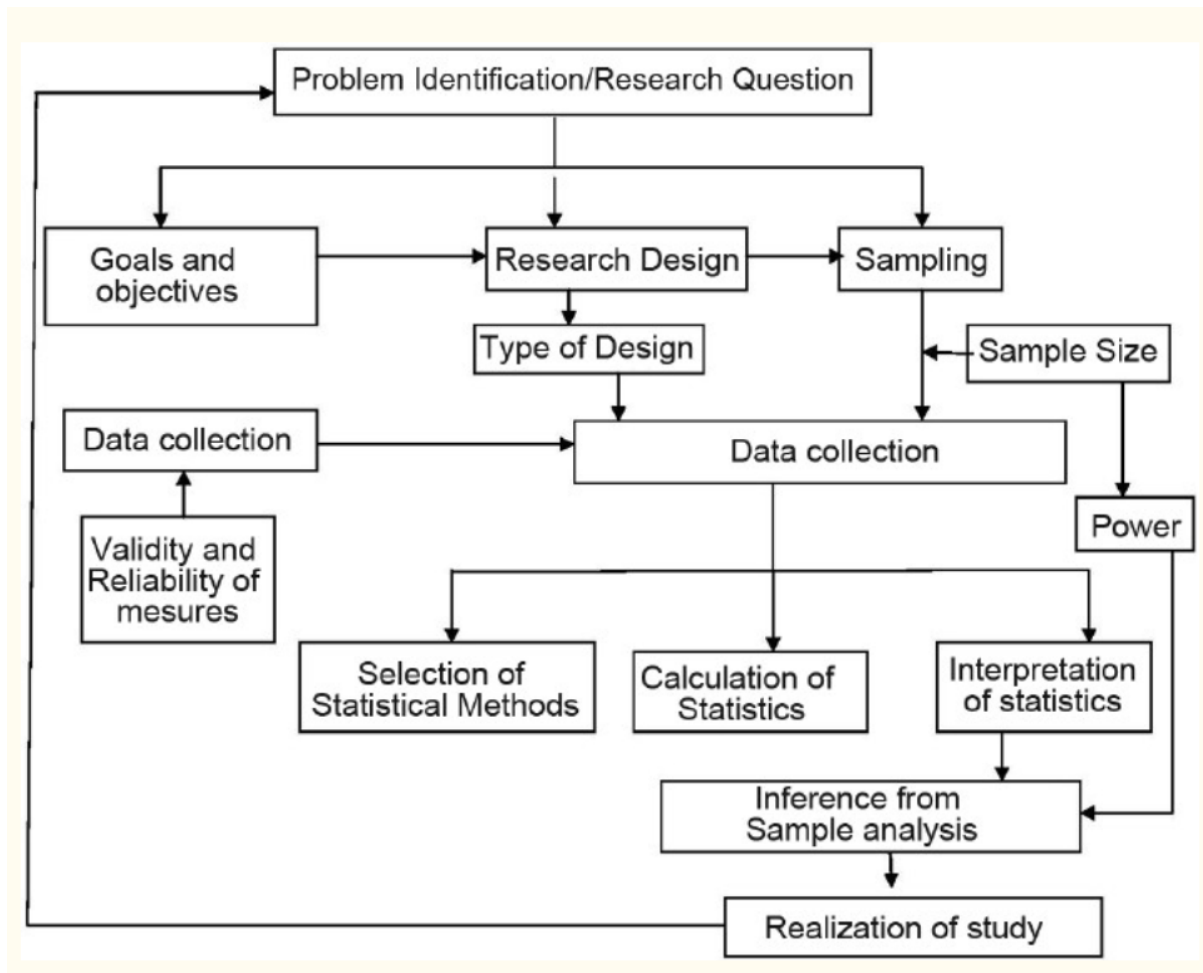


Figure 8: Overall framework of research design (Suresh et. al,2011)

6.7. The ethical issues involved in the research.

It has been evidenced that researchers encounter ethical challenges at every level of the research process, from design to reporting.

These include privacy, confidentiality, giving permission, the possible influence of the researchers on the participants, and vice versa. In this research, confidentiality, privacy, and giving permission will be considered.

When functioning as qualitative researchers, it appears to be critical that health care practitioners, trainers, and physicians are well versed in all elements of their responsibilities. As a result, these sensitive responsibilities must be clearly defined, and the application of practical norms and procedures in all stages of qualitative research should be promoted (Sanjari et al.2014).

According to Kumar (2005), surveys have limitations, especially if questionnaires are vague or imprecise. There is a chance that responders will misinterpret. Different respondents might interpret questions differently, undermining the trustworthiness of the results. All those elements will be carefully considered during this research process.

6.8. Limitations of the study

Due to the limited financial and time resources, the research will be restricted to the public hospital in the DRC; interviews will be performed with the leaders of Clinique Ngaliema Kinshasa (<https://www.cliniquengaliema.org/>); as well as surveys will be administered to a representative sample (beneficiaries) in order to assess their level of individual satisfaction; and a comparison of the impact policy between different groups of beneficiaries.

7. Proposed Plan of Work

I will continue to engage with the supervisor for direction during the project's execution, and all the files will be saved on Google Drive, OneDrive, or the cloud.

The key sources of information will come from the University of Wales Trinity Saint David Library and other knowledge sources, as previously stated.

The plan below shows how I intend to organise my efforts to reach the deadline.

Planned Development	Target Date
Submission of research proposal	August 2022
Literature review (drafts)	December 2022
Literature review (final)	February 2023
Methodology	May 2023
Data collection	December 2023
Data analysis	April 2024
Discussion and Findings	June 2024
Conclusion	August 2024
Footnotes, Appendices, and references	August 2024
Submission of dissertation	September 2024

8. Summary

This research proposal focuses on reforming the policy and practice of the Public Healthcare system in the Democratic Republic of Congo. Changes In demographics and advancements in medical technology have urged countries to establish reforms that will allow them to contain increasing costs while maintaining the accessibility of quality insurance in the sector and make available quality healthcare service to the population (Rothgang et al. 2010; Marmor and Wendt, 2012). The proposal started with an introduction providing background and defining the problem to be addressed in the project. The main question of the research is: what is the adequate policymaking framework to reform the healthcare system in the Democratic Republic of Congo?

We did a brief outline of key literature in healthcare reform and theoretical frameworks. The proposal tried to understand the reforms in the Healthcare sector, especially in the Democratic Republic of Congo. We also explored the Healthcare policy reforms around the world, and we found from the literature review that policy Implementation will imply the content of the policy, the process, the context, and the actors who are involved in the implementation. The research proposal provided a conceptual framework that defines

different variables such as the independent variable, mediating variable, and dependant variable. We found the gap in the literature surrounding the health system in the DRC, related to the healthcare solutions and questions related to the examination of the existing policy in Congo. We also explored the ontological, epistemological views and methodological of mixed methods to collect and analyse data. The proposal also revealed some limitations such as the research will not expand to the private sector because of lack of time and resources.

9. References

- Cohen, D. and Crabtree, B.(2008). Evaluative Criteria for Qualitative Research in Health Care: Controversies and Recommendations. *Annals of Family Medicine*, 6, 331-9
- Collins, J., and Porras, J. I. (1994) *Built to Last: Successful Habits of Visionary Companies*, New York, HarperCollins
- Congo health system to provide financial risk protection. *BMC Health Serv Res*18,451
- Creswell, J.W. (1998) *Qualitative Inquiry & Research Design. Choosing Among Five Approaches*, 2nd ed. Thousand Oaks, CA: Sage Publications
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. London: Sage
- Cypress, B.S.(2017). *Rigor or Reliability and Validity in Qualitative Research: Perspectives, Strategies, Reconceptualization, and Recommendations*. Dimensions of Critical Care Nursing. Available at [July/August 2017 - Volume 36 - Issue 4 : Dimensions of Critical Care Nursing \(lww.com\)](#) accessed on 30/01/2022
- DEPARTMENT OF HEALTH (2011). NHS Health and Well-being Improvement Framework <http://www.dh.gov.uk/> publications
- Denzin, N., & Lincoln, Y. (Eds.). (2005). *The Sage Handbook of Qualitative Research* (Third ed.). London: Sage
- DFID (2021), Access to health-care in the Democratic Republic of Congo (2012-2021), <https://devtracker.fcdo.gov.uk/projects/GB-1-202732/> accessed on 02/12/2021
- DRC Ministry of health (2006) *Health System Strengthening Strategy Document*, <http://www.minisanterdc.cd> accessed on 02/12/2021
- Durrheim, K. (2006), *Research in practice: Applied methods for the social Sciences*, UCT press
- Elfil, M and Negida, A. (2017), Sampling methods in Clinical Research; an Educational Review, *Emergency*. 2017; 5 (1): e52
- Fanwell, K. Bokosi and Chiraerae, T.A (2015), *ODA neglecting poorest countries in*

the Sub-Saharan Africa, AFRODAD, Issue paper, 2015

Feinstein International Centre (2015). www.fic.tufts.edu, accessed on 02/12/2021

Field, M. G. (1973). The concept of the "Health System" at the Macrosociological Level. *Social Science and Medicine*, 7, 763-85.

Guba, E. G., & Lincoln, Y. S. (1988). Do inquiry paradigms imply inquiry method ologies? In D. M. Fetterman (Ed.), *Qualitative approaches to evaluation in edu cation* (pp. 89-115). New York: Praeger.

Hartnell, C. A. and Kinicki, A. (2011). Organizational culture and organizational effectiveness: A meta-analytic investigation of the competing values framework's theoretical suppositions. *Journal of Applied Psychology*, 96(4), 677-694. <https://doi.org/10.1037/a0021987>

Ironside, P. M. (Ed.). (2005). *Beyond Method: Philo sophical Conversations in Healthcare Research and Scholarship*. Madison, WI: The University of Wisconsin Press

Laokri, S., Soelaeman, R. & Hotchkiss, D.R., (2018), Assessing out-of-pocket expenditures for primary health care: how responsive is the Democratic Republic of Congo

Lateef,R.(2021). EXAMINING THE HEALTHCARE SYSTEM IN THE CONGO.Available at <https://borgenproject.org/healthcare-in-the-congo/> accessed on 12/12/2021

Lubanda, J.- P. E.; Smutka, L.; Selby, R (2015), Agricultural Production and Trade Structure Profile in Democratic Republic of Congo (DRC), AGRIS on-line Papers in Economics and Informatics, <https://ageconsearch.umn.edu/record/241371> accessed 02/12/2021

Macur, M. (2013), *Quality in health care: possibilities and limitations of quantitative research instruments among health care users*. *Qual Quant* 47, 1703-1716. <https://doi.org/10.1007/s11135-011-9621-z>

Marmor, T. and Wendt, C.(2012). Conceptual frameworks for comparing healthcare politics and policy. *Health Policy*, 107, 11-20.

Matangila,J.R. et al.(2020). *Clinical characteristics of COVID-19 patients hospitalized at Clinique Ngaliema, a public hospital in Kinshasa, in the Democratic Republic of Congo: A retrospective cohort study*. *Plos one* , available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0244272> accessed on 30/01/2022

Nordstrom, N. (2015) “Not So Innocent Anymore: Making Recording Devices Matter in Qualitative Interviews Susan.” *Qualitative Inquiry*, Vol 21 No.4, pp.388-401.

Organisation for Economic Cooperation and Development (2018) , available at https://public.tableau.com/views/OECDDataAidataglancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no accessed on 19/01/2022

Peace, K.E. et al (2008) “Assessing the validity of statistical inferences in public health research: An Evidence – based ‘Best Practice’ approach”. *J Georgia Public Health Assoc* 2008;1:1. Available at: http://faculty.mercer.edu/thomas_bm/documents/jgpha/documents/Archive/Pace,%20Statistical%20Inferences,%202008.pdf

Pierson, P. (2001). *Coping with Permanent Austerity: Welfare State Restructuring in Affluent Democracies*. In: PIERSON, P. (ed.) *The New Politics of Welfare State*. Oxford: oxford University Press.

Plsek, P. E. and GREENHALGH, T. (2001): *The challenge of complexity in health care*. *British Medical Journal*; 323 doi: <https://doi.org/10.1136/bmj.323.7313.625>

Porter, K.M.P.et al (2018). *The Importance of Policy Change for Addressing Public Health Problems*. *Public Health Reports*. Available at [The Importance of Policy Change for Addressing Public Health Problems \(sagepub.com\)](https://www.sagepub.com/journalsPermissions.nav?path=/journals/public-health-reports/article/10.1177/0958261918771111) accessed on 31/01/2022

Rothgang, H. et al (2010). *The State and Healthcare: Comparing OECD Countries*, London, Palgrave Macmillan

Rousseau, D.M and Fried, Y (2001), Location, location, location: Contextualizing organizational research. *Journal of organizational behaviour*, 2001

Shlian, D (2001), *New Frontiers in Healthcare Management: MBAs Evolving in the Business of Healthcare*, iUniverse.

Soeters, R., Peerenboom,P.B. and Mushagalusa, P. and Kimanuka, C. (2011), Performance-based financing experiment improved health care in the Democratic Republic of Congo, <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2009.0019> accessed on 02/12/2021

Sanjari, M. et al. (2014) *Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline*. The Journal of Medical Ethics and History of Medicine. Available at [Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline \(nih.gov\)](#) on 31/01/2022

Suresh, K. et.al (2011) *Design, data analysis and sampling techniques for clinical research*. Available at [Design, data analysis and sampling techniques for clinical research \(nih.gov\)](#) accessed on 31/01/2022

Turner, T. (2007) *The Congo Wars: Conflict, Myth, and Reality.*, Zed Books, New York

Walt, G. and Gilson, L.(1994) : *Reforming the health sector in developing countries: the central role of policy analysis*, London ,HEALTH POLICY AND PLANNING; 9(4): 353-370

Wolper, L. (2010), *Health Care Administration 5e: Managing Organized Delivery Systems*, Jones and Bartlett Publishers, Inc; 5th Revised edition

Daemmrigh, A. (2013), *The political economy of healthcare reform in China: negotiating public and private*, Daemmrigh SpringerPlus 2013, 2:448 <http://www.springerplus.com/content/2/1/448>

Erniaty, E. and Harun, H. (2020), *Understanding the impacts of NPM and proposed solutions to the healthcare system reforms in Indonesia: the case of BPJS*, Health Policy and Planning, 35, 2020, 346-353 doi: 10.1093/heapol/czz165

Etshumba, JM et al. (2019), *How to Develop a Realist Evaluation to Evaluate the Effectiveness of Integrated Management of Childhood Illness Strategy in Community Care Sites in the Democratic Republic of Congo*, Open Journal of Epidemiology > Vol.9 No.3, available at <https://www.scirp.org/journal/paperinformation.aspx?paperid=94417> accessed on 27/01/2022

Homes N, Ugalde A. 2005. Why neoliberal health reforms have failed in Latin America. Health Policy 71: 83-96.

Liddle RW. 1992. The politics of development policy. World Development 20: 793-807

Leung,L.(2015). *Validity, reliability, and generalizability in qualitative research*. Journal of Family Medicine and Primary Care.Available at : [Validity, reliability, and generalizability in qualitative research \(nih.gov\)](#) accessed on 01/02/2022

Mackintosh M. 1992. Questioning the state. Chapter 3 in Wuyts M, Mackintosh M, and Hewitt T. Development policy and public action. Open University Press, Milton Keynes

O'Brien, G.L. et al. (2020): Health policy triangle framework: Narrative review of the recent literature. *Health Policy OPEN*

Pushkar P. 2019. NHS activism: the limits and potentialities of new solidarity. *Medical Anthropology* 38: 239–52

Rajan, D. et al., (2014), Health service planning contributes to policy dialogue around strengthening district health systems: an example from DR Congo 2008–2013, *BMC Health Services Research* 2014, 14:522 <http://www.biomedcentral.com/1472-6963/14/522>

Ramesh, M. et al. (2014), Health governance and healthcare reforms in China, *Health Policy and Planning* 2014;29:663–672 doi:10.1093/heap/czs109

Razavi SD, Kapiriri L, Abelson J, Wilson M. 2019. Who is in and who is out? A qualitative analysis of stakeholder participation in priority setting for health in three districts in Uganda. *Health Policy and Planning* 34: 358–69.

ROUSSEAU, D. M. & FRIED, Y. 2001. Location, location, location: contextualizing organizational research. *Journal of Organizational Behavior*.

Schaay, N. et al., (2011), OVERVIEW OF HEALTH SECTOR REFORMS IN SOUTH AFRICA, *DFID Human Development Resource Centre*

The Star (2012) ‘SA health ‘low value for money’’, 24 February 2012. <http://www.iol.co.za/the-star/sa-health-low-value-for-money1.1241748?ot=inmsa>. Accessed 26/01/2022

Xu J, Mills A. 2019. 10 years of China’s comprehensive health reform: a systems perspective. *Health Policy and Planning* 34: 403–6.

Ntembwa, H. K and Lerberghe, W. V. (2015), Improving Health System Efficiency, available at https://apps.who.int/iris/bitstream/handle/10665/186673/WHO_HIS_HGF_CaseStudy_15.4_eng.pdf?sequence=1 accessed on 27/01/2022