Integrating Formal and Informal Institutions: Towards a Healthy Community in the Pacific

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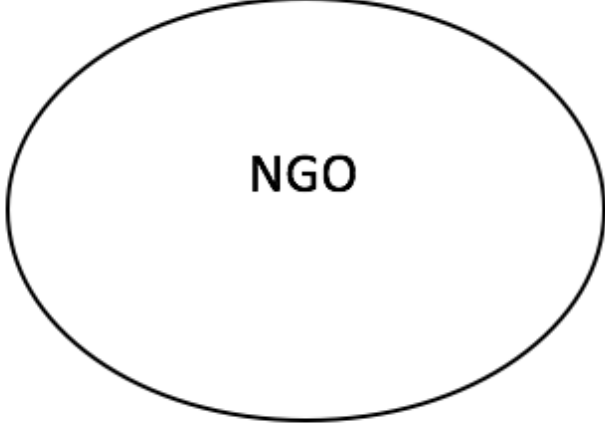Lecturer, Development Policy Centre, Australian National University

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Research Question and Significance

- Questions:
  - Explore why the **integration of formal and informal institutions** are important in **delivery of public services**
  - Examine how an **operative framework** that combines formal and informal institutions is able to determine positive outcomes.

- Based on the successful implementation of the Bougainville Healthy Communities Program (BHCP) in Bougainville.

- Such mixes of institutions are particularly important in countries where:
  - On one hand, **local government play an important role** in provision of local services and infrastructure (Razin 2000);
  - And on the other hand, there is also the chance for these governments to be **overtasked and therefore affecting performance** (Kuhlmann and Wayenberg 2016).

Institutions—Definitions and Use

- The most common definition of institutions is provided by Douglass C. North (1991) as the **rules of the game in a society and the human devised constraints that shape human interaction**—encompasses aspects of **both formal and informal institutions** as a combination of formal constraints, informal rules and their enforcement characteristics.

- Although few disagree that 'institutions matter', there are differences in the agreement on what are institutions and on which institutions matter for development (Rodriguez-Pose 2010, 1037). **In practice, the focus is mostly on the formal institutions.**

- Despite the focus on formal institutions, **the role of both formal and informal institutions is important.**

- The **role of informal institutions in shaping formal institutions** cannot be ignored particularly for shaping socio-economic outcomes (Casson et al. 2010).

- While formal institutions tend to be similar or can be applied from one country to another, the **informal institutions are context and geography specific**, and different institutional contexts yield different results (Rodriguez-Pose 2010).

	Government	Non-Government
Formal	Q1: Formal – Government National and Local Government	Q2: Formal – Non-Government NGO
Informal	Community Self-Government Q3: Informal – Government	Community/Volunteers Q4: Informal – Non-Government

**Figure 1: Framework for Formal and Informal Institutions**

Methodology

- This study is based on a series of **interviews of key people involved with the BHCP** and the Department of Health of the Autonomous Bougainville Government.

- The research was conducted in the months of **February and March of 2017**, and included field visits to Buka (where the Department of Health is located) and Arawa (where the BHCP main office is located). A visit to Tangari village was also made to observe firsthand some of the impacts of the BHCP activities.

- Some of the people interviewed were: (i) Program Director, BHCP; (ii) Acting Secretary of the Department of Health; (iii) District Coordination Facilitator, Buka District; (iv) District Facilitator, Sela-Suir District; (v) Administrator, Tangari Village; and (vi) Operations Manager, BHCP.

- In addition, some of the basic information and reports of the BHCP were obtained from staff of the World Health Organization and UNICEF based in PNG.

The Bougainville Healthy Communities Program (BHCP)

- BHCP started as an off-shoot of the successful implementation of the leprosy elimination program in Bougainville funded by the New Zealand government in 2001.

- Following on the success of the leprosy program, a new project proposal was submitted to New Zealand Aid to promote health awareness.

- The first tranche of BHCP was approved in 2005 as an NGO program but integrated into the Department of Health.

- In 2006, the program was rolled out in three districts (that is, Buka, Suir and Keita) of the total 13 districts in Bougainville with a small group of staff that included the program manager and three district facilitators.

BHCP—Positive Outcomes

- An evaluation of the BHCP was commissioned by the New Zealand Ministry of Foreign Affairs and Trade for the New Zealand Aid Programme in 2012. The findings report that the BHCP is an '**excellent example of a well-planned and well-executed public health and community development model … implemented within the enormous constraints and challenges of a post-conflict setting**' (Whelan 2012, 5).

- The same study also reported positive health outcomes with **lower number of people suffering from malaria, TB and pneumonia**, and communities showed **improvements in health practices**, such as cleaner villages, better hand washing habits and healthier sanitary conditions.

- The successful implementation of the BHCP during the initial years resulted in an **increase in the funds and a wider coverage** of the program. The second tranche of BHCP started in 2014.

- The **BHCP office has expanded** to a total of 40 staff, which includes 19 in the head office that comprises of the management and administration, and 21 in the field (i.e., the 19 district facilitators and two district facilitators coordinator).
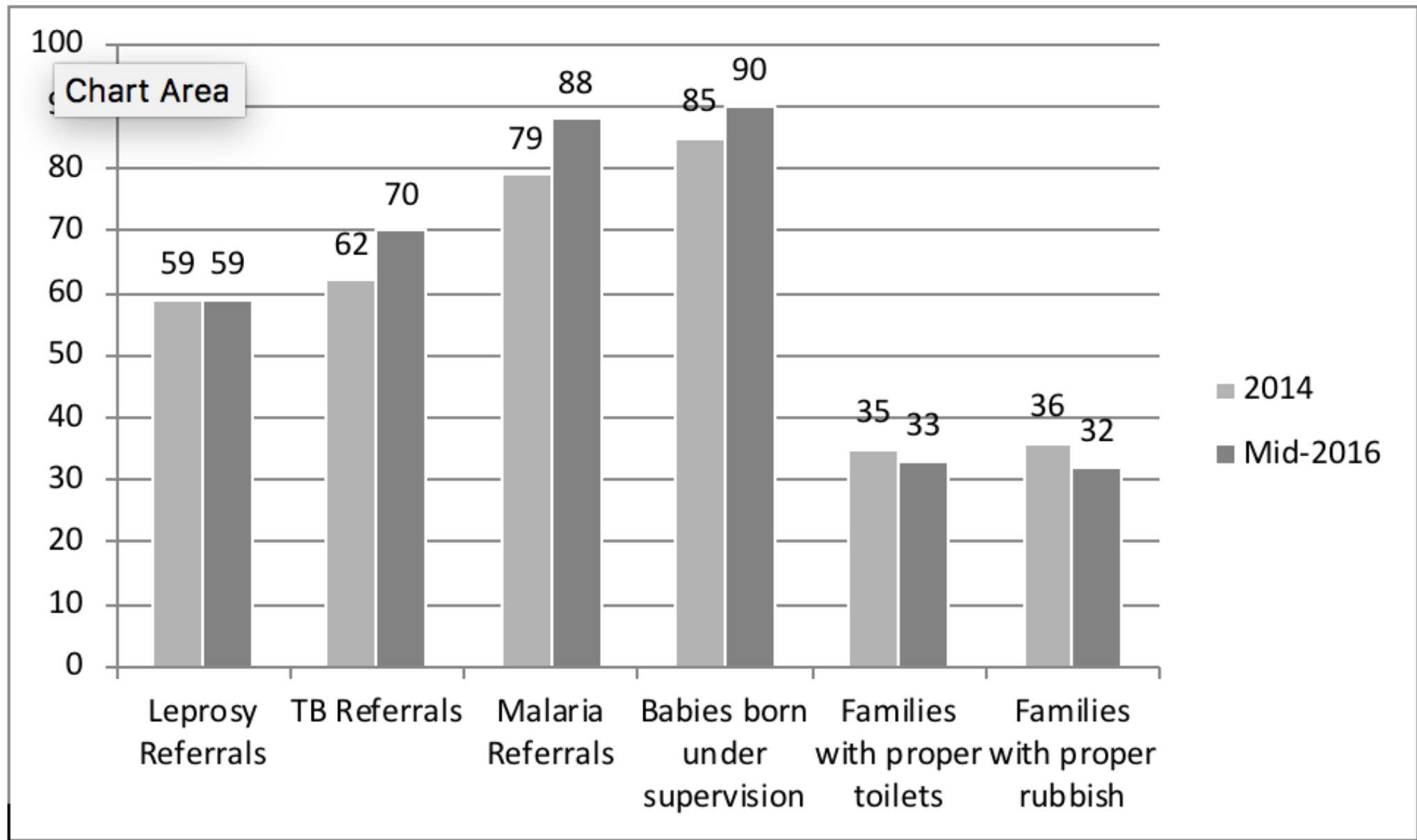
Figure 3: Outputs of the BHCP

Source: (ABG DOH, 2016)

Reasons for BHCP's Positive Outcomes

- At a time when PNG, and particularly Bougainville, faces **multiple political and socio-economic challenges** the success story of BHCP comes across as a silver lining.

- BHCP's success can be attributed to many factors.
  - The generous and **sustained donor support** towards the program is important.
  - BHCP had **good leaders and committed group of people** working towards a common goal.
  - The **integration of the formal and informal institutions** in the delivery of public health services—**"right mix" of institutions** is visible in the case of BHCP's successful outcome.

- Acting Secretary attributed the success of the program to the people, the government system and the communities themselves:

  Success of the program...I believe **people are very motivated**... Secondly, the people are convinced that the Health Department as a **part of the government system** is fully supporting it ...Third, the **communities feel that they have been empowered**, they have been recognized as a traditional system of government...And then we have a program that is much more **organized** so that people can actually deliver right down to the **village level**.

- Similarly, Program Director also stated that the success is because the :

  BHCP is **integrating at different levels**: at the policy making level, and at the community level, where integration is taking place at the VA [Village Authority] level. So the **ownership is at the village level**.

BHCP—Integrating Formal and Informal Institutions

Figure 2: Structure of the BHCP within the Overall System of Governance
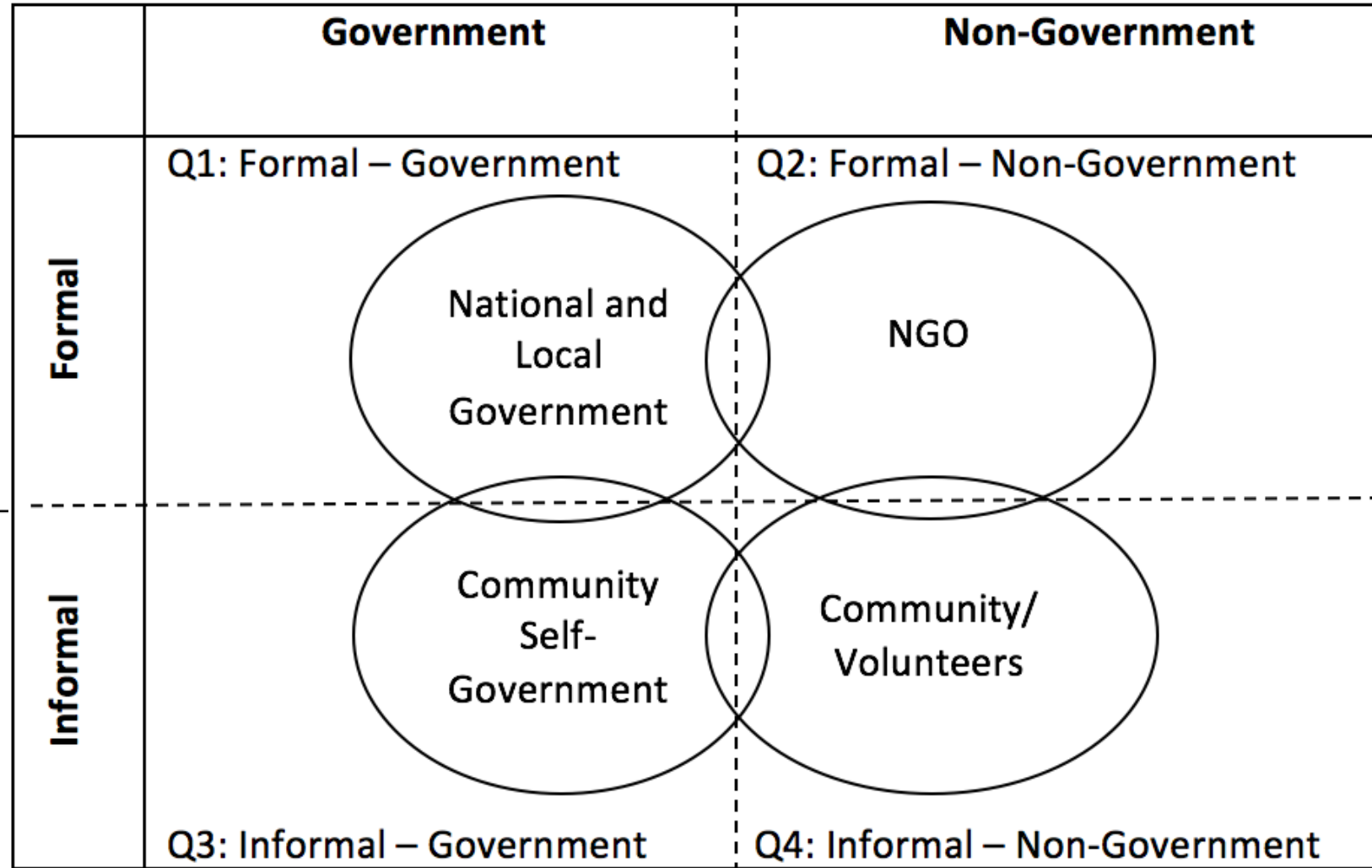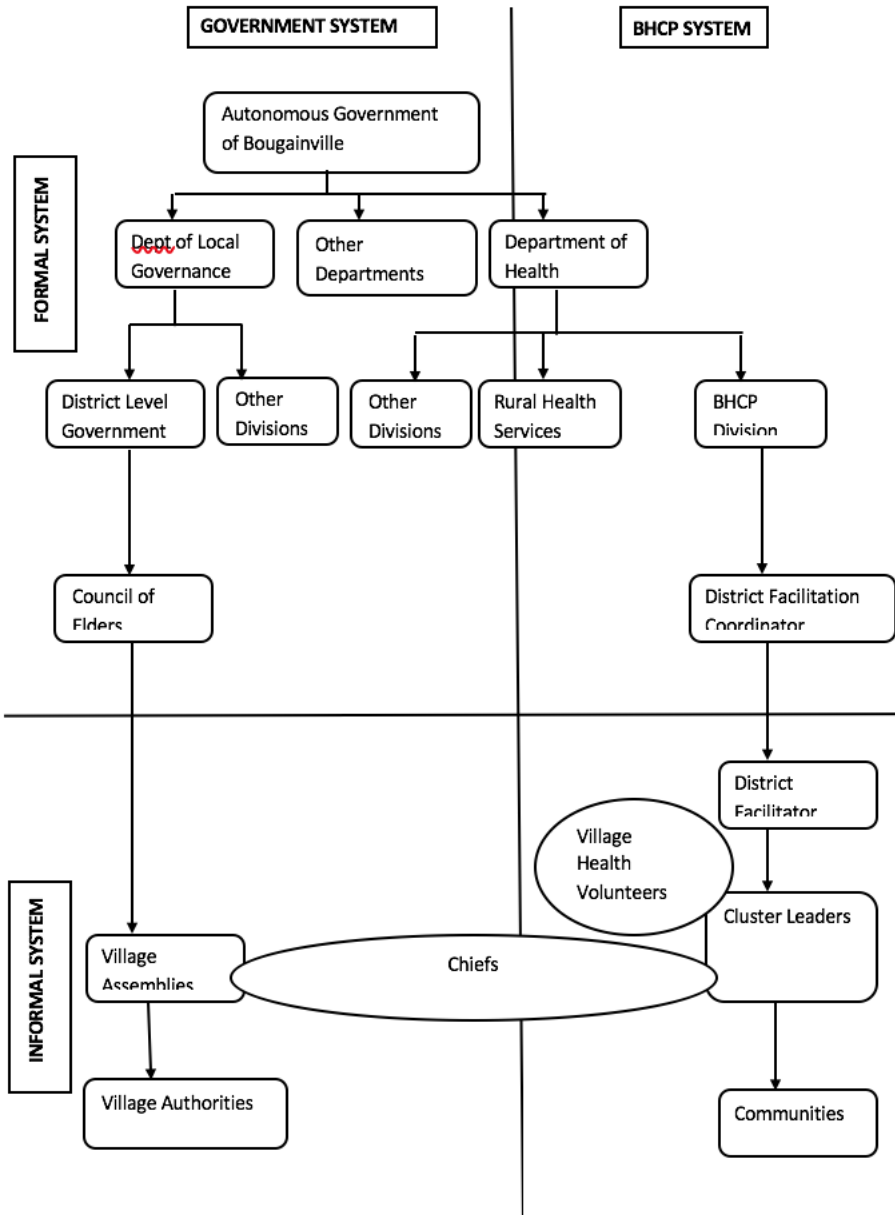
Figure 4: Framework for Formal and Informal Institutions—BHCP

Conclusion

- Informal and formal institutions are seen as operating independently, and **often formal institutions given preference over informal ones.**

- Rather than ask if institutions matter, the more critical question to ask is '**what matters more: formality or informality**' (Bratton 2007, 98)?

- As the notion of **government as a single decision making authority has widened to include multiple actors**, the divide between formal and informal institutions and actors begins to blur.

- The **overlap** between formal and informal institutions are sometimes **necessary to lead to positive outcomes**.

- This study was an example of such an overlap, which was based on a framework that integrated formal and informal institutions. It was useful in providing **an understanding** of the different **categories of institutions** and the **nature of their overlaps** in the case of BHCP.