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Effectiveness of Health Development Committee Meetings in Healthcare Administration: A Qualitative Analysis

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Abstract

Background: Health Development Committee (HDC) meetings in Sri Lanka are intended to drive key healthcare improvements through multi-stakeholder decision-making. Recent observations have raised concerns about declining meeting effectiveness, especially after a shift to virtual formats.

Objective: This study evaluated HDC meeting performance, identified procedural gaps, prioritized key issues, and proposed actionable improvements based on those findings.

Methods: A qualitative descriptive study was conducted using multiple data sources: desk review of HDC documents, direct observations of meetings, and key informant interviews. The study was conducted over a six-month period from 1 July 2023 to 31 December 2023. Thematic analysis was applied to identify recurrent codes, sub-codes, and overarching themes. Identified problems were then prioritized by urgency, impact, and feasibility through independent ratings.

Results: Six main themes emerged: follow-up and accountability gaps, time and agenda management issues, participant engagement challenges, attendance and representation shortfalls, virtual meeting difficulties, and meeting content limitations. Lack of proper follow-up on decisions was the most frequently cited problem. In total, 16 distinct sub-issues were documented. All codes, sub-codes, frequencies, and percentages were consolidated into a single table for clarity.

Conclusions: HDC meetings currently suffer from critical weaknesses in follow-up mechanisms, time management, participant engagement, and member participation. Addressing these deficiencies through structured decision tracking, better time allocation, improved accountability, and inclusion of external expertise is recommended to enhance HDC meeting effectiveness and ensure the committee fulfills its mandate.

Introduction

The Health Development Committee (HDC) is a multi-stakeholder forum within Sri Lanka's Ministry of Health, established to coordinate strategic decisions on pressing healthcare issues. Meetings are typically held bimonthly, chaired by the Director General of Health Services, and involve senior health administrators from the national ministry, provincial departments, hospital directors, and representatives of professional colleges. Through this broad representation, the HDC is meant to facilitate collaborative policy implementation and problem-solving across the health sector.

In recent years, concerns have grown that HDC meetings are losing their effectiveness. Notably, after the transition to virtual meetings during the COVID-19 pandemic, stakeholders observed several issues: weak follow-up on decisions, inadequate time management, uneven participant engagement, and inconsistent attendance. These shortcomings risk undermining the HDC's mandate of driving improvements in the health system. Inefficient meetings are not unique to the HDC – they are a well-recognized challenge in many organizations and can significantly hamper decision-making and productivity. Given the critical role of the HDC in health sector governance, a systematic assessment was conducted to pinpoint process gaps and propose solutions to revitalize the committee's performance.

Objective

This study thus aimed to evaluate the functioning of HDC meetings, identify key deficiencies contributing to inefficiency,

prioritize the issues based on their urgency and impact, and develop evidence-based recommendations to improve meeting outcomes and overall effectiveness.

Methods

A qualitative descriptive design was used to gain an in-depth understanding of HDC meeting processes. Multiple data sources and methods were used for triangulation:

- Desk review: Reviewed all available official HDC documents, including the Terms of Reference, past meeting agendas, minutes, and action logs from 2021–2023. This provided background on the intended functions of the HDC and a record of decisions and follow-up actions.
- Direct observations: Non-participant observations of HDC meetings (both physical and virtual) were conducted using structured checklists. The checklist captured key process indicators such as attendance and punctuality, adherence to the agenda, quality of discussions, clarity of decision-making, and documentation of post-meeting action items. These observations enabled to witness meeting dynamics and procedures in real time.
- Key informant interviews: semi-structured interviews were carried out with four members of the HDC secretariat (including the Director of Organizational Development, two medical officers, and one administrative officer). The interviews explored participants' perceptions of current meeting effectiveness, barriers hindering success, and suggestions for improvement. Informed verbal consent was obtained from all interviewees, and each interview was approximately 30–45 minutes.

All qualitative data were transcribed and then subjected to thematic analysis following Braun and Clarke's framework [1]. Initially, performed an open coding of the transcripts and documents, iteratively grouping similar codes into sub-codes, broader categories, and finally into overarching themes. NVivo 12 software was used to organize the coding process and assist in identifying patterns.

To prioritize the identified problems, five external reviewers were engaged (not involved in data collection) to independently rate each issue on three criteria: urgency, impact, and feasibility of addressing the issue. Each criterion was scored on a 5-point scale for every problem. Then calculated total scores for each issue (summing the three criteria scores), which allowed us to rank the problems in order of priority. High-priority issues were those scoring highly on urgency and impact, tempered by reasonable feasibility for intervention.

As this assessment was conducted as an internal quality improvement exercise within the Ministry of Health, formal ethical clearance was not required. However, measures were taken to maintain the confidentiality of respondents, and the purpose of the study was explained with assurance that findings would be used to improve HDC functioning.

Results

Identified Themes and Issues

The analysis revealed six overarching themes affecting the effectiveness of HDC meetings, encompassing a total of 16 distinct sub-issues (sub-codes). These themes were: *(1) Follow-up and Accountability gaps, (2) Time and Agenda Management issues, (3) Participant Engagement and Meeting Dynamics problems, (4) Attendance and Representation shortfalls, (5) Virtual Meeting Challenges, and (6) Meeting Content and Expertise limitations*.

Table 1 presents all the themes with their associated sub-codes, along with the frequency each sub-issue was mentioned and its percentage out of all recorded issue mentions.

Follow-up and accountability deficiencies were the most frequently cited problems overall. Within this theme, the lack of assessment of decisions from previous meetings ("decisions not assessed") was noted 5 times, making it the single most recurrent sub-issue. Participants highlighted that often decisions taken in HDC meetings are not reviewed or tracked in subsequent meetings, leading to poor implementation. Additionally, unclear assignment of responsibilities and members being unprepared to report back on progress contributed to weak follow-up. These issues indicate a significant gap in accountability for translating decisions into action.

Time and agenda management problems were also prominent. In several instances, important agenda items did not receive sufficient time for discussion, and meetings sometimes ran overtime without reaching

Theme	Sub-Code	Frequency (n)	Percentage (%)
Follow-up and Accountability	Decisions not assessed (no review of past decisions)	5	9.6%
	No post-meeting feedback mechanism	2	3.8%
	Proceedings not properly summarized	2	3.8%
	Members are unprepared to report back	3	5.8%
	Unclear responsibilities for action items	3	5.8%
Time and Agenda Management	Inadequate time allocation for agenda items	4	7.7%
	Meetings exceeding the scheduled time	2	3.8%
Participant Engagement and Meeting Dynamics	Few members dominate discussions	2	3.8%
	Quiet members discouraged from speaking	1	1.9%
	Unconstructive arguing	2	3.8%
Attendance and Representation	Member absenteeism without notice	2	3.8%
	No replacement sent for absent members	2	3.8%
Virtual Meeting Challenges	Reduced interaction in virtual meetings	2	3.8%
	Participants disengaging during virtual sessions	1	1.9%
Meeting Content and Expertise	No outside experts invited (limited expertise)	2	3.8%
	Discussion on unimportant matters	3	5.8%

conclusions. Specifically, inadequate time allocation for critical topics (raised 4 times) led to rushed deliberations, and occasionally, meetings extended beyond their scheduled duration. These practices not only frustrate attendees but also result in superficial treatment of complex issues.

Issues related to **participant engagement and meeting dynamics** emerged as another theme. It was observed that a few outspoken members tended to dominate discussions, while other participants remained relatively silent. This imbalance (noted in 2 instances) can stifle the diversity of input. In one case, it was mentioned that some quieter members were implicitly discouraged from speaking up, and there were also reports of occasional nonconstructive arguments or debates that veered off-topic. Such dynamics can erode the collaborative spirit of the committee and prevent valuable insights from being heard.

Persistent **attendance and representation shortfalls** were identified as well. Key members (or their alternates) were frequently absent without prior notice (2 instances), and in those cases, no replacement representatives attended on their behalf. This meant that certain organizations or departments had no voice in some discussions. Inconsistent attendance undermines the multi-stakeholder purpose of the HDC, as the perspectives of absent stakeholders are lost, and decisions may be made without full consensus or needed information.

Shifting to **virtual meeting challenges**, the transition to online meetings during the pandemic introduced new difficulties. Although virtual platforms allowed continuity of meetings, they were associated with reduced interaction and engagement. Participants reported that dialogue in virtual HDC sessions was less spontaneous, with fewer side discussions or clarifications. Some members appeared disengaged or multitasking during online meetings. The data show 2 mentions of reduced interaction in virtual meetings and instances of participants completely disengaging when remote. These findings echo broader observations that virtual meetings tend to be less engaging than in-person meetings.

Finally, limitations in **meeting content and expertise** were noted. On a few occasions, HDC discussions included topics that were not of high priority ("discussion on unimportant matters" was mentioned 3 times), potentially diverting time from more pressing issues. Moreover, the committee did not regularly bring in external experts or resource persons to inform discussions on specialized topics. The absence of outside experts (noted 2 times) meant that deliberations sometimes lacked depth or the latest evidence, especially on technical matters. This gap in expertise can limit the quality of the decisions or recommendations formulated by the committee.

Priority Issues

When considering the urgency, impact, and feasibility ratings, lack of proper follow-up on decisions emerged as the top-priority issue to address (it scored highest across the three criteria in the prioritization exercise). This was followed by a cluster of issues in time management and participant engagement, which were also deemed urgent and impactful but slightly less so than follow-up mechanisms. Attendance issues and meeting content/expertise problems, while still important, were ranked somewhat lower in priority, largely because their resolution was seen as more straightforward or having slightly less immediate impact than the top issues.

It is noteworthy that the highest priority problems identified (decision follow-up, time management, and engagement) cut across multiple themes, indicating that improving HDC meeting effectiveness will require a multifaceted approach rather than a single intervention. In the next section, we discuss these findings in light of existing literature on effective meetings and provide targeted recommendations for improvement.

Discussion

This qualitative assessment identified several major gaps that have been undermining the effectiveness of HDC meetings. Chief among these was the lack of a structured follow-up process for decisions made during meetings. Decisions were often not revisited or formally tracked, which is consistent with organizational studies emphasizing that, without an action review or tracking mechanism, meeting decisions tend to have little real-world impact. [2]

In other contexts, effective committees ensure that each decision is assigned to someone and reviewed at subsequent meetings. The HDC's current follow-up gap means accountability is weak – participants are not consistently asked to report on progress, resulting in repetitive

discussions on the same problems and slow implementation of solutions.

Poor time management and inadequate agenda prioritization were another notable set of problems. When meetings consistently run short on time or go overtime, important issues either get rushed or deferred. Prior research on meeting effectiveness shows that overloaded or unprioritized agendas can significantly diminish decision-making quality. [3] In the HDC, some critical topics did not get the attention they required due to time constraints, while less important discussions sometimes ate into the schedule. Implementing better time budgeting (for example, strictly allocating time slots to each agenda item and enforcing those limits) and ensuring the most critical items are addressed first would likely improve the efficiency of these meetings.

Issues of participant engagement and meeting dynamics observed in HDC sessions are also supported by the literature on group decision-making. When a few individuals dominate the conversation and others remain passive, the collective intelligence of the group suffers. Encouraging broader participation is essential – techniques could include round-robin updates, directed questions to quieter members, or setting ground rules that limit how long one person can speak at a time. [4]. Such steps can prevent any single voice from overpowering the discussion and help draw in contributions from all members. Training the meeting chair to gently redirect or invite input from those who haven't spoken might also counteract the dominance effect. Establishing norms for respectful dialogue could further address the instances of unconstructive arguing that were reported, keeping the debate productive.

Attendance and representation shortfalls at HDC meetings present a practical barrier to the committee's mandate. Since the HDC meeting is designed to bring together stakeholders from various sectors, each absence means a perspective is missing. Frequent absenteeism (especially without sending an alternate delegate) not only reduces quorum but can delay decisions and follow-up if the responsible parties are not present. Ensuring that member organizations treat HDC meetings as a priority is crucial. This could involve formally reminding institutions of their obligation to send representatives, and perhaps introducing an accountability mechanism – for example, noting absences in the minutes or requiring a briefing for anyone who misses a meeting. Reinforcing the expectation that an alternate must be sent if the primary representative is unavailable would help maintain consistent representation. Consistency in attendance is a foundational requirement for multi-stakeholder committees to function effectively.

The challenges associated with virtual meetings observed in this study reflect what many organizations experienced during the COVID-19 era. Virtual platforms can limit natural interaction and make it easier for participants to become disengaged (for instance, by multitasking or staying muted with video off). [5] A recent industry study confirmed that virtual meetings often feel less engaging and require more effort from attendees to remain focused. For the HDC, which relies on active discussion, the virtual format may need to be optimized or supplemented by in-person sessions. Possible strategies include requiring video to be turned on to increase accountability, using interactive elements (like polls or directed questions) to keep participants involved, and periodically reminding attendees of discussion etiquette in a virtual setting. The HDC Secretariat might also consider alternating virtual meetings with physical meetings (when safe and feasible) to rebuild some of the lost engagement and personal connection.

Finally, limitations in meeting content and expertise suggest that the HDC could benefit from widening its informational resources. In complex health policy discussions, having the right expertise in the room is key to making well-informed decisions. If HDC members are generalists or administrators, they might not always have specialized knowledge on every agenda topic. The absence of invited expert presentations or external resource persons was identified as a gap. Inviting subject matter experts (for example, public health specialists, economists, or technical consultants) to present or advise on specific issues could enrich the discussion and ensure decisions are based on the best available evidence. Similarly, keeping the meeting focused on high-priority topics is important – time spent on peripheral issues was essentially a lost opportunity. A more rigorous screening of agenda items by the Secretariat or chair (possibly requiring a justification for how each item aligns with strategic priorities) could help keep the content relevant.

Overall, the patterns of problems observed in HDC meetings align with known best practices and principles for effective committee meetings. Effective meetings

require clear goals, inclusive participation, diligent follow-up, and time-conscious facilitation. [6] The HDC's weaknesses essentially represent the absence of these elements. On a positive note, each of the identified issues is addressable through administrative and procedural changes. In similar contexts, relatively straightforward interventions – such as adopting a tracking system for decisions, enforcing meeting ground rules, and improving preparation – have led to substantial improvements in meeting productivity. In the next section, we provide specific recommendations tailored to the HDC's situation, prioritized by the urgency and impact of the issue they target.

Conclusion

The Health Development Committee meetings are currently hindered by several interrelated deficiencies in process and structure, notably in decision follow-up, time management, participant engagement, and consistent stakeholder participation. These weaknesses reduce the committee's effectiveness and threaten to erode its credibility as a platform for coordinated health sector governance. However, all the gaps identified in this study are amenable to improvement through targeted administrative reforms. By instituting better follow-up mechanisms, strengthening meeting management practices, and fostering greater accountability among members, the HDC can significantly enhance its performance. Addressing these issues is essential to restore the HDC's effectiveness and ensure that it fulfils its mandate of driving strategic improvements in Sri Lanka's health system.

Recommendations

Based on the study findings, we propose the following prioritized recommendations to improve the effectiveness of HDC meetings:

1. Establish a formal decision-tracking system: Develop a mechanism to document each decision or action item along with the responsible person and a timeline, and review the status of previous decisions at the start of each subsequent meeting. This will enforce follow-up and accountability for agreed actions.

2. Improve agenda planning and time management: Either extend the duration of HDC meetings or increase their frequency (e.g. monthly instead of bimonthly) to ensure adequate time for all critical topics. Strictly enforce time allocations for each agenda item and train the meeting chair to keep discussions focused and on schedule.

3. Reinforce attendance protocols: Issue formal instructions that member organizations must treat HDC meetings as a high priority. If a primary member cannot attend, an informed alternate must be sent. Keep an attendance log and consider addressing frequent absenteeism by communicating with the heads of the respective organizations.

4. Foster inclusive participation: Institute ground rules or norms that encourage equitable participation (for instance, limiting how long one person can speak at once, or explicitly inviting input from those who haven't spoken). The chair should be empowered to manage dominant voices and draw out quieter members, creating a more balanced dialogue.

5. Optimize virtual meeting engagement: When meetings are held virtually, require video participation and use interactive tools to maintain attention. Provide brief orientations or guidelines for virtual etiquette. If possible, adopt a hybrid meeting model or periodically return to in-person meetings to rebuild engagement and networking among members.

6. Leverage external expertise with safeguards: Establish a structured process to identify when external expertise is essential for specific agenda items and invite relevant experts or resource persons to selected HDC meetings. To preserve confidentiality, such participation should be limited to non-sensitive topics or occur in separate sessions, ensuring that core committee discussions remain protected. External input can enrich deliberations with specialised knowledge and support better-informed decision-making.

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