Indicators for Monitoring Health System Governance

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HDNHE

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Governance (good or bad) is a concept that cannot be observed directly.

Need to operationalize to show links with efficiency and effectiveness of governments, fairness, responsiveness, health outcomes, etc.

Approach of a recent interagency group used two broad type of governance indicators (following Kaufmann and Kraay, 2008):

- Rules-based indicators
- Outcome-based indicators
Rules-based Indicators

- Measure whether countries have appropriate policies, strategies, and codified approaches for stewardship of the health sector

- Examples:
  - Existence of national health strategy linked to national needs and priorities
  - Existence of appropriate strategies to combat specific diseases
  - Existence of mechanisms, such as surveys, to obtain client input on timely and effective access to health services
  - Existence of regularly updated and disseminated national essential medicine list

- Issue: links with implementation often weak
Outcome-based Indicators

- Measure whether rules and procedures are effectively implemented or enforced, based on the experience of relevant stakeholders
- Usually intermediate outcomes at provider level, not health outcomes
- Examples
  - Availability of priority health interventions, such as basic health services like immunizations, pregnancy services, communicable disease control
  - Prevalence of informal payments to obtain services
  - Absenteeism of health workers
  - Availability of drugs in health facilities
- Issue: capture narrow facets; less comparable across countries; measurement
From Rules to Outcomes to Health Impact

- Policies, Strategies, Plans
- Intermediate outcomes at provider level
- Health outcomes, other household outcomes

- Implementation, regulation, budgeting, enforcement, information
- Effectiveness, cost of medical services; Use of services
Interagency Group on Health Systems Indicators

- Bank participated in process to develop indicators for six components of health systems
  - human resources
  - financing
  - service delivery
  - information systems
  - medical products
  - governance
- "Toolkit" on WHO website
- Governance indicators are cross-cutting across the five other components
Challenge: how to capture broad concept of governance in health service delivery with a small number of indicators?

- Link with outcomes
- Link with policy, inputs, activities
- Available, or at least measureable

- Rules-based indicator: Policy index

- Outcome-based indicator: Marker indicators

- CPIA for Health: Overall index
## Rules-based Indicator: Policy Index

<table>
<thead>
<tr>
<th>Components</th>
<th>Indicators</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Index</td>
<td>1. Existence of up-to-date national health strategy linked to national needs and priorities</td>
<td>• National health policy</td>
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<td>2. Existence of an essential medicines list updated within the last five years and disseminated annually:</td>
<td>• Pharmaceutical policies with norms for treatment protocols, procurement, etc.</td>
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<td>3. Existence of policies on drug procurement which specify: (i) procurement of the most cost-effective drugs in the right quantities; and (ii) open, competitive bidding of suppliers of quality products.</td>
<td>• National pharmaceutical assessments</td>
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<td>4. TB: Existence of a national strategic plan for TB which reflects the six principal components of the Stop TB Strategy as outlined in the Global Plan to Stop TB 2006–2015</td>
<td>• Partnerships and UN Agencies (Stop TB, RBM, UNAIDS, WHO, UNFPA)</td>
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<td></td>
<td>5. Malaria: Existence of a national malaria strategy/policy which includes drug efficacy monitoring, vector control, and insecticide resistance monitoring</td>
<td>• Facility surveys to monitor availability of essential medicines available at health facilities</td>
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<td></td>
<td>6. HIV/AIDS: Completion of the UNGASS National Composite Policy Index Questionnaire for HIV/AIDS</td>
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## Existence of Medicines Policy

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<tbody>
<tr>
<td></td>
<td># Reporting</td>
<td>%</td>
<td>Target</td>
</tr>
<tr>
<td>Countries with an official national medicines policy document - new or updated within the last 10 years</td>
<td>67/152</td>
<td>44%</td>
<td>55%</td>
</tr>
<tr>
<td>Countries with national list of essential medicines updated within the last 5 years</td>
<td>129/175</td>
<td>74%</td>
<td>75%</td>
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</tbody>
</table>

Assessing Policies

- Based on review of policy documents, health strategies, action plans, etc.
- Assessed against recommended policies:
  - TB - Six components of Stop TB Strategy of Global Plan 2006-15
  - Malaria - Inclusion of four basic elements of Global Malaria Control Strategy
  - HIV/AIDS - Completion of UNGAS National Composite Policy Questionnaire
  - Maternal health - Existence of RH policy consistent with ICPD Action Plan
- Ten components - max. "score" of 10
Outcome-based: Six Marker Indicators

- Many potential indicators of health governance within components of health systems - covering narrow areas
- Six "marker indicators" reflect stewardship of health system components - selected on perceived relevance and availability, relating to:
  - Human resources for health
  - Health financing
  - Service delivery
  - Pharmaceutical regulation
  - Voice and accountability
Marker indicators

- HRH: health worker absenteeism in public health facilities
- Health financing: proportion of government funds which reach district-level facilities
- Health service delivery: stock-out rates of essential drugs in health facilities
- Health service delivery: prevalence of informal payments for public health services
- Pharmaceuticals: proportion of pharmaceutical sales that consists of counterfeit drugs
- Voice and accountability: existence of effective civil society organizations in countries enabling citizens to express views to government bodies
Health worker absenteeism

Figure 1. Health Worker Absenteeism

Note: Data reflects an over-estimate of “unexcused” absenteeism, as information is based on whether providers could be found in the facility for any reason, at the time of a random, unannounced spot check. Source: Lewis, 2006.
Proportion of government funds that reach district-level facilities

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>% Reaching Local Levels</th>
<th>Expenditure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>2000</td>
<td>20%</td>
<td>Non-salary budget</td>
</tr>
<tr>
<td>Peru</td>
<td>2001</td>
<td>29%</td>
<td>“Glass of Milk” program</td>
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<tr>
<td>Tanzania</td>
<td>1999</td>
<td>60%</td>
<td>Non-salary budget</td>
</tr>
<tr>
<td>Uganda</td>
<td>2000</td>
<td>30%</td>
<td>Drugs and supplies</td>
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Data sources for Marker Indicators

- Health facility surveys (DHS: Service Provision Assessment; WHO: Service Availability Mapping)-
  - *Attend session during HD Learning Week!*
- Health financing: national health accounts (NHA), public expenditure tracking surveys (PETS); public expenditure reviews (PERs)
- Household surveys (DHS, MICS, others: responsiveness, quality, access)
- Special surveys, industry data on counterfeit drugs
- Future data collection effort: World Health System Survey Program
Health CPIA as overall Index

CPIA Health (9a) Scores (2006)

Country

Score (1.0-6.0)

Cambodia

Burkina Faso

Kenya

Tanzania

Ghana

Zambia
Conclusions

- Work of interagency group is a first step of health agencies to define and use governance indicators

- A lot of work remains to be done:
  - Need better conceptual structure to identify most relevant indicators at different levels
  - Need more evidence for impact of selected indicators on quality, cost, effectiveness of service delivery
  - Need to expand data collection through facility surveys, PETS, new instruments, existing systems