




Better Health Governance, Better Health Systems - The Evidence

Workshop
November 14 -15, 2017



Accountability, Health Governance, and Health Systems

Overview and Implications

Thematic Working Group Summary
November 14, 2017

Acknowledgements

The authors thank the members of the Marshalling the Evidence Secretariat for their guidance; the accountability thematic working group for its input on framing the investigation, suggestions on key informants, and comments on earlier drafts; and our key informants for taking the time to share their perspectives and suggestions for additional research studies to consult. We thank USAID and WHO for their support to this analytic exercise. The views expressed in this report are solely those of the authors and should not be attributed to the funders.

Process: Evidence Review

- Literature review of publications and reports on accountability
- Health sector primarily, though not exclusively
- Low-income and lower middle income
- Emphasis on empirical studies—both quantitative and qualitative
- Focused on past 10-15 years

Process: Key Informants

- 19 key informants: academics, donor staff, country health officials, NGO staff
- Selected on TWG's recommendations for knowledge and experience with accountability and health
- Interview questions on
 - evidence of the impacts of accountability interventions,
 - lessons learned from practical application or analysis,
 - contextual factors influencing successful accountability efforts,
 - knowledge gaps
- Informants also suggested relevant literature
- Tremendously valuable nuance for review

Findings: What We Know

- Findings organized into 3 categories (Democratic, Performance, Financial)
- Further divided by 2 directions of accountability (Vertical, Horizontal)
- Evidence base uneven, some categories less studied or only 1-2 interventions studied

Findings: What We Know

- Accountability interventions matter considerably to health governance
- Under the right conditions, improvements in accountability and health found from
 - increasing access to information,
 - social accountability efforts such as citizen score-cards or user committees,
 - increasing effective reporting on health,
 - pay-for-performance financing,
 - financial audits

Findings: What We Know

- Extent and nature of impacts depend greatly on *how* interventions are carried out



Findings: What We Know

- Most often effective when
 - multiple techniques used together
 - overall effort tailored to fit social and institutional context
 - local dialogue fostered through interventions
 - long enough time period to move from answerability to sanctions

Implications: Using Knowledge

- Accountability interventions belong in the toolkit
- Apply structured look at macro context (political settlements, national ideologies, state-society relations, perceived equality)
- Pay particular attention to power dynamics
- Characteristics of health service also shape frontiers of accountability

Implications: Using Knowledge

- Health system actors are enmeshed in wider webs of relationships and identities
- Identify interlocutors to catalyze collective action
- Strategic action not tactical change; set longer time horizons
- “Sandwich strategies” and coordinated pressure

Implications: Using Knowledge

- Consider accountability through multiple frames
 - Principal-agent
 - Collective action
 - Institutionalist
- Accountability as social construction - iterate and learn about fit
- Purpose in catalyzing accountability for health may differ from purposes of accountability actors

Sharing Knowledge

- Combine techniques spanning horizontal and vertical accountability
- Describe context as per literature as part of program planning
- Build dialogue and iteration into accountability interventions

Sharing Knowledge

- Use “new” terms (e.g. political settlements, vertical/horizontal) until normal
- Document, research and publish accountability results, including around fit to context

Marshalling the Evidence for Health Governance: Public Financial Management

PFM Thematic Working Group

Hélène Barroy, WHO, co-chair

Karima Saleh, World Bank, co-chair

Eunice Heredia-Ortiz, DAI

Catherine Connor, HFG, Secretariat representative

Annie Baldrige and Elizabeth Elfman,

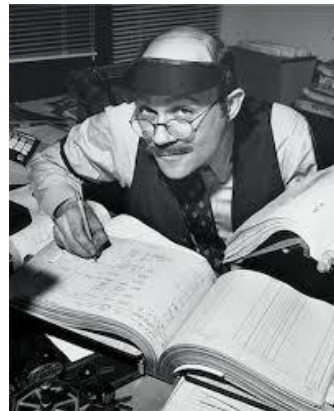
HFG, Lead Authors

Catherine Connor
November 14, 2017

Better Health Governance. Better Health System. The Evidence

Evidence on Public Financial Management Interventions

1. Why do we care?
2. What do we know?
3. How can this knowledge be used?



Better Health Governance. Better Health System. The Evidence 16

1. Why do we care about PFM?

- Counterfeit drugs market is US\$75 billion worldwide¹
- Ghost workers: 1.5% of public health workers in Uganda²
- Leakage of non-salary recurrent expenditures in Ghana 80%, Uganda 70% (2000 PETS)
- Widespread informal payments, can be 5-10 times greater than formal salary (Cambodia, Barber et al 2004, Bangladesh, Killingsworth et al 1999;)

1. Cockburn R et al. The global threat of counterfeit drugs: why industry and governments must communicate the dangers. PLoS Medicine, 2005,2:e100- doi:10.1371/journal.pmed.0020100 PMID:15755195
 2. Fiscal Space for Health in Uganda. Okwero, Peter et al. World Bank 2010

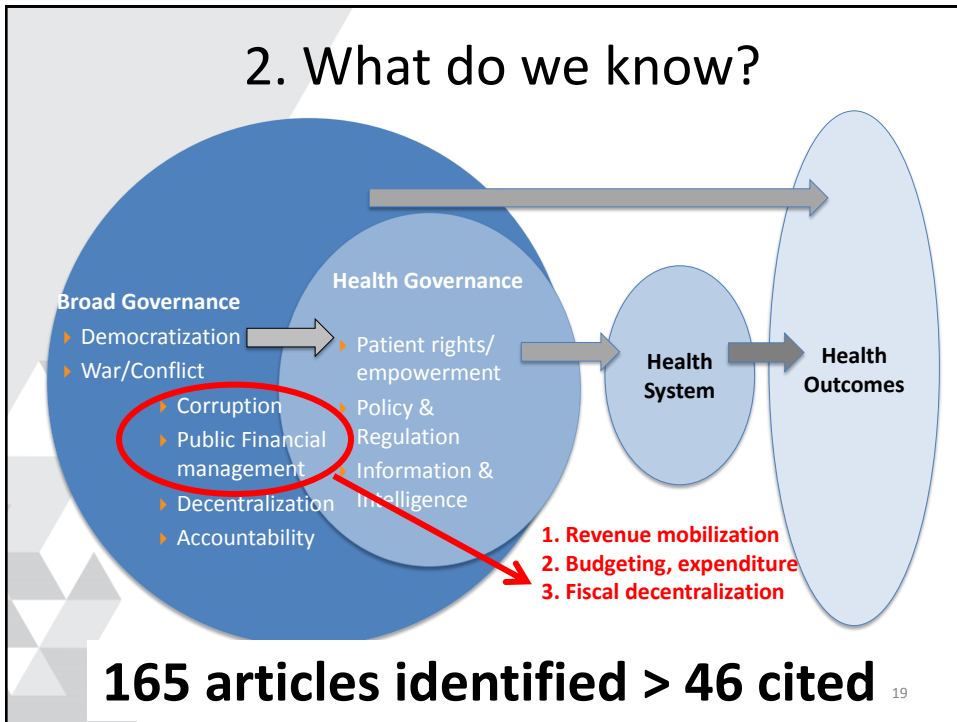
1. Why do we care about PFM?

Much room for improvement for African governments to be open and transparent about what they spend on health.

Africa Health Budget Network Transparency Scorecard



2. What do we know?



2.Evidence of PFM impact on health system

- **Pro-poor revenue mobilization** associated with increased health spending (\$10 for every \$100)
- **Earmarks** (taxes, fees, budget) increase government funds for health, but MoFs don't like the loss of flexibility
- **Gender responsive budgeting** for healthier children, labor productivity
- **e-procurement** reduces the prices of drugs and other health commodities

2. Mixed Evidence of PFM impact *depends on context, capacity, how implemented*

- **Program based budgets** can align budget with health priorities
- **Medium-term Expenditure Frameworks** can improve budget execution
- **Removal of user fees** can improve financial protection
- **Formalization of user fees** can increase funding at point of service
- New **provider payment methods** can improve efficiency and quality
- **Decentralization** can improve health service delivery, if there is central direction

2. No studies found on the impact of these PFM interventions

- **Budget costing, investment cases** to justify/advocate increase government spending on health
- **Integrated Financial Management Information Systems** (electronic transactions) and **cash management** to improve efficiency of health spending/budget execution
- **Accountability methods:** Internal controls; fiscal transparency; external audit/oversight

3. How can this knowledge be used? *To increase the efficiency of health spending*

- MoH data audit led to removal of 670 ghost workers in Haiti
- Country interest in PFM to improve technical efficiency



Haitian health professionals completing questionnaire at Hôpital Immaculé Conception des Cayes



Better

<https://www.hfgproject.org/health-workforce-data-audits-lead-improvements-human-resources-health-haiti/>

3. How can this knowledge be used? *More health for the money in Guatemala*

Doctors and Medical Students Protest Health Crisis in Guatemala

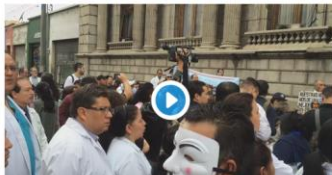
Published 23 November 2015

0 Comments

Demonstrators demanded the government allocate urgently needed resources to Guatemala's crippled health system amid a public health crisis.

Health professionals, students, and relatives of medical patients marched on Guatemala's Presidential Palace in Guatemala City on Monday to protest the country's dire public health crisis and demand authorities pay attention to the ailing health system, local media reported.

Medical students launched the march from Guatemala City's Metropolitan University Center before gathering with doctors, other health professionals, and the families of medical patients at the San Juan de Dios General Hospital, the largest and one of the most important public hospitals in the country.



Protesters then took to the National Congress before marching on the Presidential

Guatemala Health Minister Resigns over Ongoing Crisis

Recently operated transplant patients protest in front of the San Juan de Dios hospital in Guatemala to demand medical attention, Nov. 23, 2015. Photo: © San Juan de Dios hospital in Guatemala to demand medical attention, Nov. 23, 2015.

Published 21 July 2016

0 Comments



A multi-million dollar corruption scandal rocked Guatemala's Social Security Institute last year, fueling anger over problems in the public health system.

One of the worst crises in Guatemala's public health system has forced Health Minister Alfonso Cabrera to resign just seven months after being appointed to the post by President Jimmy Morales.

RELATED: Guatemala Says Public Its Hospitals Are an 'Absolute Disaster'

Cabrera signed his letter of resignation Tuesday, according to his spokesperson Edgar Arana, and is waiting for Morales to accept. Arana reported that Cabrera cited personal motivations for his resignation in the letter, but the minister said in Congress last week that he was planning to step down if the health system crisis could not be resolved.

Better Health Governance. Better Health System. The Evidence 24

3. More health for the money in Guatemala

GUATECOMPRAS
Sistema de Adquisiciones y Contrataciones del Estado de Guatemala

Bienvenido al servidor 1

AVISO IMPORTANTE:
De conformidad con el subnumeral 6.4 de las Bases del Concurso Nacional de Oferta de Precios DNCAE No. 07-2017 para el suministro y adquisición de "PRODUCTOS MEDICINALES Y FARMACÉUTICOS PAQUETE 2", requerido por el Ministerio de Salud Pública y Asistencia Social, con Número de Operación Guatecompras 6554679, la Dirección Normativa de Contrataciones y Adquisiciones del Estado invita al público en general a participar como observador al acto público de apertura de pliegos de dicho concurso, el cual se llevará a cabo el 23 de noviembre de 2017, a las 10:00 horas, en el nivel 9 del Edificio del Ministerio de Finanzas Públicas.

Bienvenido a GUATECOMPRAS

Concursos Publicados

Concursos Categoría	Vigentes			Adjudicados
	Hoy	Últimos 7 días	Todos	Hoy
Alimentos y semillas	2	27	83	4
Computación y telecomunicaciones	13	126	173	10
Construcción y materiales afines	5	232	439	12
Electricidad y aire acondicionado	2	122	152	3
Limpieza, fumigación y artículos afines	22	106	119	3
Muebles y mobiliario de oficina	8	87	102	3
Papejería y artículos de librería	2	52	59	4
Publicidad, campañas y vallas	1	15	21	1
Salud e insumos hospitalarios	46	350	472	64
Seguridad y armamento	1	13	24	
Seguros, fianzas y servicios bancarios		2	11	1
Textiles, ropa y calzado		37	45	8
Transporte, repuestos y combustibles	3	102	153	2
Otros tipos de bienes o servicios	46	625	859	32
Todos	77	1266	1810	121

Eunice Heredia-Ortiz, DAI

Uses and Institutionalization of Knowledge for Health Policy in Low- and Middle-income Countries

Thematic Working Group Summary
November 14, 2017

Acknowledgements



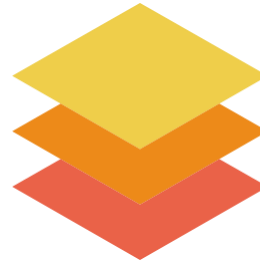
- Jodi Charles (co-chair)
- Sara Bennett (co-chair)
- Maryam Bigdelli
- Chigozie Jesse Uneke
- Fadi El-Jardali
- Walter Flores
- Lauren Windmeyer
- Adam Koon (presenter)

Research Question

***What** types of knowledge are used for health policymaking, by **whom**, and **how** is this process institutionalized?*

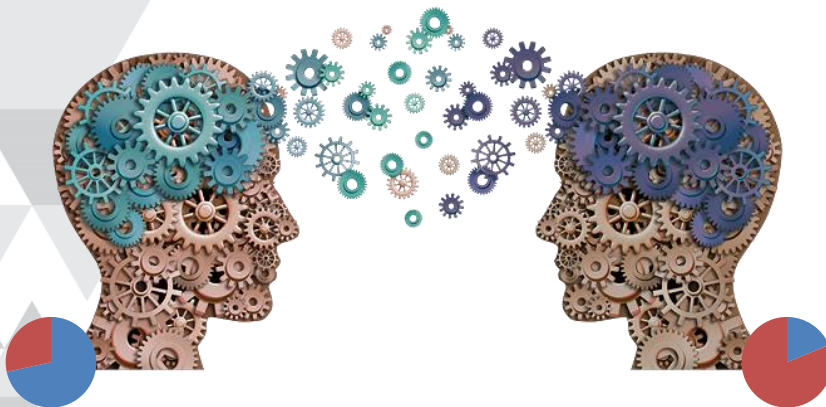


General Trends



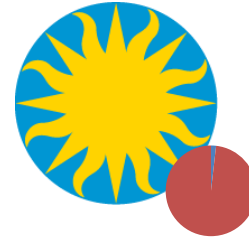
What types of Knowledge are used?

Empirical Research vs. Technical knowledge



Who uses knowledge?

Avg = 3.67



How is knowledge use Institutionalized?

Regulative

Normative

Cultural-cognitive



NICE National Institute for Health and Care Excellence

Health System Performance

45% (n=24) through establishment of guidelines, provision of care, organizational development

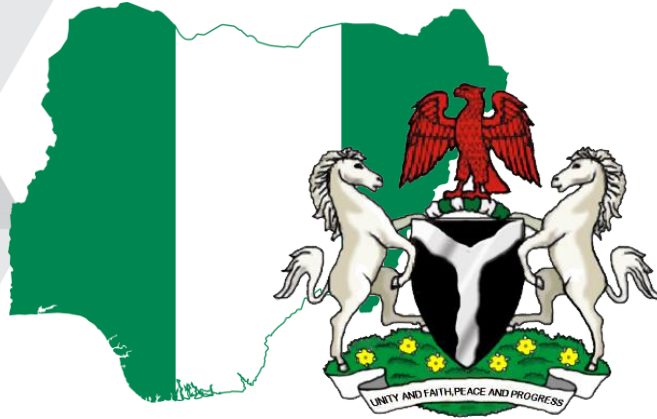


Health Impacts



Only 7 articles that illustrated impacts and influence of knowledge use is debatable

Experience



Better Health Governance. Better Health System. The Evidence 35

Do better laws and regulations promote universal health coverage?

TWG 3: Policy and Regulation

Shree Prabhakaran and Arin Dutta

Better Health Governance. Better Health System. The Evidence 36

Acknowledgements

Authors

- Shreeshant Prabhakaran, Arin Dutta, Akshar Saxena, Kelsee Stromberg, David Clarke, Suneeta Sharma

TWG members – for their guidance and input

Key informants – for their invaluable insights

- Michael Fraser, Lucy Gilson, Benjamin Meier, Stephen Muchiri, Gorik Ooms, Viroj Tangcharoensathien, Hasbullah Thabrany, and Angela Maria Pinzon-Rondon

MtE Secretariat – for their guidance, review and feedback

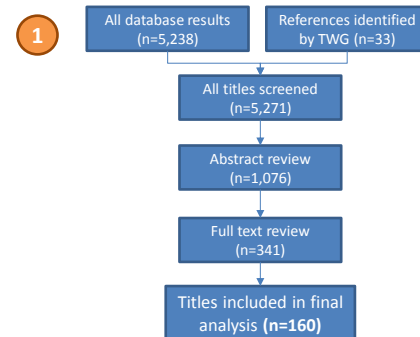
Funding – USAID and WHO

Problem Statement and Scope

Research questions

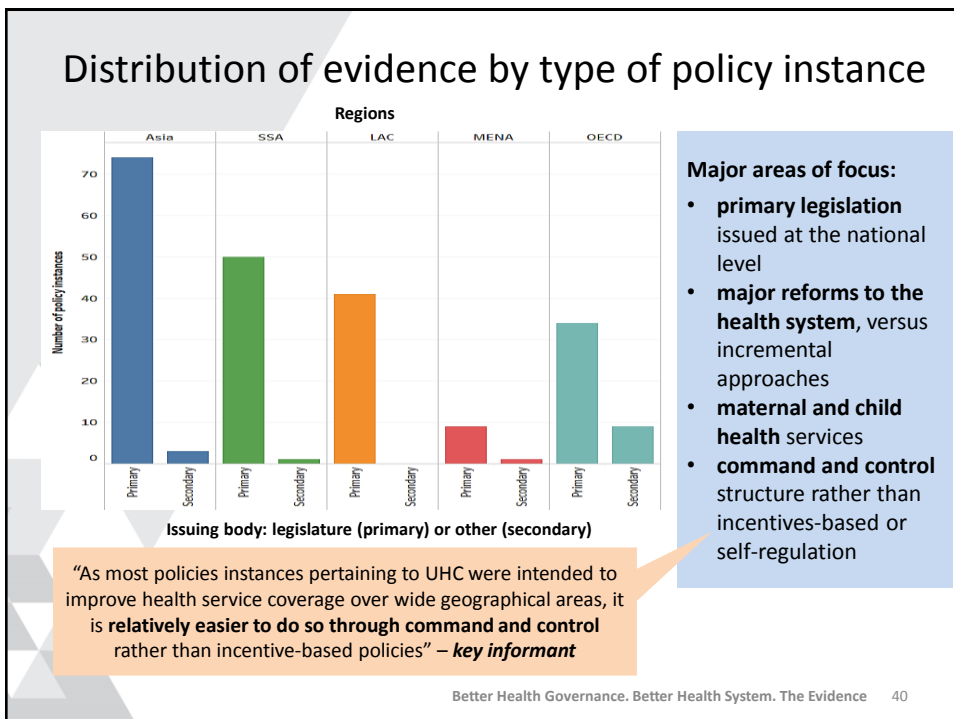
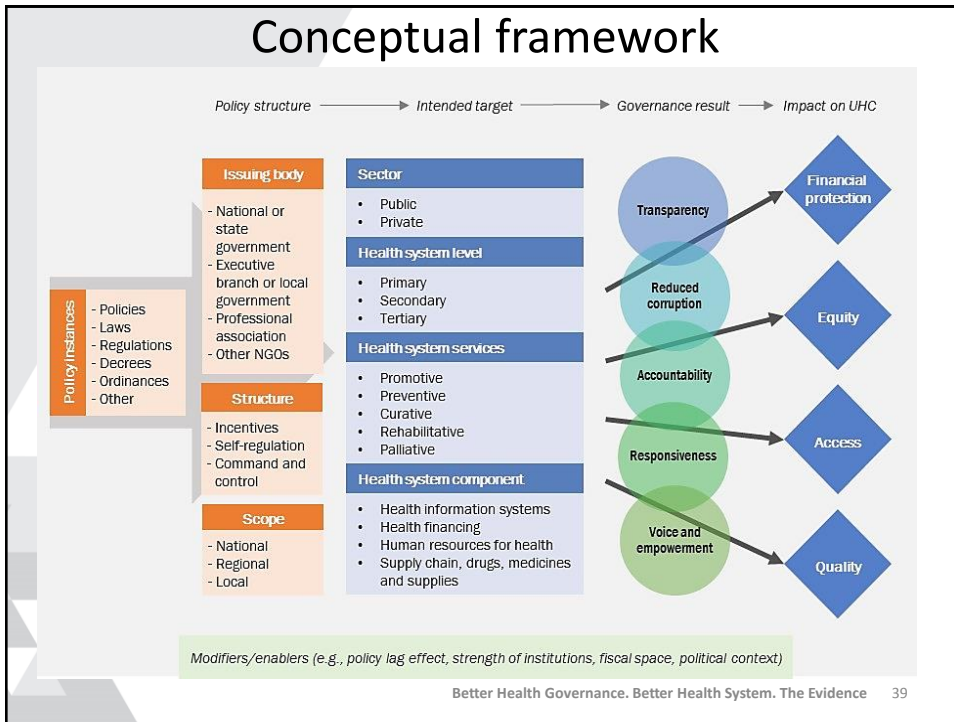
- What is the evidence on the **influence of policies, laws and regulations** as instruments supporting progress towards UHC?
- What **processes** were used to develop and implement these instruments?
- How **effective** were they and what impacted their effectiveness?

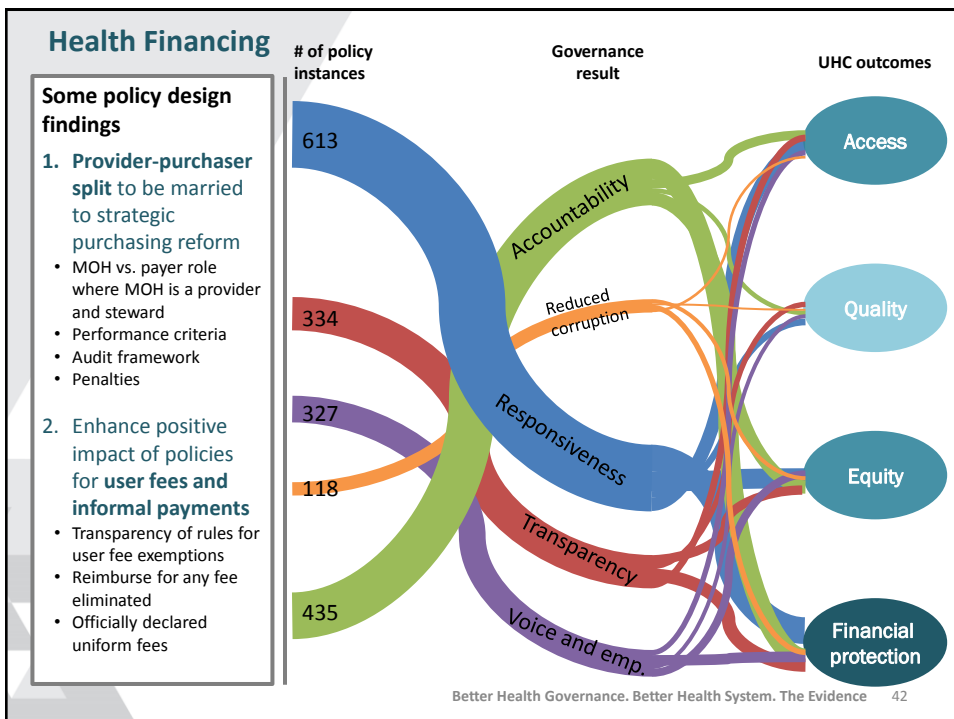
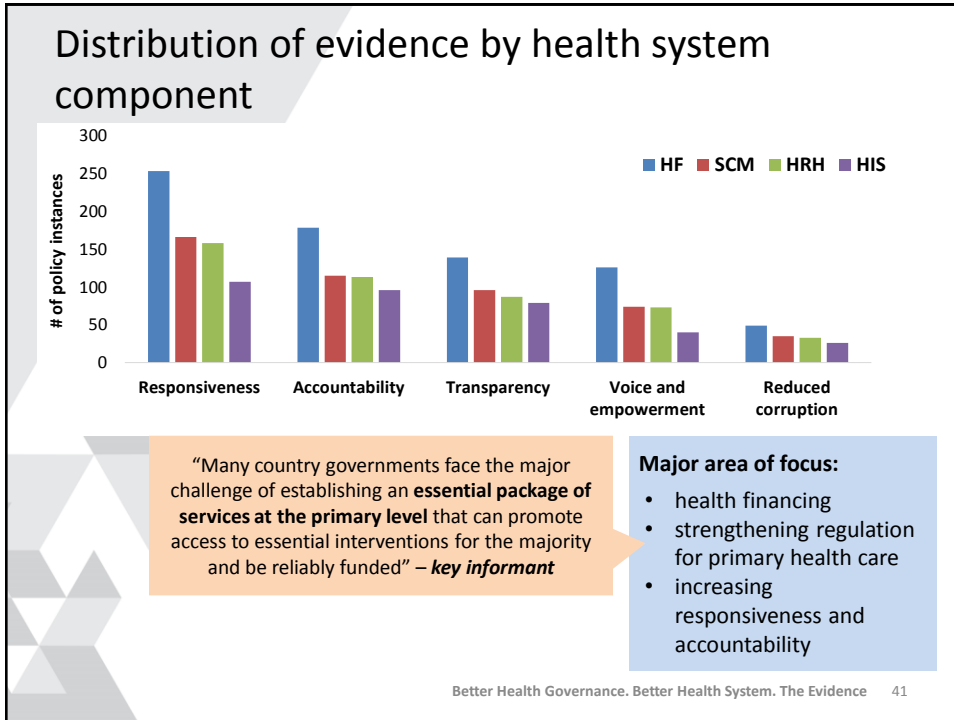
Two stage data collection

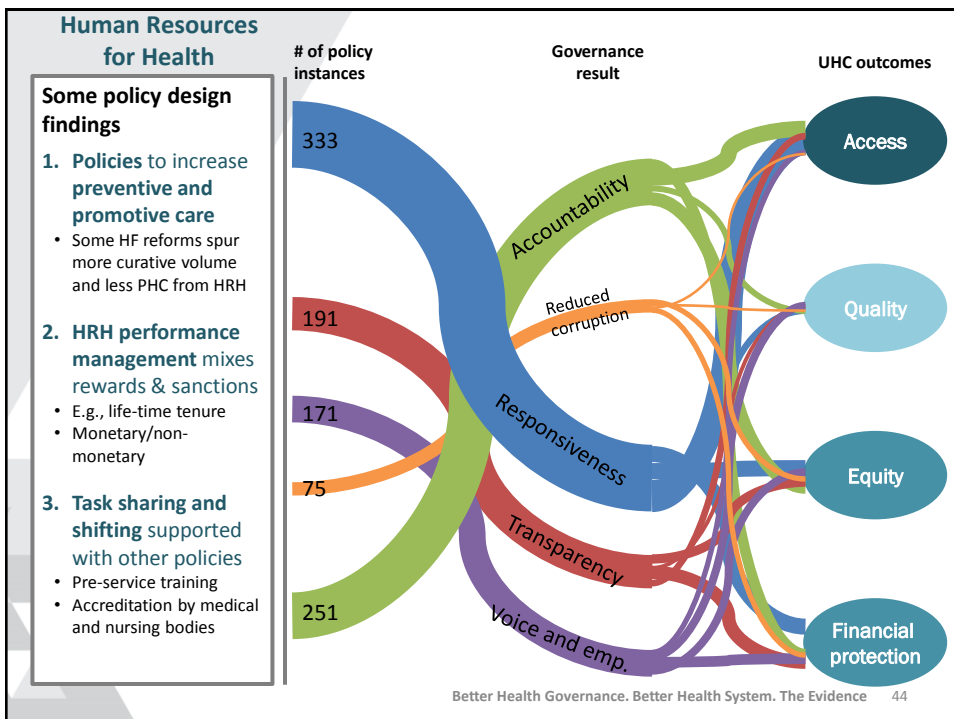
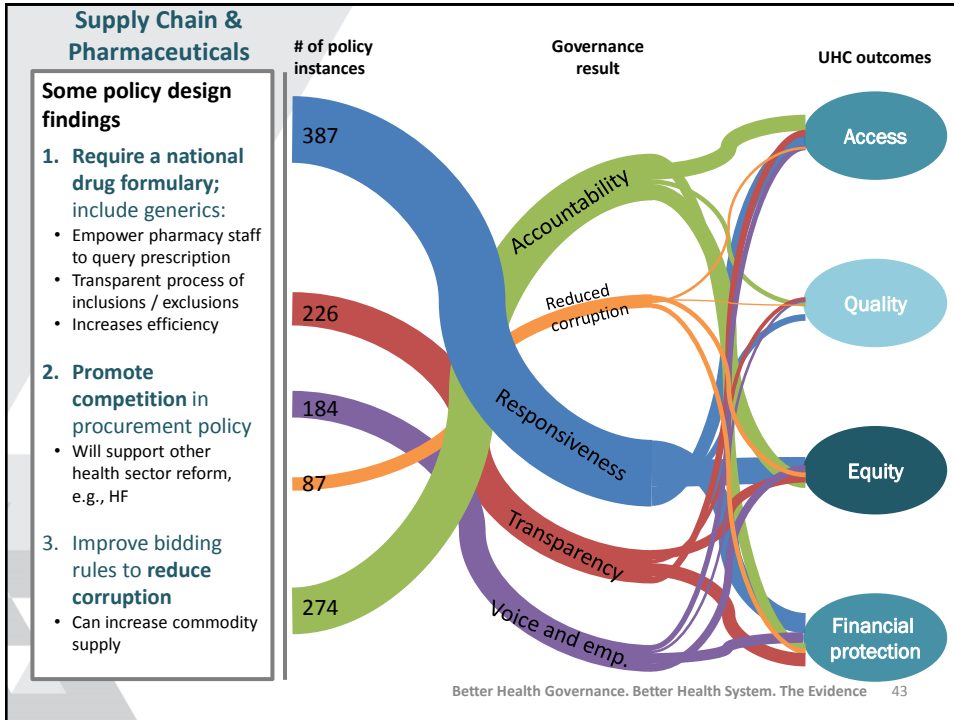


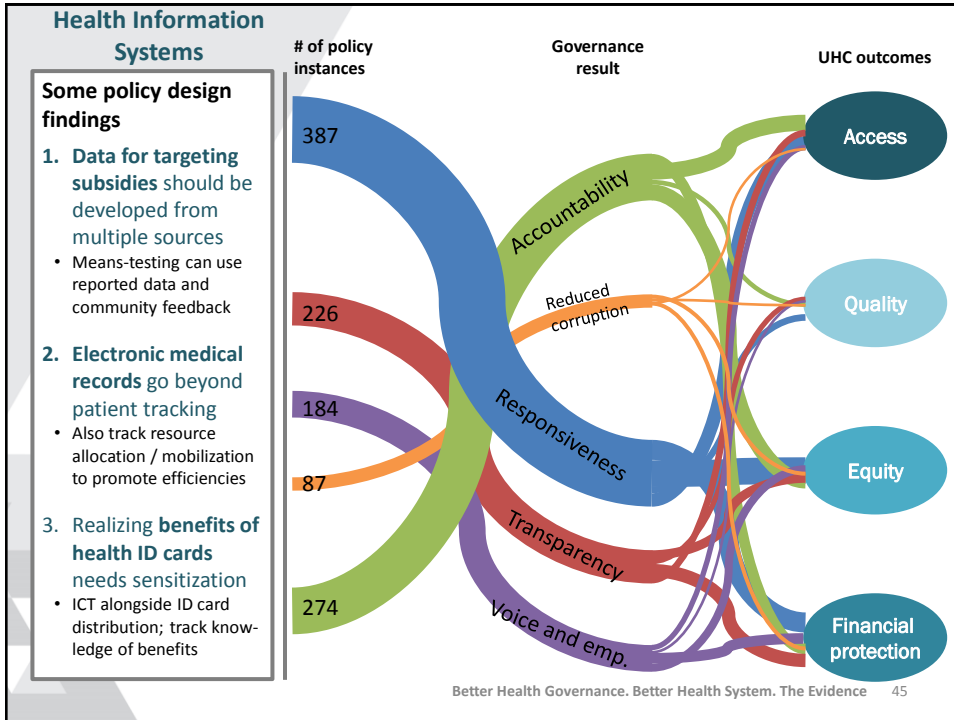
2 Key informant interviews

Based on literature review findings, developed protocol to interview nine global experts in governance from various regions









Other findings

Decentralization policies

- Include strong accountability measures
- Certain core functions must remain central
- Avoid fragmented funding streams

“A deliberative process of **resource allocation** is needed, based on principles of **equity** and a desire to increase **access**, and **this process should be transparent to local bodies**”
- *key informant*

Voice and empowerment

- Strategic use of litigation
- Community participation
- Citizens’ choice and decision making

“Although citizens’ right to health as the basis of legal process can instigate needed policy changes, **legal challenges should only be formulated and used with caution**”
- *key informant*

Better Health Governance. Better Health System. The Evidence 46

Summary of evidence by region

OECD: 42

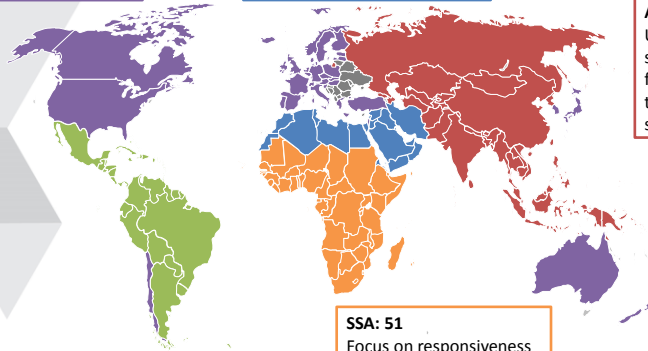
Focus on responsiveness and accountability to increase coverage and promote equity.

MENA: 7

Focus on equity and quality of care with voice and empowerment as an enabler.

Asia: 81

UHC efforts more studied; focus on financial protection through increased scheme coverage



LAC: 39

Focus on citizens' voice and accountability to implement decentralization reforms and increase access to care

SSA: 51

Focus on responsiveness and accountability to promote access and financial protection

Better Health Governance. Better Health System. The Evidence 47

Implications of findings for policymakers

Countries on the cusp of major health system reforms, should:

- 1 Anticipate negative or un-intended aspects of sub-optimal policy design
- 2 Capitalize synergies in policy design across governance results of increasing responsiveness, accountability and transparency
- 3 Select and sequence policy implementation based on needs and country context
- 4 Consider political and process constraints on the number of policy instances that can be designed and implemented in a given period

Better Health Governance. Better Health System. The Evidence 48

Recommended research agenda

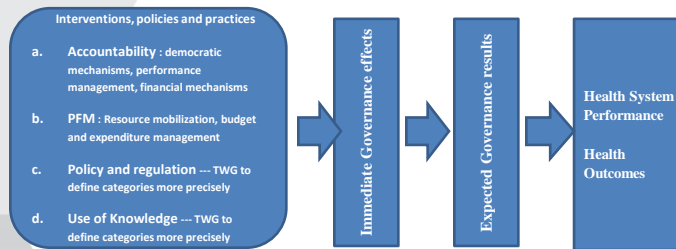
Areas that would benefit from further investigation:

- 1 Include non-English literature especially to explore how civil law countries have addressed governance to improve UHC efforts
- 2 How country context drives policy effectiveness using case study approach
- 3 Studies that quantify and then use quasi-experimental and experimental methods (social trials) to explore the effects of governance related reforms on UHC outcomes

Synthesis Paper

Tiernan Mennen; Maryam Bigdeli;
Bob Fryatt
November 14, 2017

Synthesis/Cross-Cutting Methodology



- Bring consistency across the TWG reviews through application of a common health governance framework
- Identification of consensus, discrepancies, and gaps in the literature
- Governance Results – Responsiveness, Effectiveness and Efficiency, Transparency, Accountability, Voice and Empowerment, Rule of Law and Anticorruption, Equity

Better Health Governance. Better Health System. The Evidence 51

Overarching Findings

- Strong evidence of the importance of governance interventions to strengthen health systems, but only anecdotal evidence for health outcomes
- Assumption of a linear relationship between health system components is flawed. Good governance begets good governance.
- Context and variance of treatment matters more and makes it tougher to measure governance gains

Better Health Governance. Better Health System. The Evidence 52

Specific Findings

Governance interventions	Sources	Immediate Governance Effects	Expected Governance Outcomes						
			Efficiency & Effectiveness	Transparency	Accountability	Voice & Empowerment	Rule of Law/Anticorruption	Equity	Responsiveness
Access to information (FOI)	Fox 2015	Depends on availability		X	X	X			
ICT-enabled accountability	Hyernick and Waldman 2017	Link accountability to supportive officials			X				
Performance accountability	Evidence Gap	Dependence of performance accountability efforts on state structure			X				X
Parliamentary committees, other external accountability mechanisms	Evidence Gap	Little robust evidence around activities that use ombudsman offices, engage parliamentary committees or MPs, or use litigation					X	X	
Political decentralization	Smoke 2015; de Gilon et al.'s (1994); Bossert and Mitchell's (2011); Avelino et al. (2013); Prace (2016).	Mixed results - decreased corruption, reductions in decentralization correlated with greater investments in health.	X	X	X	X	X		X
	Mitchell and Bossert (2010)	Improvement is not automatic, and depends on how the decision space is structured						X	X
Recentralization	Malesky et al. (2014).	Recentralization improved the delivery of services favored by central government, which included health	X				X		
Coupling demand and supply-side accountability	Wetterberg et al. 2016, Fox 2016, O'Meally et al. (2017)	Demand-side and supply-side interventions are pursued in tandem in ways that are mutually reinforcing	X						X
Social accountability	Holland et al. 2016	Social accountability is effective in improving local-level service delivery, but has a limited effect at scale.			X	X			

Better Health Governance. Better Health System. The Evidence 53

Cross-Cutting Findings

Cross-cutting findings across TWG that offer lessons for strengthened health governance and positive health outcomes

- Performance-based mechanisms to increase effectiveness and reduce corruption
- Voice and empowerment increases equity and responsiveness of health services
- Decentralization as a tool for improved responsiveness in the health sector
- Others

Better Health Governance. Better Health System. The Evidence 54

Performance-based mechanisms

- Depends on factors such as the management capacity and the effort that goes into designing and implementing these complex reforms.
- Importance of management capacity to implement many forms of interventions aimed at improving performance
- Collaborative working arrangements between the many stakeholders involved in these type of management reforms.
- Requires mutually re-enforcing changes to improve performance and accountability - for example, introducing performance based payments, whilst also introducing citizen score cards, more empowered health facility committees, and forums for dialogue between communities, providers and government.

Better Health Governance. Better Health System. The Evidence 55

Voice and empowerment

- Civil society advocacy effects equity in health service delivery, particularly for socially/politically-excluded populations
- Improved health policy dialogues when space created for civil society input
- Some evidence of freedom of information initiatives and role of media, but needs more study
- Incorporating formal citizen participation enhances the prospects of sustainable social accountability impacts at scale
- Increased use of participatory budgeting by local govt improves services and reduces corruption
- Citizen engagement in participatory budgeting face challenges in capacity, power, data quality, and incentives

Better Health Governance. Better Health System. The Evidence 56

Decentralization for responsiveness

- Highly context-specific and depends heavily on how decentralization reforms are designed
- Requires understanding the right balance of autonomy and authority of decentralized entities
- Coherent centralized coordination coupled with adequate decision space and incentive structures at local level.
- Under the right conditions, fiscal and financial decentralization can improve responsiveness, increase efficiency, and limit corruption
- When revenue collection and expenditures are decentralized, some level of centralization may be required in pooling arrangements

Better Health Governance. Better Health System. The Evidence 57

Evidence Gaps

- Most studied countries are democracies
- Role of Parliamentary oversight and policy environment
- Role and effects of external review mechanisms, such as audit agencies and anti-corruption commissions, on the health system
- No research found on budget classification
- How think-tanks and the media contribute to the process of capturing and using knowledge for health policy decision-making in LMICs.
- Implementation research on interactions between accountability mechanisms and specified contextual features
- Theory-building research, rather than theory-testing research, on accountability for health governance

Better Health Governance. Better Health System. The Evidence 58

Break-out Groups




Better Health Governance. Better Health System. The Evidence 59

Implications for Policy and Key Messages

Provide answers to the following questions:

1. *What do we know – key findings, gaps, and implications?*
2. *How can your organization or community concretely use this new knowledge?*
3. *How can we share what we have learnt with others globally? Events (UHC Day, regional events), organizational platforms, other channels*

Better Health Governance. Better Health System. The Evidence 60



Wrap-up and Next Steps

Better Health Governance. Better Health System. The Evidence 61