FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:
PEER-TO-PEER LEARNING WORKSHOP
FINDING SOLUTIONS TO COMMON CHALLENGES
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Day V, Session 1.
Monitoring and (especially) Evaluation for UHC

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Financial Protection and Improved Access to Health Care
Peer-to-peer learning workshop

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M&E: CORE CONCEPTS AND FRAMEWORK FOR UHC
Definitions

● (Performance) Monitoring
   – Tracking routine data on indicators of performance
   – Answers “what?” (describing change)
   – “Early warning system”
   – Identify issues for more intensive investigation

● Evaluation
   – Involves research methodology oriented to specific issues of policy and implementation
   – Uses both routine and specially generated information, quantitative and qualitative
   – Answers “why?” and “how?” by analyzing process and outcomes (explaining change)
WHO-World Bank “causal chain” M&E framework for progress towards UHC
UHC MONITORING FRAMEWORK
Proposed WHO-World Bank SDG monitoring indicators for UHC (target 3.8)

Service Coverage

- RMNCH
  - FP, ANC, SBA, immunization
- Infectious diseases
  - TB, ARVs, ITNs, water
- NCDs
  - HTN, diabetes, cervical cancer screen, tobacco
- Service capacity & access
  - Service use, IHR, health worker density

Financial Protection

- Fraction of the population experiencing catastrophic out-of-pocket health expenditure
- Fraction of the population experiencing impoverishing out-of-pocket health expenditure
- Unfortunately, some countries pushing for “% of population covered by health insurance” (wrong!)
Don’t let the global framework get in the way of what you need

Global-level

- One monitoring framework, one common small set of targets and indicators
- Regular standardized reporting and review of progress using the common indicators

Country-level

- No one-size-fits-all approach, but ideas from global framework
- Country monitoring based on your priority health issues (tailored tracers)
- Align monitoring of UHC with country mechanisms to review progress (e.g. JANS)
EVALUATION TO MOVE TOWARDS AN EVIDENCE-INFORMED POLICY PROCESSES
Putting the “E” in M&E (if you really want an intelligent, learning system)

- Reform strategies should address the likely causes of performance problems

- Monitoring can only describe change but can’t get at causality. For this, need applied policy research (evaluation) to inform decision-makers
  - Try to answer “why?” and “how?”

- Evaluation involves analysis of implementation processes as well as effects

- Evaluation involves a research methodology and may use routine as well as specially generated information
The policy cycle in textbooks...

- Problem definition
- Identifying Causes
- Developing Options
- Political Decision
- Implemention
- Evaluation

Source: Marc J. Roberts, Harvard School of Public Health
Health reform plans are hypotheses: should always include evaluations

- Reforms must be justified by a plausible hypothesized impact on the causes of performance shortcomings
  - If not, why are you doing them?

- Transform the hypothesis into indicators of performance

- Move from broad goals to increasingly specific and measurable objectives

- Define methodology based on issue to be analyzed and reform implementation process

- Example: provider payment and exemptions in Kyrgyzstan
Methodology tailored to implementation specifics (geographic phasing, in this case)

Source: WHO surveys of discharged hospital patients
What does it take to institutionalize this in the health system? Some ideas...

- **Demand** from the policy makers (they define priorities)
  - Technical value of evidence for policy adjustments
  - Political need for public accountability
  - Political value if there is a good story to tell!

- **Supply** – good researchers to do high-quality work

- **Institutional platform** (features, not a standard model)
  - Ability to attract and retain people with scarce skills (often difficult to do within core civil service)
  - Close enough to policy makers to be responsive, but far enough away to have independence to implement analysis
**Timeliness essential for relevance – my embarrassing story**

- Co-payment policy evaluation, Kyrgyzstan, March 2001
  - Phased approach and MHIF database allowed for powerful quantitative design, with baseline and follow-up surveys
  - Demand was there – Minister wanted the study
  - Baseline study in field in March. Updated Minister in early April
  - Baseline analysis ready end-May, follow-up survey November
  - “But I have to report to Parliament in May!!”
  - I got lucky – a Swiss project was using rapid appraisal analysis for other work, and I gave them $700 to do an excellent qualitative assessment of the policy in the two pilot regions.

- The “best” method may not be relevant if the results won’t be available on time
  - And next year, our more rigorous analysis had a big impact
SOME LAST THOUGHTS
Don’t wait for us (the global health community)

- The global monitoring indicators are not sufficient to drive evidence-informed policy at country level

- Define evaluation study, methods, data sources and indicators at the same time as reform is being implemented
  - Avoid “last minute” efforts to “evaluate” the effects of policy reforms during a two-week World Bank mission or after an urgent request of the government
  - Process of defining the study at the same time as the reform can help focus the reformers on their objectives

- Don’t have donor-inspired pilots running in isolation – ensure you are learning from these, or don’t allow them
When you see a claims form...

- ...imagine an (incredibly powerful) database
  - It’s not just for payment; it’s a key source for applied policy research

- And if you are interested in UHC, go beyond scheme
  - A key, practical step towards UHC is to unify the information system (even before everyone is part of scheme)
  - Unified national patient activity database provides technical foundation for a truly universal health system
With a reform he wants to implement, a new minister arrives. But what is the problem? He formulates a problem to fit the solution. Ignores evaluation of previous reforms. Implements the new reform.

Adapted from Marc Roberts by Miklós Szócska.