Generating Evidence of Governance Contributions to Health Outcomes

HFG Workshop

July 23, 2014

Abt Associates Inc.
In collaboration with:
Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

Session 2: Mapping Ongoing Evidence Generation

Joseph F. Naimoli, OHS/USAID
Nicole Bonoff, DRG/USAID
Dr. Denis Porignon, WHO HGF

Marshalling the Evidence on the Impact of Health System Strengthening on Health Outcomes

Coordinators
Joseph F. Naimoli, Scott Stewart (OHS/USAID)

Marshalling the Evidence: Activities

1. Impact Policy Brief
2. HSS to Health Tool (List add-on)
3. HSS Challenge
4. IOM Report
5. Evaluation Registry
6. Governance Evidence
7. Ensuring accessibility of evidence (KM activity)

USAID
FROM THE AMERICAN PEOPLE

DRG Learning Agenda

Generating Evidence of Governance Contributions to Health Outcomes

The Learning Team
Nicole Bonoff

July 23, 2014

5

DRG Learning Clusters

Existing Clusters

- **Political Knowledge**
- **Political Participation**
- Intermediary Groups within Civil Society
- Free and Fair Elections
- **Decentralization and Local Governance**
- Legislative Strengthening
- Women Empowerment
- Social Media
- C-TIP

New Cluster

- **Human Rights**
- **Civil Society**
- Rule of Law
- **Integrating Governance Effectiveness across All Development Goals**
- Civic Education
- **Political Clientelism**

6

DRG Research Mechanisms

- DRG Research and Innovation Small Grants
  - Organized in the model of World Bank's Strategic Knowledge Funds;
  - Supports basic academic research in DRG areas of interest to USAID.
- DRG Directed Technical Research
  - RFAs for directed technical research released through IIE's Democracy Fellows Program.

7

DRG Learning Clinics

- First DRG Clinic was piloted in Bangkok last November.
- Combines technical assistance for new activity design with training and knowledge dissemination.
- It will be the main way of initiating new DRG impact evaluations.
- Organize 1-2 DRG Learning Clinic every year.
- Next DRG Learning Clinic in South Africa in 2014 or early 2015.

8

Case Study: USAID/Zambia DG PAD, 2013-19

- USAID/Zambia DG PAD will involve multiple activities
  - Increasing demand for good governance
  - Increasing supply of good governance
- The IE intervention focuses on demand side; other interventions will focus on supply side (including in health, in keeping with the health sector's governance plan).
- Represents one activity among several that will constitute the broader 5-year DG project.
- The IE focuses on Phase One (years 1-2) in the 5-year project, and will offer lessons for activities that will take place in Phase Two (years 3-5).

9

A Governance Intervention in the Health Sector

- The proposed intervention is designed to encourage health providers to better carry out their tasks
- We emphasize the *governance* aspect of health provision
- There are lots of ways one might try to improve health outcomes in Zambia; our approach is to focus on one particular lever (governance)
  - We thus supplement what the Mission is doing elsewhere in health
  - Lessons should have utility for other sectors
- Our primary evaluation question is: *how can we generate an enabling environment for service delivery improvements in the health sector through bottom-up pressure from citizens?*

Evidence: Community Monitoring in Uganda

- Bjorkman and Svensson (2009) evaluated impact of community monitoring on health worker performance and subsequent health care utilization and health outcomes
- Information on quality of services at local and nearby health centers compiled into report cards
- Local NGO facilitated 3 meetings with community members and service providers
- Produced shared action plan outlining what needs to be done, how, when, and by whom

Bjorkman and Svensson (2009). Proof that democracy works: Health Services and Community-Based Monitoring in Uganda.

11

Evidence: Community Monitoring in Uganda

- 1 year after meetings, treatment communities more involved in monitoring provider and health workers exerted more effort
- Large increases in utilization – 20% for general outpatient services, 58% for child birth deliveries
- Significant improvements in health outcomes – 33% reduction in under-5 mortality

12

How to Generate Bottom-Up Pressure for Improvements in Health Service Delivery?

- Bjorkman & Svensson intervention was extremely complex and intensive
  - Theoretically, hard to know what's doing the work
  - From policy perspective, scaling up may be impractical
- Research suggests two main approaches:
  - Provide information about service delivery shortfalls
  - Induce community participation
- The proposed intervention in Zambia combines both
- The approach is to break Bjorkman & Svensson intervention into its key component parts and test their impact in a way that is in principle scalable and practical

13

Evaluation Design

- Unit of randomization is the rural health clinic/post and its catchment area
- Collect baseline data on service delivery
  - Staffing (qualifications, availability)
  - Drugs, medical equipment, infrastructure
  - Client experience (wait time, privacy, cleanliness)
- Use these data to create clinic/post report cards
  - Absolute and relative info (relative to nat'l standards and district)
- Disseminate this report card in various ways, randomized across units, to learn about impact of information and community participation on service delivery/health outcomes
- Measure effects by comparing baseline and endline data on service delivery, health outcomes and community activism

14

Treatments

0. Control
1. Information only (report card presented to community)
2. Information plus efficacy (report card presented to community plus efficacy-building exercise)
3. Community component of B&S
4. Service provider component of B&S
5. Community-service provider interface (as in B&S)
6. Information only (report card presented to individual HHs)

Multiple treatment arms implies large sample size

- Power calculations suggest need for ~70 clinics/treatment → ~490 clinics (of ~950 countrywide)
- Report cards will actually be created for ~735

715

Timeline for the IE/Intervention

Phase One: Years 1 to 2

1. **Pilot**
2. **Baseline measurement, sampling**
3. **Intervention (randomized at clinic level)**
4. **Phase 1 endline measurement**
5. **Analysis and policy learning**

Phase Two: Years 3 to 5

1. **Revise and recalibrate activities in line with lessons learned**
2. **Implementation of new activities**
3. **Phase 2 endline measurement**

16

Learning Outcomes

- How to create an enabling environment to improve health service provision and outcomes?
- What is the impact of information on citizen action on behalf of service delivery improvements? (T1 v control)
- Is lack of efficacy a stumbling block to the impact of information? (T1 v T2)
- Does it matter whether the information is received publicly vs privately? (T1 v T6)
- Does the Bjorkman/Svensson finding (rolled out in a way that is actually scalable) travel to Zambia? (T5 v control)
- Which part of the complex (and costly) Bjorkman/Svensson intervention really matters? service providers or citizens? (T3 v T5; T4 v T5)

17

Generating Evidence of Governance Contributions to Health Outcomes

Dr. Denis Porignon, WHO HGF

World Health Organization

WHO as part of a broader picture [1/2]

1. WHO has done a lot of efforts to put governance as a key element of the health system strengthening approach
   - WHR 2000, Building blocks,WHR 2008, WHR 2010, System Thinking (AHSR&P),…
   - Corporate or RO (EMRO, EURO, PAHO/AMRO…)
   - Many areas (medicine, HR, Transplantations, …)
2. The issue of governance is part of one of the 4 categories (HS) for the new WHO's General Programme of Work

World Health Organization

WHO as part of a broader picture [2/2]

3. The current work is influenced by overall priorities as determined by the Member States: Universal Health Coverage, People centered approach for service delivery, determinants of health and non communicable diseases, etc.
4. Governance at country level is still largely shaped by external interventions (The Global Fund, GAVI, bilaterals, UN, others. **[to be considered in the gap analysis]**

World Health Organization

What are we doing? (HGF perspective) [1/3]

1. Support to the development of a health sector strategic vision (UHC) and/or design system at country level (policy and plans, strategies, NHA, etc)
2. Participation and consensus orientation (national forums, implication of political decision makers,etc)
3. M&E – accountability / transparency (Joint annual or mid term reviews)
4. Coordination mechanisms (IHP+ among others))

World Health Organization

What are we doing? (HGF perspective) [2/3]

1. Development of tools: JANS, OneHealth (costing) NHA, etc
2. Direct support to countries with ROs (at least 40: UE-Lux-WHO Partnership for UHC, CoIA,…)
3. Measurement relates very often to undertaken activities, sometimes to programmes of interventions and rarely to policy

World Health Organization

What are we doing? (HGF perspective) [3/3]

All these efforts are generating information: how do we use it to demonstrate effects on health outcomes?

- Contribution *vs* attribution?
- How process analyses can help?
- Indicators, routine *vs* surveys?
- Quantitative *vs* qualitative?

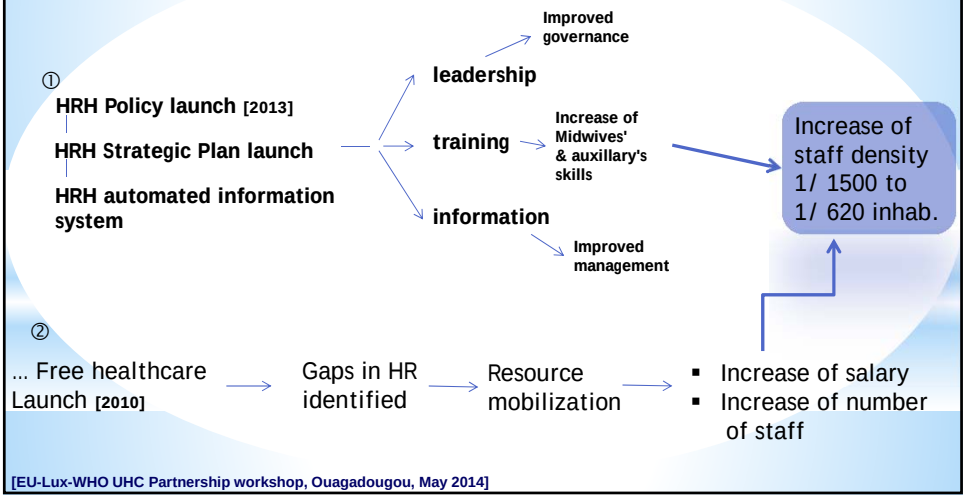
Examples:

Tunisia, Tchad, Sierra Leone,…

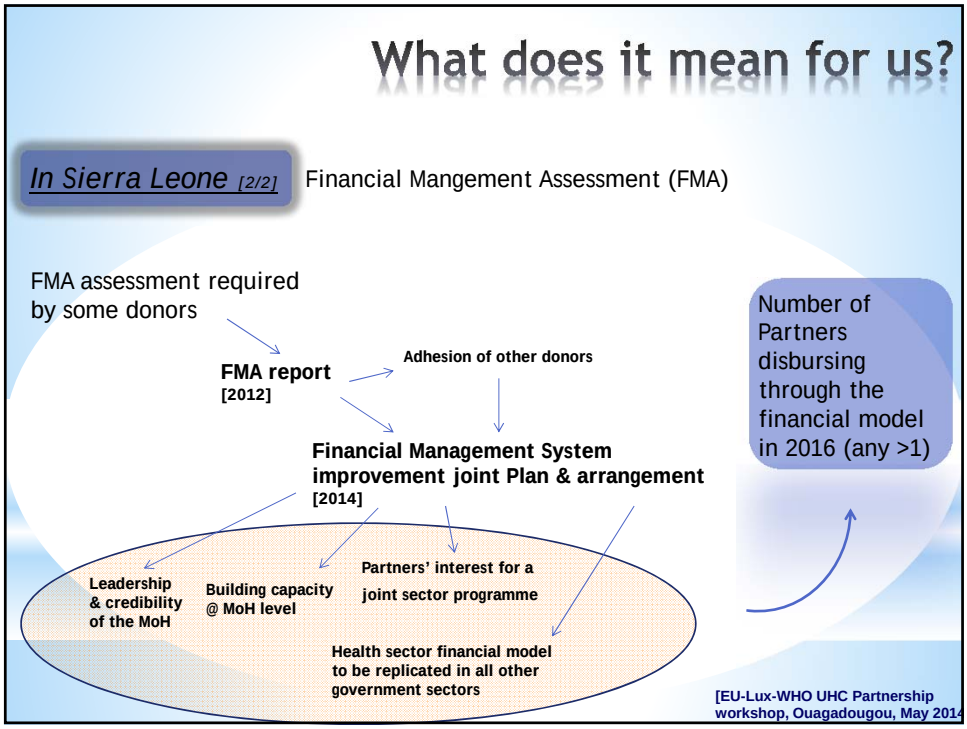
World Health Organization

What does it mean for us?

In Sierra Leone [1/2]



[EU-Lux-WHO UHC Partnership workshop, Ouagadougou, May 2014]


What does it mean for us?
In Sierra Leone [2/2]
Financial Mangement Assessment (FMA)
FMA assessment required by some donors
FMA report [2012]
Adhesion of other donors
Financial Management System improvement joint Plan & arrangement [2014]
Leadership & credibility of the MoH
Building capacity @ MoH level
Partners' interest for a joint sector programme
Health sector financial model to be replicated in all other government sectors
Number of Partners disbursing through the financial model in 2016 (any >1)
[EU-Lux-WHO UHC Partnership workshop, Ouagadougou, May 2014