Enhancing governance and accountability in the health sector: lessons from the field

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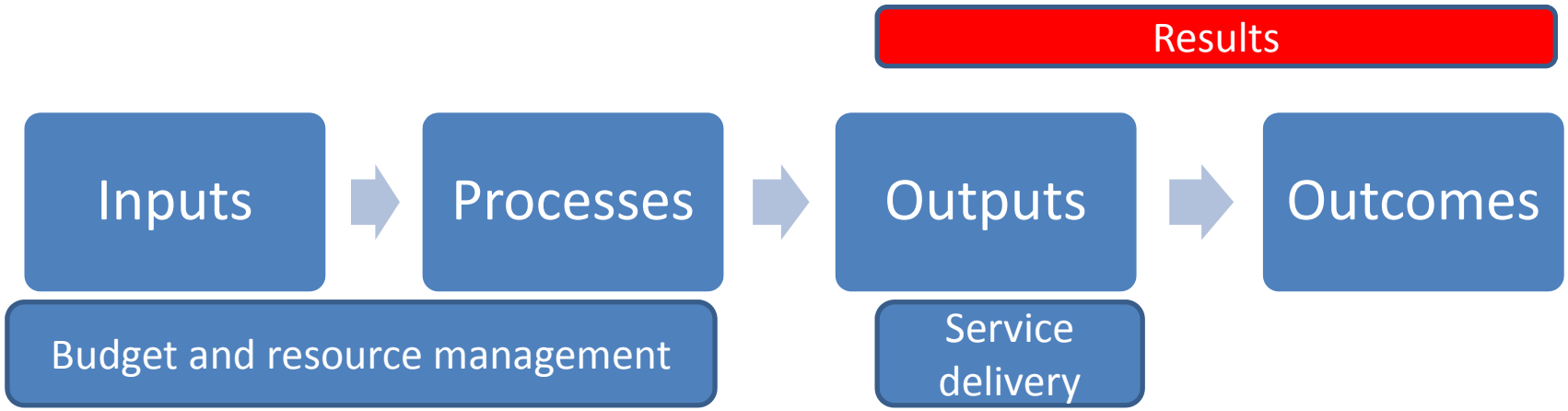
“Overview”

- Passion, intensity and exhaustion – no attrition!
- Hours of back and forth in spite of careful planning/preparation – some more death by powerpoint
- Recurrent question: which framework is relevant?
- An acute case of the “touching the elephant syndrome”

Tendency to focus on governance issues within the domains of budget and resource management



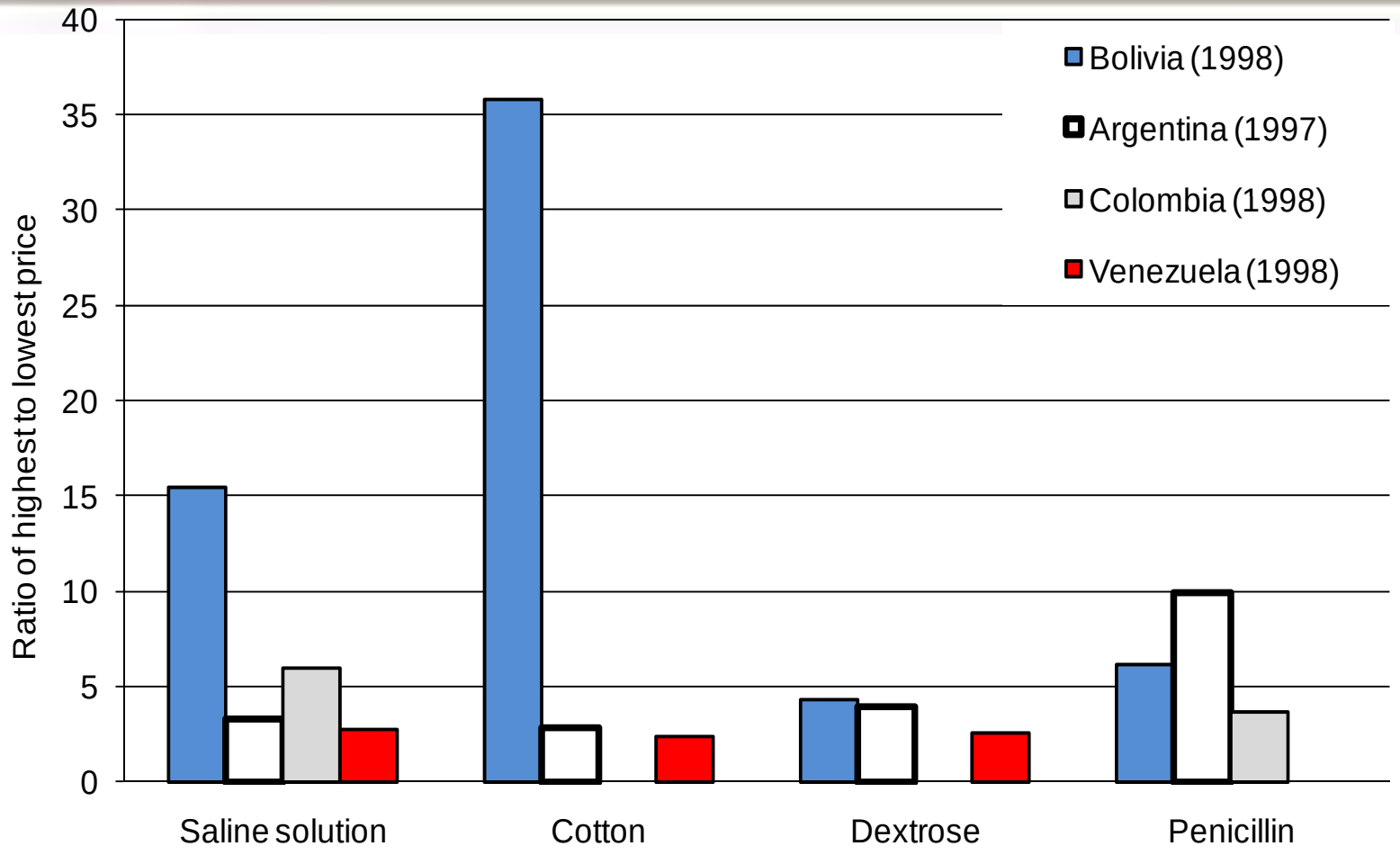
Budget leakages
Payroll irregularities
In-kind supply leakages
Unregulated input quality, e.g. pharmaceuticals
Job purchasing
Absence of effective accreditation

Example: Financial and in-kind leakage

	YEAR	LEAKAGE RATE	TYPE OF EXPENDITURE
Ghana	2000	80%	Non-salary budget
Peru	2001	71%	“Glass of Milk” Program
Tanzania	1999	40%	Non-salary budget
Uganda	2000	70%	Drugs and supplies

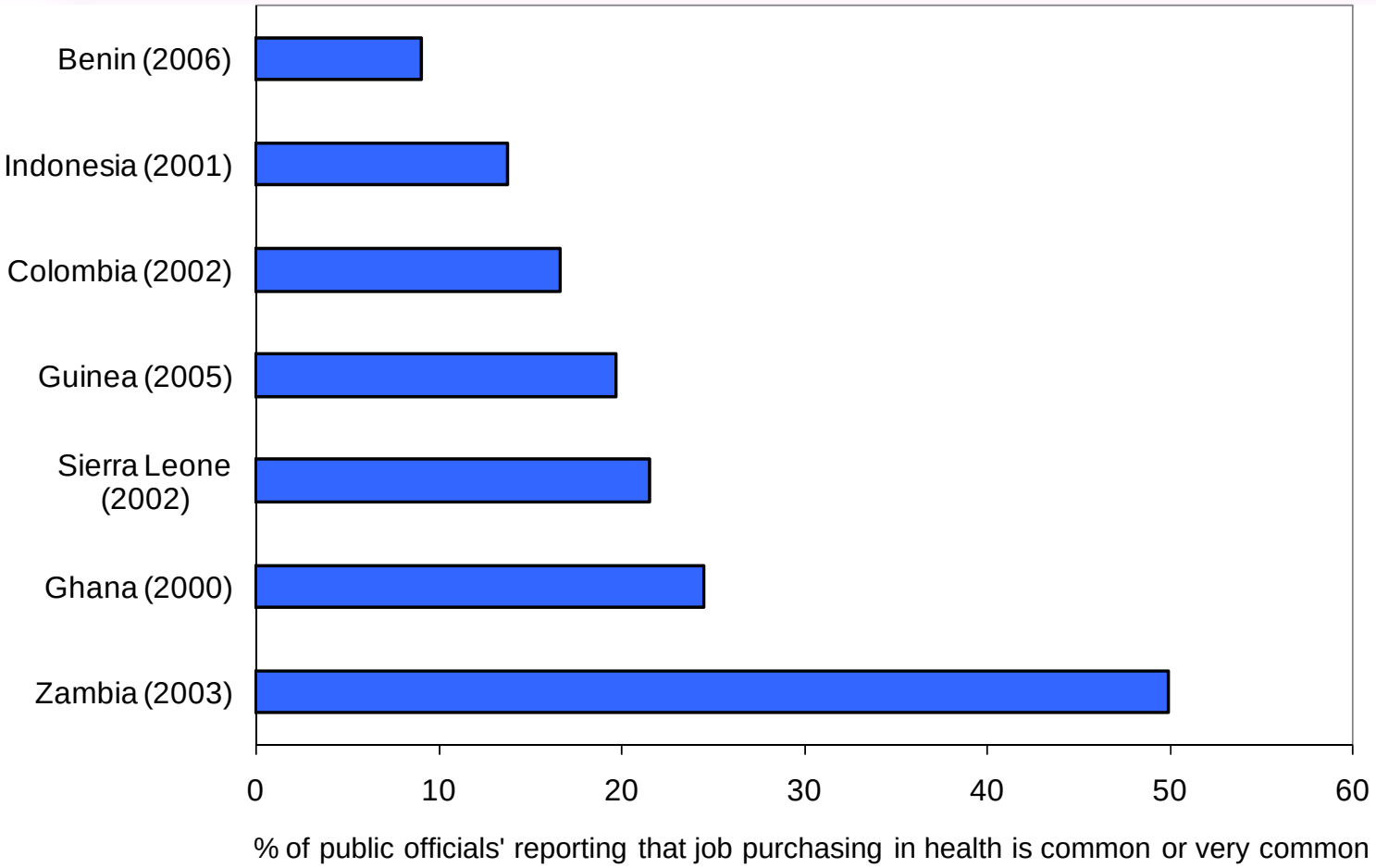
Source: Lindelow, Kushnarova, and Kaiser, 2005

Example: Purchase price differentials for medical supplies in public hospitals



Source: Di Tella and Savedoff (2001).

Example: Purchasing of positions



Source: World Bank Governance and Anti-Corruption Diagnostic Surveys (various years).

"Getting institutions right" at the level of outputs

Results

Inputs → Processes → Outputs → Outcomes

Budget and resource management

Budget leakages
Payroll irregularities
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Service delivery

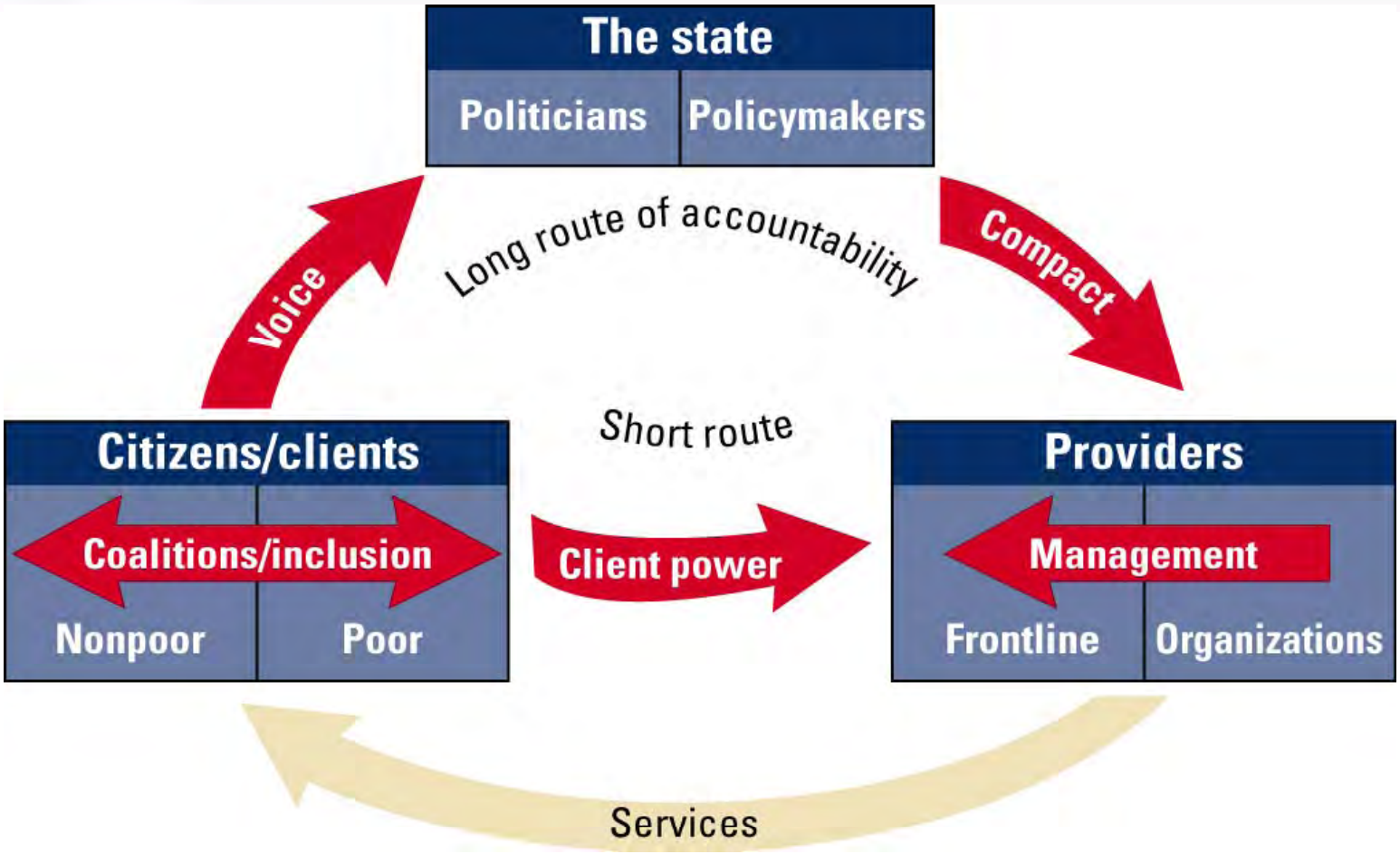
Inappropriate quantity of service delivery
Insufficient quality of service delivery (e.g. lack of adherence to treatment protocols)
Failure to reach the poor / inequity
Lack of patient satisfaction
Inefficiency of service delivery (ALOS etc)
Informal payments

AREA	ISSUE	KEY INDICATORS
BUDGET AND RESOURCE MANAGEMENT	Budget processes	PEFA indicators track budget credibility, comprehensiveness, transparency, execution, recording, reporting, and external audits and scrutiny.
	Budget leakages	Discrepancy between public budgeted health funds and the amounts received by health providers.
	Payroll irregularities	Discrepancy between payroll roster and health workers on site.
	In-kind supply leakages	Differences in price paid for similar medical supplies/equipment across health facilities. Type of procurement used for drugs and supplies.
INDIVIDUAL PROVIDERS	Job purchasing	Frequency of illegal side-payments/bribes influencing hiring decisions and of payments for particular assignments.
	Physician credentials	Existence and enforcement of licensing requirements and of continuing education programs.
	Health worker absenteeism	Fraction of physicians or nurses contracted for service but not on site during the period(s) of observation.
	Health worker performance	Direct observation of adherence to treatment protocols, medical knowledge test scores, and patient satisfaction ratings.
HEALTH FACILITIES	Facility performance	Average length of stay, bed occupancy, infection and mortality rates, Apgar scores, and patient satisfaction ratings.
INFORMAL PAYMENTS	Under-the-table payments to individuals	Frequency of illegal charges for publicly provided health services.
CORRUPTION PERCEPTIONS	Perceptions of corruption	Fraction of households, citizens or public officials reporting corruption in health. Relative ranking of health sector on corruption indices.
	Institutional quality	The Country and Policy Institutional Asessements (CPIA) for health.

Source: A

Lewis and Petersen: 2009. Working paper on measuring governance

Framework for service delivery



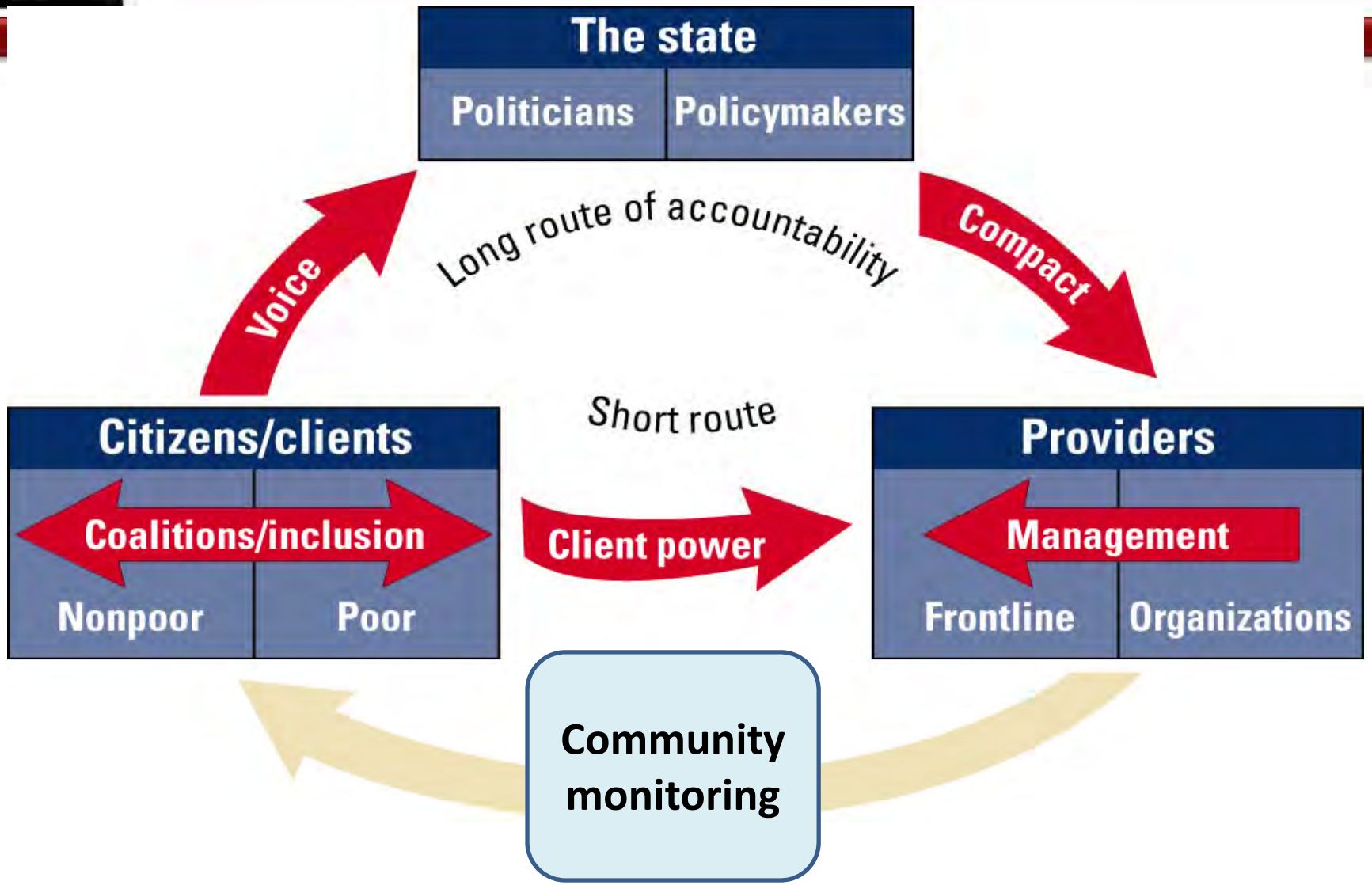
World Bank. 2004. World Development Report: Making Services Work for the Poor

Three sets of initiatives from the field

- 1. Client power: Information for community monitoring – various examples
- 2. Compact: Performance / Results-based financing – Rwanda
- 3. Voice: Right to Information Act - India

ENHANCING CLIENT POWER: COMMUNITY MONITORING OF SERVICES

Framework



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Why are governments not accountable?

- Cientelist politics: Political competition revolves around providing supporters access to private benefits from state resources – jobs, subsidies, cash and in-kind transfers

- Key public goods for development outcomes—preventive/public health, sanitation, quality education—are not politically salient…

  …Or at least not as much so as jobs of teachers and doctors (even when they don't show-up to work), or construction of schools and clinics (even when they remain empty or misused)

- Can community monitoring increase short route accountability for results?

Health services: Uganda

- Randomized field experiment; difference-in-difference
- Community-based monitoring actions:
  - Posters comparing performance of local health post to district and national averages
  - Community discussions about health indicators and what should be done
- Results
  - 16 percent increase in visits to health posts
  - 1.7 percentage point decrease in infant mortality

Education: India

- Citizen Report Cards : participatory surveys to obtain user feedback on the quality and performance of public services in order to raise citizen awareness and ultimately bring about reform.
- Survey findings are placed in the public domain through the use of media and public meetings
- Many successes – across many sectors - but not always:
- Large sample experimental study with “community report cards” on educational outcomes in India

  - no impact on public schools and participation in village education committees

  - large impact on private initiative—local youth held reading classes outside school, large numbers enrolled in these classes and improved their reading

  - barriers to collective action to improving the *public* system

Public works: Rajasthan and Indonesia

- Village “public hearings” (*jan sunwais* in India) around resources allocated to public works
- Case study in India showed that hearings:

  - curbed local corruption

  - resulted in social audits being incorporated into local projects

  - movement culminated in “Right to Information” legislation in the state
- Large sample experimental study in Indonesia on village-level information dissemination about public works

  - Little effect on local corruption

  - Announcement of audits-from-above far more effective

Requirements for effective citizens' report card initiative

- A commitment to gather credible data on clients' perceptions;
- Constructive and solution-oriented approach on the part of CSOs rather than confrontational advocacy;
- Competence, professionalism and credibility of the group that undertakes the CRC exercise;
- Commitment by the public agency to engage in the process, listen to critical analysis and initiate reformative action based on the findings; and
- Active involvement of the mass media to ensure that the findings are widely disseminated and debated.

STRENGTHENING THE COMPACT: RESULTS-BASED FINANCING IN RWANDA

How does PBF / RBF work?

- Objective:
  - Increase quantity and quality of health services provided, especially MCH services and communicable diseases
- How:

  - Financial incentives to providers to deliver more services, provide higher quality of care, and improve processes (e.g. pharmaceutical and financial management)

  - Operates through contracts between local governments (purchaser) and health facilities providing services

- Rwanda:

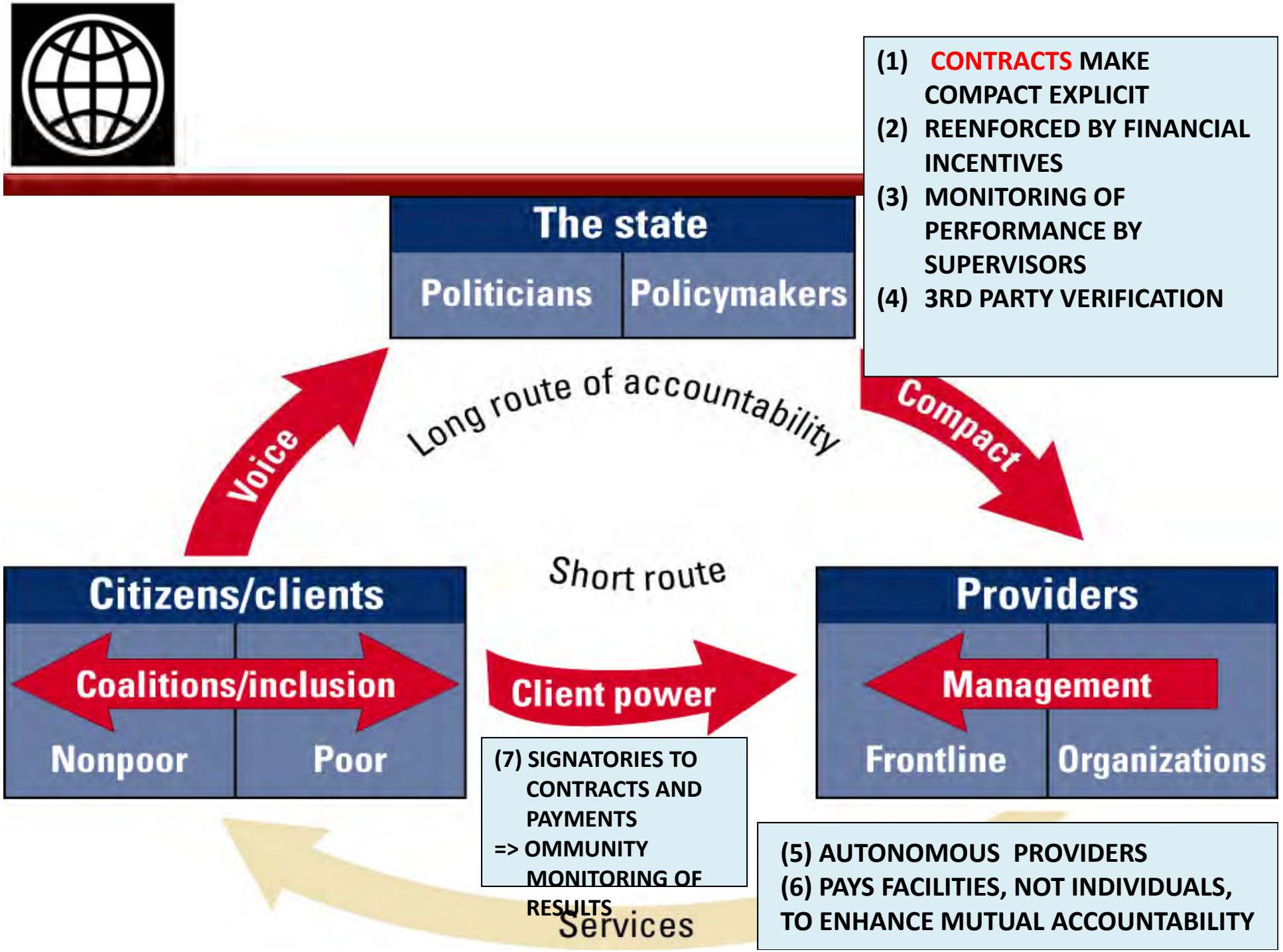
  - After extensive piloting from 2001-2005, rolled out nationwide

Table 1: Output Indicators (U's) and Unit Payments for PBF Formula

	OUTPUT INDICATORS	Amount paid per unit (US$)
Visit Indicators: Number of …		
1	curative care visits	0.18
2	first prenatal care visits	0.09
3	women who completed 4 prenatal care visits	0.37
4	first time family planning visits (new contraceptive users)	1.83
5	contraceptive resupply visits	0.18
6	deliveries in the facility	4.59
7	child (0 - 59 months) preventive care visits	0.18
Content of care indicators: Number of …		
8	women who received tetanus vaccine during prenatal care	0.46
9	women who received malaria prophylaxis during prenatal care	0.46
10	at risk pregnancies referred to hospital for delivery	1.83
11	emergency transfers to hospital for obstetric care	4.59
12	children who completed vaccinations (child preventive care)	0.92
13	malnourished children referred for treatment	1.83
14	other emergency referrals	1.83

Table 1: Services (*S's*) and Weights (*! 's*) Used to Construct the *Q* for PBF Formula

	Service	Weight	Share of weight allocated to structural components	Share of weight allocated to process components	Means of assessment
1	General administration	0.052	1.00	0.00	Direct observation
2	Cleanliness	0.028	1.00	0.00	Direct observation
3	Curative care	0.170	0.23	0.77	Medical record review
4	Delivery	0.130	0.40	0.60	Medical record review
5	Prenatal care	0.126	0.12	0.88	Direct observation
6	Family planning	0.114	0.22	0.78	Medical record review
7	Immunization	0.070	0.40	0.60	Direct observation
8	Growth monitoring	0.052	0.15	0.85	Direct observation
9	HIV services	0.090	1.00	0.00	Direct observation
10	Tuberculosis service	0.028	0.28	0.72	Direct observation
11	Laboratory	0.030	1.00	0.00	Direct observation
12	Pharmacy management	0.060	1.00	0.00	Direct observation
13	Financial management	0.050	1.00	0.00	Direct observation
	Total	1.000			

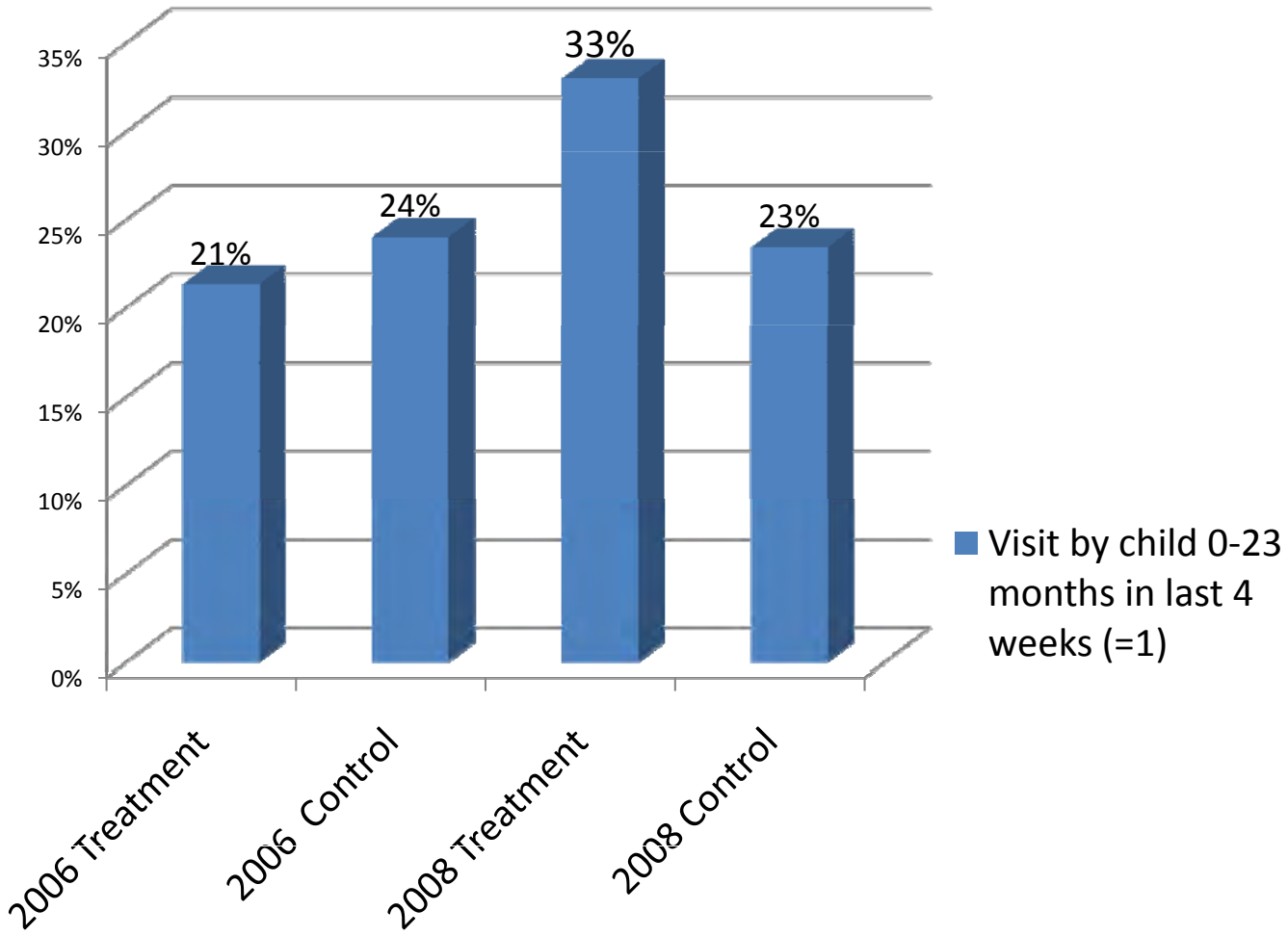

(1) CONTRACTS MAKE COMPACT EXPLICIT
(2) REENFORCED BY FINANCIAL INCENTIVES
(3) MONITORING OF PERFORMANCE BY SUPERVISORS
(4) 3RD PARTY VERIFICATION
The state
Politicians
Policymakers
Long route of accountability
Voice
Compact
Short route
Citizens/clients
Coalitions/inclusion
Nonpoor
Poor
Client power
Providers
Management
Frontline
Organizations
(7) SIGNATORIES TO CONTRACTS AND PAYMENTS
=> OMMUNITY MONITORING OF RESULTS
Services
(5) AUTONOMOUS PROVIDERS
(6) PAYS FACILITIES, NOT INDIVIDUALS, TO ENHANCE MUTUAL ACCOUNTABILITY

Results from Rwanda PBF

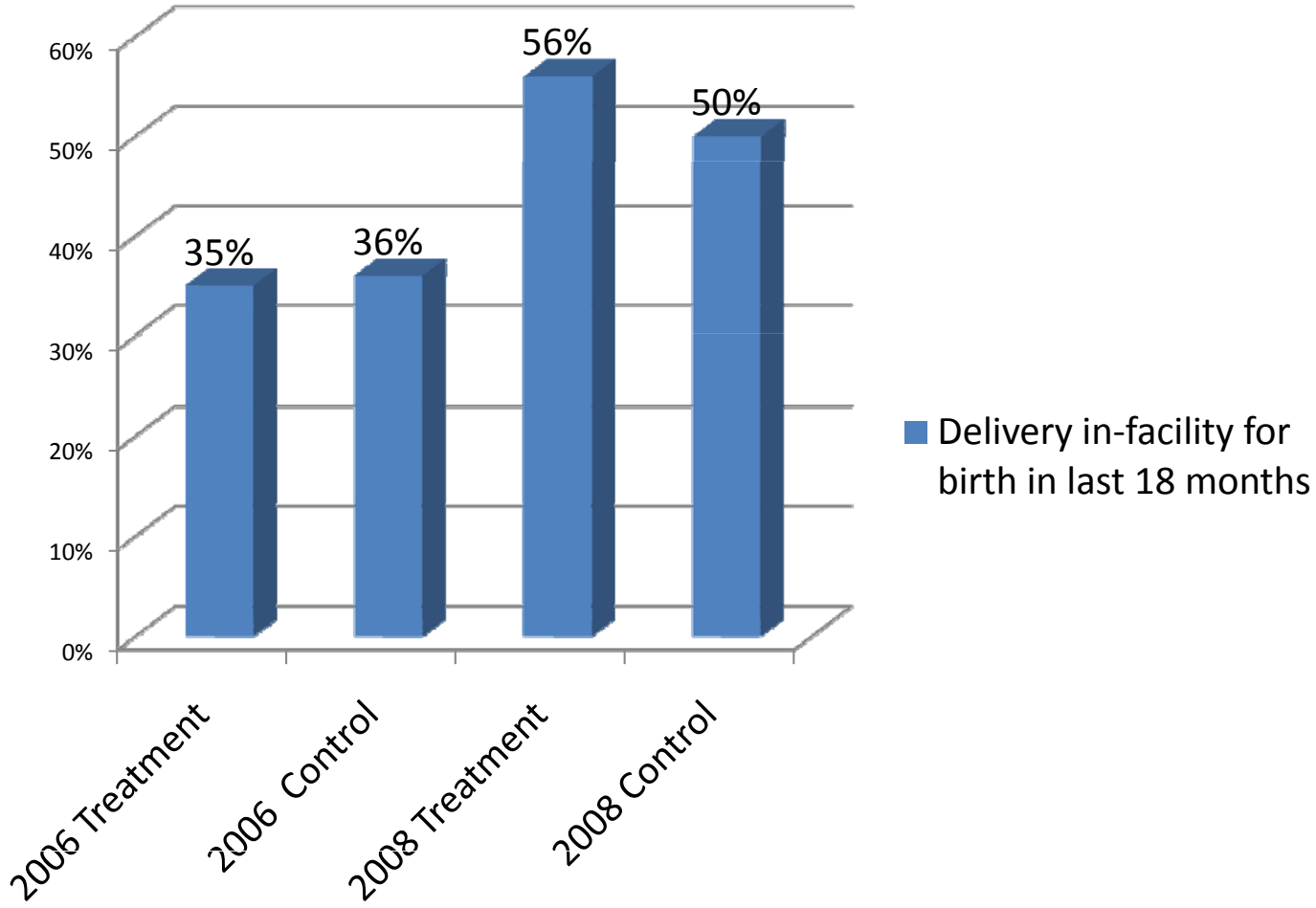
New results from *the Lancet* - Basinga et al. 2011

- Increased utilization of skilled delivery
- Increased use of child preventive care services
- No impact on timely prenatal care
- Improved prenatal care quality
- Greatest effect on services that are under the provider control and had the highest payment rates

Impact of Rwanda PBF on Child Preventive Care Utilization



Impact of Rwanda PBF on Institutional delivery



Bank-supported impact evaluations of PBF/RBF

- Currently supporting 17 impact evaluations of performance-based financing for health

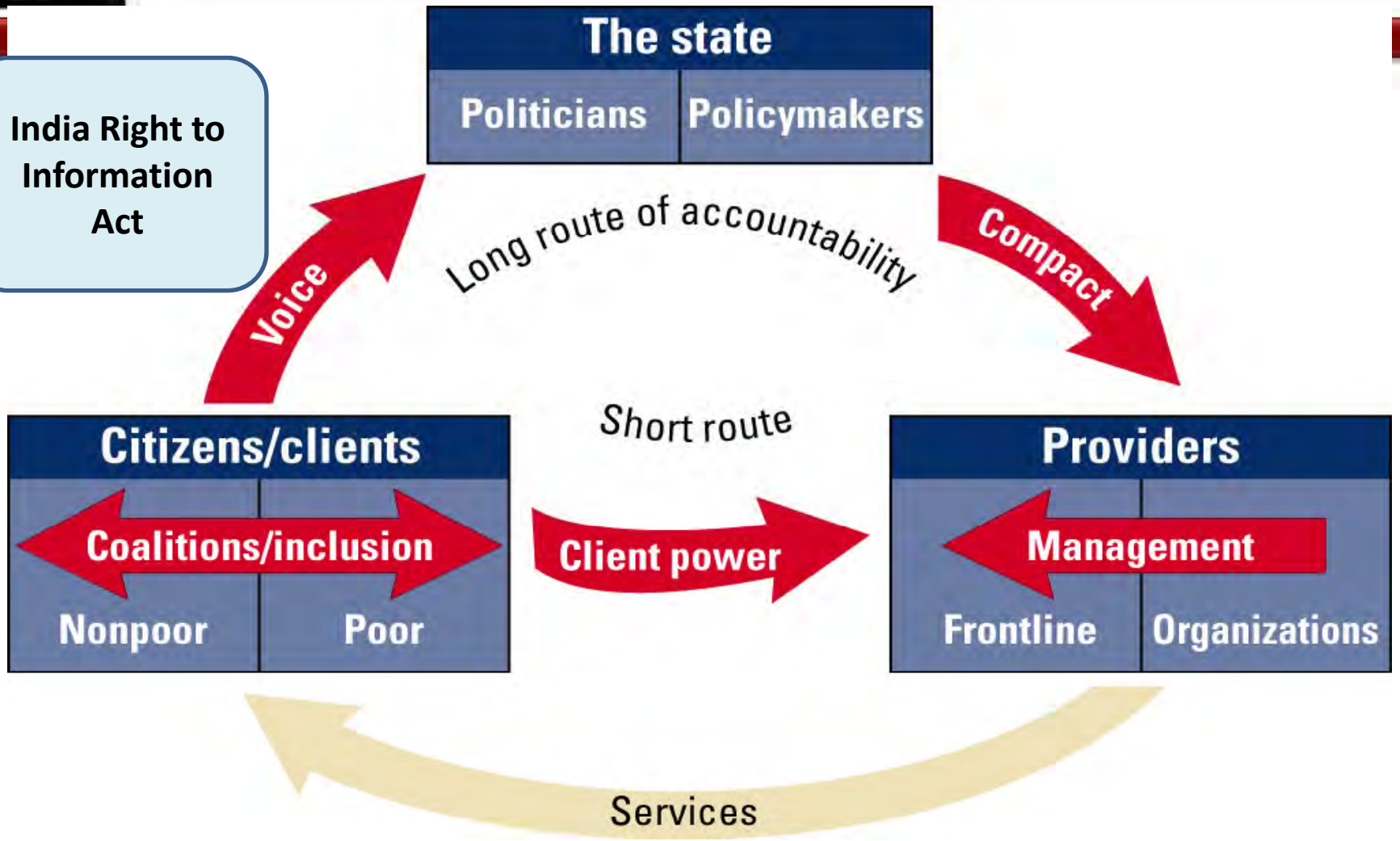
Examples:

Afghanistan, Argentina, Benin, Cameroon, DRC, Ghana, Kyrgyz Republic, Rwanda, Zambia, Zimbabwe

ENHANCING VOICE: INDIA RIGHT TO INFORMATION ACT

Enhancing voice

India Right to Information Act



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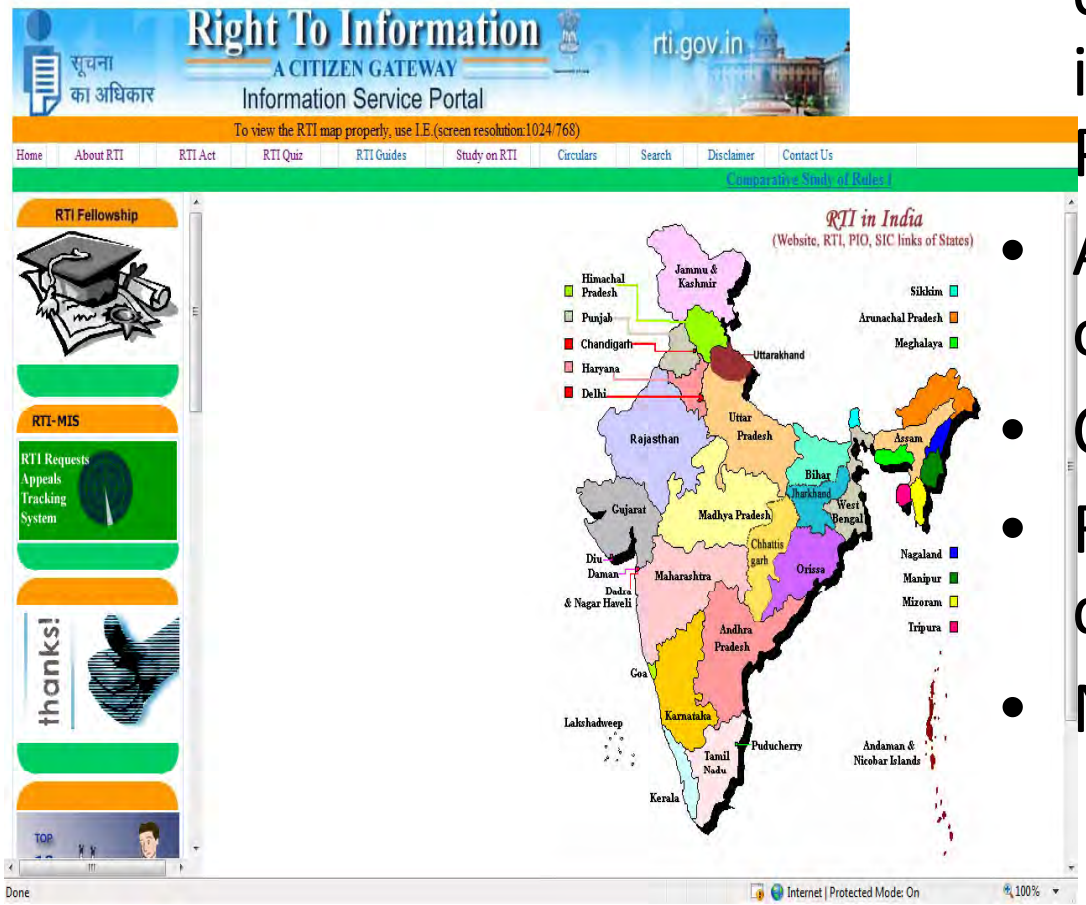
What is the Right to Information Act?



- Objective : enable citizens to access information held by Public Authorities.
- Application via post office, PIO, email, online
- Cost of “stamp”
- Right to reply within 30 days
- National since 2005

http://righttoinformation.gov.in/

“Information” includes:

- Public organization’s structure, functions, and duties
- Powers and duties of employees
- Procedures followed in the decision making process
- All rules, regulations, manuals and records
- The budget allocated to each of its agency – as well as actual and planned disbursements

- Publish all relevant facts while formulating important policies or announcing the decisions which affect public

RTI Success 1: Monitoring medical negligence

- Civil society RTI application on medical negligence:

  - Over the past 10 years, more than 97 per cent of doctors accused in West Bengal were acquitted

- West Bengal Medical Council (WBMC) refused to provide more information

- Civil society filed an appeal under the RTI Act

  => The Health Secretary ordered WBMC to supply all requested information ''within seven days''.

As reported by newkerala.com on 11 June 2011:
http://www.newkerala.com/news/2011/worldnews-4839.html

RTI Success 2: Exposing corruption in pharmaceutical procurement

- In Madhya Pradesh and Chhattisgarh – 2006 – people asked:

  - Names, quantity, supply price of all medicines procured for certain primary health centres and outpatient clinics

  - Copies of invoices

  - Names and contact details of suppliers

- Districts received the information within the 30 day RTI deadline
- Impact:

  - Found fictitious companies were shown as suppliers

  - Found prices at which the medicines were supplied to PHCs was more expensive than purchase price at retail pharmacies

- The government instituted a formal investigation and action against the concerned officials

Source: http://cic.gov.in/bestpractices.htm

RTI challenges

- Low awareness among disadvantaged groups
- Women 12% vs men 26%
- Rural 13% vs urban 33%
- OBC/ST/SC groups 14% vs other 27%
- Lack of on-site signage and assistance
- 34% sites have staff, 17% manual only, 49% nothing
- => only 57% filed successfully on first visit
- Staff rated 2.3 on 5-scale for “friendliness”

“Overview”

- Passion, intensity and exhaustion – no attrition!
- Hours of back and forth in spite of careful planning/preparation – some more death by powerpoint
- Recurrent question: which framework is relevant?
- An acute case of the “touching the elephant syndrome”
- But, we moved along….progress