



# GOVERNANCE IN HEALTH SYSTEMS 20/20: CHARTING A WAY FORWARD



February 2011

This publication was produced for review by the United States Agency for International Development. It was prepared by Taylor Williamson for Health Systems 20/20 Project.



## Mission

The Health Systems 20/20 **cooperative agreement**, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

## February 2011

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**Cooperative Agreement No.:** GHS-A-00-06-00010-00

**Submitted to:** Robert Emrey, CTO  
Health Systems Division  
Office of Health, Infectious Disease and Nutrition  
Bureau for Global Health  
United States Agency for International Development

**Recommended Citation:** Williamson, T. *Governance in Health Systems 20/20: Charting a Way Forward*. February 2011. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.



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# GOVERNANCE IN HEALTH SYSTEMS 20/20: CHARTING A WAY FORWARD

## **DISCLAIMER**

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# ACRONYMS

<b>CBHI</b>	Community-Based Health Insurance
<b>CCM</b>	Country Coordinating Mechanism
<b>COP</b>	Country Operational Plan
<b>CSO</b>	Civil Society Organization
<b>GIS</b>	Geographic Information System
<b>HAPSAT</b>	HIV/AIDS Program Sustainability Assessment Tool
<b>HCT</b>	HIV Counseling and Testing
<b>HDP</b>	Health Development Plan
<b>HIS</b>	Health Information Systems
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HMIS</b>	Health Management Information System
<b>HRIS</b>	Human Resources Information System
<b>HSA</b>	Health Systems Assessment
<b>HSS</b>	Health Systems Strengthening
<b>IR</b>	Intermediate Result
<b>IRB</b>	Institutional Review Board
<b>MAP 2</b>	Multi-country AIDS Program
<b>MCH</b>	Maternal and Child Health
<b>MHO</b>	Mutual Health Organization
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOPHP</b>	Ministry of Public Health and Population
<b>NGO</b>	Nongovernmental Organization
<b>NHA</b>	National Health Accounts
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PHN</b>	Population, Health, and Nutrition
<b>PHR<i>plus</i></b>	Partnership for Health Reform <i>plus</i>
<b>QAPC</b>	Quality Assurance Partnership Committee
<b>sub-IR</b>	Sub-Intermediate Result
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government



# EXECUTIVE SUMMARY

This report describes the ways in which Health Systems 20/20, a five-year USAID-funded project that strengthens health systems through improved financing, health governance, operations, and capacity building, incorporates elements of health governance into its initiatives. In addition, the report identifies lessons learned from previous and ongoing Health System 20/20 activities and outlines how health governance can be further integrated into existing field activities.

Health governance is about the rules and regulations that are put in place to achieve health system objectives. These rules and regulations determine the responsibilities of each health system actor, as well as the resources available to them. The three main sets of health system actors include:

- State actors who develop, implement, and enforce the rules and regulations that govern the health system, and who provide the public resources to finance the system
- Providers who deliver services to clients and present information to politicians and policymakers on performance and health indicators
- Clients who consume health services

Health governance is important because it seeks to strengthen the positive linkages among health system actors and correct power imbalances that emerge due to information and knowledge gaps, the deference given to health providers, and the inherent authority of the state.

Health Systems 20/20 measures health governance according to three categories of results: improvements in the policy process, increased accountability and transparency, and expanded stakeholder participation. Each of these elements was tracked with indicators selected from a comprehensive project review conducted in 2009, and relevant Health Systems 20/20 activities were categorized into the three groups.

Policy impacts deal with policy development and regulations that direct and set standards within the health system. Health Systems 20/20 initiatives enhance the policy process by strengthening the ability of government to create, analyze, and use policy-relevant information. A variety of tools and activities were used to achieve these goals, including:

- National Health Accounts: a framework that tracks the flow of public and private expenditures through the health sector
- HIV/AIDS Program Sustainability Analysis Tool: a computer-based model that forecasts and analyzes the sustainability of HIV/AIDS programs
- Health Systems Assessment: a methodology that determines the strengths and weaknesses of a health system based on the World Health Organization's six building blocks
- Policy communication tools: a set of presentations and tools to help Ministry of Health staff learn how to frame and present assessment findings to policymakers
- Geographic Information System (GIS) mapping: a tool to help policymakers visually identify health service needs

Analysis of these initiatives reveals that policy impacts take place not only when reports contain actionable findings, but also when policymakers have ownership over the findings generated in those reports. To create ownership, technical staff should be trained on how to communicate findings to policymakers, and both governmental and nongovernmental institutions need to improve how they use policy relevant information. To ensure ownership, studies should be aligned with the needs of health decision makers so that the information collected is relevant and can be applied in practice.

Accountability and transparency are defined by the formal mechanisms that are in place to hold key health system actors responsible to achieve specific performance criteria. Health Systems 20/20 aims to improve these mechanisms through the following initiatives:

- Stakeholder workshops and other methods of dissemination: engaging relevant stakeholders and civil society on study findings
- Quality Assurance Partnership Committees: bringing together local leaders and government officials, health service providers, and community representatives to address pertinent health quality issues
- NHA Global Access Database: providing a central, web-based repository of all NHA data that will allow for cross-country comparisons and for users to track government health expenditures more accurately and efficiently

Health Systems 20/20 activities focus on mechanisms that hold health system actors responsible by improving the availability of data to civil society, engaging civil society to analyze health data, and then engaging policymakers and the media to incorporate their analysis into policy.

Stakeholder participation refers to engagement with Ministry of Health staff, non-health government actors, health providers, citizens, civil society organizations, and international donors to strengthen ownership and the ability of citizens to influence health policy. Health Systems 20/20 implements the following initiatives to enhance stakeholder participation:

- Stakeholder engagement: using simple structures and activities to engage stakeholders such as health workers in Zambia to address productivity issues
- Mutual health organization (MHO) network: development of an MHO network in Mali that aggregates client voices when negotiating with the government on regulations, quality, and delivery issues
- Civil society data use: initiating efforts to improve the use of data by civil society including previously mentioned efforts like the NHA global access database, NHA data dissemination workshops, and GIS maps

Stakeholder participation permeates many Health Systems 20/20 activities, but the main challenge of reaching out to stakeholders is engaging civil society to use data for advocacy or accountability purposes.

Health governance cuts across several Health Systems 20/20 initiatives. To integrate, strengthen, and expand attention to health governance in ongoing field activities, civil society's ability to use data for advocacy needs to be enhanced so that it has the capacity to analyze and interpret data and advocate for policy changes. In addition, Health System 20/20 initiatives should be coordinated and designed with the government to ensure policy impacts. These recommendations to enhance health governance enable the health system to be more responsive to citizens' needs, ensure that initiatives are sustainable and country owned, and ultimately lead to improved health system performance.

# I. INTRODUCTION

The design of Health Systems 20/20 includes four main components associated with health systems strengthening (HSS): financing, health governance, operations, and capacity building. Since the start of the project in 2006, the health governance component has faced challenges in generating investment and field activities due to a weak understanding of what constitutes health governance both internally and externally to the project. In order to improve the health governance profile of Health Systems 20/20, this study seeks to understand: (1) how interventions under the other three Health Systems 20/20 components incorporate elements of health governance, and (2) how health governance interventions could be added to existing field activities to enhance HSS outcomes. These goals support the overall President's Emergency Plan for AIDS Relief (PEPFAR) strategy by analyzing efforts to improve country ownership and strengthen sustainable programs.

This study attempts to do the following:

- Document health governance aspects of current and completed Health Systems 20/20 activities.
- Identify gaps and lessons learned from previous and ongoing Health Systems 20/20 activities.
- Recommend actions to integrate and expand attention to health governance in Health Systems 20/20's field activities.



## 2. THE HEALTH SYSTEMS 20/20 MODEL OF HEALTH GOVERNANCE

Health governance concerns the rules and regulations put in place to achieve health system objectives and the various actors who work to influence, develop, and enact those rules. In order to visualize these concepts, Health Systems 20/20 has developed a conceptual framework that identifies three health system actors: the state, health providers, and citizens, and the linkages among them (see Figure 1).

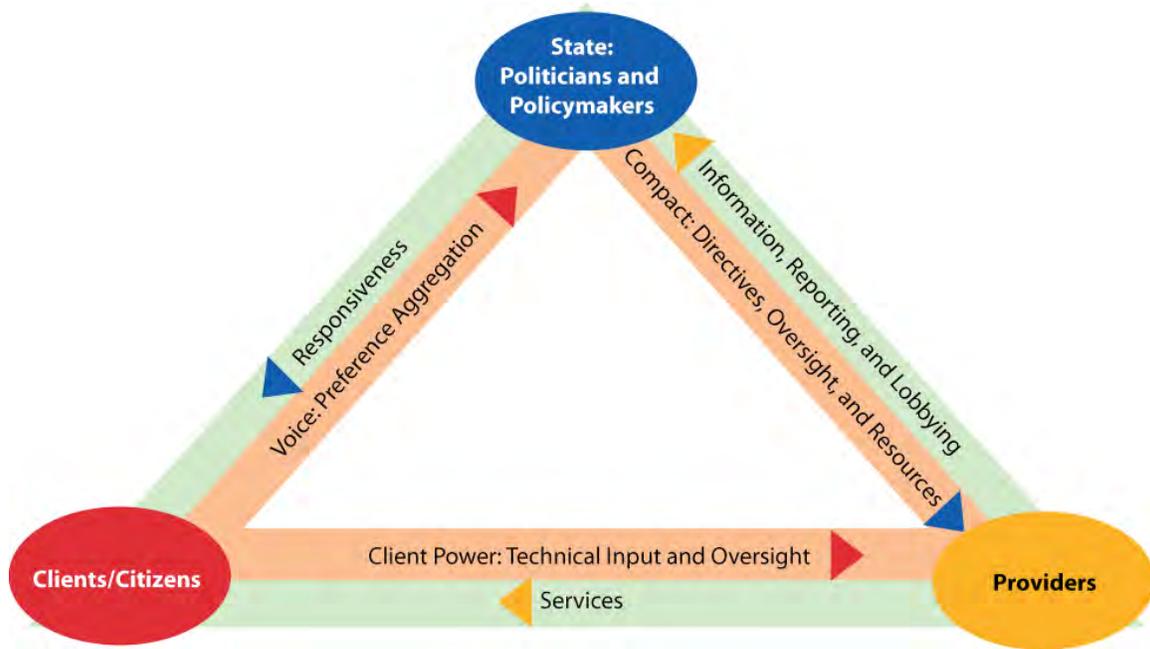
The state plays a crucial role in the health system by determining the rules and regulations that govern the system, providing policy leadership and oversight, organizing state-managed insurance schemes, and financing significant parts of the health system. Although state actors in this framework include health officials such as ministry staff, decentralized health administrators, and public pharmaceutical procurement institutions, other state actors such as politicians, the Ministry of Finance (MOF), and local government administrators can significantly affect the health system.

Providers include public and private sector clinics and the workers that staff them, such as doctors, nurses, technicians, and allied health professionals. They are a critical component of the health system because of their interaction with clients through service provisions and their influence on rules through lobbying efforts and reporting of health indicators.

Clients/citizens encompass not only health system users, but also the organizations and groups that represent the interests of these users. As users of the health system, citizens benefit from well-developed and thoughtful health system rules. Citizens also play a role in shaping those rules by advocating for policy changes to the government, providing feedback to providers, and demanding transparency from both providers and government.

Donors could be considered a fourth actor in this framework because of their influence over policies and financing, as they contribute an average of 22 percent of total health expenditures to sub-Saharan African countries.

**FIGURE I. HEALTH SYSTEMS 20/20'S HEALTH GOVERNANCE FRAMEWORK**



Source: Brinkerhoff, D.W., and T.J. Bossert. 2008. Health Governance: Concepts, Experience, and Programming Options. Health Systems 20/20 Policy Brief. February.

### 3. METHODOLOGY

This study used in-depth interviews and document reviews to analyze Health Systems 20/20 activities for aspects of health governance. To get a broad overview of the activities within Health Systems 20/20, the study team reviewed the work plan and conducted interviews with 21 team leaders within the project, examining every activity within Health Systems 20/20. These interviews obtained information on activity management to determine where governance was already being integrated into project activities. Document review was key to understanding country context, activity determination, and results, especially as many deliverables are studies or reports. Activity work plans, trip reports, training materials, manuals, and final reports were all reviewed. Guiding the analysis of these documents and interviews were the Health Governance model, profiled in chapter 2, and the broader PEPFAR strategies, including country ownership, building sustainability, and strengthening efficiency.



## 4. HEALTH GOVERNANCE RESULTS AND INDICATORS

Health Systems 20/20’s design describes health governance as consisting of three categories of results to be achieved: improvements in the policy process, increased accountability and transparency, and expanded citizen participation. This study uses a subset of these original project indicators for health governance to assess the Health Systems 20/20 activities. This subset was chosen by using strategy indicators, which emerged from a comprehensive project review conducted in year 3 (see Table 1). These indicators represented a consensus among senior managers on how Health Systems 20/20 should be evaluated. These indicators, however, did not include ways to evaluate the policy impacts of the project. Therefore, the study team chose additional indicators from among the original project indicators that would reflect the process of policy making, from data collection to actual changes in policy. The discussion below employs these indicators to examine existing activities and probe for areas in which the project could improve its achievements in health governance. These indicators will be referred to throughout the document.

**TABLE 1. HEALTH GOVERNANCE INDICATORS BY SUB-INTERMEDIATE RESULT (SUB-IR)**

sub-IR 1 – Policy Impacts	sub-IR 2 – Accountability and Transparency	sub-IR 3 – Stakeholder Participation
<b>Indicator 6:</b> Number of countries in which government institutions regularly collect and make publicly available National Health Accounts (NHA) and other financial data for the health sector through Health Systems 20/20 assistance.	<b>Indicator 18:</b> Number of instances of countries implementing measures to reduce corruption and improve transparency and accountability through Health Systems 20/20 assistance.	<b>Indicator 19:</b> Number of instances of civil society stakeholders and NGOs using financial and other HMIS data for advocacy or accountability with Health Systems 20/20 assistance.
<b>Indicator 8:</b> Number of instances in which the Ministry of Health (MOH) improves the quantity or quality of its engagement with the MOF, Poverty Reduction Strategic Plan Secretariat, sector-wide approach process, and related mechanisms to advocate for more resources for health through Health Systems 20/20 assistance.	<b>Indicator 19:</b> Number of instances of civil society stakeholders and nongovernmental organizations (NGOs) using financial and other health management information system (HMIS) data for advocacy or accountability with Health Systems 20/20 assistance.	<b>Indicator 20:</b> Number of instances in which civil society is represented in town hall meetings, participatory budget exercises, public hearings, and health service delivery governance institutions with assistance from Health Systems 20/20.
<b>Indicator 10:</b> Number of instances in which countries have increased the amount of resources budgeted for population, health, and nutrition (PHN) priority services as a result of improved availability and use of NHA and cost data through Health Systems 20/20 assistance.	<b>Indicator 22:</b> Number of instances in which MOH is engaged to set priorities, improve accountability, and share feedback with civil society, government, donor, global health initiatives, and foundations through Health Systems 20/20 assistance.	<b>Indicator 22:</b> Number of instances in which MOH is engaged to set priorities, improve accountability, and share feedback with civil society, government, donor, global health initiatives, and foundations through Health Systems 20/20 assistance.
<b>Indicator 30:</b> Number of instances of policymakers and program managers using health information system data for policy decisions or program management through Health Systems 20/20 assistance.		

## 4.1 POLICY IMPACTS

*Intermediate Result: Policymakers effectively define and defend cost-effective strategies and investments to improve health.*

Producing studies and carrying out activities that improve health policy are core elements of Health Systems 20/20's country assistance. This IR deals with policy development and regulatory aspects of the health system, including how governments collect, process, and act on data received from both recurring studies and routine data. In addition, this IR examines areas in which Health Systems 20/20 is working to move beyond the dissemination of data, to build interpretation and analysis skills to enable health policy to be more evidence based. The indicators discussed in the following paragraphs map the flow of data from collection and availability to engagement around the findings and the actual decisions that result from those findings. As such, the indicators measure the impact of Health Systems 20/20 throughout the policy process. Health Systems 20/20 pursues activities that create policy-relevant information, strengthen the ability of government to process that information, and lead to more evidence-based health policy, all of which are keys to achieving this IR.

## 4.2 ACCOUNTABILITY AND TRANSPARENCY

*Intermediate Result: Health system is transparent and accountable.*

Accountable public servants and transparent service delivery are vital to a well-functioning health system. Accountability and transparency allow knowledge to be shared throughout the health system, thereby improving client choice and participatory decision making. This IR addresses everything from the dissemination of study results to health facility management processes to the use of data by civil society. It measures how public officials provide information to citizens and ensure that the use of public resources meets high standards. This IR also examines the ways that citizens use that data to advocate for changes to their health system.

One focus within accountability and transparency is to strengthen how effectively government institutions share information with citizens and civil society. As a result of the link with outside stakeholders, such as civil society organizations (CSOs), much overlap exists between this IR and the one that follows on stakeholder participation.

## 4.3 STAKEHOLDER PARTICIPATION

*Intermediate Result: Stakeholders participate actively in shaping PHN priority services.*

Strengthening external stakeholder participation in health policy decisions is vital to Health Systems 20/20's health governance strategy. In order to measure how Health Systems 20/20 is building the participation capacity of external stakeholders, this IR looks at citizens' ability to influence health policy at the national and subnational levels and provide feedback to their health service providers on service delivery and quality.

The indicators for this sub-IR consider citizen engagement outputs, such as advocacy or participation in workshops, and whether citizen engagement is effecting change, not only whether citizens participate in the process alone. As with any complex system, the attribution of improvements can be difficult to identify. Therefore, rather than looking solely at health improvements as a result of stakeholder participation, the analysis highlights where Health Systems 20/20 has improved citizen engagement and identifies possible service improvements from that engagement.

## 5. SUMMARY OF HEALTH GOVERNANCE IN HEALTH SYSTEMS 20/20

Many Health Systems 20/20 field activities not labeled as health governance are actually improving health governance. These include human resource pilot studies, NHA institutionalization efforts, and the strengthening of community-based health insurance (CBHI) schemes. In addition, there are ongoing activities that have clear health governance implications. These activities include client-provider committees in the Philippines and dissemination of NHA data to CSOs in Kenya and Liberia. As a result, some activities have obvious health governance connections, while the governance implications of others must be identified and drawn out. Table 2 gives a brief summary of the health governance implications of various types of activities in Health Systems 20/20.

**TABLE 2. CURRENT ACTIVITIES WITH GOVERNANCE IMPLICATIONS BY SUB-IR**

<b>sub-IR 1 – Policy Impacts</b>	<b>sub-IR 2 – Accountability and Transparency</b>	<b>sub-IR 3 – Stakeholder Participation</b>
<ul style="list-style-type: none"> <li>• National Health Accounts (NHA)</li> <li>• Health Systems Assessment (HSA)</li> </ul>	<ul style="list-style-type: none"> <li>• NHA Global Access database</li> <li>• NHA dissemination (Kenya, Liberia)</li> <li>• Quality Assurance Partnership Committees (QAPC) development (Philippines)</li> </ul>	<ul style="list-style-type: none"> <li>• CBHI strengthening (Mali)</li> <li>• Global Fund reference guide</li> <li>• Human Resource Productivity study (Zambia)</li> </ul>
<ul style="list-style-type: none"> <li>• HIV/AIDS Program Sustainability Assessment Tool (HAPSAT)</li> </ul>		
<ul style="list-style-type: none"> <li>• Retention incentive studies (RCI, Swaziland)</li> </ul>		
<ul style="list-style-type: none"> <li>• Workforce planning (Egypt)</li> </ul>		
<ul style="list-style-type: none"> <li>• Human Resources Information System (HRIS) strengthening (Côte d'Ivoire)</li> </ul>		
<ul style="list-style-type: none"> <li>• National AIDS Control Council &amp; MOH strengthening (Mozambique)</li> </ul>		
<ul style="list-style-type: none"> <li>• NHA Institutionalization (Namibia)</li> </ul>		
<ul style="list-style-type: none"> <li>• Geographic Information System (GIS) (Yemen, Côte d'Ivoire, Nigeria)</li> </ul>		
<ul style="list-style-type: none"> <li>• HMIS (Kenya, Vietnam)</li> </ul>		
<ul style="list-style-type: none"> <li>• Health Governance Assessment (Rwanda)</li> </ul>		

## 5.1 POLICY IMPACTS

Enhancing the information and knowledge available for policy decisions is one of the key goals of Health Systems 20/20's governance activities. Sub-IR 1 deals with Health Systems 20/20's role in strengthening the ability of government to collect, analyze, interpret, and act on health systems data. Any activity that has a product with recommendations could affect health policy; therefore, many avenues exist for exploring policy impacts under Health Systems 20/20. These avenues include studies with predefined methodologies such as HSAs, HAPSATs, and NHA, activities that improve how data are presented and used, and pilot projects that test a set of policies against the current policies. Some of the activities that improve data use are workforce planning tools, policy communication presentations, and GIS maps. As with the NHA, HAPSAT, and HSA, some of these activities have already had policy impacts, most notably the GIS maps, while other activities may not have been incorporated yet into national plans. Pilot projects related to Human Resources for Health are currently being conducted in Swaziland, Côte d'Ivoire, and Ethiopia.

### 5.1.1 METHODOLOGIES

HSA, HAPSAT, and NHA have the advantage of being defined methodologies that already have significant exposure in host countries and input from donors and international NGOs. These studies have major differences, but all three produce recommendations that affect health policy in the host country. As a result, the data generated by these studies are often used by policymakers to inform health strategic plans, HIV/AIDS strategic plans, and MOH financing requests.

Tables 3 through 5 in the following subsections summarize the ongoing and completed NHA, HAPSATs, and HSAs. As the tables show, Health Systems 20/20 has completed many of these studies throughout the world.

#### 5.1.1.1 NATIONAL HEALTH ACCOUNTS

Today more than 50 low- and middle-income countries use NHA as a framework for measuring total public and private national health expenditures. The NHA methodology tracks the flow of funds through the health sector, from their sources, through financial institutions, to providers and functions. NHA are useful in informing policies at the national or even subnational level by providing policymakers with information on the health expenditures by different actors within the health system. As such, they address governance indicators in a number of ways. First, using the NHA, governments collect and publish NHA data for the health sector (indicator 6). Second, Ministries of Health can, and do, use these data to advocate for more resources from the MOF (indicator 8). Third, once the MOH actually receives increased resources as a result of data generated by Health Systems 20/20, indicator 10 is addressed. Fourth, NHA data are also used to influence health policy at large (indicator 30). As a result of these potential impacts, there are many examples of NHA being used to improve health policy in the countries where they have been done.

In Kenya, for example, NHA estimates for 2001/2002 showed that out-of-pocket expenditures were very high. The MOH sought to decrease these costs by reducing user fees at facilities and providing direct grants to health facilities to make up for the lost revenue. In 2006, the MOH also used NHA data to request and receive the largest increase in the health budget since 1963. Even though the NHA exercise was conducted under the predecessor project, Partnerships for Health Reform*plus* (PHR*plus*), the health policy impact took place during Health Systems 20/20.

In another example, governorate-level health accounts in Amran Governorate, Yemen showed that many residents of the governorate were seeking reproductive health services from neighboring governorates, as shown in Table 3. In order to improve reproductive health services in the governorate, health policymakers considered a number of interventions, but finally settled on hiring more gynecologists in the governorate. This simple intervention led to the retention of 70-90 percent of the amount of money spent on reproductive health services in the Amran governorate. Further examples of policy impacts from NHA can be seen in the NHA Policy Impact Database (see <http://www.healthsystems2020.org/section/impact>). Selected policy impact examples from the database are also highlighted in Section 5.1.2.1.

**TABLE 3. HEALTH SYSTEMS 20/20 APPLICATION OF THE NHA AND LINKS TO COUNTRY-LEVEL PLANNING PROCESSES**

Country	Estimation Year	Year of Impact	Providing input for:
Malawi	2002-2004	2007	<ul style="list-style-type: none"> <li>Decision on using performance -based financing to hold providers accountable for key child health output indicators</li> </ul>
Yemen	2005/2006	2006	<ul style="list-style-type: none"> <li>Allocation of reproductive health resources in Amran and neighboring governorates</li> </ul>
Liberia	2007/2008	2009	<ul style="list-style-type: none"> <li>National health financing policy and strategic plan</li> </ul>
Namibia	2006/2007	2009	<ul style="list-style-type: none"> <li>Ministry of Health and Social Services strategic plan</li> </ul>
Côte d'Ivoire	2007/2008	2008	<ul style="list-style-type: none"> <li>PEPFAR partnership framework</li> </ul>
Rwanda	2005/2006	2008	<ul style="list-style-type: none"> <li>Including reproductive health as a priority area</li> <li>Economic Development and Poverty Reduction Strategy</li> </ul>
Kenya	2005/2006	2009	<ul style="list-style-type: none"> <li>Health care financing strategy</li> <li>Assessing the impact of recent policies aimed at addressing inequities</li> </ul>
Afghanistan	2008/2009	2010	<ul style="list-style-type: none"> <li>Development of a sustainable NHA process</li> </ul>
Egypt	2007/2008	2009/2010	<ul style="list-style-type: none"> <li>Development of a sustainable NHA process</li> <li>Ongoing resource allocation decisions</li> </ul>
Uganda	2005/2006	2010	<ul style="list-style-type: none"> <li>Inclusion of contraceptives in country health sector and poverty alleviation strategies</li> <li>Development of sector-wide approaches</li> </ul>
Tanzania	2008/2009	TBD	<ul style="list-style-type: none"> <li>In progress</li> </ul>
Vietnam	2008/2009	TBD	<ul style="list-style-type: none"> <li>In progress</li> </ul>
Botswana	2008/2009	TBD	<ul style="list-style-type: none"> <li>In progress</li> </ul>
Democratic Republic of Congo	2008/2009	TBD	<ul style="list-style-type: none"> <li>In progress</li> </ul>

### 5.1.1.2 HIV/AIDS PROGRAM SUSTAINABILITY ANALYSIS TOOL

HAPSAT was developed by Health Systems 20/20 to assist governments and donors with the development of HIV/AIDS policies and implementation plans. HAPSAT utilizes a computer-based model for forecasting and analyzing the sustainability of HIV/AIDS programs during periods of service delivery scale-up and/or when facing limited or unknown future resource levels. The methodology improves health policy by providing information on the resources necessary to scale up HIV services to government policymakers, Global Fund applications, and U.S. Government (USG) programs. HAPSAT has been used in all of these ways to inform health policy.

In Nigeria, for example, broad support from the National Agency for the Control of AIDS and donors led to the inclusion of HAPSAT information in an application for World Bank Multi-country AIDS Program (MAP 2) funding, discussions on the PEPFAR partnership framework and Country Operational Plan (COP) planning, and consideration for use in the national strategic framework policy process. In Zambia, a HAPSAT identified that the main challenges to universal antiretroviral therapy access were human resources related, especially in laboratory staffing. This information was used to inform Zambia's HIV sector strategic plan and a Global Fund application.

**TABLE 4. HEALTH SYSTEMS 20/20 APPLICATION OF THE HAPSAT AND LINKS TO COUNTRY-LEVEL PLANNING PROCESSES**

Country	Year	Providing input for:
Zambia	2008	<ul style="list-style-type: none"> <li>• Global Fund Round 8 application</li> </ul>
Nigeria	2009	<ul style="list-style-type: none"> <li>• World Bank MAP 2 application</li> <li>• PEPFAR Partnership Framework</li> <li>• COP planning</li> <li>• National strategic framework policy</li> </ul>
Ethiopia	2009	<ul style="list-style-type: none"> <li>• United States Agency for International Development (USAID) COP 2010</li> </ul>
Côte d'Ivoire	2010	<ul style="list-style-type: none"> <li>• USAID COP 2010</li> </ul>
Democratic Republic of Congo	2010	<ul style="list-style-type: none"> <li>• In progress</li> </ul>
Haiti	2010	<ul style="list-style-type: none"> <li>• PEPFAR orphans and vulnerable children programming and targets</li> </ul>
S. Sudan	2010	<ul style="list-style-type: none"> <li>• Global Fund Round 10 application</li> <li>• USAID HIV planning</li> <li>• HIV/AIDS Stakeholders Forum</li> </ul>
Guyana	2010	<ul style="list-style-type: none"> <li>• PEPFAR partnership framework</li> <li>• COP planning</li> <li>• Information for integration of HIV services</li> </ul>
Sierra Leone	2010	<ul style="list-style-type: none"> <li>• In progress</li> </ul>
Kenya	2010	<ul style="list-style-type: none"> <li>• National Hospital Insurance Fund outpatient service development</li> <li>• Global Fund application</li> <li>• PEPFAR partnership framework</li> <li>• Joint annual work plan</li> <li>• Medium-Term Expenditure Framework</li> </ul>

### 5.1.1.3 HEALTH SYSTEMS ASSESSMENT

The HSA approach is designed to provide a rapid and yet comprehensive assessment of key health system functions. The assessment tool is organized around the six World Health Organization building blocks: governance, financing, service delivery, human resources, pharmaceutical management, and health information systems. The HSA provides input into national strategies, PEPFAR partnership frameworks, and, to a certain extent, Global Fund applications. Examples of HSA use for improving health policy include an HSA in two provinces in Vietnam and an assessment in Senegal. The HSA in Vietnam brought health information system weaknesses to the attention of provincial-level policymakers and donors. As a result, HIS is being strengthened throughout one of the provinces with Health Systems 20/20 and provincial support. In Senegal, findings from the assessment were incorporated into the most recent 10-year plan for the health sector (Table 5).

**TABLE 5. HEALTH SYSTEMS 20/20 APPLICATION OF THE HSA APPROACH AND LINKS TO COUNTRY-LEVEL PLANNING PROCESSES**

Country	Year	Providing input for:
Senegal	2009	<ul style="list-style-type: none"> <li>10-year national health strategy</li> </ul>
Vietnam (second assessment)	2009	<ul style="list-style-type: none"> <li>MOH implementation of HSS activities</li> <li>Health Development Plan (HDP) assistance planning</li> <li>USG partnership framework</li> </ul>
Côte d'Ivoire	2010	<ul style="list-style-type: none"> <li>HDP and ministerial planning</li> <li>USG/Abidjan, USG partnership framework</li> </ul>
Lesotho	2010	<ul style="list-style-type: none"> <li>Ministry of Health and Social Welfare health systems activities through the Millennium Challenge Account</li> <li>USG partnership framework</li> <li>USG/Rural Health Advocacy Project assistance planning</li> </ul>
Zimbabwe	2010	<ul style="list-style-type: none"> <li>Ministerial resource mobilization</li> <li>HDP assistance planning</li> </ul>
Angola (second assessment)	2010	<ul style="list-style-type: none"> <li>Ministry's district strategy</li> <li>USG/Luanda assistance planning</li> </ul>
Kenya	2010	<ul style="list-style-type: none"> <li>National health sector annual operational plan review</li> <li>National Health Policy Framework review</li> <li>USG/Nairobi assistance planning</li> </ul>
Tanzania	2010	<ul style="list-style-type: none"> <li>National Joint Health Sector review</li> <li>National health finance review</li> <li>HDP assistance planning</li> <li>USG/Dar es Salaam assistance planning</li> <li>USG implementing partners' activities</li> </ul>
Guyana	2010	<ul style="list-style-type: none"> <li>Ministerial HSS planning</li> <li>Country Coordinating Mechanism HSS planning</li> <li>USG partnership framework</li> <li>USG/Georgetown assistance planning</li> </ul>

## 5.1.2 OTHER ACTIVITIES

In addition to the NHA, HSA, and HAPSAT, other activities have improved the policy impacts of Health Systems 20/20's work. These activities include tools to strengthen the use of data, studies of specific policy questions, and the tracking and highlighting of where and how these impacts have occurred.

### 5.1.2.1 POLICY IMPACT DATABASE

The Health Systems 20/20 website currently has an NHA Policy Impact Database that tracks how NHA have influenced and improved policy in countries in which they have been implemented. Until early 2009, an incentive for participation existed: a free trip to an NHA conference. Following the conference, the incentive no longer existed, and participation in the database has declined. As of summer 2010, no policy impacts had been recorded in 2010, compared to five in 2009, six in 2008, and seven in 2007. Impacts from before the start of the project were often entered by Health Systems 20/20 staff to populate the database. This activity addresses all of the policy impact indicators by providing a mechanism to collect and measure policy impacts from NHA that otherwise may not have been collected. The Policy Impact Database provides an easily accessible framework to capture and disseminate impacts that applications of the NHA have had, regardless of whether or not an incentive exists.

### 5.1.2.2 POLICY COMMUNICATION TOOLS

Reports and assessments are most effective when technical staff can communicate findings to decision makers in a clear, concise manner. Often MOH employees need assistance with analyzing and communicating report findings, especially highly technical information such as an NHA, in order to reinforce the resulting policy messages. Under the NHA in Namibia, Health Systems 20/20 developed a set of presentations and tools to help MOH staff learn how to effectively frame and present assessment findings to policymakers. Developers anticipated these modules would require 2-1/2 days to properly teach the material to MOH staff. In Namibia, however, the time available for delivering the information was limited to half a day because most of the workshop was set aside to write the NHA itself. As a result of the shortened session, only some of the modules were delivered in their entirety, though participants did receive the full set of modules. Full training is currently planned for one of the NHA in year 5. Follow-up has not been done in Namibia to determine whether participants have used the training to improve their policy communication skills. While this activity has not yet had a measurable impact on indicator 10 (e.g., through increased health resources specifically as a result of better use of NHA data), the possible cascade effect of better communication skills leading to better policy decisions, including increased health funding, is not hard to conceptualize. More needs to be done by conducting the full range of this training, providing mentoring and coaching skills to trainees, and developing ways to measure communication skills leading to increased health funding.

### 5.1.2.3 HEALTH WORKER RETENTION STUDY

Swaziland, like other countries in sub-Saharan Africa, has challenges with health worker retention, as many workers leave for opportunities in South Africa and beyond. As a result, Health Systems 20/20 studied the effectiveness of using financial incentives tied to HIV counseling and testing (HCT) targets to retain staff. In discussions with the Swazi MOH, however, it became clear that the MOH did not want to incorporate an individual incentive into its human resource strategy. In addition, the MOH wanted to use the data to analyze HCT uptake targets. Discussions were also held with MOH officials on how to avoid a decrease in the quality of other services if HCT services were incentivized.

As a result of these discussions, the scope was changed to match the research questions posed by the Swazi MOH and the activity underwent a review by the Institutional Review Board (IRB). Following IRB review and approval, the activity started in year 4 of the project, with a final evaluation undertaken at the end of year 4.

The activity in Swaziland addresses indicator 30, which measures how often policymakers use data for policy decisions or program management with Health Systems 20/20 assistance. By working with Health Systems 20/20 to change the scope of the activity, the Swazi MOH honed in on the range of policy decisions that it was willing to make, such as incentive plans that do not include individual financial incentives, rather than recommendations that would never be implemented. Although this activity is ongoing, the likelihood that a nationwide incentive program in Swaziland will result from this study is much higher when government has a stake in the results.

#### 5.1.2.4 CAESARIAN SECTION USER FEE POLICY IN MALI

Assessing policy impacts should be concerned not only with new initiatives, but with ongoing programs as well. In 2006, the government of Mali decided to remove all user fees from the provision of caesarian sections in public health care facilities. Health Systems 20/20 was asked by the government and USAID to look at the effectiveness of that policy by conducting a study using facility- and individual-level qualitative data concerning two questions:

- How well is the policy working to improve access to caesarian sections?
- What are the existing barriers to caesarian sections?

This work is currently underway, and the government of Mali will use these findings to improve the implementation of this plan, including identifying ways to help lowest performing regions. As in the activity in Swaziland, this activity addresses indicator 30, whereby the implementation of a policy already in place will be examined and recommendations will be made on how to improve the execution of that policy.

#### 5.1.2.5 GIS MAPPING

As in the Swaziland and Mali activities, the development of GIS tools in Yemen, Côte d'Ivoire, and Nigeria addresses how policymakers use data to formulate or change policies and programs. In Yemen, Health Systems 20/20 created GIS maps that help policymakers visually identify health service needs, and the information in these maps has had an identifiable impact on health policy decisions. In Côte d'Ivoire and Nigeria, these tools are in development.

The process in Yemen focused on helping the Ministry of Public Health and Population (MOPHP) create and use a GIS database. In 2005, *PHRplus*, the predecessor project to Health Systems 20/20, did a health facility survey in the five USAID focus governorates to gather data for the GIS database and it created the GIS tools that the MOPHP now uses. Building on that work, Health Systems 20/20 provided training in basic GIS use and tool development to strengthen the ability of MOPHP staff members to use and create GIS datasets, with the goal of having a core of GIS capable staff members at the MOPHP.

The success of this activity encouraged the MOPHP to scale up use of the tool nationally. Recently, the Yemeni MOPHP requested Health Systems 20/20 assistance to do a new health facility survey, in order to update the GIS data. This indicates that while use of the existing information may be institutionalized, updating it may not yet be fully within the capability of the MOPHP.

Findings from Yemen have shown that the GIS maps were used by a range of stakeholders for the following purposes:

- The Yemeni Midwives Association advocated for and achieved the deployment of new midwives to underserved areas.
- Governorates analyzed catchment populations and resource flows.
- Governorates prioritized the provision of electricity to health facilities based on the need for a cold chain.
- The Ministry of Local Government determined election polling places.
- District health officials justified resource allocations based on population data.

Because Yemen was the first country in which Health Systems 20/20 helped set up GIS maps, the process in Côte d'Ivoire and Nigeria was based on, but did not completely parallel, the system established there. In Côte d'Ivoire, for example, the MOH did not have the same capacity to generate GIS databases that the MOPHP did in Yemen. It was necessary, therefore, to find a contractor technically able to conduct the work, which, in this case, was the National Committee of Remote Sensing and Geographic Information, a mapping center tied to the University of Abidjan. It was also necessary to work with the Ministry of Planning, which had previously established a mapping unit. Currently, data have been collected and the contractor is in the process of developing the maps. Although the MOH is not directly involved in map creation, MOH staff members are being trained on how to use the maps. Hard copies of the GIS atlases will also be distributed throughout the districts for use by district health officials. The model in Nigeria will follow the one used in Côte d'Ivoire; however, the preliminary assessment was only recently completed. As with the Mali and Swaziland activities, GIS maps address indicator 30.

#### **5.1.2.6 HUMAN RESOURCES ASSESSMENT IN COTE D'IVOIRE**

Assessments often result in policy changes, implementation of other recommendations, and further technical assistance from Health Systems 20/20 or another project. In Cote d'Ivoire, a human resources assessment led to each one of these outcomes.

Under the predecessor project, PHRplus, a human resources assessment identified important areas for improving human resources for health in Cote d'Ivoire, including deploying an HRIS, strengthening training institutions, and better distributing health workers. Working closely with Health Systems 20/20, the MOH incorporated many of the recommendations from the assessment into the human resources policy. USAID provided funding for activities that specifically addressed these recommendations, including a pilot HRIS in five regions, a retention study in one region, and the hiring of new instructors and improvement of library facilities at a health training institute.

Activities in Cote d'Ivoire address indicators across the spectrum of policy development, including data collection and use, engagement with stakeholders, and increased funding for health activities; these activities represent indicators 6, 8, and 30.

### 5.1.3 ANALYSIS

These examples of policy impacts raise some issues for how Health Systems 20/20 can help policymakers design strategies to improve health through strengthening health governance. For example, policy-relevant reports, such as the ones identified in this section, are a necessary, although not sufficient, step toward using policy to strengthen the effectiveness of country programs. In addition, ministries of health and national AIDS commissions must have ownership over the data generated from the reports to effectively address the findings.

Although many completed and ongoing activities potentially have policy impacts, tracking these impacts has often been done by individual activities or at the country level. The NHA Policy Impact Database was an attempt to systematically capture and track the policy impacts of NHA throughout the project and make those impacts widely available and known through publication on the Health Systems 20/20 website. In this respect, the database succeeded in tracking, collecting, and disseminating policy impacts from the NHA. In order to build on this success, Health Systems 20/20 should ensure that ongoing policy impacts from NHA and other studies are identified and tracked at the project level so that it will be understood how Health Systems 20/20 support contributed to the impact and how to improve on policy impacts across the project.

Teaching technical staff how to communicate policy findings is another crucial component of increasing the chances of achieving policy impacts and strengthening country ownership of report findings and recommendations. Because decision makers rarely have time to read an entire HSA, NHA, or other thorough but lengthy study report, the ability of MOH technical staff to prepare short policy briefs that summarize findings and illuminate action items is vital to fostering ownership. The activity in Namibia represents a first step toward strengthening the MOH staff in these core skills, despite the fact that full training was unable to be implemented. Material for the full presentation has been developed and could be used in another setting.

Although the training in Namibia was focused on MOH technical staff, an opportunity exists to include advocacy organizations in training their staff to communicate their opinions on Health Systems 20/20 studies to decisions makers through strong communication tools. Teaching these organizations how to improve communication would increase the quality, and, most likely, the quantity of viewpoints that are expressed to decision makers during health policy debates, which would in turn allow decision makers to have more information from a greater variety of sources when making decisions. Improving the advocacy skills of civil society would also go a long way toward addressing indicator 29, one of the key indicators for both sub-IR 2 and sub-IR 3, and this will be discussed in those sections as well.

Using study findings to address the needs of different stakeholders in this way addresses two main PEPFAR strategies: 1) increasing efficiencies in the use of data and 2) strengthening country-level ownership. Efficiencies are increased by using study findings in new ways to achieve multiple objectives. For example, training advocacy organizations to use policy-relevant data that Health Systems 20/20 has created gives those organizations the ability to use the information in their advocacy efforts, increasing the likelihood that decision makers will be aware of and be influenced by evidence developed by the project. Strengthening the ability of country institutions, both government and nongovernmental, to use policy-relevant information is one of the building blocks of country ownership. As citizens' voices are raised in policy debates and a variety of country-level stakeholders use study findings to influence policy, country-level ownership over the study findings will be improved.

Finally, Swaziland shows the importance of aligning the study design to the needs of health decision makers so that they have more ownership over the findings and are better able to use the data generated from the study to improve policy (indicator 30). During the planning phase of the activity,

government input was limited because the activity was designed and funded from Washington, DC, which led the Swazi MOH to want to change the study design because it did not match the ministry's needs. The main lesson from Swaziland is that government ownership of study results may increase the likelihood that those results will have an impact on policy, but ownership may also modify the activity to fit the country's needs. In Swaziland, modifications led to improving how the MOH will use the results, including for its intended purpose of studying retention incentives, as well as for benchmarking HCT services. In Yemen, the MOPHP was heavily involved in the design and data collection for the GIS maps. In Mali, the government requested the user fee study and therefore owned the design from the beginning, which is reflected in the study's focus on improving policy implementation rather than on evaluating the overall policy of removing user fees for caesarian sections.

## 5.2 ACCOUNTABILITY AND TRANSPARENCY

Accountability and transparency are defined by the formal mechanisms that are in place to hold key health system actors, such as health providers, the MOH, and insurance organizations, responsible for achieving certain performance criteria. Improving host country mechanisms for ensuring that key actors follow through on these responsibilities is one of the results that Health Systems 20/20 has been tasked with achieving.

Many government and nongovernmental institutions and processes, including the judiciary, electoral processes, civil society, citizen engagement, or an ombudsman office, help keep these key actors more accountable. Because two of the three indicators for this sub-IR focus on strengthening stakeholder engagement, there is a natural overlap between this sub-IR and sub-IR 3, which shifts the focus toward external stakeholders that hold government accountable, rather than government structures that oversee other areas of the government. As a result, institutions and processes that Health Systems 20/20 targets for strengthening accountability under this sub-IR include connecting civil society, development partners, and government around Health Systems 20/20 data, working with citizen health committees to strengthen facility-level accountability, and developing technology that improves the availability of data to nongovernmental users.

When working with CSOs, it is important to define what is meant by "civil society." CSOs are nonprofit organizations based in the host country; they have a goal or mission that contributes to a social good, and they have some level of community-based membership or input. These organizations can include small organizations based around a specific cause; large faith-based organizations, such as a church; or business consortiums and interest groups.

Civil society can also include advocacy organizations that provide independent analysis of government health information, ensure citizen viewpoints are heard in health policy debates, and deliver an informed opinion on complex health policy decisions to citizens and government alike. In addition to independent analysis, some CSOs perform oversight or "watchdog" functions, uncovering problems or issues in the health system and bringing them to the attention of media outlets and government. Civil society can also include organizations that are primarily focused on health service delivery through government or donor grants or their own fundraising. These organizations can be very knowledgeable about issues that affect their area of expertise.

CSOs are important to Health Systems 20/20 activities precisely because they offer local expertise, knowledge, and alternative viewpoints to government and donors. With this expertise, they can have a meaningful contribution to stakeholder engagement processes and dissemination meetings. This section profiles examples of Health Systems 20/20 efforts to include citizens and civil society in participatory activities, both around general service quality issues and Health Systems 20/20-generated data. Improving

the ability of civil society to use data for advocacy and oversight purposes is also an important indicator for Health Systems 20/20, and this aspect of Health Systems 20/20's work with civil society will be detailed in the discussion of stakeholder participation.

### 5.2.1 STAKEHOLDER WORKSHOPS AND DISSEMINATIONS

Health Systems 20/20 conducts a number of studies that engage relevant stakeholders throughout the life of the activity. NHA, HSAs, HAPSATs, and other assessments engage ministries of health, national AIDS control commissions, international NGOs, and donors at the beginning and end of studies through stakeholder workshops and dissemination meetings. In addition, these stakeholders often form a core part of the interviews that are conducted during the implementation of the study. Stakeholder engagement processes are normally conducted to build consensus on the issues to be studied, discuss the methodology of the study, and disseminate study findings. Until recently, local civil society had not been systematically included in these disseminations, though this is changing with the codifying of stakeholder engagement in the HSA process.

In most post-NHA workshops, government and international donors are the main participants and the focus tends to be on developing a consensus on findings. In Liberia and Kenya, however, the goals of the workshops were different: (1) to increase CSO knowledge of how NHA findings affect organizational goals and (2) to develop demand for NHA data among CSOs so that the data would be generated and used in the future. To accomplish these goals, these workshops focused on NHA issues that are relevant to local civil society, such as examples of policy impacts from NHA, discussions on NHA findings in Kenya, and the importance of CSO input into the NHA. Participants also had the opportunity to discuss the relevance of NHA findings to their organization's activities, ask questions, and identify gaps in current financing. CSOs mentioned using the NHA as a negotiating tool, identifying funding gaps, setting priorities, and monitoring ongoing health programs as possible avenues to explore for using NHA data. The workshops also sought to get CSO input into the next round of NHA by discussing possible revisions to the questionnaire used to get NHA data from NGOs. The workshops ended with agreement on next steps to be taken, which included the following:

- Discuss NHA questionnaire revisions
- Streamline data collection
- Develop monthly health-related meetings
- Include civil society in health financing forums
- Develop an evaluation guide to determine how CSOs used the NHA findings

An important part of ensuring the success of the NHA workshops is selecting the right mix of organizations to attend. In Kenya, selection was simplified by the existence of the Health NGO Network, through which CSOs were identified and contacted. These organizations were identified by their prior work in health service delivery issues and advocacy. As a result, 20 participants from local CSOs were present, and they included representatives from the Christian Health Association of Kenya, Sight Savers, and the Kenya Network of Women with AIDS. Government officials and members of the press also attended the workshop.

In Liberia, however, the relative weakness of civil society presented some unique challenges to NHA use by civil society. The civil war, which lasted until 2003, weakened the ability of local organizations to play

a meaningful role in governance, including a role in the oversight and use of financial data. CSOs were completely unaware of the NHA, as it was the first time that an NHA had been conducted in Liberia. As a result of these issues, finding relevant local NGOs proved difficult, and the final forum consisted of 15 local and international organizations, which included the Liberia NGO Network, the Center for Trauma Healing and Conflict Resolution, Doctors without Borders, and Save the Children UK. The forum was also heavily focused on starting a dialogue between government and civil society around health financing issues.

As both the Kenya and Liberia workshops were focused on improving external stakeholder engagement, there are strong ties between this activity and sub-IR 3. In fact, two of the three indicators that these activities touch on, indicators 19 and 22, are actually found in both sub-IRs.

### 5.2.2 QUALITY ASSURANCE PARTNERSHIP COMMITTEES

In the Philippines, Health Systems 20/20 is pursuing a field activity that is explicitly focused on health governance. The project, in cooperation with USAID/Philippines health bilateral projects, introduced Quality Assurance Partnership Committees (QAPCs) as a governance mechanism that brings together local leaders and government officials, health service providers, and community representatives to address issues related to access, availability, and quality of maternal and child health (MCH)-related services in local health facilities. Health Systems 20/20 implemented the activity through a grant to the Gerry Roxas Foundation (GRF) to establish and provide assistance to three QAPCs in two provinces.

These committees are a mechanism for including citizens' views in selected health facility management decisions and provide feedback to health facility managers on service quality. They also provide a way to extend the reach of health promotion messages through members of the QAPCs. QAPCs have facilitated a number of activities in the Philippines, such as improving knowledge of MCH services, conducting community mobilization, and aggregating client feedback for presentation to providers. For example, the QAPC in Compostela Valley conducted meetings with community members in order to get their input on services in the facility. The comments included noting the prevalence of home deliveries because women lacked coverage by PhilHealth (the national health insurance program), the temperature of the facility, and the lack of privacy in the examination area. The QAPC recommended solutions to some of these concerns, including outreach to improve PhilHealth enrollment and the installation of curtains to cover the examination area. Even though financial concerns remained a large consideration, information, education, and communication campaigns were conducted with pregnant mothers to improve the number of facility-based deliveries and curtains were put up at the facility to improve privacy.

These examples show that increased responsiveness to community needs and preferences at the facility level has been a major governance outcome of this activity. A related secondary outcome has been an increase in accountability to clients, as facility managers engage with the QAPCs on a regular basis. The prospects for institutionalization and sustainability of the QAPCs have been enhanced by local government officials' ownership of the concept of QAPCs and their willingness to commit resources to support the committees.

This activity provides a model of how using the health governance framework illustrated in Figure 1 to examine the linkages between health system actors and improving the communication between these actors contributes to improved health utilization; as such it also impacts sub-IR 3 through indicator 20 by improving stakeholder engagement.

### 5.2.3 NHA GLOBAL ACCESS DATABASE

In addition to strengthening direct methods for clients to interact with health providers and policymakers, Health Systems 20/20 is increasing the ability of external stakeholders, such as international NGOs, government, researchers, and civil society, to access and use NHA data. NHA data are often disseminated within a country through dissemination workshops and are made available on various websites. These data, however, are not available in disaggregated form to stakeholders following the workshop, or to external stakeholders who may be interested in looking at health expenditures across countries. In addition, these data cannot be easily accessed by stakeholders for their own analysis.

The NHA database, currently in development, will provide a central, web-based repository of all NHA data that will allow for conducting cross-country comparisons, developing or evaluating health policy, and looking at historical trends within a country. In effect, the data will integrate existing databases and make them easier to use. These functions will allow users to track government health expenditures more accurately and efficiently, contributing to greater transparency and external stakeholder involvement in health policy. As government health data become more widely available through the database, this activity addresses indicator 18, which looks at improving transparency through Health Systems 20/20 assistance.

### 5.2.4 ANALYSIS

An analysis of accountability and transparency improvements should focus on the mechanisms that hold health system actors responsible for achieving certain benchmarks. The work of Health Systems 20/20 in this area has been focused on improving the availability of data, engaging CSOs around NHA data, and strengthening citizen groups.

As noted in Section 5.1.3., civil society knowledge of and involvement in health policy can strengthen country ownership; however, there are a number of steps that must take place before civil society can provide input into health policy (Figure 2). The first step in this framework is ensuring that health system information is available to CSOs. Next, CSOs should have the ability to analyze health system data and present their analysis of data to decision makers and the media. Finally, civil society ideas and analysis are incorporated into policies and legislation. This framework is not a clear linear process because some CSOs may be at different points of the framework as needs and abilities change. Organizations may move to the left or the right on the chart, as employees with different skills enter and exit the organization, as the mission of the organization evolves, and as the skills of staff members improve.

**FIGURE 2. PRECONDITIONS FOR CSO INPUT INTO POLICY**



The first step – ensuring that data are available to CSOs – is addressed through the NHA Global Access database, which will provide a central database for data users to look at and analyze NHA data within a web browser. As part of this step, in Kenya and Liberia, Health Systems 20/20 made efforts to ensure that CSOs were aware of the data. The project held workshops to strengthening accountability mechanisms by making CSOs more aware of health expenditures and by building linkages between government officials and civil society. The workshops were, however, conceived and designed as a separate activity from the original NHA estimation and were delivered as disseminations, not as

capacity-building opportunities to help civil society be able to communicate data for advocacy purposes. In fact, these countries were the only places where civil society dissemination of NHA data was conducted. Aside from the Kenya and Liberia workshops, stakeholder meetings conducted in conjunction with Health Systems 20/20 studies had often been limited to government, donors, and occasionally health providers, and strong efforts to include civil society representatives had not been made until recently.

Effectively building accountability measures into the use of Health Systems 20/20 data, however, requires more than simply ensuring data availability and knowledge. CSOs must have the capacity to analyze data, formulate opinions based on their own analysis, and communicate their viewpoints to health decision makers in a clear, convincing manner. By possessing these independent analysis skills, CSOs would have the ability to use Health Systems 20/20 data to hold government accountable for spending and health outcomes. When civil society lacks these abilities, policymakers miss crucial viewpoints when making decisions. With the amount of policy-relevant data that Health Systems 20/20 generates, strengthening civil society efforts to understand, use, and communicate those findings could be an area of strength for the project. Efforts in this area will be discussed further in the next section on stakeholder participation, and recommendations on improving civil society use of data will be discussed in the recommendations section.

While strengthening civil society at the national level is one way of holding health system actors more accountable, most clients rarely have the opportunity to interact with decision makers. Their interactions with the health system happen almost entirely with their health providers and the facilities that they visit when they are sick. Health Systems 20/20's work with QAPCs in the Philippines addresses facility-level accountability by providing a forum where citizens, health workers, and government officials can discuss service quality issues. As such, the QAPCs are a mechanism for clients to hold facility staff accountable for some aspects of service quality. The committees potentially offer an opportunity for citizens to be involved in setting quality targets and/or standards.

In helping develop this mechanism to improve facility-level accountability, however, some key questions presented themselves about how these committees function. First, the committees in the Philippines are driven by motivated facility staff who are open to input from the citizens who sit on the committees. In situations in which staff are not motivated or interested in listening to community input, is it possible to sustain this type of accountability measure or motivate facility staff to value community input? Lessons learned from the activity show that the attitudes of service providers play a significant role in encouraging citizen participation and developing strong partnerships.

Second, one of the QAPCs has many members from local government and the business community and few from the community at large, while the other two have more community representation. The composition of the QAPCs raises a question about the proper balance between health system stakeholders on the committees and the prospect that these committees could be appropriated by local elites. Currently, the QAPCs conduct a lot of community outreach around MCH issues, with less emphasis on the accountability aspects of the committees. Improving how these committees impact facility-level accountability, through basic reviews of facility activities, for example, could be an area of focus for the QAPCs going forward.

Third, because the activity was made possible by MCH funding and the original purpose of the activity was to use the QAPCs to improve MCH outreach and service delivery, how QAPC activities can be linked to MCH results is a key question for reporting results to donors that allocate money in terms of service delivery or disease outcomes. One possible way of doing this is to analyze whether or not the MCH or other health needs of the community, as expressed by the QAPCs, are actually addressed by

service providers and the Local Government Units. During the course of the activity, this strategy allowed the health facilities to validate the reasons why clients would decide not to access health services.

Finally, the QAPC activity has implications for integrating disease-specific funding, such as PEPFAR funding, into health governance and broader health systems work. In order to use MCH funding to start the QAPCs, the staff at the Philippines USAID mission took a broader view of what would be considered an MCH activity, while requesting some level of accountability for MCH results, as noted in the previous paragraph. As a result, the activity succeeded in aggregating ideas for program and facility improvements from the community and implementing those ideas using facility or community resources. Although facility-level ownership of the QAPCs is key to sustaining the QAPCs themselves, the activities that they develop are locally owned and more or less sustainable as communities drive the activities from conception to implementation with little or no external funding.

### 5.3 STAKEHOLDER PARTICIPATION

Stakeholders refer to MOH staff, but also to other non-health government actors, health providers, citizens, CSOs, and international donors and NGOs. Often, participatory exercises, including those conducted by Health Systems 20/20, consist of influential international NGOs and major donors, but may not always include relevant non-health government actors, such as other ministries, citizens, and CSOs. The indicators created for this sub-IR, however, focus on the participation of civil society in these mechanisms and how they use data to influence policy.

Sub-IR 3 is closely related to sub-IR 2, as stakeholder participation in policy decisions is one aspect of building accountability and transparency. As a result of the conceptual overlap, two of the three indicators in this sub-IR are the same as for sub-IR 2, with indicator 20 measuring how often civil society is represented in participatory exercises. Stakeholder participation in shaping policy does go beyond mechanisms used to strengthen accountability as well as addresses how stakeholders actively shape policy using data.

Many activities, including NHA, HSAs, and HAPSATs, benefit from having ownership strengthening and stakeholder engagement processes that identify possible policy impacts of the work before it begins. These types of activities have been discussed under Policy Impacts, Section 5.1.1. This section highlights two new activities that have different types of stakeholder engagement. These two activities include a study of health worker productivity in Zambia and the creation of a network of mutual health organizations (MHOs) in Mali. The aforementioned efforts at civil society engagement in Liberia and Kenya also impact this sub-IR. Ongoing activities that address civil society data use, indicator 19, are discussed as well.

#### 5.3.1 ENGAGEMENT OF RELEVANT STAKEHOLDERS

Engaging stakeholders on policy or activity design issues does not need to be complicated or done solely in the context of a national policy debate. Sometimes simple structures and activities are enough to engage stakeholders in a meaningful process that can affect policy or decisions. For example, during the Zambia productivity study, a time-motion analysis was done that tracked the daily activities of health workers. When the results were presented, the health workers determined how best to improve productivity at their facilities, based on the results of the analysis. Currently, the health workers are implementing their recommendations, almost a year after the initial results were presented. A final evaluation of the work will be done to determine the effectiveness of the participatory approach to determining possible productivity improvements.

### 5.3.2 CREATION OF AN MHO NETWORK

CBHI schemes have been a fixture of the West African insurance market since the 1960s. In addition to providing a community-based structure for clients to buy health insurance, however, CBHI offers other benefits, including the ability to aggregate client voices when negotiating with government on health regulations or with providers on service quality or delivery issues.

In Mali, Health Systems 20/20 is working to develop an MHO network in the Segou region. While the network will have many functions, including providing technical assistance and follow-up to individual MHOs, serving as a forum to exchange information, and providing services that benefit from economies of scale, the governance function of the network is to advocate for MHO interests with the national government. Before the formation of the network, the government of Mali would call one or two representative MHOs in for meetings to provide the MHO perspective on issues. These MHOs would not necessarily have the ability or the mandate to speak for other MHOs.

To create the MHO network, full engagement and participation of the 22 MHOs was achieved in two ways. First, a workshop was held with MHOs to discuss issues with forming the network. Second, each MHO organized an assembly of members to discuss and ratify the network's bylaws. In order to strengthen the network and build sustainability, a local NGO, L'Union Technique de la Mutualité, will provide technical assistance to the network. When formed, the network will have both the mandate and skills to speak for all of the MHOs in the network, increasing the representation of CSOs in health policy decisions. A link to sub-IR 2 exists within this activity, since the MHOs will be able to disseminate the information they receive from government to their member MHOs and will be able to advocate for health improvements more effectively than individual MHOs.

### 5.3.3 CIVIL SOCIETY DATA USE

The ability of civil society to use data for advocacy and accountability purposes is a key indicator for stakeholder participation in shaping PHN priority issues. In order to truly gauge how civil society uses data for these purposes, however, it is necessary to go beyond whether advocacy occurs and determine how that advocacy has shaped policy decisions, budget allocations, or service availability.

Although Health Systems 20/20 has activities that improve the amount or quality of information that civil society receives, such as the aforementioned NHA Global Access Database and the NHA data dissemination workshops in Liberia and Kenya, some activities also improve civil society's ability to use data to shape policy. One strong example of civil society data use goes back to GIS maps developed in Yemen. Using the GIS maps, the Yemeni Midwives Association analyzed service gaps and identified communities that did not have adequate midwifery services. They then lobbied the government to provide midwives in these underserved communities.

Another attempt to improve civil society data use was the Global Fund reference guide, a primer on HSS for Country Coordinating Mechanisms (CCMs) preparing Global Fund Round 10 proposals. This guide offered ideas on how CCMs, and the CSOs that sit on CCMs, could use data to improve their proposals. The guide included examples, such as showing how the CCM in Tanzania used data on health worker training capacity to request Global Fund money to expand health worker training infrastructure in a Global Fund proposal. The same proposal used health worker retention data to propose improved incentive schemes, such as upgrading staff worker housing in remote locations. Potential impacts of this reference guide include CCMs submitting better proposals to the Global Fund, as CCMs, which include civil society, have better information about what the Global Fund is requesting.

### 5.3.4 ANALYSIS

As noted, stakeholder participation permeates many activities; however, stakeholder participation was especially important in Zambia and Mali, where health providers and MHO members came together concerning issues of health facility service quality and health insurance. These activities allowed two groups of health system actors to provide input on improving the health system. In Zambia, working with health workers to identify ways of improving productivity addressed the indicator on stakeholder engagement for setting priorities, leading to task shifting as a way to increase the amount of time clinicians spent treating patients. The Mali activity will impact stakeholder participation indicators by improving civil society representation and engagement, as the new MHO network will better represent MHOs in national-level discussions on regulations and policies than individual MHOs could.

The main challenge for this sub-IR has been engaging civil society to use data for advocacy or accountability purposes, which cuts across both sub-IR 2 and sub-IR 3. During the life of Health Systems 20/20, some opportunities have arisen to address civil society data use, specifically in ongoing activities. As noted, some activities bring in civil society for representation and participation, but this indicator also requires that CSOs actively use data in attempts to affect policy. Developing the ability of organizations to take on new tasks, such as creating independent analysis and challenging official interpretations of that data, requires a number of inputs, including time, specialized training, and, in some cases, cultural changes. The benefits of improving civil society data use for advocacy to PEPFAR strategies, such as strengthening country ownership, are outlined in section 5.1.3.

Helping CSOs, such as the Yemini Midwives Association, use simple data sets, like GIS maps, is one crucial step toward helping civil society better use data in their efforts to shape policy. The Global Fund Round 10 reference guide was another attempt to build civil society data use through the CCM. Considering the breadth of data that the project develops, however, there are many other opportunities to help civil society understand and use Health Systems 20/20 data.



## 6. RECOMMENDATIONS

As shown from the findings above, many of Health Systems 20/20's health governance activities cut across the sub-IRs that were developed at the beginning of the project. As a result, findings that address these activities will necessarily impact many of the sub-IRs as well. Therefore, recommendations will not be presented by sub-IR; rather, they will be presented as two overarching concepts for improving health governance. These findings also have implications for addressing broader PEPFAR strategies, as country ownership, sustainability, and increasing the efficiency and impact of activities all play a prominent role in the health governance activities profiled in this review.

### **Recommendation 1: Strengthen the ability of civil society to use data for advocacy**

Because many activities have findings with policy implications, significant opportunities exist to work with CSOs to give them the skills necessary to analyze and interpret data, as well as advocate for policy changes. CSOs should be identified through the organizational interest they would have in using Health Systems 20/20 studies for advocacy purposes. Practically speaking, an organizational interest would include previous work in the subject area, such as HIV or health financing, and other criteria such as some previous advocacy work, familiarity with data, and knowledge of how to develop policy communication materials. This kind of analysis could be done at the country level through discussions with knowledgeable stakeholders, including Health Systems 20/20 staff, Ministries of Health, and civil society networks.

Workshops are a popular method of disseminating data to stakeholders and can be useful in disseminating Health Systems 20/20 studies and their implications to CSOs. Workshops would build on already developed training methodologies, such as the NHA workshops in Kenya and Liberia and the policy communication tools developed for the NHA in Namibia. Existing advocacy networks, such as civil society or NGO forums, networks of people living with HIV, and organizations with strong existing advocacy programs could be engaged to share their experiences. Organizations with specific needs, as identified in the workshops, should also receive one-on-one coaching and mentoring to help them create specific products, such as policy briefs, or advocate on issues that require facilitation.

Although this type of work with CSOs is heavily focused on the civil society data use indicator, it would also have implications for other indicators, including ones that fall under policy impacts. As civil society uses data to advocate for specific policies that result from Health Systems 20/20 studies, indicators 10 and 30, which focus on improving how governments use Health Systems 20/20 data, would also be addressed. CSOs, as country-level institutions, have the ability to influence ownership of study results within the government. For example, if Health Systems 20/20 trained CSOs to use study findings to advocate for policy changes, the CSOs' knowledge and ownership of the data would be strengthened, allowing them to press for evidence-based policy changes to the legislature or ministries, raising the awareness and ownership of the data within the government. As many of Health Systems 20/20's studies, such as HAPSAT, have direct HIV implications, training CSOs in how to use these findings for advocacy directly addresses country ownership of HIV activities. In addition, as CSOs become more sophisticated at communicating their viewpoints, their representation in participatory meetings should increase because their opinions will be more sought after, improving the indicator on civil society representation in meetings (indicator 20).

## **Recommendation 2: Improve coordination of activity design with the government to ensure policy impacts**

Many ongoing activities already include extensive government involvement, such as those in Cote d'Ivoire and Swaziland. As seen from these two examples, coordinating activity design with the MOH, or another local partner, is important to ensure that findings from the studies will be used effectively by the MOH to improve policy. Replicating the level of coordination seen in these two countries throughout the project is a key consideration, so as to ensure that the maximum impacts from policy recommendations are achieved.

To realize this goal, every activity that Health Systems 20/20 conducts should explicitly address a concern or feed into a national policy so that a country-level policy impact from the study is at least possible. MOH staff should also have the opportunity to change the activity design so that study questions better fit the local context. Finally, the MOH and Health Systems 20/20 need to have a common understanding of potential policy impacts, the communications strategy that will be used, and the way external stakeholders will be involved. Strong coordination should also ensure that all the necessary stakeholders, including local CSOs, other government actors, and relevant donors, are engaged during consensus-building meetings, which will strengthen country ownership.

Explicitly fostering policy impacts within the MOH should be another goal for the project. This could include developing policy briefs that describe the policy issues and implications of the work being done. These briefs could also act as a model for civil society or MOH staff to use in their policy communication or advocacy work. As with civil society, moving beyond data availability to help MOH staff use data generated by Health Systems 20/20 studies should be a key goal. One possible avenue would be through trainings and coaching of MOH technical staff on data for decision making, advocacy, and policy communication. Training materials, such as the NHA policy communication tool, already exist for this type of work.

Finally, once policy impacts occur, Health Systems 20/20 should be tracking these impacts through a project-wide database. The NHA Policy Impact Database collected some of these impacts by providing an incentive – a trip to an NHA conference – for MOH staff and others to submit examples of how Health Systems 20/20 data had been used to improve health policy. New contributions to this database could be promoted by renewing some sort of incentive. These activities would address indicators 10 and 30, which are focused on improving policy through increasing resources dedicated to the health sector and increasing the amount of data used in the policy development process.

## 7. CONCLUSION

This assessment has shown that Health Systems 20/20 has significantly improved health governance by increasing the data available to governments on health systems to improve health policy and has had an impact on moving USAID programs toward a more sustainable country-owned approach. Studies conducted throughout the world often provide a stronger evidence base for policy than would otherwise be available. These data are often used by governments to update or develop national policies and new government programs, and as a whole, the project has been successful in fostering government-led policy and programmatic improvements.

The assessment found gaps in Health Systems 20/20's efforts to improve the availability of health system data to CSOs and citizens, the ability of CSOs to use data for advocacy purposes, and the engagement of civil society to set health priorities. Although some work on availability and transparency has been conducted, most notably stakeholder engagement workshops in Kenya and Liberia, data use and advocacy activities have been slow to develop. As a result, Health Systems 20/20 has improved data availability in some areas, but has not yet had much impact on the ability of civil society to analyze and communicate independent analysis of Health Systems 20/20 data to media and government in order to have a greater voice in health policy decisions.

Addressing these indicators requires an integrated approach that engages civil society throughout the activity, with specific focus on how civil society can use data to influence policy once the findings have been developed. Increasing efforts in this area would not only improve stakeholder participation, but also policy impacts as CSOs learn how to use Health Systems 20/20 data to advocate for policy changes. The recommendation aimed at tracking policy impacts that are already occurring would also help the project better understand and report on ongoing health governance work.

Given the increased emphasis on connecting Health Systems 20/20 activities to policy, accountability, transparency, and stakeholder engagement within the context of improving country ownership, sustainability, and program efficiency, opportunities exist for improving the health governance portfolio before the end of the project. In fact, many of the datasets, tools, and processes have already been developed. In the last year of Health Systems 20/20, new governance activities and integration of governance concepts into ongoing activities must be achieved to ensure that activities improve health governance across the project.



