



Using Health Information to Sustain Support for Health Reform in Africa

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Content:

1. Using information in the absence of a model: the example of Zambia's Health Reform Program
2. Creating incentives for health information within Health Reform and Sector Programs
3. Some Bank instruments which may assist

Lessons from the Zambian Health Sector Reform Program

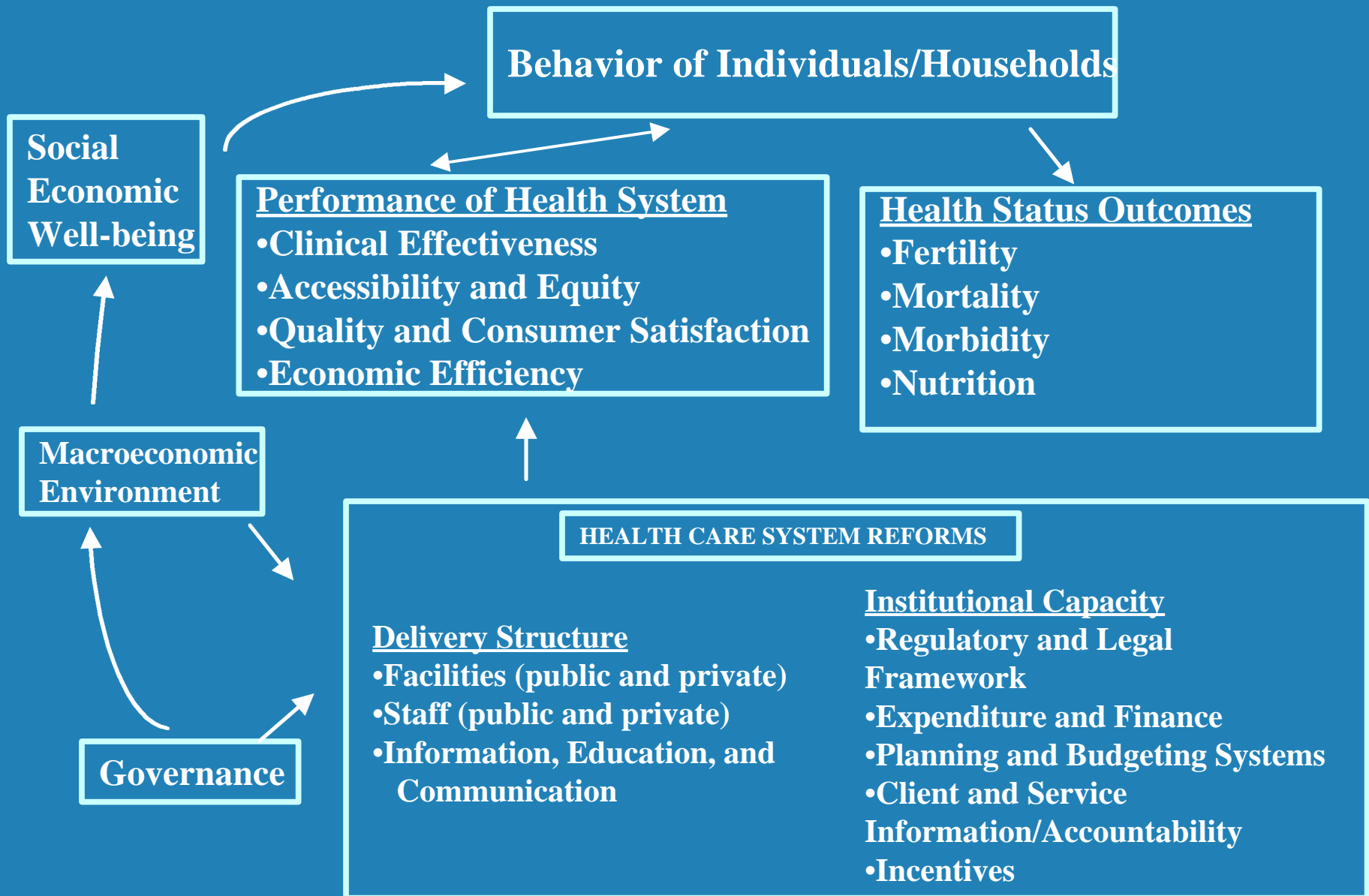
- Reforms described in 1991, commenced in 1993, and became an initial example of a Sector Program (SIP/SWAp) whereby donor partners agreed to jointly support a common, comprehensive medium/long-term plan of development for the sector
- Agreement to jointly review progress annually - joint reviews conducted '94-98
- HMIS was emphasized from the outset

The importance of a model

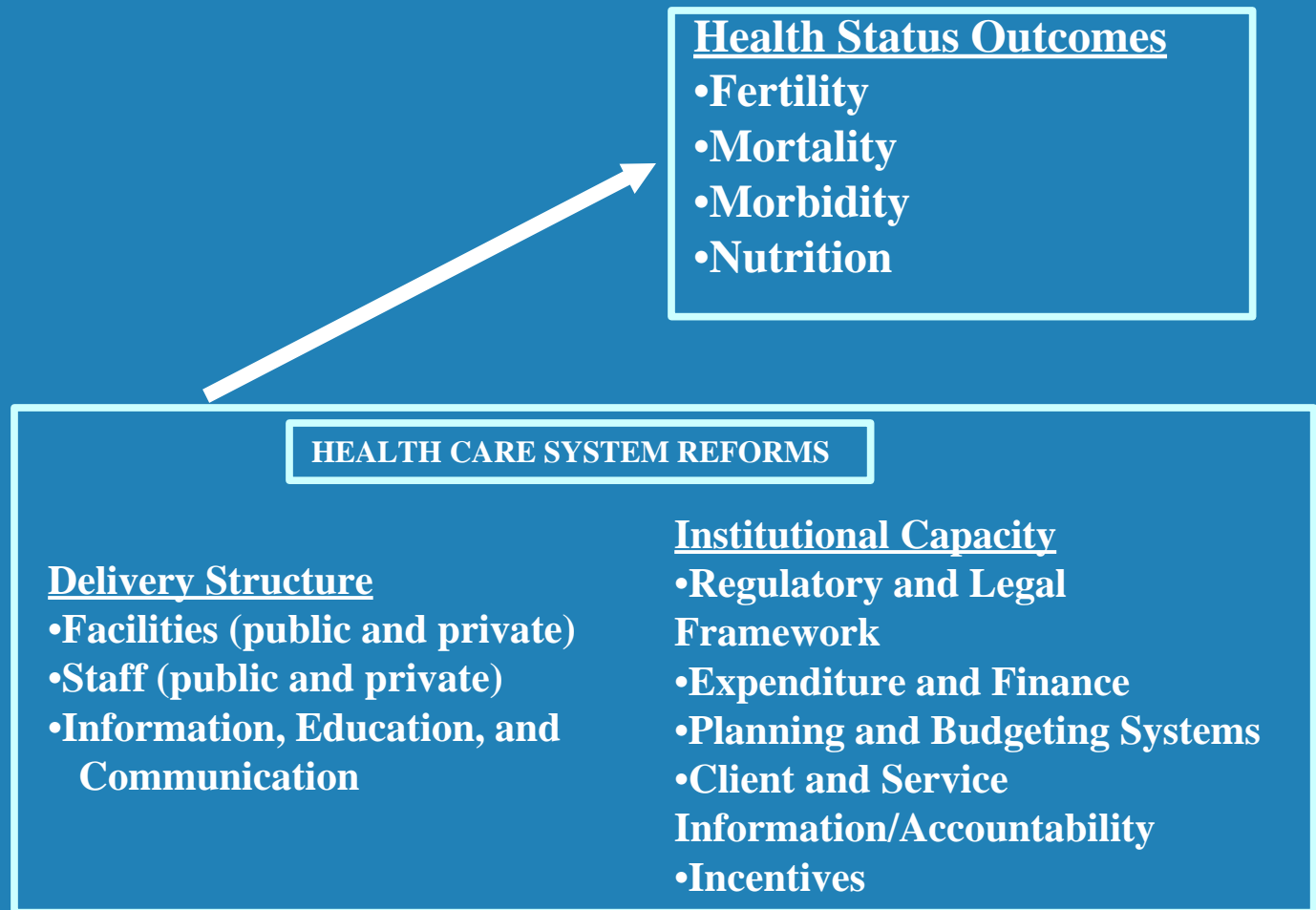
However...

- Reform aims were not stated in terms of measurable targets
- What specific reform measures would be accountable for achieving, was not explicit
- Programs (e.g., EPI, FP, MCH, malaria) continued to report on established indicators
 - Decreasing EPI coverage was then publicized by detractors as impact of reforms

Reform Models are Complex



...but the alternative is the wrong interpretation of information



Examples of Impact Indicators in the Current Generation of Reform Projects

- increase in demand for PHC
- decrease in admissions to hospitals without referrals
- increase in satisfaction of consumers
- decrease in out-of-pocket spending
- increase share of public resources to 1o & 2o levels
- establishment & operation of effective, locally specific curative service delivery and financing arrangements
- increased referral rates (particularly for conditions related to safe motherhood and integrated management of childhood illness)
- increased institutional deliveries
- job satisfaction of staff in pilot regions is improved
- new MOH guidelines for contracting and paying health workers adopted and implemented in at least x districts

Creating demand for routine health information

- List of core indicators to be employed at joint annual reviews (e.g., within Sector Programs/SWAs)
- Setting targets/triggers tied to financing
 - District grants
 - APLs and “triggers”
 - Tranch releases in adjustment lending, debt relief, and in Poverty Reduction Strategy Credits/Loans

Incentives to employ routine health information (and get the models right)

Adaptable Program Lending (APL): Agreed upon targets “trigger” additional financing (without having to repeat project preparation). Emphasis is on achievement of targets. Flexibility in approaches, inputs and timeline. Allows for changing environment & adapting to lessons learned.

PRSC/HIPC: Similarly, indicators of progress release tranching financing, but at the macro level. Can focus political level attention on quality health information and on impact models.

Two concluding messages:

- ❁ Defining indicators and building systems is only a part of the whole - we need to know how to monitor and evaluate reforms, this cannot be accomplished without some common understanding of how reform strategies & policies are expected to have impact (a model).
- ❁ There must be demand for routine health information. External financiers can help create demand. Consolidating reporting requirements, joint assessments of progress, and tying achievements to financing are some examples of efforts to create demand.