

*Future Analysis: what could be
the focus to inform national
RMNCAH priorities*

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Use of equity data in national plans and progress reviews

1. Equity in **national strategies and plans**

- Health sector strategic plan
- Specific plans for women's, children's and adolescents' health

2. Disaggregation / equity in **monitoring & evaluation plan**

- Indicators, disaggregation

3. Equity data in the **Situation Analysis** for national plans

4. Equity data use in reports (annual) to **review progress** in the implementation of the national plans

General picture based on 11 country document review

Equity principles, strategies in national health sector plans

Equity specifics in M&E plans

Equity data use in situation analyses

Equity data use in annual M&E

Uganda situation

| | Component | Equity data use in M&E | | | | | | | | | | | | | |
|---|---------------------------|--|---|---|---|---|----------|---------|---|---|---|---|---|--|--|
| | | Health sector | | | | | RMNCAH+N | | | | | | | | |
| | | Comment | 1 | 2 | 3 | 4 | 5 | Comment | 1 | 2 | 3 | 4 | 5 | | |
| 1 | Main strategies | Focus on UHC, all ages, gender, human rights | | | | | | | | | | | | | |
| 2 | M&E plan | 41 aggregate level indicators, disaggregation mentioned, but no specifics on how this will be done | | | | | | | | | | | | | |
| 3 | Use in situation analysis | Almost no equity data used | | | | | | | | | | | | | |
| 4 | M&E practices | Annual reviews include districts; no other dimensions of equity; MTR equity trends assessment | | | | | | | | | | | | | |

1= equity focus very poor 2= equity focus weak 3=equity focus moderately strong 4=strong 5= very strong

RMNCAH indicators

- HSDP 2010/11-2015/16: **15 / 26 indicators** RMNCAH+N
- HSDP 2015/16 – 2019/20: **22 / 41 indicators** RMNCAH+N, but many others are relevant as well (latrines, medicines availability, malaria case rate, ARV coverage etc.)
- Reproductive, Maternal, Newborn, Child and Adolescent Health Sharpened Plan for Uganda 2016/17 – 2019/20 (Apr 2016): 81 indicators, largely focused on aggregate progress
 - Except district classified as low, middle and high burden based on N of persons not receiving a specific intervention or burden



REPUBLIC OF UGANDA
MINISTRY OF HEALTH
September 2013



Statistical Review of Progress to Inform the Mid-Term Review of the Uganda Health Sector Development Plan 2015/2016 - 2019/2020

October 2018

Ministry of Health, Uganda

In collaboration with

World Health Organization, Geneva and Brazzaville
School of Public Health, Makerere University, Uganda
Countdown to 2030 for Women's, Children's and Adolescents' Health
University of Manitoba, Canada



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

ANNUAL HEALTH SECTOR PERFORMANCE REPORT



FINANCIAL YEAR

2016/17

Annual reviews

- Overall progress review against targets
- District league tables
- Hospital and HC IV performance

Midterm reviews

- Overall progress review against targets
- Equity
- Comparative analysis
- Input – outcome analyses

HSSIP 2010/11 – 2014/15 indicators Summary table

| | OVERALL PROGRESS | BASELINE 2008/10 | ACHIEVEMENT 2012/13 | TARGET 2014 |
|---|------------------|-------------------------|-----------------------|------------------|
| HEALTH STATUS | | | | |
| Maternal mortality ratio | | 455/100,000 (1999-2006) | 436/100,000 (2004-11) | 131 |
| Under-5 mortality rate | | 137/1,000 (2001-05) | 90/1,000 (2007-11) | 56 |
| Infant mortality rate | | 76/1,000 (2001-05) | 54/1,000 (2007-11) | 41 |
| Neonatal mortality rate | | 29/1,000 (2001-05) | 27/1,000 (2007-11) | 23 |
| Child stunting rate | | 38% (2006) | 32% (2011) | 28% |
| Child wasting rate | | 16% (2006) | 14% (2011) | 10% |
| COVERAGE OF INTERVENTIONS | | | | |
| ANC at least 4 visits | | | | |
| FTZ coverage | | | | 100% for 2016/17 |
| Deliveries in health facilities | | | 99% (2012) | 70% |
| Contraceptive prevalence rate | | | 79% (2012) | 70% |
| Planis 3 immunization coverage | | | 83% (2014/15) | 85% |
| Measles immunization coverage | | | | |
| Measles treatment - Cash for U5s with fever (VHT) | | | | |
| 70 case-detection rate | | | 1.2 (2014/15) | 1.2 |
| HIV testing of HIV-exposed infants | | | 6 (2013/14) | 7.8 |
| ART coverage among those in need | | | 75% | 100% |
| Households with pit latrine | | | 64% (2014/15) | 80.0% |
| Government allocation for health (%) | | | | 100% |
| Catastrophic payments (% households) | | | | |
| Annual reduction in absenteeism | | | | |
| Village health workers with VHTs | | | | |
| Approved posts filled (%) | | | | |
| No stockouts of basic meds | | | | |
| Outpatient visits per capita | | | | |
| HC IVs providing EMOG | | | | |
| Client satisfaction | | | | |
| HEALTH SYSTEMS | | | | |
| Health information | | | | |
| Timeliness of reporting (NMS 100) | | | | |
| Health financing | | | | |
| Out of pocket health expenditure as a % of total health expenditure | | | | |
| Government allocation for health as % of total government budget | | | | |
| Human resources | | | | |
| Approved posts in public facilities filled with qualified personnel | | | | |
| Number of health workers (doctors, midwives, nurses) per 1,000 population | | | | |
| Social and economic determinants of health | | | | |
| Children below 5 years who are stunted | | | | |
| Children below 5 years who are under weight | | | | |
| Health promotion and environmental health | | | | |
| Litter coverage | | | | |

Possible areas of work for RMNCAH+N monitoring and learning

- Maintain a strong link / embeddedness with overall HSDP reviews
- Set up a more continuous mechanism to conduct analytical work to inform regular reviews of progress and performance
- Conduct in-depth analyses to inform critical issues related to the program design and implementation
 - With survey, health facility and administrative data
- Link with research

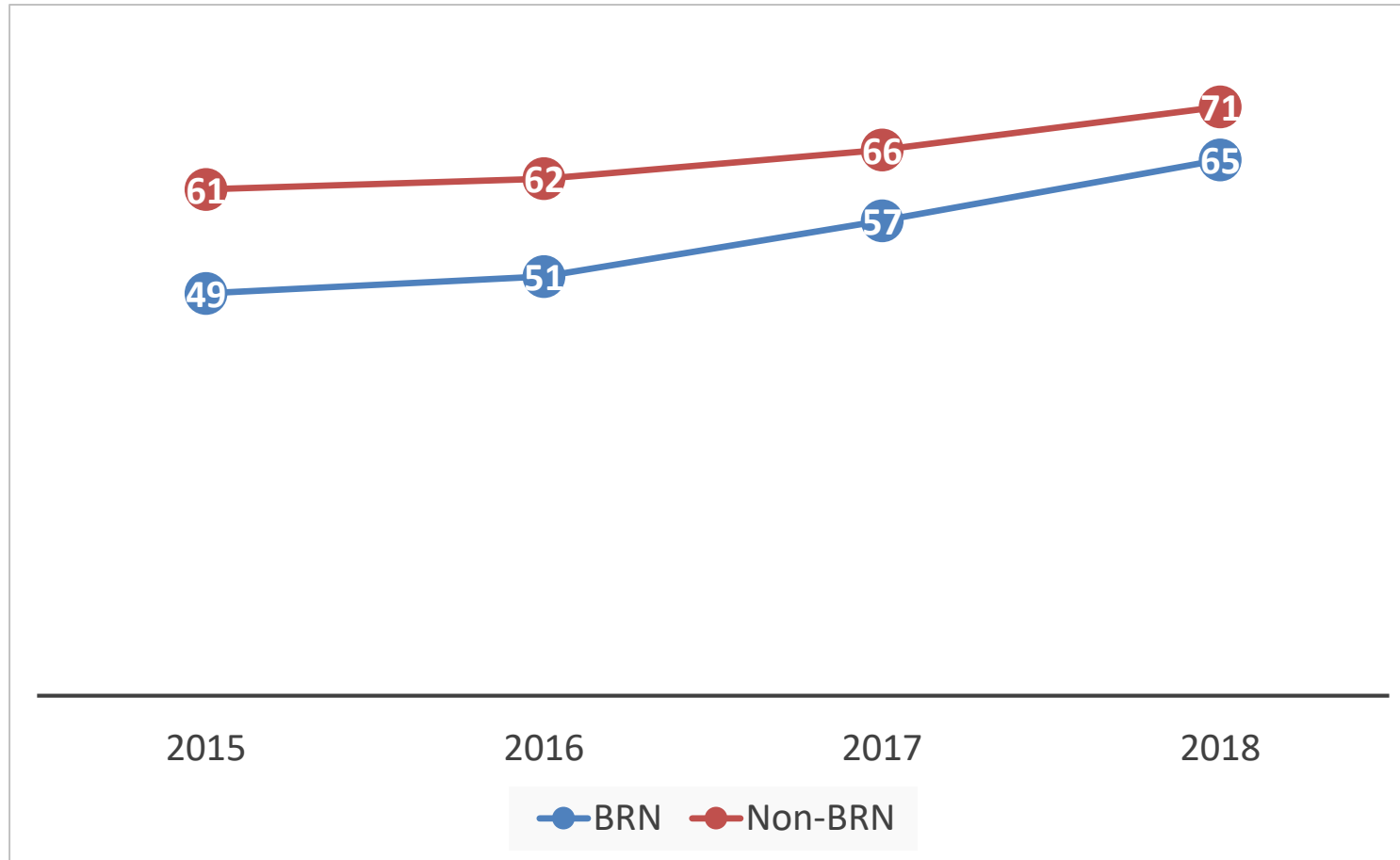
Analytical work to inform RMNCAH+N: surveys for key indicators

- **Household surveys – UDHS 2021?, PMA2020, other surveys**
 - Needed for longer term trends, inequalities, mortality and fertility indicators, behavioural indicators
 - Disaggregated statistics by regions, socioeconomic characteristics, place of residence; urban poor
 - Also critical for verification/validation of facility-based coverage estimates and adjustments
- **Health facility surveys and facility censuses**
 - Needed for readiness and quality of care assessment, data quality review
 - Conduct linked analysis to include quality of care in coverage indicators
 - Geospatial analyses of access and coverage

Analytical work to inform RMNCAH+N: DHIS2 and administrative data for key indicators

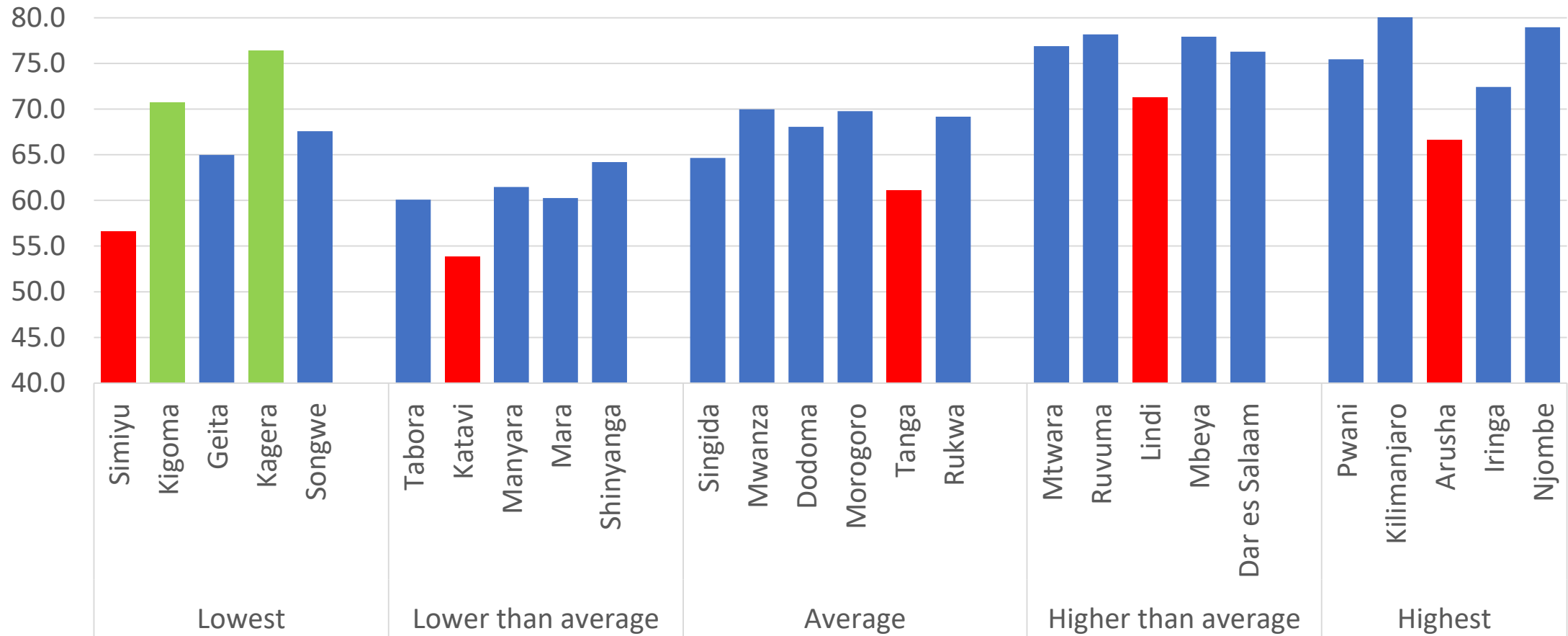
- Health facility and administrative data
 - Critical source of especially RMNCAH indicators
 - Coverage statistics, some indicators of quality of care, health and survival statistics for those utilizing health facilities (maternal and perinatal mortality, low birthweight)
 - Short-term trends, seasonality, inequalities, mortality indicators
 - Disaggregated by regions and district, some demographic characteristics; denominator methods
 - Improvements in assessment district performance (e.g. stratified by SES, health system inputs, special program efforts / prioritization (e.g. RBF), within region)
 - Assessment quality of score cards
- Vital statistics
 - Birth and death registration system strengthening: results
 - Health and demographic surveillance systems

Trends in MCH coverage index in big results Now regions compared with non-BRN regions, 2015-2018



- Based on 11 MCH indicators computed with DHIS2 data for all regions

MNCH coverage index by regions, grouped by health system inputs, with high and low performers highlighted



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Analytical work to inform RMNCAH+N: Research

- Vital statistics:
 - birth and death registration system strengthening
 - health and demographic surveillance systems
- Embedded research
 - To answer research questions from MOH / implementers
 - To address issues that emerge from monitoring
- Modeling to compute lives saved and future challenges
 - E.g. LiST

Country analytical mechanisms / capacity

- Ministry of Health: DHIS2 / analysis unit
 - School of Public Health, Makerere University
 - Other country institutions as relevant
 - Links with other efforts in-country
-
- Generate evidence on a more regular basis to inform annual reviews and in-depth midterm reviews; situation analyses; conduct embedded research
 - Efforts to support such a system: Countdown to 2030 for Women's Children's and Adolescents Health

Countdown Mechanisms

Country Collaborations

- 15 to 20 GFF-supported countries
- Country public health institution & Countdown global/regional institution
- Ministry of Health
- Development partners

Technical Working Group

- Equity, Coverage, Health Systems
- Subgroups: ECD, nutrition, conflict, financing, other

Data & Analysis Centers

- DAC-1: Surveys (Pelotas)
- DAC-2: Effective coverage (JHU)
- DAC-3: Health services (APHRC)
- DAC-4: Geospatial data (Southampton)
- DAC-5: Resource tracking (LSHTM)
- DAC-6: Governance and systems (UWC)

Global Coordination & Collaboration

- Steering committee
- WHO / UNICEF expert groups;
- GFF / World Bank;
- PMNCH, IAP and others

Products: Monitoring and Measurement

Country

- Subnational statistics with use of all data sources
- Progress and performance assessment
- Analyses informing national reviews
- Dashboards, profiles; reports; scientific articles; policy and data briefs; in-depth analyses

Regional

- Links with regional policy-making organizations
- Country comparative analyses and publications
- Collaborating countries' annual meeting platform
- Multi-country thematic analyses workshops
- Communication products for countries and regional

Global

- Framework on country engagement
- Tools and methods for analysis
- Tracking and measurement publications
- Country profiles; data repositories

Outcomes

Country

- Strengthened analytical capacity
- Improved progress and performance tracking
- Enhanced evidence on impact of country scale-up (GFF+)

Regional

- Established regional network for analyses and use
- Strengthened cross-country learning on MLE

Global

- Global and regional monitoring and measurement improved
- Improved efficiencies and investments in RMNCAH+N

For discussion

- Is a continuous engagement of an analysis-focused collaboration useful)? How can it be done best? (also link with effective communication efforts)
- What monitoring areas are priorities?
- Should there be a regular (annual) review of progress and performance mechanism in addition to the overall health sector review?
- How can research be an integral part of the monitoring & learning agenda of the RMNCAH+N plans? How can it be funded?