READING 4.1 • EXPLORING HEALTH INFORMATION

"All of us – rich and poor, governments, companies and individuals – share the responsibility of ensuring that everyone has access to information, means of prevention and treatment."

Nelson Mandela, Johannesburg, November 2006

Lack of access to information remains a major barrier to knowledge-based health care in developing countries despite it being considered the information age. The development of reliable, relevant, usable information can be represented as a system that requires cooperation among a wide range of professionals including health care providers, policy makers, researchers, publishers, information professionals, indexers, and systematic reviewers. This is a short summary of what health information is, how it is generated and where to find health information. It also includes some examples of health information sources and examples of health data international databases. Lastly, there are some suggested ways of using health information.

WHAT IS HEALTH INFORMATION?

• Events, knowledge, skills, behaviors, outcomes, and actions that affect human health directly or indirectly
• Health information is the knowledge repository of all of the above in the form of data, statistics, indicators, descriptions, etc. that inform education and awareness, as well as decision-making, planning, programming, etc. about the health sector and related arenas
• Health information is thus about:
  – Health status of people
  – Health determinants
  – Health care providers
  – Health facilities and systems
  – Health system components
  – Health financing and expenditures
Module 4: Health Information, Systems, and Financing

**HOW HEALTH INFORMATION IS GENERATED**

- Events related to humans that are recorded: births, deaths, disabilities, morbidities, certification of doctors/nurses, drug production, etc.
- Information generated through provision of services at health facilities: use statistics, provider and facility information, insurance information, expenditures, etc.
- Surveys and studies conducted on health and related matters, including documentation and publication

**WHERE TO FIND HEALTH INFORMATION**

- Official records and statistical publications at various levels of government
- Survey reports and publications like books and journals
- Electronic online/offline databases
- Libraries, repositories, observatories

**SOME EXAMPLES OF HEALTH DATA**

- Health Outcomes:
  - Infant and under-five mortality, prevalence of diseases
- Health Services Access/Availability:
  - Doctor to population ratio, hospital bed to population ratio, doctor to nurse ratio, health center to population ratio, private hospital to public hospital ratio
- Health Equity:
  - Health outcomes, access, resources disaggregated by stratifiers like income levels, social groups, geographic areas
- Health Production:
  - Human resources – doctors, nurses, paramedics, midwives, etc.
  - Drugs and equipment
- Health Budgets and Expenditures:
  - Per capita health expenditure, public finance as a proportion of total health expenditure, government health budget as a percentage of total government budget
  - National Health Accounts
Module 4: Health Information, Systems, and Financing

Some Examples of Health Information Sources

- Health Ministries and their various agencies at different levels of government produce statistical compendiums, handbooks, reports, databases, records, etc.
- International agencies like the World Health Organization (WHO), the World Bank, the Organization for Economic Co-operation and Development (OECD), Action for Global Health (AFGH), the United Nations Development Program (UNDP), etc. produce data compendiums, reports, maintain online databases
- International, national, and regional surveys like Demographic and Health Surveys (DHS), the World Health Survey (WHS), and national and sub-national health surveys
- Budget and finance information on health is available with finance ministries and insurance corporations and internationally compiled by the International Monetary Fund (IMF) as Government Finance Statistics

International Databases – World Bank

- World Bank Health home page
- World Bank MDG Database:
- World DataBank (data by country; data by key indicators; existing databases)
- World Development Indicators (searchable database)

Other Sources

- International Monetary Fund
Module 4: Health Information, Systems, and Financing

- European Observatory on Health Systems and Policies: http://www.euro.who.int/en/who-we-are/partners/observatory

**How We Can Use Health Information?**

- Data analysis to identify and highlight issues and areas of concern
- To influence health policy and plans
- To help improve health facility functioning and efficiency
- To identify areas of neglect and inadequacy
- To demand greater budget allocations
- To highlight inequities and injustices within the health system
**READING 4.2  ESSENTIAL BUDGET DOCUMENTS**

Governments should produce and make available to the public in a timely manner the following eight key budget documents:

- The **Pre-Budget Statement** should be released by the Executive during the formulation stage of the budget process. This document is intended to disclose the parameters by which the Executive will develop its budget proposal: specifically, total estimated expenditure, total expected revenue, and amount of debt to be incurred during the upcoming budget year.

- The **Executive’s Budget Proposal** is the draft budget which should be made available to the public before the actual budget law is passed by the legislature, so that citizens have the opportunity to provide their input into the drafting of the budget law before it is finalized and passed. It should detail the policies and priorities the government wants to pursue in the upcoming budget year, including specific allocations to each ministry and agency. The Executive’s Budget Proposal above should contain the following information:

  **Expenditure classification**
  - administrative
  - functional
  - economic
  - program

  **Revenue classification**
  - tax
  - non-tax

  **Debt**
  - stock at the beginning and at the end of the budget year (yearly additional borrowing)
  - composition of debt (different instruments, different maturities, interests, currencies, domestic vs. external)
  - interest rates

  **Macroeconomic information**
  - different information can be relevant for different countries (e.g., oil-producing countries)
  - basic information is: GDP growth, inflation, unemployment, interest rate
Module 4: Health Information, Systems, and Financing

- Changes in the macroeconomic framework can have a significant impact on the budget (on both the revenue and expenditure sides).

**Multi-annual data**
- Future projections
- Past data

**Public policy information**
- New policies as distinct from existing policies
- Links between policies and budget
- Links between budget and policies to fight poverty

- The **Enacted Budget** is a document that is approved by the legislature and passed into law as the budget to be implemented for the upcoming fiscal year.

- The **Citizens Budget** is a non-technical representation of the terms and the concepts in the budget that can be understood by citizens who do not have technical knowledge of budgets or fiscal policy.

- **In-Year Reports** should be produced and made available to the public on a monthly or quarterly basis and they should report on the implementation of the budget, including the revenue, expenditure, and the debt situation of the government.

- The **Mid-Year Review** provides a comprehensive update regarding the implementation of the budget, including a review of the economic assumptions underlying the budget and an updated forecast of the budget outcome for the current budget year.

- The **Year-End Report** should be produced and made available to the public by the executive branch, and it should report extensively on the government’s fiscal activities and performance for the entire budget year.

- The **Audit Report** is the annual report issued by the Supreme Audit Institution attesting to the government’s year-end final accounts and whether public resources have been utilized effectively.
Module 4: Health Information, Systems, and Financing

Additional (official) information that is necessary to obtain a deeper perspective regarding the budget:

- Demographic information
- Sector-specific documents (e.g., health, education, defense)
- Sector-specific information (e.g., geographical distribution, number of teachers/doctors in different regions, epidemiologic profile of the country)
READING 4.3 ■ HOW TO FIND BUDGET INFORMATION

- Budget information may be available on official government websites, including:
  - the ministry of finance;
  - the ministry of planning;
  - the presidency;
  - the official statistics institute;
  - sector-specific ministries;
  - local governments; and
  - the central bank.

- Budget information may be available from international institutions, including:
  - World Bank country reports;
  - UNDP global and country reports;
  - Transparency International corruption reports; and
  - reports from other agencies working in a country.

- Budget information can be obtained by:
  - requesting information from agencies working in a country;
  - reviewing what is available in the congress or parliament, as they should have this information;
  - using a country’s access to information law, if one exists;
  - reviewing information that is available through donor agencies and multilateral allies;
  - reviewing the websites of international organizations to find information specific to a country;
  - locating and meeting with NGOs to share information and perspectives; and
  - partnering with academic institutions and research centers.
READING 4.4  ■  STRATEGIES FOR OVERCOMING BARRIERS TO BUDGET INFORMATION

IDENTIFY SYMPATHETIC OFFICIALS

- No government is a monolith: while some public officials are hostile to civil society’s requests for information and assistance, others are extremely forthcoming.
- The latter can be critical allies in an effort to obtain information on public programs.
- To win over officials who are less forthcoming but not completely opposed, groups can try to persuade them of the need for transparency or appeal to their egos by offering them an opportunity to showcase their work.
- The only way to obtain information from hostile officials is to pressure them, such as by going over their heads, i.e., appealing to their bosses.

USE “RIGHT TO INFORMATION” LAWS

- Roughly 70 countries around the world have laws that guarantee citizens the right to information.
- An access to information law can be central to an organization’s strategy for conducting a social audit.
- Even if their country has such a law, however, groups will not always be able to obtain needed information.
- Information requests can run into a variety of obstacles, including claims that files are missing or that their disclosure would harm national security.
- An excellent collection of studies on access to information laws, including implementation problems, is available at www.freedominfo.org.

USE INDIVIDUAL AGENCY DISCLOSURE POLICIES, COURTS, AND CIVIL PETITIONS

- In countries where there is no law guaranteeing access to information, individual agencies may sometimes have disclosure policies or charters on citizen rights that can provide for such access.
- In other countries, the national constitution may protect individual liberties that include the right to information.
- Citizens have successfully used constitutional provisions to file petitions in national courts to obtain information, though this is obviously a complicated process that can take years to
COLLABORATE WITH AUDITORS, LEGISLATORS, AND DONORS

- Public audit institutions can be an excellent source of information.
- Legislators too often have much more information on public projects than ordinary citizens do, and civil society groups may be able to obtain extensive information through a sympathetic legislator.
- Similarly, in countries that are highly donor-dependent, donor organizations may have access to information on public projects – especially the projects these donors fund.
- Donors may be very forthcoming to a social audit process given their interest in ensuring that the funds they have donated are spent properly.

DIRECT ACTION AND CAMPAIGN

- The pioneer of non-violent direct action, Mahatma Gandhi, encouraged the use of direct action campaigns to demand changes from the government.
- He described the government response to such a campaign as follows: “First they ignore you, then they laugh at you, then they fight you, then you win.” Organizations that are repeatedly denied information might choose a strategy that relies on direct non-violent confrontation with the government agency that denies them information.
- Such a strategy should be undertaken only after careful deliberation given its possible consequences, including violent retribution from the government.

KEEP IN MIND

- Don’t jump to conclusions about what you cannot see – be honest about the limitations of your findings, stressing that they are based on the limited information that is available.
- Use this as an opportunity to demand more information, in order to have a better understanding of what is “really” going on.
- It is valid to make your own choices and decisions regarding incomplete information, but always explain them. If the government says that you are wrong, ask them to offer a “more complete” picture.
**Reading 4.5 ■ Key Components of Health Systems**

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health personnel</td>
<td>Doctors, nurses, managers, paramedics, support staff</td>
</tr>
<tr>
<td>1. Health facilities</td>
<td>Health centres, clinics, hospitals of different types and levels, diagnostic centres, laboratories,</td>
</tr>
<tr>
<td>3. Knowledge</td>
<td>Medical education, health education, health and medical literature, journals, databases, statistics</td>
</tr>
<tr>
<td>4. Commodities</td>
<td>Medicines, equipment, other clinical and non-clinical supplies</td>
</tr>
<tr>
<td>5. Ownership of facilities</td>
<td>Private, Government, Municipal, NGO/not for profit, missionaries, corporate, insurance</td>
</tr>
<tr>
<td>6. Insurance and social security</td>
<td>Financing mechanism, Social insurance, private insurance, employer/employee contributions, health policies and plans</td>
</tr>
<tr>
<td>7. Regulation and legislation</td>
<td>Health services related laws, accreditation mechanisms, constitutional mandates, right to healthcare, UN covenants, professional ethics</td>
</tr>
<tr>
<td>8. Health administration and management</td>
<td>Healthcare management systems, standards and protocols, guidelines, personnel policies, procurement policies, data and records systems</td>
</tr>
<tr>
<td>9. Special health programs</td>
<td>Special programs/activities, for example, on HIV/AIDS, Tuberculosis, Disability, Mental Health; subsidies/assistance for vulnerable groups</td>
</tr>
<tr>
<td>10. International health</td>
<td>International legislations, pandemic controls, donor financing, patents and trade in services, migration and brain drain, medical tourism</td>
</tr>
</tbody>
</table>
READING 4.6 ■ DONOR FINANCING IN HEALTH

CONTEXT OF DONOR FINANCING

- The Rio commitment of 0.7% of GDP of donor countries.
- Developing country health spending is anaemic: 90% of global disease burden and only 12% ($410 billion) of global health spending (5.7% of GDP and 70% out-of-pocket).
- Development assistance for health (DAH) is even more anaemic, being 3% of developing country health spending.
- DAH is 13% of total Development Assistance.
- The World Bank: Up to $70 billion additional per year is needed to meet MDG health goals.

KEY DONORS AND HEALTH FUNDING

<table>
<thead>
<tr>
<th>DONOR</th>
<th>FOCUS AREAS</th>
<th>EST. ANNUAL FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORLD BANK</td>
<td>Training, Health Systems Strengthening (HSS)</td>
<td>$2.4 b/year health,</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>Human Resources for Health (HRH), Training, Networks, HSS</td>
<td>$6 b/year AIDS, $638 m HSS,</td>
</tr>
<tr>
<td>GLOBAL FUND</td>
<td>HSS, training, some HRH</td>
<td>$1 b/year, $220 m HSS,</td>
</tr>
<tr>
<td>UK and IHP+</td>
<td>HSS, primary, maternal child</td>
<td>$1.77 b/year, $650 m. HSS</td>
</tr>
</tbody>
</table>
MODULE 4: HEALTH INFORMATION, SYSTEMS, AND FINANCING

SOURCES OF DEVELOPMENT ASSISTANCE FOR HEALTH

PUBLIC EXPENDITURE VIA DONOR FUNDING
Module 4: Health Information, Systems, and Financing

External resources for health as a percentage of total health expenditure – 2006

WHO

External Resources for Health: Includes all grants and loans whether passing through governments or private entities for health goods and services, in cash or in kind

**DYNAMICS OF DONOR FINANCING**

- Conditionalities
- Fungibility – donors invest countries disinvest
- Unpredictability and volatility
- Fragmentation/distortions of policy
- Verticalization of programs
- Donor accountability
- Corruption
THE PARIS DECLARATION ON AID EFFECTIVENESS

The Paris Declaration commits signatories to five principles
1. Ownership: Partner countries exercise effective leadership over their development policies and strategies, and coordinate development actions.
2. Alignment: Donors base their overall support on partner countries’ national development strategies, institutions, and procedures.
3. Harmonization: Donors’ actions are more harmonized, transparent, and collectively effective.
4. Managing for results: Managing resources and improving decision-making for results.
5. Mutual accountability: Donors and partners are accountable for development results.

SOME USEFUL LINKS

- International Aid Transparency Initiative (IATI): http://www.aidtransparency.net/
- Aid Data: Open Data for International Development: http://aiddata.org/
- Aid Effectiveness Portal: http://www.aideffectiveness.org/
- Global Partnership for Effective Development Co-operation: http://effectivecooperation.org/
- Aid Effectiveness in Health: http://www.who.int/healthsystems/gf3.pdf