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Monitoring Pro-Poor Health-Policy Success in the SADC Region

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Policy Conclusions

Monitoring pro-poor health policies at the regional level can support both the countries and the regional bodies themselves by identifying gaps in addressing poverty and health, strengthening the link between regions and member states, holding actors accountable to their commitments and identifying better mechanisms for data sharing, monitoring and evaluation of activities.

In the area of health, the Southern African Development Community (SADC) has conducted important work in understanding how poor health and poverty coincide, are mutually reinforcing, and socially-structured by gender, age, class, ethnicity and location, demonstrated by the key health policy documents that have been facilitated by the secretariat. Yet the time lapse between the formulation of guidelines and policies and their implementation has at times been uneven.

The "Poverty Reduction and Regional Integration" (PRARI) project seeks to support the development of a monitoring system to measure the contribution of regional governance in the development of pro-poor health policies in collaboration with key stakeholders in the region. This system will build on existing efforts in the region and focus on policy areas such as the social determinants of health; HIV/AIDS, TB and malaria; non-communicable diseases; maternal and child health; human resources for health; pharmaceuticals; among others. Global developments such as those related to the incoming Sustainable Development Goals (SDGs) will also be considered.

In order for this indicator-based monitoring system to be effective and to have an impact, it requires 'regional ownership', active participation of national and regional experts throughout the process of indicator development, implementation and evaluation, and evidence that it will be addressing health priorities for the region. For this, the institutional leadership from the SADC secretariat and the support from its Member States that are the main beneficiaries of the process is crucial.

The strength of a regional body lies in the relevance that member-states see in it addressing their needs and managing the disparities between regional and national priorities. Monitoring existing processes would demonstrate the value-added by such integration efforts.

The need to monitor health policy success in the SADC region

The role of regional organizations in monitoring health policy can be seen as having both a vertical and horizontal dimension. Vertically this is ensured by translating global goals (such as the SDGs) into regional and national targets and mobilizing resources to reach these goals. Regional organizations can also play a role in statistical harmonization and development, as well as in data consolidation.

Horizontally, they can contribute to better evidence-informed policy, policy harmonization, coordination and to provide data and policy support for health financing and addressing cross-border policy challenges (health challenges affecting border populations, trans-boundary diseases, health infrastructure in border regions, worker migration, among others) (Amaya, Kingah and De Lombaerde, 2015).

These health challenges are exacerbated by economic and social dimensions, which are known to be a cause and consequence of poor health. Poverty can lead to poor health due to lack of access to health services. At the same time, poor health can prolong the cycle of poverty due to issues such as lack of employment. Regional integration efforts can help to address these problems by generating synergies between countries to jointly solve these issues, usually by supporting the development of health policies and agreeing on regional decisions. For this purpose, health policy monitoring is crucial to fine-tune or re-define existing policies in order to achieve results in reducing poverty.

Monitoring health policies at the regional level can lead to:

- The identification of gaps in addressing poverty and health in the member states; the uncovering of issues related to equity in health; and consequently, the generation of better policies and actions to address problems faced by neglected populations;
- The generation and strengthening of partnerships and local capacity building;
- A better understanding of how to strengthen the link between the SADC Secretariat and the countries;
- The strengthening of the use of evidence in policy and decision-making;
- Better identification of more effective and efficient mechanisms for data collection, use and dissemination, monitoring and evaluation of activities;
- A better demonstration of the value of monitoring tools to funders in understanding poverty and health, the profound influence of social determinants of health, as well as contributing to the existing evidence on how to address these issues;
- Enhancing support for the monitoring of country and regional commitments to health and equity;
- Recognition of priority areas for investment to address poverty and health.

In order to respond to some of the social issues Southern Africa is facing, SADC[3] was founded in 1992 to replace the Southern African Development Coordination Conference (SADCC). Through some of its treaties, declarations, plans and strategies, with particular reference to its protocol on health, SADC places emphasis, amongst others, on its commitments to combat communicable and non-communicable diseases in the region.

Furthermore, SADC seeks to promote common policies, activities and cooperation; strengthen ministries of health and to identify critical determinants and promotion of inter-sectoral policies and actions. It equally strives to strengthen institutions structuring the health systems of member states and provide services and regulatory frameworks. What is more, SADC coordinates responses to target human resources migration and supports schools of public health and other training institutions.

At the same time, SADC has sought to guarantee rights to social security, social insurance and social assistance, through its Code on Social Security, thereby understanding how poor health and poverty coincide, are mutually reinforcing, and socially-structured by gender, age, class, ethnicity and location. These developments have also generated new modalities of working with member states for example, by fostering collaboration in health surveillance and capacity building. As such most of the major health related policy documents such as the Maseru Declaration on HIV/AIDS, the HIV/AIDS business plan, the pharmaceutical business plan, the business plan on reproductive health amongst others, have all been determined by the Member States and facilitated by the SADC Secretariat to operationalize the strategic direction given by the relevant policy structures within SADC.

This policy brief reflects the outcome of the first PRARI workshop on “Indicator development to measure health policy success in SADC” that took place on the 8th of December, 2014 in Gaborone (Botswana) (see Box 1 for main workshop conclusions).[4]

Box 1. Main Gaborone workshop conclusions: What should be monitored and why?

- Monitoring is important for the SADC region since it will support the identification of policy gaps and appropriate decision-making, and it will improve existing health policies.
- The indicators should be based on regional needs, as well as existing policies and guidelines and must respond to the objective of reducing poverty and inequality in Member States. They should also reflect the importance of pro-poor policies and measures.
- Whenever possible, they should use existing data collection methods to harmonize these monitoring methodologies or develop similar basic assumptions.
- Given the variations in the level of development of health information systems across Member States, data harmonization for comparability may be an issue. Official data is the most likely source for the indicators.
- This monitoring toolkit may be an opportunity to delve into areas which other measurement instruments have not been able to reach, and thus to complement other existing monitoring tools.
- In the larger area of well-being, there is a need to emphasize a multi-sector approach towards health and its related issues. This needs to start with the health policy makers and practitioners recognizing the interrelatedness of the different sectors.
- Main themes to explore are: social determinants of health; human resources for health; pharmaceuticals; maternal and child health; HIV/AIDS, TB and malaria; emerging and reemerging tropical diseases; and, non-communicable diseases. The most feasible and need-based areas will be chosen for this indicator-based monitoring tool.
- Global developments such as the move towards universal health coverage, the reduction of poverty and the incoming SDGs that have an impact on the regional level should also be considered.

Guiding health documents in the SADC region

Since its creation, the SADC region has understood the importance of sharing data to foster improvements in health. This is reflected in a number of the policy documents facilitated by the SADC Secretariat.

The Protocol on Health is the most important health framework in SADC. This was approved in 1999 after adopting a common health policy approach for the first time in 1997 (SADC, 1999). A related document, the Framework on Health Policy was endorsed in 2000 (SADC, 2007a). However, it is important to note that although the Protocol on Health was adopted during a period of decentralization of the SADC organization in 1999, it only came into force in 2004, following a shift to the centralization of its activities in 2001(Amaya et al., 2015; SADC, 2012a).

This protocol is composed of nine goals, which address a number of health areas such as epidemic preparedness; mapping activities related to the prevention, control and eradication of communicable diseases; education and training; efficient laboratory services; and health needs of women, children and vulnerable groups. Articles 6 and 7 of the protocol specifically address indicators and health information systems, demonstrating the importance of this area for SADC. The Department of Statistics at the SADC Secretariat receives and consolidates this data from the Member States so it can be used by the technocrats in their respective sectors and by policy-makers for policy formulation (Jere, 2009).

Other policy documents related to health and the use of data at the SADC Secretariat include declarations, plans and strategies in the area of HIV/AIDS, reproductive health care, joint pharmaceutical policies and social rights. For example, the Regional Strategy for the Development of Statistics was approved for the 2012-2018 period. It builds on the 2010 Strategy for the Harmonization of Statistics in Africa where health is one of the priority areas (SADC, 2012b). This strategy emphasizes the importance for collaboration and harmonization of data between the Member States. The areas of interest include: existence or extent of implementation of harmonized policies on health and nutrition; level of cooperation among health professionals; existence of operational regional health institutions and facilities; mortality/ health of populations; and service delivery.

The Regional Indicative Strategic Development Plan (RISDP) adopted in 2003 for a period of 15 years seeks to support the region in monitoring the implementation of regional agreements (SADC, 2003). This document is periodically used by regional and national actors to track progress in reaching these regional goals (SADC, 2011).

Furthermore, the Maseru Declaration on the fight against HIV/AIDS in the SADC region signed in 2003 constitutes one of the most important health documents for the region where Member States agreed to, among other things, strengthen institutional monitoring and evaluation systems to promote information exchange (SADC, 2003; SADC, 2007b; SADC, 2012c).

Building on existing experiences for the monitoring tool

An assessment report conducted by SADC found that although Member States' surveillance systems are based on national and international declarations and guidelines, they still suffer from weak data flows and lack of adherence to reporting deadlines; minimal local data use; limited human resource capacity; and weak research capacity and data quality assessments (SADC, 2009). In response to this, the SADC Secretariat has developed a harmonized surveillance framework for HIV and AIDS, TB and Malaria; as well as

regional minimum standards for the prevention, treatment and management of malaria; harmonized guidance on HIV testing and guidance; national reference laboratories; supranational reference laboratories; among others.

The harmonized surveillance framework for HIV and AIDS, TB and Malaria is based on regional, continental and international declarations, which SADC Member States have already signed, such as the Abuja Call for Accelerated Actions Towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services; the Millennium Development Goals; and the SADC Protocol on Health. As such, this surveillance framework seeks to identify areas that need fine-tuning in relation to these three diseases and demonstrate progress that the region has achieved in implementing regional and globally-agreed commitments (SADC, 2009).

This framework (differently from the minimum standards documents, which propose policy directions for different health areas), is unique in that it describes gaps in the country surveillance systems and presents a core set of indicators and data collection methods for each of the indicators in response to gaps found (SADC, 2009). However, in practical terms until now these indicators have not yet been domesticated, incorporated into national monitoring and evaluation systems for each of the three diseases, due to lack of resources and capacity in some countries. The process of indicator development will involve the identification of strategies for optimal domestication, among this a clearer understanding of barriers beyond those that have already been discussed.

The monitoring system proposed by the PRARI project and the indicator development team provides an important opportunity to build on efforts already underway in the SADC region. In addition, this process can support the region's understanding on how addressing these health challenges can have positive development effects for the Member States outside health.

Furthermore, the evidence shows that past failures of monitoring efforts developed in other regions have been partly due to lack of local/regional ownership. Limited stakeholder participation (together with poor institutional capacity and data availability) are some of the key reasons why despite, best intentions, few attempts at establishing regional indicator-based monitoring systems have been fully successful (De Lombaerde, Estevadeordal and Suominen, 2008). Therefore, developing these indicators with relevant stakeholders from the region will be a further opportunity to involve the users of the indicators. This can lead to greater commitment to and ownership of findings that will most likely be translated into action.

In the case of measurable variables, it is important to mention that all the strategic objectives contained in the work plan propose the development of indicators to measure baseline levels as well as what has been achieved. In some cases, they also propose the creation of working groups to define and collect such indicators. In addition to these indicators, the plan contains a monitoring and evaluation system (see figure 1) that defines other indicators to measure progress in each of these outcomes. The Pro Tempore Presidency is tasked with monitoring the progress reached in this five-year plan and presenting a report to the coordinating committee that in turn reports to the South American Council.

How to monitor?

- The monitoring system should be rolled out following the appropriate policy formulation steps in the SADC Secretariat.
- This monitoring system will be used within the SADC context but should ideally also endure over time without becoming obsolete due to changing priorities or even staff turnover. For this, generating a flexible tool that can be adapted to changing policies or needs will be critical.
- It must also consider the differing characteristics of member states in order to be a useful and relevant tool in each of these contexts. For this, identifying flexible indicators and data sources will be important.
- Regional indicators should make sense in the context of existing data at the national level and should avoid generating any additional reporting burden.
- In terms of financing the implementation of this monitoring system, seeking donor funding is a possibility. However, it should be noted that countries in the region are ranked differently by the World Bank and this has a bearing on the direction of donor funding.
- Finally, the availability of quality data is critical for appropriate indicator monitoring. Especially in a multi-level health governance context, the organization of statistical information flows is particularly challenging (Amaya et al. 2015).
- To respond to this need, the PRARI project seeks to develop a monitoring system focused on the identified key priority areas (see Box 1). This monitoring system can serve as a model for future tools that address other areas. This could also support other regional emerging processes such as the implementation of the SDGs.

What would be the added benefits of this toolkit for the SADC region?

The development of indicators to monitor health policies and their implementation:

- Provides an opportunity to track progress in regional integration and elaborate on how this process supports the work of the member states in the area of health and contribute to poverty reduction.
- Supports the promotion of good governance and accountability in the region by tracking whether planned activities are being implemented and if allocated funds are used for their intended purposes.
- Has the potential to strengthen the regional-national bond by generating evidence on what leads to successful policies and better governance systems.
- Will help uncover weak policies or action areas that should be supported or discontinued.
- Can demonstrate the relevance of investing in the sector and demonstrate this with the necessary data.
- May contribute to other monitoring processes at the regional level, such as those pertaining to the incoming Sustainable Development Goals (SDGs).
- Will enable the SADC regions to strategically plan for future health and well-being programmes.

- Will enable SADC member states to better know their epidemics in terms of understanding what polices work and what does not work in their contexts.
- Will enable evidence-informed decision-making to take place on poverty reduction measures that are hinging on health.

How will this monitoring system be relevant for the post-2015 agenda?

The sustainable development goals (SDGs), to be decided by the end of this year, seek to steer the work of all countries for the next 15 years with the objective of 'leaving no one behind'. The proposed health goal builds on previous work during the MDG era, in the areas of maternal and child health and HIV/AIDS, TB and Malaria, as well as including a number of new health priorities.

In the SADC region, member states will mobilize towards reaching these 17 goals by 2030. This will potentially require the definition of new regional directions to support the member states, which will translate into new policies that will need to be accounted for and measured. The monitoring system proposed by the PRARI project has the potential to contribute to this work by demonstrating how SADC involvement can support the development of successful policies in health that are targeted at the most vulnerable, which is one of the purposes of the SDGs.

Next Steps

The first indicator development workshop for the SADC region was the start of a participatory process involving regional stakeholders on the monitoring needs to measure pro-poor health policy success in the region. However, further work in this area is necessary, which will be the objective of the next phase of the PAR process and forthcoming workshop. For this we propose:

- To collaborate further with the main stakeholders in the region in defining the content of the monitoring system to build on existing efforts such as the harmonization surveillance frameworks and measure the extent to which the SADC region supports the development of pro-poor health policies by focusing on one of the identified priority areas, which will be agreed by consensus.
- To determine the ownership of the monitoring system. Understanding who will drive the process and its output is important since it will define how the toolkit will look like and ultimately how it will be applied.
- To help identify funds and other areas of (technical) support necessary to solidify the decision making from collected data.
- To continue the participatory work to define the types of indicators that will form the toolkit, which responds to regional and national needs and policies.
- To foster the active participation of the SADC Secretariat and its Member States that are the main beneficiaries of the process, and to determine the appropriate modalities of collaboration between the regional and national (i.e. Member State) levels of governance.

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2 All the co-authors together with Dr Ityai Muvandi of the SADC secretariat were participants in the "Indicator development to measure health policy success in SADC" workshop. This workshop was facilitated by Ana B. Amaya, Philippe De Lombaerde, Stephen Kingah and Molefe Phirinyane

3 SADC member states include: Angola, Botswana, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

4 The first PRARI workshop on "Indicator development to measure health policy success in SADC" convened a group of 12 experts from five countries (Botswana, South Africa, Swaziland, Tanzania and Zambia) from the region; representing ministries of health, think tanks, academia, civil society and regional organizations.