CREHS : impact of health sector reform project summaries (theme 1)

India: Access to health services in the under privileged areas: A case study of Mobile Health Units (MHUs) in Tamilnadu and Orissa

PI: Prof. V R Muraleedharan (vrm@iitm.ac.in)

Despite the vast improvement in the establishment of primary health infrastructure in India, several parts of the country continue to suffer from lack of access to primary care services, particularly those in the poorer and tribal regions. Physical access had always been a major issue affecting the utilisation of health services, linked to the cost of seeking care. To improve access and provide health services to the rural and tribal population across countries the concept of Mobile Health Units (MHUs) was introduced. However, the consequences of health system interventions like MHUs for health care equity are seldom discussed or taken into consideration in planning.
This study therefore sets out to review the Mobile Health Units policy development process in Tamilnadu and Orissa state, India; examine the gains achieved in terms of access to care through MHUs, and factors affecting their utilisation; to identify the range of actors involved in MHU implementation from state level to PHC level, their roles in implementation and the factors that influence their decision making process at different levels. Lastly, we will examine how these outputs will be used to improve the access of the services provided.
The study will be an exploratory study with qualitative and quantitative components. The study will initially adopt an open and inductive approach with a central focus on the role of actors and the influences over them. The Walt and Gilson framework will provide an initial guide to the range of influences over implementation experience that will be explored.

Kenya: Examining the implementation of policy change in order to promote health and health system equity: A case study of IMCI in Kenya

PI: Catherine Goodman, LSHTM/KEMRI (cgoodman@Nairobi.kemri-wellcome.org)

There is widespread evidence that health system performance in low and middle-income countries is inequitable. Even when new policies are intended preferentially to benefit the poorest, their benefits are often captured by more wealthy and powerful groups. However, there has been limited investigation of the factors responsible for this. It is hypothesized that a failure to benefit the poor often reflects the nature of the policy design and implementation process. To assess this, a case study of the implementation of the Integrated Management of Childhood Illness (IMCI) will be undertaken in Kenya. IMCI has the potential to enhance equity because it targets diseases disproportionately affecting the poor, and is delivered through peripheral government health facilities, used by poorer groups. However, IMCI implementation has been inadequate and patchy. The study aims to assess which factors arising at the stage of implementation influence the success of IMCI in meeting the needs of poorer groups. A case study approach will be used, drawing on policy analysis techniques and theories. The study involves data collection at national, provincial, district, facility level, relying mainly on in-depth interviews and discussions, supplemented by quantitative data. The analysis will inform debates about pro-poor implementation of health sector reform, a major concern of the new Kenya National Health Sector Strategic Plan (2005 – 2010). It will contribute to the design of strategies that recognise the importance of the policy process and the role of key actors in effective implementation of IMCI and other policies for the poorest groups.

Nigeria: Community Based Health Insurance Scheme in Anambra State, Nigeria: an analysis of policy development, implementation and equity effects

PI: Benjamin Uzochukwu (bscuzochukwe@yahoo.com)

Community based health insurance (CBHI) in Anambra state Nigeria was set up to salvage the state of health in the State in 2003 in response to its dwindling healthcare delivery and budgetary constraints. Emphasis is placed on the provision of adequate maternal and child services both at primary and secondary health care facilities.
However, the consequences of health care reforms like CBHI for equity in general and particularly in health care are seldom discussed or taken into consideration in planning. Mechanisms to promote individual CBHI scheme's sustainability can conflict with equity concerns. While getting the poor to join CBHI seems likely to promote their access to basic health services, it is not clear what happens to the poor who do not join.
Also the benefits of new policies and interventions intended to preferentially benefit the poor people in the country like the CBHI are often inappropriately (and sometimes disproportionately) captured by more wealthy and powerful groups. There has been only limited consideration of how the forces underlying the processes of designing and implementing CBHI influence its achievements and limitations.
This study therefore sets out to review the CBHI policy development process in Anambra state, Nigeria; examine the degree of socio-economic segmentation in participation, enrolment and use of the scheme and factors affecting this; explore the roles of stakeholders in implementation of scheme and the factors influencing their roles and examine how these output will be used to improve the equitable use of CBHI..
The study will be an exploratory study using mainly qualitative research methods. The study will initially adopt an open and inductive approach with a central focus on the role of actors and the influences over them. The Walt and Gilson framework will provide an initial guide to the range of influences over implementation experience that will be explored.

Nigeria: An assessment of policy development and implementation process of District Health System in Enugu state Nigeria

PI: Obi Onwujekwe (onwujekwe@yahoo.co.uk)

A District Health System (DHS) has been introduced in Enugu State. It was designed to provide increased and equitable access to good quality and comprehensive health care services. In order to ensure equity in access and utilisation, the DHS policy in Enugu state incorporates a pro-poor health care financing scheme, which is exemption from user fees. The DHS integrates primary and secondary levels of healthcare, supported by the tertiary level and it is expected to eliminate the duplications/parallel service provisions and inefficiency of the old stratified healthcare system in the state where there was no direct link between the different levels of healthcare. With this arrangement, access to secondary care is easier for the poor people because the referral centre is near. Also, the possibility of continued care at the primary level following a feedback from the secondary level is much higher and possibly cost-effective for the poor. Other key elements of the DHS include enhanced community involvement at its planning and implementation stages, introduction of and upgrading of district hospitals within specified geographic areas for decentralising high level health services. The latter is expected to reduce travel time, distance and costs of accessing such services. This approach has been chosen despite the fact that international experience with decentralisation shows that equity gains are rarely realized, but is hoped that this will not be the case in the DHS in Enugu state if it is properly implemented.

The purpose of this study, therefore, is to explore how the planning and implementation process of the District Health System in Enugu state has influenced the workings of health care management and delivery towards improving equitable access to healthcare services, so as to generate ideas about how to improve the implementation to benefit poorer groups. The study will be cross-sectional and exploratory, using qualitative and quantitative approaches. The Walt and Gilson framework will provide an initial guide to the range of influences over implementation experience that will be explored. The study will explore the roles of stake holders in the planning and implementation process of the DHS, the factors influencing their roles and decision–making as well as the consequences for effective implementation of the DHS and its pro-poor orientation. The information generated will support evidence-based planning and service delivery of the DHS and in developing future healthcare policies.

South Africa: Investigating the role of power and institutions in hospital level implementation of equity-oriented policies

PI: Lucy Gilson, LSHTM/CHP (lucy.gilson@heu.ac.za)

There is widespread evidence to show that health system performance in low and middle-income countries is inequitable. Much attention has been focused on which policies might improve equity rather than on the factors influencing implementation experiences and impacts achieved. The overall aim of this research project is to examine how the policy implementation process influences the success of policies intended to promote equity. The study will use a case study approach specifically to investigate the exercise of power in, and institutions influencing, the implementation of two equity-related policies (the sliding scales and exemptions embedded within the hospital fee system, and the Patients' Rights Charter) within the setting of two hospitals located in poorer/rural areas within South Africa. Its objectives are to: 1) analyse how the power exercised in decision-making influences the implementation of (equity-oriented) policies, and their chances of success; 2) determine the key institutional influences that drive decision-making around (equity-oriented) policies and assess their impact on policy implementation; 3) identify any major additional influences over (equity-oriented) policy implementation; and 4) derive recommendations about how to strengthen (equity-oriented) policy implementation. Building on the existing platform of South African health policy analyses, the study will contribute more in-depth understanding of policy implementation experiences, specifically with respect to equity-oriented policies. In this way it will add to the existing, and still limited, international knowledge base about power and institutional influences over implementation effectiveness.

Tanzania: Examining the Implementation of Policy Change in order to Promote Health and Health System Equity: A Case Study of IMCI in Tanzania

PI: Hildegarder Mushi (hildafili2@yahoo.com)

There is widespread evidence that health system performance in low and middle-income countries is inequitable. Even when new policies are intended preferentially to benefit the poorest, their benefits are often captured by more wealthy and powerful groups. However, there has been limited investigation of the factors responsible for this. It is hypothesized that a failure to benefit the poor often reflects the nature of the policy design and implementation process. To assess this, a case study of the implementation of the Integrated Management of Childhood Illness (IMCI) will be undertaken in Tanzania.

IMCI has the potential to enhance equity because it targets diseases disproportionately affecting the poor, and is delivered through peripheral government health facilities, used by poorer groups. However, IMCI implementation has been inadequate and patchy. The study aims to assess which factors arising at the stage of implementation influence the success of IMCI in meeting the needs of poorer groups. A case study approach will be used, drawing on policy analysis techniques and theories. The study involves data collection at national, regional, district and facility level, relying mainly on in-depth interviews and discussions, supplemented by quantitative data. The analysis will encourage efforts to overcome the challenges of inequities and inequalities in access to heath services which have become more visible with the recent health sector reforms. This is one of the major concerns of the Tanzania's Poverty Reduction Strategy, and a priority in the National Health Policy. It will contribute to the design of strategies that recognise the importance of the policy process and the role of key actors in effective implementation of IMCI and other policies for the poorest groups.

Thailand: The Local Level Responses to Budget Allocation under Universal Health Care Coverage Policy in Thailand

PI: Supon Limwattananon (supon@ihpp.thaigov.net)

The local-level responses to budget allocation under Universal Health Care Coverage (UC) policy in Thailand are studied to examine the interaction between actors and context, and how this affected policy decisions regarding the promotion of health equity through UC budget allocations. To households, the policy in general has a pro-poor nature and promotes equity through the local level health care when the financing and benefit incidences have been investigated. To health care providers, the policy has introduced a marked change in budgeting procedures in principle: from the cost-based allocation to the equally per capita basis. However, the practical formula of the UC financial allocation has varied over time and across geographic locations. Provinces selected from the sample pool have experienced a dramatic change in the budget arrangement from a system in which salaries were deducted after the budget has been allocated to local level to the central-level deduction. Under the current system, disparity in the *effective* capitation rate across provinces could occur owing to variations in the distribution of health care providers across geographical areas that unlinked to population size. Variations in such responses of both health care providers and managers in different local-level settings are worth to explain given that the equal financial allocation per capita is a necessary condition of equitable delivery of health care. Specifically, this study aims to understand how and why health care providers and managers at the local levels responded to the national changes in the UC budget allocation system. The extent to which the equity concerns of the actors could affect the response to the UC budget arrangement at the local levels is also explored. Moreover, this study examines the influence of different contextual factors on the local policy responses to disentangle the complexity of the policy content-actor-context relationship in the UC implementation.