

# "EQUITY GAUGE"

## MONITORING HEALTH REFORM PROGRESS IN SOUTH AFRICA

### RATIONALE

#### What is equity

The concept of equity has a number of dimensions and interpretations. Attempting to identify one single definition may limit both understanding, and a practical approach to promoting equity. Despite the different definitions that exist, it appears that there is consensus that the following core principles should inform any definition of equity:

- Equity does not mean equality but "fair shares" and "fair opportunities" in distribution of resources and provision of services;
- The more needy groups in society should be the ones targeted for preferential treatment, that is, greater resources and more services should be made available to these groups.

#### Contextualising the equity debate

Despite a global consensus about the need to place "equity in health and health care" high on top of the development agenda, disparities in both health status and provision persist, both within and between countries. Increasingly, equity concerns have lost prominence to issues of macro-economic stability, fiscal policy and efficiency.

In many ways South Africa, reflects trends and patterns of inequity persisting throughout the world: there are huge differences between the rich and the poor; a first world tertiary hospital stands side-by-side with clinics that lack basic infrastructure, electricity, running water and regular supply of drugs.

The South African government seeks to promote equity. To that end, the Constitution and policies of government commit the country to a national goal of "equity and equality". The Reconstruction and Development Programme (RDP) which is still regarded as the blueprint for social re-organisation in South Africa highlighted equity as one of the fundamental principles upon which the new unified health system should be based. The White Paper on Transformation of the Health System released by the Department of Health further expanded on this principle with the following equity-based core objectives;

- Increase in access to integrated health care services for all South Africans focusing on the rural, peri-urban and urban poor with emphasis on vulnerable groups (women and children);
- Establish health care financing policies that promote greater equity between people living in rural and urban areas, and between people served by the public and private health care sectors;
- Distribute health personnel throughout the country in an equitable manner.

Subsequent to the RDP, government introduced an "integrated macro-economic strategy for rebuilding and restructuring the economy", namely, the Growth, Employment and Redistribution Strategy (GEAR). Although redistribution of resources is an element of this strategy, emphasis is more on the reduction of the budget deficit by among other things, curbing state expenditure. Opponents of this strategy argue that GEAR is likely to undermine the attainment of equity due its emphasis on fiscal austerity measures at the expense of more resources for social services, including health. Government on the other hand argues that GEAR is a medium-term strategy through which the original goals of the RDP can be realised.

#### Developments leading to the "Equity Gauge"

The decision to monitor equity in South Africa goes back to a meeting held in Manila during July 1997, supported by the Henry J. Kaiser Family Foundation, which brought together a group of about 25 top level South African policy makers and managers with a similar contingent from a number of South East Asian countries. These countries were selected because of their experience in implementing over the past decade, far reaching efforts to establish more equitable national health systems.

One of the most crucial discussions that occurred during this meeting focussed on the importance of being able to **measure** progress towards equity as prerequisite for countries becoming actively involved in placing equity in the forefront of their agenda.

A key outcome of the meeting was the enthusiasm on the part of legislators in accepting the function of monitoring the move towards equity as central to their legislative function as stipulated in the constitution and the acts of parliament. In terms of these stipulations, legislators, particularly through the various portfolio committees have the responsibility to "monitor, investigate, enquire and make recommendations relating to any aspect of the legislative programme, budget, rationalisation, restructuring, functioning, organisation, structure, personnel, policy formulation...of government". A solid foundation for subsequently developing this work in South Africa was thus established

In order to take the initiative further, the Health Systems Trust (HST) was requested to provide technical and organisational support that will ensure that the initiative does get off the ground.

## Preliminary discussions with portfolio committees

Following on from the Manila workshop, HST held meetings with the Chairpersons of three Parliamentary committees central to the process (the Parliamentary Portfolio committees of Health and Finance and the National Council of Provinces). During these meetings it was agreed that HST should set up a workshop in South Africa to explore issues pertinent to measuring the move towards equity in health and health care.

## National workshop of legislators

In June 1998 about 45 South African legislators met with technical experts from South Africa and visiting speakers from the USA. The group included representatives from the national portfolio committees on health and finance, legislators from each provincial parliament and from the National Association of Local Government. The aim of the meeting was to explore concepts of equity; identify how the move towards equity can be measured with regard to health and health care in a way that would be useful for legislators; and to begin to identify issues about which legislators would want more information.

The key outcomes of this meeting were:

- A formal endorsement by legislators of their role in monitoring equity, and a motivation for HST to manage the process necessary to facilitate them being able to fulfil this role
- A preliminary list of issues around which indicators could be developed
- An identification of the support needs without which legislators would be unable to play an effective part in monitoring equity
- An outline of the way forward for the process

Subsequent to this meeting discussions were held in both national and provincial committees, and the preliminary list of indicators was reviewed.

## Technical meeting

Towards the end of July 1998 a small technical meeting was held in Cape Town, bringing together international experts from the USA and Chile, South African technical resource people, and legislators. The purpose of the meeting was to build on the support and information needs identified by parliamentarians at the June meeting in order that a research protocol could be developed, alongside a plan to meet the attendant support needs of legislators.

The main outcomes of the Cape Town meeting were:

- A framework for the information needs of legislators was developed and the differing requirements of provincial and national legislators was highlighted
- Greater clarity was acquired about some of the support needs of legislators and progress was made in understanding how information should be presented for legislators to maximise the usefulness of the information

In order to take this process forward, the Health Systems Trust, in partnership with legislators, synthesised activities emanating from initiatives mentioned above into a single project, referred to as the "Equity Gauge". The project seeks to take the process further within the principles and guidelines identified in the preceding initiatives.

## **AIM AND OBJECTIVES**

The aim of the "Equity Gauge" is to establish a set of benchmarks by which progress towards equity in health care provision can be monitored over time, and to facilitate its use and application. Specifically, the Gauge will seek to achieve the following objectives:

- To define, measure and monitor a core set of indicators for assessing progress towards equity in health care provision, year by year;
- To facilitate the use of information provided in the "Equity Gauge" by national and provincial legislators and local government representatives to monitor equity;
- To instil the notion of monitoring equity as a key strategy for the promotion of equity among the media and the general population of South Africa;
- In addition, legislators will be supported with information relating to how the health system functions and the processes followed within government for budgeting and resource allocation.
- A subsidiary aim of the gauge will be to strengthen the accessibility and quality of health data

## **SCOPE OF ACTIVITIES**

### **Defining and measuring indicators**

## Framework for developing indicators

Some macro issues of vital importance to the future of health care in South Africa frame the development of the conceptual underpinning for this project. The first is the profoundly inequitable nature of the **private/public** split of health care provision in the country, and the acceptance that transformation of the public sector constitutes only one part of the activity needed to promote equity. Hence legislative attention needs to be given to exploring ways in which subsidisation of the private sector by the public sector can be minimised, thus freeing up resources for the most disadvantaged groups. The need to strengthen the process of integration between the two sectors to facilitate them working together was also highlighted

The second is the deep concern on the part of legislators that any initiatives to promote equity must address the backlog of inequity that is the inheritance of public sector health care provision in South Africa. The backlog has resulted in vulnerable groups among the population, as well as areas of the country which are especially poorly served.

As a result of introductory discussions during the Cape Town meeting, a working framework was adopted to enable sharper definition of the information needs of legislators, and related indicators, to be identified. This framework distinguishes between the functions of national and provincial legislators, implying differing information needs. It also distinguishes between monitoring of policy and monitoring of the implementation of policy.

	National Legislators	Provincial Legislators
Policy	* Main Focus	
Implementation		* Main Focus

Parliamentarians operating at national level are primarily concerned with policy development and understanding of the effect of policies upon service delivery, while provincial legislators have a primary interest in monitoring implementation. Thus national parliamentarians have an interest in data which will enable them to analyse the equity impact of policies like the National Health Act and the White Paper on Transformation. Provincial legislators' primary concern is with data which will enable them to assess whether or not policies are being implemented. This distinction implies that the equity gauge will need to furnish national politicians with data which helps in the analysis of policy, while provincial legislators require analysis of data which explicitly monitors progress in implementation at as detailed a level as is possible.

National and provincial legislators highlighted, as a major concern, their need to have comprehensive and accurate data on resource allocation as well as greater insights to the actual budgeting process in order for them to be able to become involved in promoting equity through resource allocation. In addition, provincial legislators identified three broad areas in which they wish to be able to monitor implementation of policy. The three areas are:

### Primary Health Care Provision

Data collected should help analyse whether there is a trend of increasing provision coupled with increasing coverage to those who are disadvantaged, including Africans, rural dwellers, women and children. The information should allow legislators to determine whether there is an improvement in both health status of these populations as well as whether infrastructural needs such as clean water and proper sanitation are being provided.

### Promotion of inter-sectoral collaboration and interdepartmental co-operation in health care provision

Legislators view this as a crucial area in effecting transformation and moving towards equity, and identified a need for some analysis of progress.

### Promotion of Healthy Environments

The last area identified by legislators includes both personal and environmental health education and promotion. A healthy society is seen as being central to survival and economic stability and hence of great concern to legislators.

While some indicators may be used for these last two focus areas, they are generally less susceptible to being monitored by means of indicators. The project will attempt to generate information about progress in these areas by drawing upon health promotion theories and leadership analysis.

## Equity Indicators

These indicators are not supposed to cover all aspects of health care provision, but are there to act as "measures of progress" and as potential warning signals that inequity in health may be getting worse. Wherever appropriate and possible indicators will be measured in such a way that it can be used to monitor differences and trends between:

- public/private sector divide
- provinces
- districts
- rural and urban
- socio economic status
- race
- gender and age

#### Health status indicators

Indicator	National or Provincial Interest
Peri-natal mortality rate: national, by province and by district analysed by socio-economic status, rural/urban and race	National:  National and Provincial data and a league of districts  Provincial:  Provincial information and for all districts in their province
Infant mortality rate: national, by province and by district	
Childhood mortality rate: national, by province and by district	
Maternal mortality rate national and provincial and analysed by socio-economic status, rural/urban and race	
TB incidence: national, by province and by district	
HIV/AIDS levels of infection: nationally and by province	

#### Private/Public Indicators

Indicator	National/Provincial Interest
Number of doctors per 100,000 of the population being served by the private sector as compared with those being served by the public sector	National
Number of nurses per 100,000 of the population being served by the private sector as compared with those being served by the public sector	National
Number of PHC visits made by the population with medical aid relative to a national norm and compared with the same figure for the remainder of the population	National
Per capita expenditure in the private sector as compared with the public sector	National

#### Resource Allocation Indicators : Finance

Indicator	National/Provincial Interest
% of total government budget and expenditure on health	National
% of provincial budget and expenditure on health, education and social welfare	National
Per capita budget and expenditure by province on health (excluding those covered by medical aid)	National and provincial
Per capita budget and expenditure on district level services by province (excluding those covered by medical aid)	National and Provincial

Per capita budget and expenditure by districts on district level services (excluding regional hospitals)	Provincial, with summarised comparative data for national
Per capita health budget and expenditure, and total expenditure by rural/urban, race, gender, socio-economic status by province	National and provincial
% of district health services budget and expenditure on personnel by district and by province	Provincial

#### Resource Allocation Indicators : Facilities

Indicator	National or Provincial Interest
Have the most disadvantaged districts been identified?	Provincial
Have they been prioritised?	Provincial
Have clinics been built in these districts?	Provincial
Are clinics seeing patients in these districts?	Provincial
Population per functional unit	Provincial

#### Resource Allocation Indicators : Personnel

Indicator	National or Provincial Interest
Distribution of personnel per 100,000 population, analysed by rural/urban and province and district for:	National:
Total nurses	Province and league of districts
Registered nurses	Provincial:
PHCNs	Provincial and information on districts in their province
Doctors	
Pharmacists	
Pharmacy Assistants	
EHOs	
Posts with responsibility for health promotion	

#### Resource Allocation : Drugs

Indicator	National or Provincial Interest
% of clinics with essential drugs available at national, provincial and district level analysed by rural urban	

#### Indicators of a Functioning District Management Team

Indicator	National or Provincial Interest
Health priorities determined	National: % Districts within each Province with a functioning District Management team
All facilities collecting basic information and information being collated at a central point	
Needs analysis and plans in place for providing staff training and supervision	
Mechanism in place for addressing quality assurance: disciplinary and complaints procedures	
Community participation in planning and delivery of health care	
Vehicles available on a routine basis for necessary duties	

#### Indicators of Provincial Support for District Development

Indicator	National or Provincial Interest
Are regular meetings held with district managers	National: overview
Are all districts visited every six months	Provincial:
Have the most needy districts been identified for additional focus	Detailed information
What support is planned for these districts	

#### Environmental Indicators

Indicator	National/provincial Interest
% of households with access to tap water in house or yard, nationally and by province, analysed by rural/urban and peri-urban; race and socio-economic status	A composite index of these three indicators for national  Provincial : detailed information by Province
% of households with access to flush toilet, nationally and by province, analysed by rural/urban and peri-urban; race and socio-economic status	
% of households which use electricity for cooking, nationally and by province, analysed by rural/urban and peri-urban; race and socio-economic status	
% of the population who feel safe nationally and at province, by socio-economic status	National and provincial
Number of people per habitable room, nationally and by province, analysed by rural/urban and peri-urban; race and socio-economic status	National and Provincial

#### Indicators of Intersectoral Collaboration

Indicator	National/Provincial Interest

% of clinics with water, telephone and electricity nationally and by province and district analysed by rural/urban	National:  Provincial comparison plus league table of districts
Existence of a well maintained road to clinic	Provincial:
Transport available to clinic	Provincial comparison

### Sources of information

Data for the measurement of indicators will come from both primary and secondary sources. Methodological details will depend on the nature of the indicators being measured and the kind of information source to be used. These will be contained in individual proposals to be developed for each of the research areas.

#### Primary sources

- Health facilities survey: A representative sample of health facilities (clinics and hospitals) will be surveyed to assess equity in relation to health service provision. The same sample frame will be retained for future use so that changes may be observed over time.
- Commissioned research projects on specific indicators

#### Secondary sources

- Census data : an analysis of 1996 census data outlining the demographic and socio-economic profile of each province and each district will provide baseline data to facilitate calculation of indicators as well as guide legislators in framing relevant questions to provinces
- Government information systems : National, provincial and district budgets, Personnel Administration System data, birth and death registers, health facilities records, South African Police Service reports, notifications
- National surveys : Demographic and health survey, Community Agency for Social Enquiry survey, Human Science Research Council national survey, October Household Survey
- Professional associations and NGOs: records and reports;

### Facilitating the use of the Equity gauge

Central to the success of this project is the need for legislators to be able to utilise information provided to them. Discussions during meetings described above highlighted a number of areas in which national and provincial legislators would need support in order to be proactive in using data provided to them. From these discussions a number of strategies were developed to respond to these needs.

There are a number of areas about which legislators require information, and for which information is currently not available. This may be because systems are not in place for collection of data, as is the case for utilisation indicators for example data on immunisation). Utilisation indicators are of importance to legislators, especially in relation to their concern about addressing backlogs. Increasing coverage is one indicator which would point towards redressing past disadvantage. In other areas, for example malnutrition, substance abuse, trauma and disability, it may be that systems of reporting and data collection are not adequate to provide the kind of information required by legislators.

With regard to system wide issues, national and provincial legislators may want more information about action being taken to develop financial management systems and an effective health information system. Legislators will be provided with support in identifying key questions to be raised on the above issues.

#### ■ Motivational Booklet

The purpose of the booklet is to support and encourage legislators in their monitoring function, building on learning from the process to date and attempting to ensure that work already done is not lost. Issues covered will include:

- Why equity is important
- Key inequities from a health and health sector perspective
- Key roles of legislators at national and provincial level
- Practical suggestions on promoting inter-departmental and inter-sectoral collaboration

## ■ Booklet and Workshops to help Legislators Interact with the Budgeting Process

Legislators identified a lack of knowledge and understanding of the budget process as a major barrier to them being able to fulfil their oversight and monitoring function. A booklet on the budget process, laying out the process by which budgets are set, and identifying key points at which legislators can intervene will be produced. The booklet will be complemented with provincial and national level workshops.

## ■ Strategies to Increase Legislators Understanding and Knowledge of the Reality of Health Care at a District Level

Legislators will visit districts to gain a first hand impression of implementation at the lower levels of the system. The visits will provide an opportunity for direct observation of whether improvements in health care are being made. These will be linked to information provided in the gauge. A few of these districts will become "adopted districts" to be visited on a continual and regular basis by legislators in order to monitor change over time.

## ■ Facilitated Interaction between the Department of Health and Legislators to Increase Legislators Understanding and Awareness of how the Department Functions.

Opportunities will be provided to allow legislators to gain insight into how the executive arm of government functions. A workshop will be planned with this aim.

## ■ Strengthen Research Support to Provincial Health Committees

Provincial health committees are very poorly resourced. Some chairs of these committees do not have either a secretary, or even a computer. They have no research capacity at all. Specialist research posts will be created to liaise with provinces and commission, analyse and interpret research needed by provincial health committees. Sustained research support will also be made available to parliamentarians at national level.

## ■ Appropriate packaging of information

Careful attention will be given to ensuring that all information produced for legislators is presented in an accessible and inviting format. In the initial stages material will be pretested before it is published to ensure its relevance and comprehensibility.

With regard to information on indicators, legislators were keen not to simplify the complex issue of equity. However they recognise that for some purposes they would wish to concentrate on only very few indicators, or even at times just one composite indicator of the relative performance of a district. Thus data on indicators will need to be presented in various formats to enable flexible use of information.

## **THE WAY FORWARD**

### Developing new agendas

Indicators generated through the Equity Gauge will inform the HST agenda on the basis of which, research projects will be commissioned. There will be engagement with other research supporting institutions in order to influence their research agendas.

### National workshops

A number of workshops will be held to publicise information generated through the equity gauge:

- **Launch:** Once information is available, a national workshop of legislators and other interest groups will be organised for wider dissemination of information generated. The workshop will also give the Equity Gauge project a national profile. Findings will be reviewed, analysed and prioritised for intervention during the workshop.
- **Special workshops:** Legislators will be assisted to acquire understanding of the information generated so that they can use it to hold the executive branch of government accountable. The workshops will help legislators in, backing up their questions during parliamentary debates with objective information provided by the Gauge, particularly when reviewing budgetary allocations, policies and legislative bills.

### Media

Engagement with the media will mainly be for purposes of communicating the findings for a wider audience. Special briefs and articles will be developed for the media to allow for easy utilisation. Health reporters will be approached to advise on how the information from the gauge can be packaged for easy access and use by various stakeholders.

### Policy briefs

Concise briefs, summarising the findings will be developed. The briefs will give snapshots of the status of equity in the health sector, link findings to policies of government and provide recommendations for corrective measures. The briefs will be written in an easy-to-use manner.

## **PROJECT MANAGEMENT**

### **Strategic direction**

A steering group comprising legislators and representatives of the technical support group will provide overall direction and guidance to the project, to ensure that activities are in line with project aims and goals.

### **Management co-ordination**

The HST will take responsibility for the management and co-ordination of activities, including secretarial and logistical support, particularly with regard to fund-raising, organising meetings and conferences, commissioning researchers, documentation.

### **Technical support**

A small group of local and international resource persons will provide technical advice required, particularly with regard to methodologies to be used to collect information, identification of information sources and analysis of information.