

Accountability in Malaria Prevention and Treatment Financing Programs in West Africa: Addressing Current Challenges

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Plan

I. Context

II. Problem and justification

III. Methods

IV. Results

V. Discussion

Context

Benin, Burkina Faso, Mali



- 50% of the population lives on less than US\$1.25 per day
- Total expenditure on health as % of GDP is very low (4.6 for Benin; 6.41 for Burkina Faso and 6.48 for Mali)
- 30 to 50% of their national health budget comes from foreign aid
- Public policies derive from multilateral organizations

Burden of Malaria

- Malaria is the leading:
 - Reason for medical consultations and hospitalization
 - Cause of death among pregnant women and children
- Households spend one quarter of their annual income on prevention and treatment of malaria
- Health systems display weaknesses

Malaria Funding

- Total funding for malaria control and elimination in 2015 was estimated at US\$ 2.9 billion
 - USA: 35%
 - UK: 16%
- Governments of endemic countries provided 32% of total funding
- 45% of this international funding is channeled through the Global Fund

Defining Accountability

- Accountability is strongly normative
 - The condition of being responsible and answerable to someone for meeting performance, measured against a set of standards...
- It requires the interconnection of:
 - Transparency
 - Answerability
 - Compliance
 - Enforcement and enforceability
- Monitoring, Review, Action

Problems with Accountability

- Global health cooperation is not simply a binary relationship
- Accountability processes are power relationships
 - Who is accountable to whom and for what?
 - Who decides or design accountability?
 - Who sets the benchmarks or targets ?
 - What type of targets?
 - Who decides whether or not efforts to improve accountability actually achieve their intended aims?

Objective

The research objective was to understand the effects of accountability mechanisms on health systems in West francophone Africa

Methods

- Document review of policy reports and studies

Benin

- Individual interviews with:
 - 100 pregnant women
 - 5 midwives
 - 2 physicians
 - 2 focus group discussions (MoH)
- In-depth observations in hospitals

Geneva (Switzerland)

- Individual interviews conducted at:
 - WHO headquarters (5)
 - Gavi Alliance (5)
 - The Global Fund (2)

Findings: Key Performance Indicators

Fixation on short-term, quick and measurable results

- Proportion of women attending antenatal clinics who received three or more doses of IPTp
- Proportion of targeted risk groups receiving insecticide-treated nets (pregnant women, children under 5, migrants)
- Confirmed malaria cases that received first-line antimalarial treatment according to national policy

Output vs. Outcome

- Emphasis on financial/technical accountability
- Performance-based financing
- Incentive for better performance
- Timely and reliable data?
 - Quantity vs. quality?
 - Money vs. leadership?
- Temptation to fabricate data/risk of complicity
- “Paperwork sometimes more important than the work itself”

Accountability Was Fragmented from the Perspective of Targeted Women

- 30% of women who attended antenatal consultations had not heard about IPTp.
 - Their health booklet indicated they took it.
- 50% of women who received IPTp had not been given any explanation regarding the reason for taking the tablets.
- 20% of women reported having paid for IPTp while it was supposed to be free.



Accountability from the Perspective of Targeted Women

- Bed nets were sold while supposed to be free.
 - Their health booklet indicated they were free.
- Pregnant women reported being treated with disrespect during antenatal visits.
 - There was no way to complain about their experience.
- Pregnant women were not aware of what was included in the malaria exemption programs.



Discussion: Need for Social Accountability

- “We have forgotten that health systems are political, political systems and human systems, and we look at health systems in a very democratic way.”
 - Health system Adviser, WHO
- “We are building medical systems in places where there are no health systems in place, there are no performing health systems in place.”
 - Health Policy Expert, WHO
- “Political will is the one thing that external agencies cannot bring. It has to be brought domestically”
 - Adviser-Health Systems Governance, Policy and Aid Effectiveness, WHO

Key References

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Thank you for your attention!