A REVIEW OF PROGRESS IN IMPLEMENTATION OF THE COMMISSION ON INFORMATION AND ACCOUNTABILITY FOR WOMEN’S AND CHILDREN’S HEALTH

Purpose and process

This document presents an executive summary of the findings and recommendations of the mid-term assessment of the Plurinational State of Bolivia’s roadmap for implementing the accountability framework proposed by the Commission on Information and Accountability for Women’s and Children’s Health (CoIA). The purpose of the exercise, conducted by PAHO/WHO in collaboration with Family Care International, was to identify progress, enabling and limiting factors, lessons learned and recommendations for future work on implementing the roadmap.

The participative process included interviews with key stakeholders, and the review of Bolivia’s prior progress reports. The evaluation focussed on the relevance, efficiency, effectiveness, sustainability and impact of the implementation process, and covered each of the seven defined work areas: advocacy and accountability, resource tracking, evaluation processes, monitoring results and performance, innovation and eHealth, civil registration and vital statistics, and maternal death surveillance and response.

Background and country context

The rate of extreme poverty in Bolivia declined to 21.6% in 2012. Although the country has now met Millennium Development Goal (MDG) 1, this result hides inequalities and inequities that occur in different geographical areas and specific population groups. For example, the gap between urban and rural areas is still 28.7%, and the percentage of indigenous people living in extreme poverty is twice that of the non-indigenous population. In addition, the country still has, after Haiti, the worst health indicators of the Latin America and Caribbean (LAC) region with a maternal mortality ratio of 200 per 100 000 live births; a child mortality rate of 41 per 1 000 live births; and a neonatal mortality rate of 18 per 1 000 live births.

Figure 1: Trends in maternal mortality ratio in Bolivia, 1990-2013


1 Séptimo informe de progreso de los Objetivos de Desarrollo del Milenio en Bolivia, 2013.
4 Ibid. According to the Government of Bolivia, the neonatal mortality rate is 27 per 1 000 live births [INE, Encuesta de Demografía y Salud, (ENDSA) 2008, La Paz, Bolivia].
The Constitution of the Plurinational State of Bolivia establishes the responsibility of the State to guarantee the right to health as a fundamental human right, specifically safe motherhood and sexual and reproductive rights, and ensuring access and universal coverage. In this context, and in the framework of the Development Plan 2010-2015, Bolivia has developed a Sectorial Development Plan for Health, with three main pillars:

1. Universal access to a national system of intercultural and community health;
2. Health promotion and community mobilization;
3. Governance and sovereignty of the Ministry of Health, with managerial and financial coordination.

Implementation of this Plan is supported by Universal Insurance and by the Health, Family, Community and Intercultural policy (SAFCI), which seek to integrate networks and social networking services and to address cross-cutting aspects of the determinants of health.

In October 2012, PAHO/WHO and partners convened a regional workshop with the participation of the six LAC countries prioritized to receive catalytic funding for the implementation of the accountability framework. The Bolivian delegation included representatives from the Ministry of Health (MoH), Ministry of Planning, the office of the Ombudsmen, CSOs, UN agencies, USAID (representing bilateral agencies) and the Safe Maternity and Newborn Committee. The workshop resulted in a first draft of the Country Accountability Framework (CAF) 2013–2015 for implementing the accountability framework in Bolivia. In February 2013, the roadmap was finalized in a national workshop with the participation of various ministries, Departmental Health Services (SEDES), CSOs, UN agencies, and the Safe Maternity and Newborn Committee.


5 The six CoIA countries in LAC are: Bolivia, Brazil, Guatemala, Haiti, Mexico and Peru
Progress and challenges

Achievements in each work stream

Advocacy and accountability
- endorsement of the accountability framework by the National Forum with grassroots social organizations;
- design of the web portal for the Safe Maternity and Newborn Committee to disseminate advances;
- design of the communication campaign for Respectful Maternity Care.

Resources tracking
- plan 2014-2018 for the institutionalization of National Health Accounts agreed and approved by a ministerial resolution;
- dissemination of health expenditure analysis.

Evaluation processes
- technical team established within the MoH to follow up on the implementation of the roadmap.

Monitoring results and performance
- update of the instruments of the National Health Information System [NHIS/SNIS] register forms and a Basic Information Module [MIB];
- training of 345 staff from the 105 health care networks and secondary hospitals.

eHealth and innovation
- assessment of the status of ITC in health services in 20 municipalities with insufficient infrastructure, equipment, and evidence-based diagnosis policies.

Civil Registration and Vital Statistics
- system of vital events shared with the National Institute of Statistics;
- national and departmental committee[s] for Vital Statistics formed, and Action Plan 2014 designed to include review and consensus of vital registration forms;
- nine surveillance sentinel sites identified for surveillance of maternal and neonatal morbidity and mortality;
- departmental health personnel trained in the use of relevant computer tools.

Maternal and Neonatal Mortality Surveillance and Response
- standards updated to strengthen the surveillance systems for maternal and newborn morbidity and mortality, including: National standard for the maternal surveillance system; Guidelines for the surveillance of perinatal and neonatal mortality; Pocket Guide for the management of obstetric morbidity, and Standards for implementing Red Code [puerperal hemorrhage];
- traditional birth attendants, trained in the identification of danger signs during pregnancy, childbirth and postpartum.

Strengths and challenges in implementation

Participants in the evaluation highlighted the relevance of the accountability framework in revitalizing progress towards MDGs 4 and 5. The focus on strategic issues was a timely response to the need for gathering strategic information to monitor and evaluate the Health Plan. The accountability framework resources for both initiatives were used in a complementary manner.

The Planning Unit at the MoH played a strategic role in coordinating the Action Plan of the 2013 roadmap, and the hiring of a coordinator facilitated an efficient and practical mechanism. Technical cooperation from PAHO/WHO provided a flexible and transparent mechanism for the timely disbursements of funds. Due to the short time frame for implementation, several activities were performed during the second half of 2013 that required the resolution of two bottlenecks: the time needed for the formal approval of regulatory documents needing ministerial resolutions, and PAHO administrative closing procedures for the year.

Ownership and creating conditions for sustainability require medium- and long-term processes. For example, the incorporation of human resources in the MoH budget, as well as changes in roles and
responsibilities and mobilization of resources, require long procedures. The Planning Unit at the MoH had a driving role that facilitated implementation, particularly when accompanied by other organizations on the various committees. The participation of civil society and social organizations in various events, and the implementation of the Social Forum have contributed to broadening ownership for these activities. The same has happened at departmental levels. However, participation of civil society lagged after the early stages and they need to be re-engaged in the process.

Specific strengths and challenges identified include:

**Strengths:**
- Increased the visibility and articulation of themes highly relevant to the MoH
- Generated political will and technical empowerment among partners working in women’s and children’s health
- Presented maternal mortality as a comprehensive problem, contributing to its improvement from different perspectives including health services and information generation
- Repositioned Health Accounts as an instrument for decision making in health
- Encouraged flexible and dynamic implementation and management of activities
- Improved inter-agency and cross-ministerial collaboration and participation
- Strengthened the generation of information of the National Health Information System and accountability, as well as data collection instruments

**Challenges to be addressed:**
- Achieve greater involvement of national and departmental authorities (including by creating opportunities for disseminating progress and results to different levels of decision makers)
- Mobilize additional financial resources to support long-term actions, engaging other stakeholders
- Institutionalize the availability of human resources that can support the Health Account System
- Move from the generation of information to its use for decision-making and planning
- Enhance training in the use of rules and forms designed for information and surveillance systems

Financially, it was not possible to mobilize, as planned, the participation of additional donors, although the MoH co-financed activities and mobilized resources from other agencies, including the Inter-American Development Bank, USAID, PAHO, UNICEF, and FORTELESSA.

There is consensus that some of the activities initiated will continue to be implemented and that the roadmap has been a catalyst for the following processes:

a. The institutionalization of the Maternal and Neonatal Surveillance System with active political support to roll out the activities at departmental levels;
b. Coordination with the National Statistics Institute and Vital Registers to reconcile information and coordinate processes;
c. Restructuring of the Health Information System with more efficient modified forms and information flows;
d. Defining a Health Account Plan, although there is a need to define a team in either the Ministry of Health or Planning to take responsibility for continued implementation.

**Lessons learned and recommendations**

While it is still premature to speak about impacts in the reduction of maternal and newborn morbidity and mortality, some elements indicate progress.

An immediate effect of the implementation of the accountability framework has been the opportunity to revitalize the commitments to the MDGs. Stakeholders also recognized the accountability framework as an efficient instrument to coordinate actions among the various technical units of the MoH as well as the activities which called for inter-ministerial action, such as the work on Vital Registers and Health Accounts.
The process of implementing the accountability framework in Bolivia has included a positive engagement of diverse actors. The development and implementation of the activities of the accountability framework have been a rich learning process for the Government as well as partners, where lessons learned on good practices can be identified.

**Recommendation 1: Create user-friendly communication mechanisms on the progress and dissemination of key health indicators to identify achievements and gaps, both at national and departmental levels, strengthening decentralization**

In reference to the country’s ownership of the accountability framework: Political will and technical empowerment of the implementing entities are crucial, and action is needed at the national and sub-national levels of the MoH structure. At the same time, it is important to keep decision-makers regularly updated with information on progress and results so that they will sustain their commitments. Therefore, communication strategies must be put in place that will maintain the momentum to institutionalize progress. For example, the website of the MoH could become a place to share articles on the need for information, accountability and transparency on budgets and management.

**Recommendation 2: Raise awareness of the need to strengthen the process of collecting and analyzing information in order to improve its quality and promote its use in making decisions**

In reference to sustainability: The sustainability of an intervention can only be achieved in the medium and long term, taking into account various aspects such as technical, financial and social sustainability. Monitoring has a key role in ensuring continuity of action. A message that came out of the evaluation was “what it is not measured, seems not to exist”. Information must facilitate the redirection of resources and interventions to priority areas in order to reduce maternal and neonatal mortality.

One of the great weaknesses of the health sector is the generation and use of appropriate information for planning. Using information for decision-making is a significant challenge that requires time; it must become part of the “institutional culture” for both political and technical staff.

**Recommendation 3: Follow up and strengthen opportunities for coordination; review and define roles and responsibilities; engage with former partners and invite new to contribute to a greater sense of ownership of the roadmap**

**Recommendation 4: In order to improve participation of partners in the inter-institutional committees it is important to identify a clear goal and a plan of action with a limited number of activities and defined responsibilities that allow for efficient coordination meetings**

The implementation of the country accountability framework generated collaborative working processes. The two workshops, both in February to work on the Action Plan, and in November to review results and progress, were part of this collective strengthening of accountability. Another space for exchange, coordination and dissemination of progress was the Social Forum, which allowed for sharing of progress with grass-roots organizations, whose partnership is of great importance to the Government of Bolivia. During the Forum, representatives showed interest in implementing the community surveillance of maternal and neonatal activities. They also requested information on the distribution of health funds. While this process has begun, channels for coordination need to be regularized.
Recommendation 5: Establish the government commitments for human, technical and financial resources that will ensure continuity of the process

Some key partners who were actively involved in the beginning became inactive as time progressed; one example is the Office of the Ombudsman. Similarly, the participation of some strategic actors has proved to be a challenge.

Recommendation 6: There should be clear guidelines to countries on targets, timelines and funding for the implementation of CoIA activities to avoid false expectations and support a more realistic planning process

The mandate to initiate a planning process for three years created expectations in some implementing entities. In reality, the implementation period only lasted seven months. This swift implementation was possible thanks to the early identification of the lead agencies for the various workstreams, a strong planning process, shared ownership by different organizations including civil society organizations, and follow-up to the regional workshop in Guatemala. However, it is difficult to institutionalize processes and mobilize additional resources to continue the implementation of the original three-year plan. Notwithstanding, it has been possible to pursue resources from national budgets to maintain certain activities, such as the Maternal and Neonatal Surveillance System, but the sustainability of other activities, such as National Health Accounts, may suffer setbacks.

Moving forward

While there has been significant progress in implementing the roadmap, there are challenges to maintaining the processes in order to finalize the Triennial Action Plan.

“The accountability framework has given partial solutions to improve the performance of health projects such as strengthening the capacity of technical and financial management and reinforcing the health sector sovereignty and health intelligence that the National Strategic Health Development Plan emphasizes. The processes for obtaining the information and accountability of using it introduced by the framework should become part of the routine activities of the Ministry of Health.”

Bolivian Ministry of Health official

Another important issue for the future is to mobilize additional resources for the implementation and consolidation of the activities. Involving the Technical Health Cooperation Group (GRUS) and requesting their alignment with this initiative will be crucial. In order to promote adequate membership on the different Committees it will be important to mobilize additional resources for the roadmap initiatives and to engage the Health Commission of the Parliament.