COUNTRY-POWERED INVESTMENTS FOR EVERY WOMAN, EVERY CHILD.

Situation analysis
Overview

- **Intro**
  - 10 mins

- **Case Study**
  - 60 mins
  - in country teams

- **Reporting back**
  - 30 mins
  - after lunch
Total health expenditure per capita
Total health expenditure per capita

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditure (US dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>93.42</td>
</tr>
<tr>
<td>Ghana</td>
<td>66.21</td>
</tr>
<tr>
<td>Zambia</td>
<td>59.43</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>53.78</td>
</tr>
<tr>
<td>Mauritania</td>
<td>45.58</td>
</tr>
<tr>
<td>Pakistan</td>
<td>38.34</td>
</tr>
<tr>
<td>Chad</td>
<td>30.11</td>
</tr>
<tr>
<td>Mali</td>
<td>24.91</td>
</tr>
<tr>
<td>Niger</td>
<td>21.20</td>
</tr>
</tbody>
</table>
Composition of total health expenditure

![Composition of total health expenditure chart]

- Government
- SHI
- OOP
- External
- Voluntary Insurance
- Other

Share of total health expenditure (%)

1. 100%
2. 90%
3. 80%
4. 70%
5. 60%
6. 50%
7. 40%
8. 30%
9. 20%
10. 10%
11. 0%
Composition of total health expenditure

![Diagram showing the composition of total health expenditure for countries such as Ghana, Zimbabwe, Pakistan, Zambia, Mauritania, Tajikistan, Mali, Chad, and Niger. The diagram illustrates the share of total health expenditure by different categories such as Government, SHI, OOP, External, Voluntary Insurance, and Other.]
Priority given to health

Note: Both axes expressed in log scale.
Priority given to health

Note: Both axes expressed in log scale.
Countries may vary widely in RMNCAH priorities

Example: Getting NMR on track to meet the SDG target

**NMR:** What is the difference between the historic average annual rate of reduction (ARR) in NMR and the rate needed to achieve the 2030 target of 12 per 1,000 live births?

Countries are represented by colored circle and square symbols. Green square symbols are countries that are on track to achieve the 2030 NMR target of 12 per 1,000 live births. Red circle symbols are countries that need to accelerate their ARR beyond the historic trend. The darker the green a symbol is, the farther ahead the country’s ARR is beyond what is required to achieve the 2030 target. The darker the red a symbol is, the farther behind the country is from achieving the 2030 target.
Doing too little of something cheap

- 6 level teaspoons of sugar
- Half level teaspoon of salt
- 1 litre of water
- 5 cupfuls (each cup about 200 ml.)
Doing too much of something expensive

Caesarean section rate should be 10% to 15%
### Main sources of inefficiency

<table>
<thead>
<tr>
<th>Doing the wrong things</th>
<th>Doing things in the wrong place</th>
<th>Spending badly</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services with low cost-effectiveness</td>
<td>• Provision of services at too high-level institutions</td>
<td>• Inputs</td>
</tr>
<tr>
<td>• Preventative vs. curative services</td>
<td>• Lack of mechanism to ensure continuity of care</td>
<td>• Outputs and outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health Financing and Health System Organization</td>
</tr>
</tbody>
</table>
What should be the scope of the IC?

- Broader UHC package?
- Limited MCH indicators?
- Specific unfinished agenda (e.g. adolescents, nutrition)?

What are the root causes of weak performance?

- Funding?
- Payment function?
- Organization/Regulation?
- Behavioral?
Example: High Maternal Mortality

- Delay in decision to seek care
- Delay in reaching care
- Delay in receiving adequate care
Example: High Maternal Mortality

- Delay in decision to seek care
- Delay in reaching care
- Delay in receiving adequate care
- Poor clinical quality of care
- Insufficient quantity of services consumed
- Broad cause (inadequate health care)

Next linked causes
Example: High Maternal Mortality

- Delay in decision to seek care
- Delay in reaching care
- Delay in receiving adequate care

Poor clinical quality of care

- Insufficient quantity of services consumed
- Inadequate skill or decision-making
- Lack of equipment, supplies
- Organization of services

Next linked causes (for poor clinical quality of care)
Example: High Maternal Mortality

- High Maternal Mortality
  - Delay in decision to seek care
  - Delay in reaching care
  - Delay in receiving adequate care

- Inadequate skill or decision-making
- Lack of equipment, supplies
  - Poor clinical quality of care
  - Insufficient quantity of services consumed

- Organization of services
  - Poor training
  - Lack of motivation
  - Insufficient total resources
  - Inappropriate allocation of resources
  - Institutional incentives
  - Poor management
  - Organizational design

Further linked problems and causes
Example: High Maternal Mortality

Connect Causes to Health Systems Functions

Poor Training, Lack of Motivation

- Organization
- Payment

- High Maternal Mortality
  - Delay in decision to seek care
  - Delay in reaching care
  - Delay in receiving adequate care

- Poor clinical quality of care
- Inadequate quantity of services consumed
- Inadequate skill or decision-making
- Lack of motivation
- Insufficient total resources
- Inappropriate allocation of resources
- Institutional incentives
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Payment
Example: High Maternal Mortality

Connect Causes to Health Systems Functions

Insufficient and Inappropriate Allocation of Resources

Financing  Organization
Example: High Maternal Mortality

High Maternal Mortality
  ▪ Delay in decision to seek care
  ▪ Delay in reaching care
  ▪ Delay in receiving adequate care
  ▪ Poor clinical quality of care
  ▪ Insufficient quantity of services consumed

Inadequate skill or decision-making
  ▪ Poor training
  ▪ Lack of motivation

Lack of equipment, supplies
  ▪ Insufficient total resources
  ▪ Inappropriate allocation of resources

Institutional incentives
  ▪ Poor management
  ▪ Poor training

Organization of services
  ▪ Poor management

Institutional Incentives, poor management
  ▪ Payment
  ▪ Organization

Connect Causes to Health Systems Functions
Case Study

Objectives:

• Create joint understanding of how to think about root cause analysis
• Move from input based response to one of how to make better use of existing resources
• Apply this afterwards to own country context
Action Plan

Recognizing challenges

- Quality/timeliness/ availability of data
- Consolidation of data (from departments within MoH, Finance, Employment, Education, etc.)

What are next steps to finalize situation analysis in your country?