



DEVELOPMENT OF A NATIONAL HEALTH ECONOMICS AND POLICY UNIT IN ESWATINI

THANZI LA ONSÉ RESEARCH REPORT

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Background

Health gains across Africa have been significant in recent years, with the use of processes to evaluate health interventions and technologies as inputs to budget decision making. Yet there remains relatively low coverage of highly cost-effective health interventions, co-existing with public spending on higher-cost, less effective or even ineffective care. As countries spend more on health and population demands grow, efforts to support priority-setting in health are increasing but the institutional structures to assess competing demands and to evaluate the political and economic constraints require strengthening. This is further compounded by the pressures ascribed by some external bodies (e.g. international donors), which can further complicate national-level policymaking and resource allocation.

Approach to Establishment of Health Economics and Policy Unit Review

This paper aims at testing the demand for Health Economics/policy analysis within the Ministry of Health. Despite the fact that Health Economics is needed in the various sub-sectors within health for policy analysis. The review will consider published materials such as policy documents, research studies, grey unpublished materials, and internal Ministry of Health documents. The review will also include interviews with policy makers such as Senior Management Team, members of technical working groups¹ of certain clusters such as the Health Financing Technical Working groups. An in-depth discussion with discussion and engagement was held with Economists from the Planning Unit taking a leaf from the proposed establishment of the Health Financing Unit proposed from the World Bank project. The report structure will follow the key questions outlined in the terms of reference. The report will not include any costing and organizational structure for now as it attempts to answer the key question of demand for Health Economics in the country.

¹ Technical Working Group incorporate members composition includes Ministry of Health Officials, UN Agencies and International NGO's and local NGO's

Background Work on Health Economics in the Country

With the ambitions of attaining Universal Health Coverage (UHC)² Government initiated an in-depth analysis³ of health financing related issues in the country with the aim of developing a comprehensive reform programme. The analysis addressed key questions such as; does the national health system have adequate resources to achieve UHC, What are efficiencies and effectiveness of health resources and is the health system fair? The analysis was undertaken with the World Bank and European Union between 2015 and 2019. The study analysed health expenditures, efficiency and effectiveness and equity issues. The analysis also aimed at effectively analysing the high per-capita expenditure which does not correlate well with poor health outcomes.

From key findings the analysis recommended five key areas of reforms and strengthening and reforms as which the Ministry had to undertake effectively to realise UHC ambitions. The areas are as follows:

- Organisational reforms; support the creation and capacity building for the Health Financing Unit.
- Resources mobilisation and alignment; revive the Sector-wide approach coordination mechanism.
- Strategic Purchasing; rationalize the budget process moving the Ministry of Health from passive to strategic purchasing.
- Social Health Insurance: equip the Ministry of Health with the legal tools and policies to implement Social Health Insurance.
- Efficiency and effectiveness; identify and institutionalise efficiency forms
- Other key limitations identified is the skills and capacity gaps in translating national health policies and strategies into reality, effectively.

² Universal Health Coverage is a Policy Goal for the National Health Sector Strategic Plan 2019 – 2023. The NHSSP 2019-2023 aligns with government's priorities identified for the 2018-2023 period as ease of doing business, fiscal consolidation and arrears management, infrastructure development, a culture of excellence / performance monitoring, and social safety nets.

³ The Government through the Health, HIV/AIDS and TB (2012- 2019) sponsored by the World Bank and European Union engaged Oxford Policy Analysis (consultancy firm) to undertake a health financing services project in the country.

Institutional Capacity

The Government has established and centralised the Planning Cadre which is headed by the Ministry of Economic Planning and Development. This Ministry recruits and deploys general Economics graduates in various Ministries including Health. These then develop further, to sector specific specialisation such as Health Economists, Development Economists, etc to mention a few. However line Ministries has remained disgruntled with this arrangement as it is unsustainable and has a high attrition rate. Ministries raise concerns that officers are transferred or redeployed with minimum consultations.

Further, once the Officer has been trained further in a specific sector, the officer always leaves the sector due to various reasons such as low remunerations, limited career path and/or brain drain. Having trained health economists over decades the Ministry of Health currently has one health economist, and two development economists. The career path as set out in the Planning Officers Manual, the entry level is the Assistant Planning Officer. At this level the incumbent must have a general Degree in Economics in combination with statistics, demography, political science or any other social science course. The Officer may be promoted after two years to a Planning Officer, with the same entry level qualifications. The next level is the Senior Planning Officer Position which then requires an Honours or a Master's Degree in Economics, specialising in that sector specific area, health in this case.

The last position within the Ministry of Health is that of Principal Planning Officer, with a Master's Degree, and over ten years' experience within the Planning Cadre. Most Health Economists who left Government had been trained in the United Kingdom in various institutions such as University of London, Leeds, and York among others. This training was facilitated by the Commonwealth, European Commission, and British Council etc. However, recent training has been done in regions such as Zambia, South Africa and Kenya to mention but a few.

Key technical areas of expertise in health economics in demand in Eswatini

Health Economists in the country have been useful as national policy and strategic advisors. Global financiers and development partners have made the support of National Strategic Plans and Policies a pre-condition for accessing resources⁴. Therefore, Health Economists have been playing a key role in these documents. With recent requirements of counterpart funding there is always a need for costing and quantifying local funding to clearly highlight funding gaps and select high impact interventions. Over and above costing of the strategic and implementation plans, health expenditure analysis is highly demanded by stakeholders for various reasons and usage. This includes overall sector expenditures in National Health Accounts and sub-sectors specific areas such as HIV/AIDS and Sexual Reproductive Health and Maternal Health.

With the limitations in the expertise and capacity in the country most of this work is done by consultants⁵ from abroad or by technical assistance of WHO and other UN Agencies. Not only their development, costing and evaluation of the proposed interventions. Other areas where key interventions of health economists are needed is the area of costing and evaluating alternatives for hospital interventions. This has been an underdeveloped area for some time as policy makers are limited in their decision making processes due to lack of information in comparing current interventions with alternatives.

Another area of interest to policy makers is the effective linkage between academic, training and research institutions and the operational or service delivery side of the health system. For instance there has been an effective linkage between academic institutions and the Ministry of Health in surveillance of Covid 19 epidemic.

From the above analysis key areas identified with demand for various expertise of Health Economists will include:

- Costing experts of health interventions, strategies and operational plans
- Operational research, review and evaluation of interventions and alternatives
- Tracking of health expenditures
- Policy and Strategic advisory and analysis
- Budget development, control and efficiency initiatives

⁴ The Global Fund for HIV/AIDS, TB and Malaria, have supported the country for close to a decade and in every communication, calling for submission for proposals the need for an up-to-date national/disease specific plan is a requirement. Over and above that, the Government has been urged to show counterpart funding of programmes with national resources.

⁵ Limitations of costing expertise for various Strategic plan documents is widely documented within the Ministry of Health as consultants are sourced from partners such as WHO local Office, Clinton Access Initiative, PEPFAR and other agencies. This may relate to the timing and the urgency of the document.

Existing Research Partnerships and Initiatives

Available information reflects that existing research partnerships and initiatives have been limited in the area of health economics. With partnerships and initiatives much more advanced in some disease specific areas of the health sector such as HIV/AIDS, TB and Malaria. For instance the Ministry in partnership with PEPFAR and ICAP have been engaged in population based HIV/AIDS incidence surveys in past years and the studies have been undertaken twice over five years. A third study is being developed.

Further, the Ministry of health is aware of research surge capacity⁶ development in partnership with PEPFAR for healthcare workers although again the focus is limited to certain key areas. Existing partnerships have been limited in Health Economics in the country.

Another thriving partnership is in the area of paediatric HIV/AIDS and TB management where the Government has partnered with Baylor College of Medicine (Children's Foundation). According to the memorandum of understanding, they use a Governance structure of a Board with members from Government and Baylor. The operations are mainly financed by the Government and Baylor brings in paediatric specialists, for research and treatment of patients. This arrangement has grown⁷ in leaps and bounds as Baylor is training medical personnel within the Public Sector with enormous success, treatment success of children and are now considered the main partner in paediatric HIV/AIDS treatment.

⁶ ICAP Eswatini through various projects and funds such as the Global HIV Implementation Science Research Training Fellowship have partnered with the Ministry of Health in developing surge capacity in research for HIV and AIDS. This programme takes 3 to five employees for the Ministry of Health for two years into research training, while at work.

⁷ Baylor College of Medicine started with one clinic in the country and due to the demand and success of the services it increased to about three more clinics. The Government and the sector has benefited from visiting specialists and related research and training. Due to the high quality and responsive services, the number of patients served has increased dramatically and contributed significantly for the achievement of the 95:95:95 goal ten years earlier than the target.

Training Arrangements for Health Economics

Training in Health Economics in the country is limited, as until recently (less than 10 years ago) this course has been introduced at the University of Eswatini in the country. Further, this course only comes as an elective course in the final year. Health policy analysis has become a major issue for the public, including politicians and civil society, therefore social policies need to be interrogated extensively. With the advent of HIV/AIDS, TB and Malaria recently, this is extremely momentous in view of the resources invested for the same.

Most Economists in the country with specialised training in Health Economics have trained outside the country. This specialised training is achieved with the support of Multilateral Development Partners such as UN Agencies, European Commission, African Union and others such as the World Bank. The Ministry of Health in collaboration with the Republic of China on Taiwan⁸ have embarked on a surge capacity in the medical field mainly training of Medical Officers as the country does not have a fully-fledged medical university. Similarly in this arrangement the emphasis is on training in the medical field with limited opportunities for health economics.

⁸ The country and the Republic of China on Taiwan has a cooperation agreement between the two countries which spurns across sectors inclusive of the health sector. The collaboration on the medical spectrum includes training of medical officers in Taiwan Universities.

Key Gaps in Strengthening Research-to Policy Interactions

Several reports to the Ministry of Health have revealed that there are several capacity limitations within the Ministry of Health in translating policies, strategies and research recommendations into practical action and producing tangible results. The process of translating policy into outcomes, practice or specific programs has long been recognised by policy makers, governments, practitioners and researchers as fraught with difficulties, which impact on intended outcomes or lead to failures. Poor implementation of carefully thought out national policies and strategic plans/guidelines in Eswatini can as well be attributed to a number of factors including limited leadership skills and poor collaboration/engagement of appropriate actors or stakeholders. Success in science-policy work is achieved when a connection is made with those individuals and organisations that, in practice, have the ability to influence the outcomes of a policy decision.

Available research is not consolidated and is seen to be fragmented, of limited depth and diversity, showing a wide range of health system elements that provide different suggestions for improving policy implementation. A heavy reliance on UN-Agencies reports developed using freelancing researchers, offered limited time turns to make unverified recommendations which are difficult to implement.

Another gap relates to lack of shared ideas among key stakeholders such as professionals and street level bureaucrats who are tasked with policy implementation responsibilities. To clarify the process and other related aspects involving the implementation of policies the challenges may involve; institutions, relationships and power dynamics, capacity, financing, strategic planning and policy barrier analysis and monitoring and accountability. A necessary factor for a working chain of connections is for each of the actors (from researchers to the people implementing policy) to have:

- Motivation: Professional incentives or personal values that promote the use of evidence.
- Capability: Personal capacities and characteristics to interpret and communicate evidence.
- Opportunity: The opportunity and resources, particularly time, to learn and exchange evidence.

In summary, key gaps in Strengthening Research-to-Policy Interactions in Eswatini includes the following:

- i. Research and research capacity gaps: Substantial basic research, policy analysis and operational research gaps exist in the country. There is a crucial need to invest in the capacity of the country and civil society to provide effective, locally legitimate advice in health policy formulation and implementation that is able to incorporate the complex range of issues and evidence.
- ii. Research-policy communications gaps: A key to bridging research and policy is to increase the accessibility of evidence through rapid and wide dissemination to all stakeholders by means of a variety of media channels. Personal communication

strategies for policy influence should be capitalised on, e.g. working groups, workshops, briefings, etc.

- iii. Actor mobilisation gaps: Inclusive strategies are imperative in the aim to bridge research and policy. Researchers need to recognise the role of, and join forces with, proven effective linking mechanisms such as Central Statistics Offices, the private sector and the media. At policy level, donors need to increase transparency and advance participation in the decision-making process; civil society should increase emphasis on evidence-based advocacy and more sophisticated relations with the media.
- iv. Implementation gap: A crucial challenge is to build greater links between researchers and street level bureaucrats, and between researchers and Central Statistics Offices. Policy implementers can represent the most powerful actors in the policymaking process, owing to their capability to interpret policy on the ground. Of note is the limited ability to assess institutional capacity for an institution to carry out the burden that comes with policy provisions.

Proposed Institutional Arrangements for HEPU's

The proposed Health Economics and Policy Unit can be set-up in the following scenarios outlined below:

Scenario One

The HEPU can be set up to be within the Ministry of Health headquarters and be fully integrated. This arrangement can enable the HEPU to be fully embraced within the Ministry and be able to access all policy related issues that need to be addressed. These could be for analysis, research, review, deliberation and/or future proposals. Further, placing the HEPU within the Ministry of Health can enhance access to health policy makers, understand the context of policy pronouncements and direction. Similarly, accessing data and vital information on the health system could be easily enhanced.

However, the flipside is that the HEPU can lose its independent policy advice and be more influenced or be sympathetic in public health sector limitations. Further, there could be limitations in bringing together the academic analysis aspect as the Ministry has no access to recently published materials, such as extensive studies, journals and electronic books and journals.

Scenario Two

Place the HEPU within the University of Eswatini. This would be the most ideal situation as there will be more trust to the analytical capacity of the HEPU. The University and Ministry of Health partnership has always worked to a great extent as Covid19 activities can confirm the same. Further, the University is trusted for their academic dimension and its ability to tap on knowledge and practices across the globe. The main limitation of this arrangement though is that implementation of such recommendations is always difficult as they are viewed to be academic and lack practical steps to reality.

Scenario Three

Have the HEPU combining the above scenarios and having its own separate offices for implementation. This scenario can have a comparative advantage to the two because both institutions can own the HEPU and the University can feel involved in public policy development. Involving the University in the HEPU in any form can assist in bringing in the capacity building element and intensify public policy deliberations which are limited within the Ministry.

Governance Structures for HEPU

Management structures of the proposed HEPU remain vital in the operation and utilisation of information from the unit. The most recognisable management structure within the Ministry of Health is the Senior Management Team. This structure composes heads of departments from the Ministry including the Minister and it's a key decision making body for the Ministry of Health. The University of Eswatini is semi-autonomous (Government parastatal) and is producing graduates that are mostly consumed by the Ministry mainly the Faculty of Nursing Science.

Taking a leaf from existing partnerships such as the Baylor College of Medicine and the Government where they have an overall Governing Board supervising management and mobilizing resources for operations and service provision. Developing a governance structure for the HEPU would be a negotiation process between the two institutions. These have a long standing relationship and a way forward on the same will be feasible. Under Covid19 projections dealings are mainly through the head of department, Geography department and the Programme head for epidemiology services. Similarly linking the Planning Unit and the head of Economics department seems to be the correct way. These can be expanded and improved over time.

Conclusion

The establishment and setting-up of HEPU in Eswatini will be a landmark event which puts more emphasis on health economics research and its role in national policy implementation. Further, it's likely to create a research hub which can sustain work on health economics over time and suppress the negative effect of high turn-over of Economists employed by the Government. Further, compared to the proposed Health Financing Unit it can consider broader issues such as broader research agenda, stakeholder engagement and utilization of data for decision making. Setting up the HEPU, to include the academic institution and Government will be beneficial to all parties and ensure sustainability and utilization of the work of the unit.

References

- i. The Government of the Kingdom of Eswatini, National Health Sector Strategic Plan 2019- 2023.
- ii. Oxford Policy Management, June 2017 Swaziland Health Financing Services Project; Final Analytical Report
- iii. The Government of the Kingdom of Eswatini, Swaziland HIV Incidence Measurement Survey 2: A Population-Based HIV Impact Assessment SHIMS2 2016–2017.
- iv. Oxford Policy Management, June 2017 Swaziland Health Financing Services Project; Business Case for Establishing Health Financing Unit.
- v. The Government of the Kingdom of Eswatini 2000, Planners Manual
- vi. World Bank 2018, Supportive and Supervision Mission October 2018, Aid Memoire
- vii. World Bank 2018, Mid-Term Review Report –Health, HIV/AIDS and TB Project; July 2018 Final Report.
- viii. The Government of the Kingdom of Eswatini 2019, Ministry of Health Annual Report.
- ix. The Government of the Kingdom of Eswatini 2009, Memorandum of Understanding between the Government and Baylor College of Medicine.