

Toolkit on monitoring health systems strengthening

HEALTH SYSTEMS GOVERNANCE



**World Health
Organization**

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1. Introduction

Governance in health is increasingly regarded as a salient theme on the development agenda. The increased interest in governance has been driven by the need for greater accountability, arising from both increased funding and a growing demand to demonstrate results. An intrinsic aspect of governance, therefore, is *accountability*. This concerns the management of relationships between various stakeholders in health including individuals, households, communities, firms, governments, non-governmental organizations, private firms, and other entities which have the responsibility to finance, monitor, deliver, and use health services (World Bank 2004). In particular, accountability involves: a) *delegation* or an understanding (either implicit or explicit) of how services will be supplied; b) *financing* to ensure that adequate resources are available to deliver services; c) *performance* around the actual supply of services; d) *receipt of relevant information* to evaluate or monitor performance; and, e) *enforcement* which concerns the imposition of sanctions or the provision of rewards for performance (World Bank 2004).

Governance in health is a cross-cutting theme, which is intimately connected with issues surrounding accountability. In the context of our discussion on health systems strengthening, it is an integral part of the previous health system components discussed: health information systems, health financing, human resources for health, and health service delivery. Despite consensus on the importance of governance in improving health outcomes, however, it remains inadequately monitored and evaluated.

2. Indicators for measuring health system governance

This paper draws upon two types of indicators for measuring governance: rules-based and outcome-based indicators (Kaufman and Kraay, 2008). Rules-based indicators measure whether countries have appropriate policies, strategies, and codified approaches for governance of the health sector. Examples include *the existence of a national essential medicines list*, or a national policy on malaria control. Outcome-based indicators, on the other hand, measure whether rules and procedures are being effectively *implemented or enforced*, based on the experience of relevant stakeholders. Examples of these include the availability of drugs in health facilities, or absenteeism of health workers. Although rules-based indicators appear to be more objective than outcome-based indicators, rules-based indicators also involve subjective judgment. These two types of indicators should, therefore, be viewed as part of a continuum. Both types of indicators will be presented in this section.

In selecting indicators for measuring governance in health, a premium should be placed on their usefulness and relevance. But even the most suitable governance indicators may be unable to adequately predict whether developments in a country or sector can be attributed to a change in governance. Governance indicators, therefore, should generally not be used in isolation when designing policy responses to health system performance issues (Devarajan, 2008).

3. Sources of information on health systems governance

Measurement of rules-based health system governance indicators will, in most cases, rely on both expert analysis of available sources and expert judgment. In the case of outcome-based governance indicators, however, these sources will need to be supplemented with other data sources, such as facility surveys, public expenditure reviews, or client assessments. Six specific data sources are recommended:

Administrative records

These include records such as legal documents, national health strategies, budget documents, and regulations and guidelines that relate to the management, organization, and financing of the health sector. Administrative records can be obtained from government publications, legal and administrative documents, and official websites. These records are the main data source for rules-based indicators of governance.

Health facility surveys and assessments

Health facility surveys measure service availability, commodity management, human resource availability, and adherence to treatment standards and protocols. Facility-level data are therefore an important data source for outcome-based indicators of governance in the areas of health service provision, human resources, responsiveness, and quality.

National financing data

Health financing indicators show the ability of the health system to effectively mobilize and allocate resources, implement pooling and insurance schemes, and distribute the financial burden of care equitably. Principal sources of health financing data include country National Health Accounts (NHA), WHO, World Bank, and OECD databases, along with special studies and surveys.

Public expenditure tracking surveys (PETS)

PETS are studies that track the flow of public funds from central government to districts or other lower-level government units. These studies monitor both the level of allocated resources in central government budgets that reach each sub-national level, and the associated time taken to reach recipients. Therefore, PETS are a useful source of governance of resources and the effectiveness of transfers of public funds among government levels.

Public expenditure reviews (PERs)

Public expenditure reviews are prepared by countries to provide a comprehensive analysis of public sector spending and outcomes. These diagnostic studies are an important governance tool in sectors such as health because they provide information on the public-private mix of goods and service provision, public expenditure priorities, the link between expenditure inputs and outcomes, and public sector institutional arrangements. PER information is available from World Bank documents for most low- and middle-income countries. Data are updated every 3 to 5 years.

Population-based surveys

Although in many developing countries, population-based surveys are the single most important source of population health information, they have more limited use in governance assessments. Nevertheless, household surveys such as DHS and MICS, can provide governance-related information on access to services, household expenditure on health, quality of health services, and overall responsiveness of the health care system to client needs.

4. Core indicators

A small number of key indicators of health system governance will now be discussed. First, a composite governance policy index will be presented, based on ten rules-based indicators that cover health policies for different disease interventions and health system aspects. The policy index provides a summary measure of the quality of governance from a rules-based perspective. Subsequently, six select marker indicators of governance will be presented. These provide an indication of whether the rules developed at the policy level are being effectively implemented or enforced, and hence serve to illuminate key governance outcomes. Finally, an index (CPIA) will be presented as an overall measure of governance in health.

Policy index

Government policies are widely recognized as framing the rules which govern the behavior of actors in the health system and ensuring compliance with these rules. In light of this, ten rules-based indicators are proposed that cover most of the key aspects of health policy in low-and middle income countries. These indicators assess whether countries have policies, regulations, and strategies in place to promote good governance in the health sector. The proposed index does not aim to assess enforcement, since enforcement is captured by indicators included in the previous discussion of other health system components.

The index consists of ten items, each of which would be rated as zero (adequate policy does not exist or cannot be assessed) or one (adequate policy is available). The maximum score would therefore be 10.

Existence of an up-to-date national health strategy linked to national needs and priorities

Formulating national policies and strategies is a basic function of governments, and the task of formulating and implementing health policy falls within the remit of the health ministry. An explicit health strategy defines the vision for the future, and outlines how objectives will be achieved. National health policies should outline priorities and the expected roles of different actors, inform and build consensus, and estimate the resources required to achieve goals and priorities. A recommended core indicator, therefore, is the existence of effective national health strategies and policies that reflect national needs and priorities, as opposed to factional political or financial interests, since these foster broad-based political support and ownership of policies.

Existence of an essential medicines list updated within the last five years and disseminated annually

Essential drugs are those that satisfy the priority health care needs of the population. In the pharmaceutical sector, policies in areas such as essential medicines are necessary in order to ensure medicines of sound quality are available at health facilities. WHO estimates that an expansion of access to essential medicines for infectious diseases, maternal and child health, and non-communicable diseases can help save millions of lives annually. Estimates indicate that nearly 2 billion people worldwide lack regular access to essential medicines, and within the lowest-income countries within Africa and Asia, more than 50% of the population has no access to essential medicines. A first step in monitoring whether countries have essential medicines is to ensure that they have an up-to-date essential medicines list. Table 1 below shows that only 72% of countries reporting to WHO had a national list of essential medicines list updated within the last five years.

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Table 1. National Medicines Policy & List of Essential Medicines						
Indicators 2004-2007	1999		2003			2007
	# Reporting	%	Target	# Reporting	%	Target
Countries with an official national medicines policy document - new or updated within the last 10 years	67/152	44%	55%	62/123	50%	59%
Countries with national list of essential medicines updated within the last 5 years	129/175	74%	75%	82/114	72%	75%

Source: WHO Medicines Strategy: Countries at the Core 2004–2007.

Existence of policies on drug procurement which specify the most cost effective drugs in the right quantities; and open, competitive bidding of suppliers for quality products:

Expenditures on pharmaceuticals are highly susceptible to various forms of corruption. The pharmaceutical sector, with a global market value of over US\$600 billion, is particularly vulnerable in the area of procurement. Procurement involves inventory management, aggregate purchasing, public bidding contests, technical analysis of offers, proper allocation of resources, payments, receipts of drugs purchased, and quality control checks. These processes are often poorly documented, and hence are a vulnerable target for corruption and fraud. In order to mitigate this threat, and in an effort to promote good governance, open bidding processes, good technical specifications, and consistent and transparent procedures are essential.

Tuberculosis: Existence of a national strategic plan for TB that reflects the six principal components of the Stop TB Strategy as outlined in the Global Plan to Stop TB 2006–2015

Tuberculosis remains one of the world’s leading killers. In response to this global public health concern, WHO launched The *Stop TB Strategy* to assist countries in scaling-up TB control activities, while also addressing the spread of TB and HIV co-infection, and multidrug-resistant TB (MDR-TB). The *Stop TB Strategy* has six principal components: (i) pursue high-quality DOTS expansion and enhancement. Directly Observed Treatment, Short-course (DOTS) combines political commitment, microscopy services, drug supplies, surveillance and monitoring systems, and use of highly efficacious regimes with direct observation of treatment for TB; (ii) address TB/HIV and MDR-TB and other special challenges; (iii) contribute to health system strengthening; (iv) engage all care providers; (v) empower people with TB, and communities; and (vi) enable and promote research. Core indicator 4 therefore is motivated by global TB control efforts to ensure that national TB plans are aligned with the six principal components of the *Stop TB Strategy*.

Malaria: Existence of a national malaria strategy/policy which includes drug efficacy monitoring, vector control, and insecticide resistance monitoring

The *Global Malaria Program* (GMP) at WHO formulates malaria policies and strategies. As the generally most effective intervention to prevent malaria transmission, vector control – that is, is the reduction of malaria morbidity and mortality through a reduction in the levels of transmission, and therefore serves as one of the four basic technical elements of the Global Malaria Control Strategy. Malaria control requires an integrated approach, involving prevention, treatment with effective

antimalarials, and monitoring and control at all levels. Core indicator 5 therefore monitors whether national malaria control programs are aligned with the major priorities outlined in the GMP, including drug efficacy monitoring, vector control, and insecticide resistance monitoring.

HIV/AIDS: Completion of the UNGASS National Composite Policy Index Questionnaire for HIV/AIDS

At the close of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, 189 Member States adopted the Declaration of Commitment on HIV/AIDS. This reflects global consensus on a comprehensive framework to mitigate and control the spread of the HIV epidemic by 2015. An integral part of the core UNGASS indicators is the National Composite Policy Index (NCPI), which reflects consensus among stakeholders on effective mechanisms for HIV/AIDS control. This index was designed to assess progress towards the development and implementation of national AIDS policies and strategies. In its annual country survey, the NCPI includes questions on whether countries have developed a national multi-sectoral strategy or action framework to combat AIDS comprised of the following: (a) formal program goals; (b) clear targets and/or milestones; (c) detailed budget of costs per programmatic area; (d) indications of funding sources; and (e) a monitoring and evaluation framework (UNAIDS 2007). Hence, core indicator 6 serves to track whether national policies and HIV/AIDS programs are comprehensive and in line with the global priorities set forth by UNGASS.

Maternal Health: Existence of a comprehensive reproductive health policy consistent with the ICPD action plan

The 1994 International Conference on Population and Development (ICPD) articulated a vision of the relationships between population, development, and individual well-being. At the ICPD, 179 governments adopted a forward-looking, twenty-year Program of Action. The ICPD Program of Action includes reproductive health and rights, as well as women's empowerment and gender equality as the cornerstone of population and development programs. Core indicator 7, therefore, monitors whether reproductive health policies are both comprehensive and consistent with the ICPD Program of Action.

Child Health: Existence of an updated comprehensive, multi-year plan for childhood immunization

Immunization programs are often based on past achievements and trends – with separate initiatives for each target disease – and too often seek to address the demands of specific global goals, rather than country needs and priorities. A comprehensive, multi-year plan for childhood immunization would address these challenges by proposing strategies that are comprehensive and integrated with other health interventions. A comprehensive multi-year plan would evaluate the costs and financing options to ensure the financial sustainability of the program, and create linkages to broader health sector planning and budgeting processes. Such efforts would help to strengthen the capacity of countries to deliver immunization and child health services.

Existence of key health sector documents, which are published and disseminated regularly (such as budget documents, annual performance reviews, health indicators)

The publication and dissemination of key health sector documents and reports, including annual budgets and performance reviews, promotes accountability and transparency in the health sector. This information helps to create an informed public, and serves to improve government accountability to the public at large. Hence, a core indicator relating to the annual publication and

dissemination of such materials seeks to create an environment that is responsive to both public needs and concerns.

Existence of mechanisms, such as surveys, for obtaining timely client input on the existence of appropriate, timely and effective access to health services

Surveys of patient satisfaction and utilization of health services are useful tools for obtaining information on the quality and responsiveness of health services. Such surveys may measure inputs (including whether facilities are properly equipped with essential medicines), processes (including whether waiting times are reasonable and treatment protocols are followed), and outcomes (including whether medical interventions reduce morbidity and mortality). Hence, an indicator that measures whether consumer satisfaction is taken into account in the assessment of health services reflects the responsiveness of health systems.

Marker indicators of governance

Six select markers of governance will now be presented. Many others could be added, but the number has been limited to avoid duplication with indicators proposed in the sections dealing with other components of health systems. The marker indicators selected here relate to human resources for health, health financing, service delivery, pharmaceutical regulation, and voice and accountability.

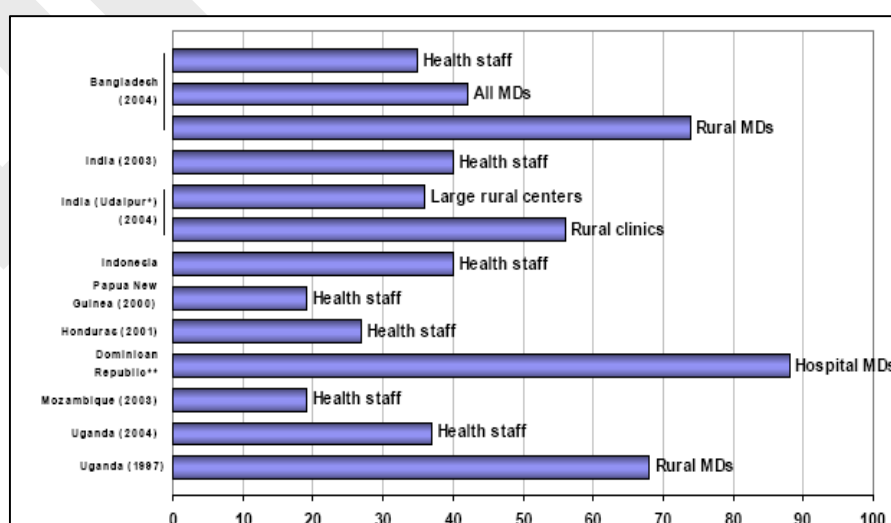
Human Resources for Health: Health worker absenteeism in public health facilities

In many countries, policymakers are challenged to maintain an appropriate supply and distribution of trained health workers, and to monitor their performance in health service delivery. Monitoring the distribution and density of health workers in public facilities and private practice is important in ensuring that adequate levels of human capital exist, particularly in rural and under-served areas.

In many developing countries, a lack of health workers is compounded by health-worker absenteeism in public facilities, thereby further reducing the number of health personnel who provide services. For example, according to a recent World Bank study of health facilities, absenteeism amounted to nearly 90% for hospital physicians in the Dominican Republic and, in Bangladesh, absenteeism of rural physicians was

approximately 74% (Figure 1). Managing human resources for health, therefore, involves ensuring that there is an adequate number, diversity, and competencies of skilled health workers which are present and available at the point of service.

Figure 1. Health Worker Absenteeism



Note: Data reflects an over-estimate of “unexcused” absenteeism, as information is based on whether providers could be found in the facility for any reason, at the time of a random, unannounced spot check. Source: Lewis, 2006.

Health Financing: Proportion of government funds which reach district-level facilities

Raising revenues, pooling resources, budgeting and purchasing of services are important aspects of health system governance. Specifically, governance in health financing can be assessed by monitoring overall levels of health spending, equity in raising revenues and allocating budgets, and efficiency in ensuring that spending reaches health facilities and the poor.

Indeed, government health spending will be ineffective if it does not reach the health facilities where it is needed for the delivery of health services, payment of health service providers, and outreach. Public Expenditure Tracking Surveys (PETS) can be used to track the flow of financial resources from the central government, and monitor the extent to which they

are distributed efficiently (World Bank, 2008). As noted in Table 2, a recent study revealed that very little of central budget allocations reached local health programs. The case of Ghana is particularly illustrative, as only 20% of funds were found to reach the non-salary budget of health facilities. Other countries, such as Peru and Uganda, exhibited similar “leakages.”

Country	Year	% Reaching Local Levels	Expenditure Type
Ghana	2000	20%	Non-salary budget
Peru	2001	29%	“Glass of Milk” program
Tanzania	1999	60%	Non-salary budget
Uganda	2000	30%	Drugs and supplies

Source: Lewis, 2006.

Health Service Delivery: Stock-out rates (absence) of essential drugs in health facilities

In a functioning health system, essential drugs are available at all times, and in the appropriate dosage. Essential drugs should be of sound quality and with adequate information for users, and at a price individuals and communities can afford. However, the availability of medicines in developing countries is undermined by several factors, including poor medicines supply and distribution systems, which contribute to the problem of drug stock-outs. Recognizing this concern, countries such as Uganda have included an indicator on stock-outs of essential medicines, which are recorded and disseminated annually in District League Tables within health sector performance reports. Annual measurement of drug stock-out rates is useful to monitor and track areas where drugs appear to be in short supply.

Health Service Delivery: Proportion of informal payments within the public health care system

Informal or under-the-table payments are direct payments made by patients for public health services which are intended to be provided free-of-charge (Allin et al, 2006). These payments include both cash payments and payment in-kind. Informal payments are problematic because they disproportionately affect the poorest in a society, and threaten to further reduce their access to health services. In addition, they also undermine official payment schemes, and generally encourage unprofessional behavior amongst health workers. Health systems which typically exhibit informal payments are characterized as having low salaries, a marked absence of accountability and government oversight, and limited transparency (Allin et al, 2006). These data can be obtained from household surveys.

Pharmaceutical Regulation: Proportion of pharmaceutical sales that consist of counterfeit drugs

Counterfeit drugs are deliberately and fraudulently mislabeled with respect to their identity or source. Counterfeiting occurs both with branded and generic products, and counterfeit medicines may include products with the correct ingredients but fake packaging; with the wrong ingredients; without active ingredients; or with insufficient active ingredients. Although precise and detailed data on counterfeit medicines is difficult to obtain, estimates range from around 1% of total pharmaceutical sales in developed countries to over 10% in developing countries; this varies dramatically by region. Counterfeiting is greatest in those areas where regulatory and legal oversight is weakest. When prices of medicines are high and price differentials between identical products exist, consumers have a greater incentive to seek medicines outside the normal supply system. Therefore, a core governance indicator is the proportion of counterfeit drugs as a percentage of total pharmaceutical sales, measured by special surveys and industry studies. This information allows governments to benchmark the level of corruption and fraud in the pharmaceutical sector, and enact regulations and controls accordingly.

Voice & Accountability: Existence of effective civil society organizations in countries with mechanisms in place for citizens to express views to government bodies

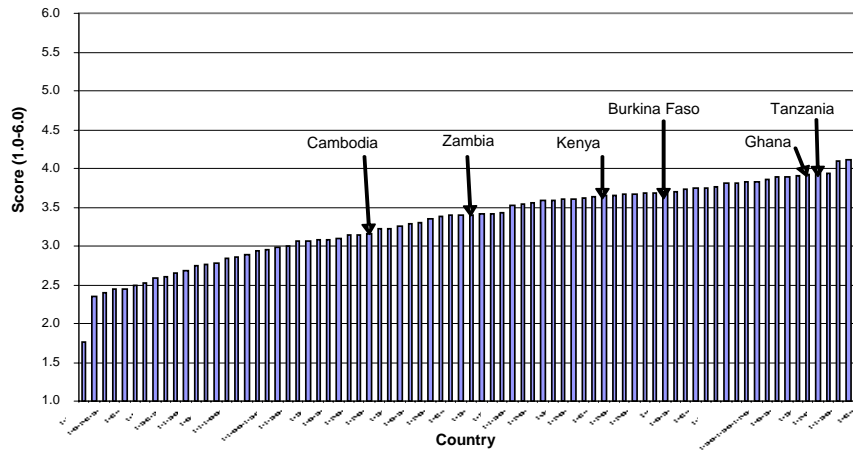
Broadly, voice and accountability refers to the extent to which citizens of a country are able to participate in the selection of governments, and have freedom of expression and association (Kauffmann and Kraay 2008). The aim is to empower citizens through a more participatory approach by providing them with mechanisms to make informed decisions that affect their lives. Mechanisms which promote civil engagement and demand-side accountability include: citizen charters, participatory budgeting, Citizen Report Cards, Public Expenditure Tracking Surveys, and Right to Information Campaigns (OECD 2006). Therefore, a key outcome-based indicator is whether civil society organizations empower individuals to express their views to government bodies.

The CPIA: An index of overall health sector governance

The World Bank's annual Country Policy and Institutional Assessment (CPIA) provides a composite measure of governance, across all sectors. The CPIA index rates the quality of a country's policy and institutional framework in fostering sustainable, poverty-reducing growth, and the effective use of development assistance. This index is based on a set of criteria which are captured in 16 sub-components; one of these addresses governance in health and education. The ratings of each criterion are based on expert judgments, which are subsequently aggregated into the overall CPIA index. The 2006 scores for all 16 criteria and the overall CPIA, were completed in early 2007, and are publicly available.

The ratings process involves two phases. First, in a benchmarking phase, a sample of representative countries from different regions is assessed to ensure that the ratings are set at a consistent level across countries. World Bank country units, as well as thematic networks, participate in reviewing the ratings for the benchmark countries, through an exercise involving economists and sector specialists. At the conclusion of the benchmarking phase, the ratings of the benchmark countries are frozen, and the second phase of the CPIA exercise begins. In the second phase, the ratings of the benchmark countries are used to ensure consistency in the ratings for all other countries.

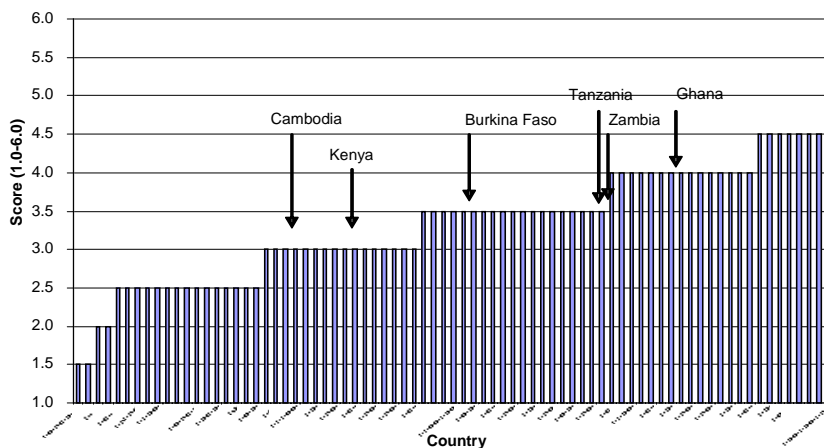
Figure 2: Overall CPIA



Note: Includes IDA countries. Source: World Bank (2006).

Country scores are based on the quality of a country's actual policy and institutional framework, rather than on actual outcome indicators or intended policies. For each of the 16 criteria, countries are rated on a scale from 1 (very weak performance) to 6 (very strong performance), with ratings given in 0.5 increments (Figure 2.3). Country scores reflect a variety of indicators, observations, and judgments that are based on: country knowledge, analytical work or policy dialogue, or work conducted by other development agencies and other publicly available indicators. Rating proposals are accompanied by a write-up which provides the rationale for the rating for each of the 16 criteria. When a criterion contains more than one dimension, a separate rationale and score is provided for each component. The overall CPIA rating is obtained by calculating the average of the criteria within each cluster. These ratings are updated annually.

Figure 3. CPIA Health (9a)



Note: Includes IDA countries. Source: World Bank (2006).

5. Summary of proposed indicators for health sector governance

Components	Indicators	Sources
Policy Index	<ol style="list-style-type: none"> 1. Existence of up-to-date national health strategy linked to national needs and priorities 2. Existence of an essential medicines list updated within the last five years and disseminated annually: 3. Existence of policies on drug procurement which specify: (i) procurement of the most cost-effective drugs in the right quantities; and (ii) open, competitive bidding of suppliers of quality products. 4. TB: Existence of a national strategic plan for TB which reflects the six principal components of the Stop TB Strategy as outlined in the Global Plan to Stop TB 2006–2015 5. Malaria: Existence of a national malaria strategy/policy which includes drug efficacy monitoring, vector control, and insecticide resistance monitoring 6. HIV/AIDS: Completion of the UNGASS National Composite Policy Index Questionnaire for HIV/AIDS 7. Maternal Health: Existence of a comprehensive reproductive health policy consistent with the ICPD action plan 8. Child Health: Existence of an updated comprehensive, multi-year plan for childhood immunization 9. Existence of key health sector documents, which are published and disseminated annually (such as budget documents, annual performance reviews, health indicators). 10. Existence of mechanisms, such as surveys, for obtaining timely client input on the existence of appropriate, timely and effective access to health services. 	<ul style="list-style-type: none"> • National health policy • Pharmaceutical policies with norms for treatment protocols, procurement, etc. • National pharmaceutical assessments • Partnerships and UN Agencies (Stop TB, RBM, UNAIDS, WHO, UNFPA) • Facility surveys to monitor availability of essential medicines available at health facilities

Components	Indicators	Sources
Outcome Indicators	<ol style="list-style-type: none"> 1. Human Resources: Health worker absenteeism in public health facilities 2. Health Financing: Proportion of government funds which reach district-level facilities 3. Health Service Delivery: Stock-out rates (absence) of essential drugs in health facilities 4. Health Service Delivery: Proportion of informal payments within the public health care system 5. Pharmaceutical Regulation: Proportion of pharmaceutical sales that consist of counterfeit drugs 6. Voice & Accountability: Existence of effective civil society organizations in countries with mechanisms in place for citizens to express views to government bodies 	<ul style="list-style-type: none"> • Disease surveillance statistics • Facility surveys • Household surveys
Overall Measure of Governance in Health	<ol style="list-style-type: none"> 1. Overall CPIA 2. Health-specific CPIA 	<ul style="list-style-type: none"> • CPIA (Annually revised World Bank database) • CPIA 9a (Annually revised World Bank database)

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7. Related links

The World Bank's Country Policy and Institutional Assessment (CPIA):
<http://go.worldbank.org/7NMQ1P0W10>

WHO's World Health Report 2000:
<http://www.who.int/whr/2000/en/index.html>

The World Bank's Public Expenditure Tracking Survey (PETS):
<http://go.worldbank.org/AU6I2D0D70>

WHO's International Health Regulations (IHR)
http://who.int/topics/international_health_regulations/en/

WHO's National Health Accounts:
<http://who.int/nha/en/>

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Annex: selected tools

Health Facility Surveys and Assessments

Health facility surveys measure service availability, commodity management, human resource availability, and adherence to treatment standards and protocols. Facility-level data are therefore an important data source for outcome-based indicators of governance in the areas of health service provision, human resources, responsiveness, and quality.

- Service Provision Assessment Surveys:
<http://www.measuredhs.com/aboutsurveys/spa.cfm>

National Financing Data

Health financing indicators show the ability of the health system to effectively mobilize and allocate resources, implement pooling and insurance schemes, and distribute the financial burden of care equitably. Principal sources of health financing data include country National Health Accounts (NHA), WHO, World Bank, and OECD databases, along with special studies and surveys.

- WHO's National Health Accounts:
<http://who.int/nha/en/>
- Guide to Producing National Health Accounts with Special Applications for Low-Income and Middle-Income Countries:
http://www.who.int/nha/docs/English_PG.pdf
- Gottret, P. and G. Schieber. 2007. Health Financing Revisited. Washington, DC: World Bank.

Public Expenditure Tracking Surveys (PETS)

PETS are studies that track the flow of public funds from central government to districts or other lower-level government units. These studies monitor both the level of allocated resources in central government budgets that reach each sub-national level, and the associated time taken to reach recipients. Therefore, PETS are a useful source of governance of resources and the effectiveness of transfers of public funds among government levels.

- The World Bank's Public Expenditure Tracking Survey (PETS):
<http://go.worldbank.org/AU6I2D0D70>
- Savedoff, W.D. 2008. Public Expenditure Tracking Surveys: Planning, Implementation and Uses. Portland, Maine: Social Insight.

Public Expenditure Reviews (PERs)

Public expenditure reviews are prepared by countries to provide a comprehensive analysis of public sector spending and outcomes. These diagnostic studies are an important governance tool in sectors such as health because they provide information on the public-private mix of goods and service provision, public expenditure priorities, the link between expenditure inputs and outcomes, and public sector institutional arrangements. PER information is available from World Bank documents for most low- and middle-income countries. Data are updated every 3 to 5 years.

- World Bank Public Expenditure Reviews (PERs):
<http://intranet.worldbank.org/WBSITE/INTRANET/SECTORS/PUBLICSECTOR/NDGOVERNANCE/INTPUBLICFINANCE/0,,contentMDK:20236662~menuPK:2069243~pagePK:210082~piPK:254376~theSitePK:1339414,00.html>

Although in many developing countries population-based surveys are the single most important source of population health information, they have more limited use in governance assessments. Nevertheless, household surveys such as DHS and MICS, can provide governance-related information on access to services, household expenditure on health, quality of health services, and overall responsiveness of the health care system to client needs.

- Demographic and Health Surveys:
<http://www.measuredhs.com/aboutsurveys/dhs/start.cfm>
- Multiple Indicator Cluster Surveys:
http://www.unicef.org/statistics/index_24302.html

WHO International Health Regulations (IHR)

The International Health Regulations (IHR) aim to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. The IHR, which came into effect in June 2007, requires countries to report certain disease outbreaks and public health events to WHO. It defines the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

- WHO's International Health Regulations (IHR):
http://who.int/topics/international_health_regulations/en/

Citizen Report Card Surveys

Citizen Report Card Surveys serve as a mechanism to promote civil engagement and demand-side accountability, and empower individuals to express their views to government bodies. They allow citizens to contribute to oversight and regulation, and therefore aim to improve the quality and integrity of public services.

- Citizen Report Card Surveys:
<http://siteresources.worldbank.org/INTPCENG/1143380-1116506267488/20511066/reportcardnote.pdf>

Pharmaceutical Assessment Tools

Given that the pharmaceutical sector is highly susceptible to various forms of corruption, several data sources and useful links are proposed here. In particular, procurement – which involves inventory management, aggregate purchasing, public bidding contests, technical analysis of offers, proper allocation of resources, payments, receipts of drugs purchased, and quality control checks – is vulnerable to corruption and fraud. In addition, the issue of counterfeit drugs has become salient as drugs are too often deliberately and fraudulently mislabeled with respect to their identity or source. Counterfeiting occurs both with branded and generic products, and counterfeit medicines may include products with the correct ingredients but fake packaging; with the wrong ingredients; without active ingredients; or with insufficient active ingredients.

- Ethical Infrastructure for Good Governance in the Public Pharmaceutical Sector:
- Anello, E. 2006. Ethical Infrastructure for Good Governance in the Public Pharmaceutical Sector.
- World Health Organization. 2004. WHO Medicines Strategy Countries at the Core: 2004–2007:
http://whqlibdoc.who.int/hq/2004/WHO_EDM_2004.5.pdf
- World Health Organization. 2006b. Good Governance for Medicines: Assessment Instrument:
http://www.who.int/medicines/areas/policy/goodgovernance/GGM_assessment.pdf
- World Health Organization / AusAid. 2006. Measuring Transparency in Medicines Registration, Selection and Procurement: Four Country Assessment Studies:

http://www.who.int/medicines/areas/policy/goodgovernance/WHO_PSM_PAR_2006.7.pdf

World Bank's Country Policy and Institutional Assessment (CPIA)

The World Bank's annual Country Policy and Institutional Assessment (CPIA) provides a composite measure of governance, across all sectors. The CPIA index rates the quality of a country's policy and institutional framework in fostering sustainable, poverty-reducing growth, and the effective use of development assistance. This index is based on a set of criteria which are captured in 16 sub-components; one of these addresses governance in health and education. The ratings of each criterion are based on expert judgments, which are subsequently aggregated into the overall CPIA index. The 2006 scores for all 16 criteria and the overall CPIA, were completed in early 2007, and are publicly available.

- The World Bank's Country Policy and Institutional Assessment (CPIA):
<http://go.worldbank.org/7NMQ1P0W10>

Other Useful Sources

- Transparency International. 2006. Global Corruption Report 2006. Transparency International.
- UNAIDS. 2007. Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators: 2008 Reporting.
- World Bank. 2004. World Development Report 2004: Making Services Work for Poor People.
- World Health Organization. 2006c. The Stop TB Strategy. Building on and Enhancing DOTS to Meet the TB-related Millennium Development Goals.
- World Health Organization/ GAVI Alliance. 2006. Immunization Costing and Financing: A Tool and User Guide for Comprehensive Multi-Year Planning (cMYP).