



PRARI Policy Brief^{1, 2}

February 2015

Monitoring Pro-Poor Health-Policy Success in UNASUR

Authors: Ana B. Amaya, Cesar Cabral, Andrés Coitiño, Philippe De Lombaerde, Mariana Faria, M. Belen Herrero, Stephen Kingah, Pia Riggirozzi, Marcelo Rojas Mattos, Tomás Pippo, Katherine Tobar and José Ueleres.



UNITED NATIONS
UNIVERSITY

UNU-CRIS

Institute on Comparative
Regional Integration Studies

PRARI Policy Briefs present accessible information on current issues in regional social policy and poverty. Readers are encouraged to quote from them or duplicate them, but as copyright holders, the PRARI team request due acknowledgement. This Brief may be cited as Ana B. Amaya, Cesar Cabral, Andrés Coitiño, Philippe De Lombaerde, Mariana Faria, M. Belen Herrero, Stephen Kingah, Pia Riggirozzi, Marcelo Rojas Mattos, Tomás Pippo, Katherine Tobar and José Ueleres, 2015, 'Monitoring Pro-Poor Health-Policy Success in UNASUR', PRARI Policy Brief No 6, The Open University, Milton Keynes. This Brief is available at <http://www.open.ac.uk/socialsciences/prari/>

For all enquiries please contact us at: prari@open.ac.uk

This work was carried out with support from the Economic and Social Research Council (ESRC), Grant Ref. ES/L005336/1, and does not necessarily reflect the opinions of the ESRC.



Research jointly supported by the ESRC and DFID

Monitoring pro-poor health policies at the regional level is essential for both countries and the regional bodies themselves, by identifying the issues related to the policy guidelines, the approach to health or information flows, as well as understanding implementation mechanisms of health policies at the local level. In order to address poverty and health problems, and strengthen ties between regional organizations and member countries, it is essential to generate mechanisms to track accountability to commitments and exchange of information to support the monitoring and evaluation of activities.

Since its creation, UNASUR through the South American Health Council (CSS) has invested political and human resources in the area of health. The Five Year Plan 2010-2015 of the CSS, despite a number of pending activities, is the demonstration of this commitment. Added to this are the new activities the CSS gradually developed, which complement the work of the Council, such as their incursions in global health diplomacy. However, policy directions are still guided by the original values and principles included in the 2010-2015 health work plan. The "Poverty Reduction and Regional Integration" (PRARI) project presents an opportunity to generate a monitoring system that is based on existing needs in the region and supports the link between the countries and UNASUR, as well as UNASUR's position at the global level.

The aim of the PRARI project is to support the development of a monitoring system in collaboration with key stakeholders in the region. The focus will be the actions of the CSS in key policy areas such as primary health care, pharmaceutical policies and surveillance systems. Global processes such as those pertaining to the incoming sustainable development goals (SDGs) will also be considered.

In order for this indicator-based monitoring system to be effective and have an impact, it requires 'regional ownership' and the active participation of regional and national experts throughout the process of indicator development, implementation and evaluation. Furthermore, institutional support from UNASUR and its Member States, the main beneficiaries of this process, is critical for the monitoring system to be fully operational.

The need to monitor health policy success in the UNASUR region

The role of regional organizations in monitoring policies in the area of health include translating global goals (such as the SDGs) into regional and national targets as well as the mobilization of resources to achieve these goals. In this regard, regional organizations can play a role in the harmonization and development of statistical information as well as data collection and consolidation.

These organizations can also contribute to the generation of evidence and provide information and support policies to address challenges that transcend borders, for example in case of transboundary diseases, or the need for collaboration in health infrastructure (Amaya, Kingah and De Lombaerde 2015).

Poverty and overall the social determinants of health, the living conditions of a population, are closely related to health problems. In turn, health provides development opportunities since the evidence shows that healthy people are more productive and stable. This was expressed in the Rio + 20 meeting outcome document, where health is considered a precondition for sustainable development (General Assembly, 2012).

In Latin America, one of the most unequal regions in the world, addressing the social determinants of health is crucial in planning health activities. Collaboration at the regional level has been proposed as an option to address these problems by supporting the development of successful health policies. For this purpose, effective monitoring of health existing health policies is crucial to adjust possible barriers and identify best practices.

Monitoring of health policies at the regional level can lead to:

- The identification of gaps in policies or available data to address inequalities and health in the countries; greater understanding of issues related to equity in health; and consequently, the generation of better policies and concrete measures to respond to the problems by neglected populations;
- The generation and strengthening of partnerships between actors in the region, as well as local capacity building;
- A better understanding of how to strengthen the link between the regions and countries;
- Strengthening the use of evidence in policy-making;
- Better identification of more effective and efficient mechanisms for data sharing, activity monitoring and strategy evaluation;
- Demonstrate the value of these methodologies to funders by contributing to the understanding around the link between inequalities, poverty and health, as well as a contributing to the existing evidence on how to address these issues;
- Enhanced support for the monitoring of country and regional commitments to health and equity;
- Recognition of priority areas for investment to address equity and health.

The Union of South American Nations (UNASUR) has placed health as a priority for the region since its founding in 2008. This resulted in the creation of South American Health Council (CSS) with technical groups, national institutional networks, and the South American Institute of Governance in Health (ISAGS) to support member states and the creation of a joint health plan. In that sense, the evolution of the CSS and the current work plan provides the opportunity to create a monitoring tool that responds to existing needs and determines how to ensure UNASUR guidelines support successful health policies in the countries.

Adopting a participatory research methodology, the PRARI project seeks to address this need by promoting collaboration among key players in developing a toolkit of indicators to measure the success of health policies in the region. This report reflects the results of the first PRARI workshop "Indicator development to measure health policy success in UNASUR" that took place on November 10th, 2014 in Rio de Janeiro (Brazil)

Table 1. Main Rio workshop consensus: What to monitor and why?

- Monitoring is essential because it can support decision making, the prioritization of activities and improve existing health policies. In the case of UNASUR, it may contribute to the measurement of new issues on the political agenda, as well as the growing involvement of UNASUR at WHO and the impact of these decisions and recommendations in the countries.
- A monitoring system based on indicators should identify regional and national priorities in relation to the reduction of inequalities through health policies, understanding how they work and how they relate with the multiple levels of governance.
- Effective indicators should seek to understand the values that guide the involvement of UNASUR in the area of health and their contribution to the reduction of inequities.
- Existing national monitoring systems that measure social determinants of health and equity in health will form the basis for the collaborative proposal to develop regional indicators for UNASUR.
- It is essential to analyze governance at the regional and national level, as well as the work of intermediate bodies such as the Technical Groups, Networks and ISAGS.
- Key policy areas to explore are: health equity, pharmaceutical policies, surveillance guidelines, schools of public health and primary health care.
- Global processes such as those related to the movement towards universal health coverage, reducing poverty and the SDGs, which impact the regional work, must also be considered in the development of indicators.

Learning from past experience: The Five-Year Health Plan 2010-2015 of UNASUR

The Five-Year Plan was the product of a participatory process coordinated by the Pro Tempore Presidency of Ecuador. This involved the conformation of an ad hoc commission to develop the plan based on the contributions of five working groups. The plan was approved by the ministers of health of the UNASUR region in April 2010. Moreover, the plan identified member contributions and external resources by cooperation agencies as the sources of financing to achieve these goals.

The work plan is organized around six strategic objectives and 28 expected outcomes. Each objective is led by one country with an alternate country coordinator. These objectives are organized according to the five priority areas defined by the South American Health Council in 2009: universal health coverage and access to pharmaceuticals; universal health systems; surveillance and response; social determinants of health; and human resources development and management (UNASUR, 2009). Importantly, the work plan echoes the values and principles presented in the Constitutive Treaty of UNASUR (see Table 2).

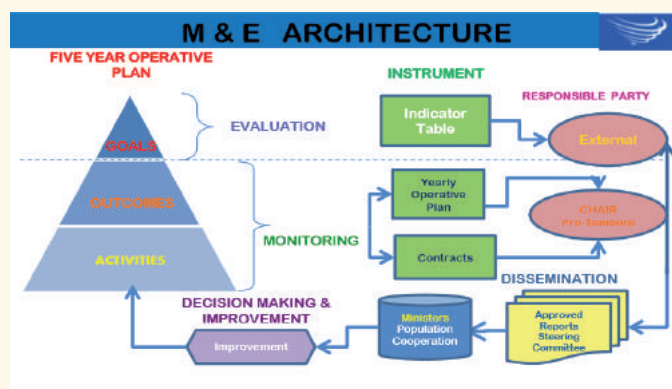
Table 2: Institutional values and principles guiding UNASUR's work in health

| Values | Principles |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Human rights Solidarity Equity Citizen participation | <ul style="list-style-type: none"> Promote coordination and integration Value regional health capacity Respect diversity and interculturality |

Although the way that poverty has been addressed has undergone changes since the Constituent Declaration of Cuzco in 2004³, which then led to the formation of UNASUR, this organization has considered the reduction of poverty, hunger eradication and the promotion of social inclusion as key issues for the region. Specifically in the area of health, one of the work plan strategic objectives seeks to “strengthen health promotion and actions on the social determinants of health towards the reduction of inequities in each of the member states through the generation of information, intersectoral coordination and community participation in the formulation, execution and follow-up of public health policies (UNASUR, 2009 p. 25)”.

In the case of measurable variables, it is important to mention that all the strategic objectives contained in the work plan propose the development of indicators to measure baseline levels as well as what has been achieved. In some cases, they also propose the creation of working groups to define and collect such indicators. In addition to these indicators, the plan contains a monitoring and evaluation system (see figure 1) that defines other indicators to measure progress in each of these outcomes. The Pro Tempore Presidency is tasked with monitoring the progress reached in this five-year plan and presenting a report to the coordinating committee that in turn reports to the South American Council.

Figure 1. Monitoring and evaluation system: UNASUR-Health's five-year plan



Source: UNASUR. (2009). *UNASUR Salud plan quinquenal 2010-2015*. Caracas: UNASUR.

Initially, it was agreed that the Plan would be evaluated by an external group during the mid-point of the work plan, June 2013. The objective of this evaluation, which finally did not take place, was to support the reformulation of results to ensure compliance with the strategic objectives by 2015. Finally, by the second half of 2015 an impact evaluation was proposed, which will serve as input for the development of a political-strategic document that will guide the future work of the Council.

Preliminary analysis of the Five Year Plan

The analysis conducted by Garron, Faria, Giler and Mattos (2013), was an academic study that sought to research the extent of implementation of the five-year plan up to the year 2012. This analysis did not entail an evaluation of the plan rather it was based on a literature review and interviews with key country stakeholders, working groups and other members of UNASUR working in area of health.

The researchers' analysis found low implementation of activities, ranging from 18.1% of activities implemented in the area of development and management of human resources and 0% activities conducted in the area of universal health system development. The level of implementation of activities in the area of health promotion and social determinants of health was 10.5% (Garron et al., 2013).

Furthermore, the evaluation describes how there are no existing coordination and monitoring mechanisms for the execution of activities of this work plan. The authors also described how some of the issues raised by the ministers of health ultimately were not included in the Five Year Plan, such as: a focus on nutritional self-reliance, hunger reduction, environmental health, and climate change, among others. Additionally, this evaluation highlighted that the proposed objectives did not have a high level of compliance due to the lack of guidelines caused by poor coordination of activities due to frequent personnel turnover (Garron et al., 2013).

The analysis concludes with a series of recommendations, among these the creation of regulations to ensure the periodic reporting of activities by member states so information can be circulated among different actors; identification of alternate modes of financing for the activities; proposing the following five-year plan be adaptable to new situations; as well as including greater input from Health Ministers, Foreign Ministers and Heads of State in this plan (Garron et al., 2013).

Remarkably, when analyzing the plan we can observe that there is no existing monitoring system for activities rather guidelines for data collection. The monitoring system proposed by the PRARI project, along with the indicator development team, will not be restricted to the activities of the Five Year Plan but will be based on the actions and activities of the CSS and the progress achieved due to this integration, which until now have not been measured. This process seeks to support the work of the countries and UNASUR towards the reduction of inequalities.

Why a Monitoring Tool?

Given that the CSS was still a young forum when the Five-Year Health Plan was agreed, it is important to note that it has since evolved to recognize new priorities. The agency has also strived to finance their activities through the contributions of their member countries rather than seek external funding, which beyond their advantages and disadvantages, has had an impact on the type of activities they were able to conduct. However, it is clear that the values and principles on which this plan was based continue to be upheld and the political decisions that are taken in UNASUR are also based on these principles and values.

Given this situation and the changes in the health priorities in the region, the need for new monitoring tools is evident. This is compounded by the end of the five year health work plan and the greater importance placed on understanding how regional integration can support governance at the national level and generate new ways to strengthen health diplomacy in the region (Herrero, 2015).

In other regions of the world, experience has shown that the limited participation of stakeholders, as well as the lack of appropriate monitoring tools and impact assessments for the existing structures and characteristics, are some of the key reasons why, despite the best intentions, few efforts on establishing monitoring systems based on indicators have been completely successful (De Lombaerde, Estevadeordal and Suominen, 2008). Therefore, the process of indicator and monitoring tool development is an opportunity to involve key stakeholders. This can lead to greater commitment and ownership of the findings that be more likely to translate into actions.

In addition, another long-term possibility is that this monitoring system be circumscribed in a wider process where the indicators would only constitute a part of this without excluding the use of other sources or evaluation criteria. UNASUR requires a monitoring system that can measure its fundamentally political role for health, the impact of integration and its effect in reducing health inequities.

How to monitor?

This monitoring system ideally should persist over time without becoming obsolete due to changes in priorities or staff turnover. For this, generating a flexible tool that can be adapted to changing priorities or unscheduled activities such as epidemics or emerging health problems is crucial.

It must also consider the different characteristics of member states in order for the tool to be coherent for each of these contexts. For this, it will be important to identify data sources and indicator alternatives. This will be highly dependent on the performance of their health information systems.

An important consideration is the period in which the indicators will begin to provide answers. This is most relevant in the case of impact indicators, which reinforces the importance of building capacity among those responsible for implementing the system, especially in the beginning.

In addition, the availability of quality data is critical for appropriate indicator monitoring. Particularly in a multi-level health governance context, the organization of statistical information flows is particularly challenging (Amaya et al. 2015). This data constraint has been recognized by UNASUR, proposing the creation of universal health information systems around best practices as a key step towards universal health systems (ISAGS, 2013). In fact, the Network of National Institutes of Health of UNASUR (RINS) convened in 2012 to discuss the importance of integrating country health information systems for epidemiological surveillance purposes and recommended the organization of bilateral activities for this purpose (UNASUR, 2013). This universal health system information has not been operationalized but can be considered a long-term goal of integration.

In response, the PRARI indicator development team will seek to develop a monitoring system focused on a key policy areas (see Table 1). This will constitute a first experience of a regional monitoring system for UNASUR that can later be expanded to other areas. This process is intended to support long-term initiatives such as the construction of this system of universal information.

What would be the value added for the UNASUR region?

The development of indicators to monitor health policies:

- Provides an opportunity to understand how the integration and construction of a regional identity can support the work of UNASUR and contribute to reducing inequalities.
- Support UNASUR in recognizing health as a human right through the generation of effective policies and this in turn can contribute to the development of universal health systems. Additionally, it may also support the monitoring of the new five-year plan scheduled for later this year.
- Has the potential to strengthen the regional-national bond by generating evidence on what leads to successful policies and better governance systems.

- Will help uncover weak policies or areas that can be strengthened or discontinued.
- Can support the position of the South American continent in the area of health as well as its role in health diplomacy.
- May contribute to other monitoring processes at regional level, such as those pertaining to the incoming Sustainable Development Goals (SDGs).
- Strengthen the role of UNASUR through the CSS as a leading regional organization in the area of health.

Next Steps

The workshop held in Rio de Janeiro has generated some ideas that need further fine-tuning, which will be the objective of the participatory process and forthcoming workshop (date to be defined shortly). We propose:

- Continued active participation of national and regional experts in the process of defining the dimensions/contents of the monitoring system in order to measure: equities in health; pharmaceutical policies; surveillance guidelines; schools of public health; and primary health care.
- Define, through the participatory process, specific indicators that will be highly sensitive and responsive to measure changes in health and policy implementation.
- Propose a monitoring system to assess regional policies seeking broader institutional support from UNASUR actors (CSS, ISAGS, etc.) and its member countries, who are the main beneficiaries of this process.

References

Amaya, A.B., Kingah, S. and De Lombaerde, P. (2015). Multi-level pro-poor health governance, statistical information flows, and the role of regional organizations in South-America and Southern Africa, *PRARI Working Paper* (Forthcoming).

De Lombaerde, P., A. Esteveadeordal and K. Suominen (eds). (2008). *Governing regional integration for development. Monitoring experiences, methods and prospects*, London: Ashgate.

Garron, K., Faria, M., Giler, G. and Mattos, M. (2013). *Análisis del proceso de elaboración, implementación y estado de situación actual del plan quinquenal 2010-2015 del Consejo de Salud Suramericano*. Disponible en: http://www.academia.edu/7274054/AN%C3%81LISIS_DEL_PROCESO_DE_ELABORACI%C3%93N_IMPLEMENTACI%C3%93N_Y_ESTADO_DE_SITUACI%C3%93N_ACTUAL_DEL_PLAN_QUINQUENAL_2010_2015_DEL_CONSEJO_DE_SALUD_SURAMERICANO-UNASUR

Herrero, M.B. (2015). *Diplomacia regional en el contexto postneoliberal: El caso de UNASUR Salud*. Revista Comentario Internacional, (Forthcoming).

ISAGS. (2013). *Annual operating plan 2013*. Rio: ISAGS.

Riggirozzi, P. (2014). Regionalism through social policy: Collective action and health diplomacy in South America. *Economy and Society*, 43, 432-454.

UNASUR. (2009). *UNASUR Salud plan quinquenal 2010-2015*. Caracas: UNASUR.

UNASUR. (2013). 2nd Ordinary Meeting of RINS/UNASUR and Seminar - Workshop on the role of NIPH in research and control of vector transmitted diseases. Disponible en: <http://www.ianphi.org/documents/pdfs/AGENDA%20GUAYAQUIL%202013-rev08-English.pdf>

General Assembly resolution 66/288, *The future we want*, A/RES/66/288 (11 September 2012). Disponible en: <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/476/10/PDF/N1147610.pdf?OpenElement>

Yeates, N. and Deacon, B. (2006). *Globalism, regionalism and social policy: Framing the debate*, *UNU-CRIS Occasional Papers* (O-2006/6).

1 This work was carried out with the support of the Economic and Social Research Council (ESRC) Grant Ref. ES / L005336 / 1. It does not necessarily reflect the opinions of the ESRC.

2 This report reflects the results of the first PRARI workshop on "Indicator development to measure health policy success in UNASUR" held on November 10th, 2014 at the headquarters of ISAGS, Rio de Janeiro, Brazil. The workshop convened a group of experts from Argentina, Bolivia, Brazil, Ecuador, Paraguay and Uruguay; representing ministries of health, universities, and regional bodies.

3 The Cuzco Declaration is a statement signed by twelve South American presidents on December 8, 2004 at the Third South American Presidential Summit in the city of Cuzco, Peru. This statement gave rise to the formation of UNASUR. Available at: http://www.comunidadandina.org/documentos/dec_int/cusco_sudamerica.htm (Last accessed: February 14, 2015)