WEHUBIT

Learning from
Transforming Zanzibar's Health system project: Supporting the Zanzibar government in creating their new health financing strategy and to ensure better quality care and achieve UHC – SafeCare and openIMIS

Can digital social innovation help achieve universal health coverage? How? And in what context?

Country
Zanzibar, Tanzania

Implemented by

PharmAccess FOUNDATION

Budget
347,357 €

Duration
01/2020-12/2021

Contributions to SDGs

3 GOOD HEALTH AND WELL-BEING

Implemented by

Enabel

Financed by

Belgium
partner in development

PROJECT OVERVIEW

Reason

In Zanzibar, healthcare services are **fully financed by the government**. However, as a result of an under-performing economy and reduced tax revenue, healthcare is suffering from a **chronic underfunding resulting into poor quality of health services**.

As a response to this situation, the government of Zanzibar is working with several partners – including PharmAccess - to **review the health financing strategy** and to **improve the quality of care** as it strives to achieve **Universal Health Coverage** (UHC).

One of the key elements of the new health strategy is the **availability of comprehensive qualitative data about services utilization**, giving a state of play of the health sector in Zanzibar and allowing for informed decision making during the review of the strategy.

Another key element to improve the quality of care and achieve UHC is to **support facilities in improving their efficiency** (including resources allocation) and **quality of care**.

Digital Social Innovation

As partner of the government of Zanzibar, PharmAccess' project has introduced two digital tools.

The first, the **Digital Quality Improvement Model**, supports public and private facilities directly and intends to increase the quality and efficiency of care.

The second one, **openIMIS**, intends to provide the government actionable data about the use of health services.

1. Digital Quality Improvement Model based on SafeCare principles* :

See image p.3

A rating tool based on **SafeCare standards that were reviewed** and **aligned with Zanzibar Ministry of Health** (MoH)'s best practices. They cover all areas of service that influence quality care and both clinical and non-clinical aspects in care delivery. For example, patient and family rights & access to care, human resource management and outpatient, laboratory & surgical services.

The rating tool is used on smartphones and/or tablets by **approved** and **trained MoH assessors**, to **rate performance** of different type of private and public health facilities ranging from dispensaries to hospitals.

MoH assessors evaluate performance of a health facility by identifying areas where the facility complies with **best practices** of care or, on the contrary, **quality gaps** in care provision. At the end, a report and tailor made **quality improvement plan** is digitally shared through the **Quality platform** with the facility in charge. MoH assessors will work with the **quality improvement team** ** to agree on how, who and when to address the gaps.

The Quality platform is an app that offers diverse sections and accesses for users : MoH, MoH's assessors, rated facilities, other stakeholders. The MoH has full access to both facility specific data and aggregate data (by district and overall) and is the owner of these data.

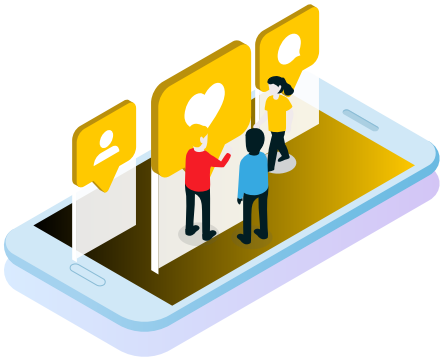
- **Quality platform for providers** (QPP) : platform where quality improvement teams can access their respective quality improvement plan and digitally document activities accomplished. The QPP shows activities accomplished, benchmarks performance with peer facilities and awards digital badges after a predefined milestone is achieved. The QPP also offers an online library resources.

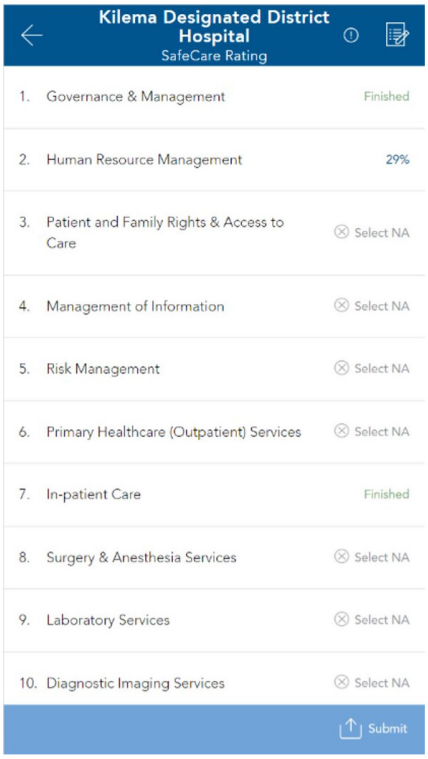
- **Quality Platform for Stakeholders** (QPS) : platform where healthcare managers from district to national level can monitor how far a facility is in addressing quality gaps. The platform help these users to identify common challenges and benchmark performance between facilities or geographical districts. This information is useful in planning for supportive supervision and resource allocation.

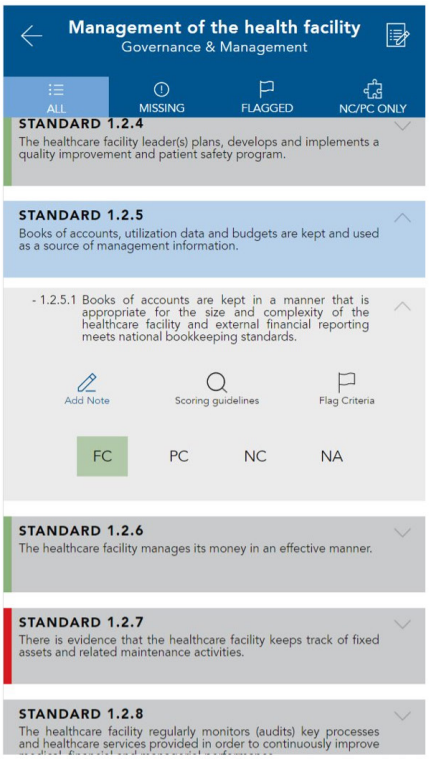
The Digital Quality Improvement Model was promoted in both **public** and **private health facilities**, which is a new approach. Prior to this, the MoH used to carry only inspections associated with sanctions, with no improvement support to private health facilities.

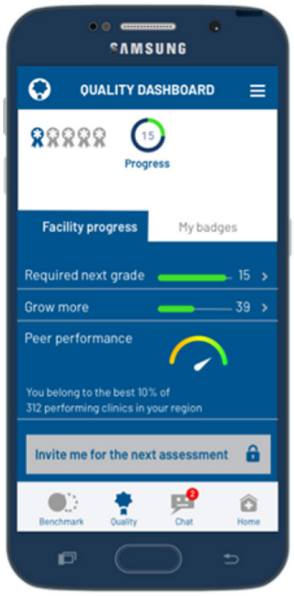
** SafeCare is a standard based, stepwise quality improvement methodology developed by PharmAccess Foundation. The standards and the methodology are accredited by the International Society for Quality in HealthCare (ISQua). SafeCare works with likeminded stakeholders to use the standards and methodology to improve quality of care in resource constrained countries.*

*** MOH requires health facilities to compose a team of healthcare workers to serve as Quality Improvement Team (QIT) that has responsibility of undertaking initiatives to improve quality of care in the respective facility.*









2. Open Insurance Management Information System (openIMIS): *See images p.4*

An open source application, initially developed for management of health insurance, that was **configured** and **customised to collect healthcare utilisation data**.

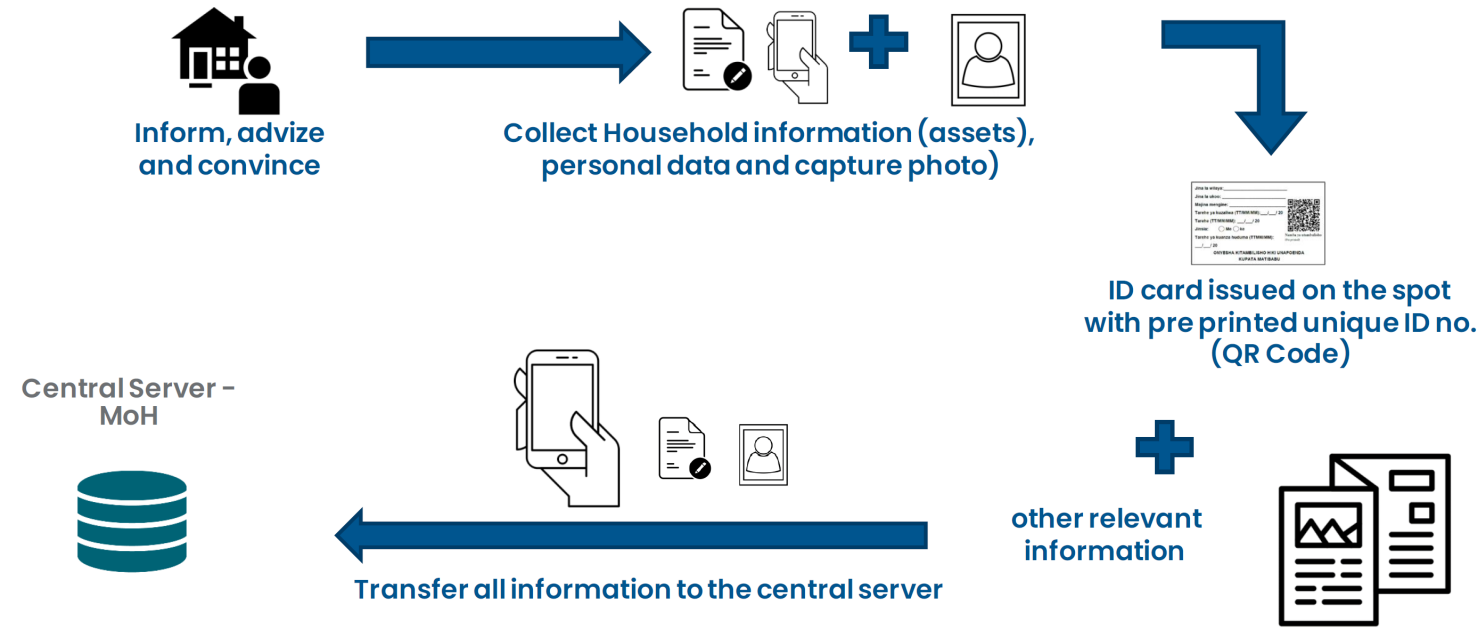
This customisation is the first of its kind – according to the International openIMIS community's knowledge. The generated informationabout **healthcare delivery** can be used by the government to better **plan**. The data collected through the openIMIS provides information at disaggregated level about:

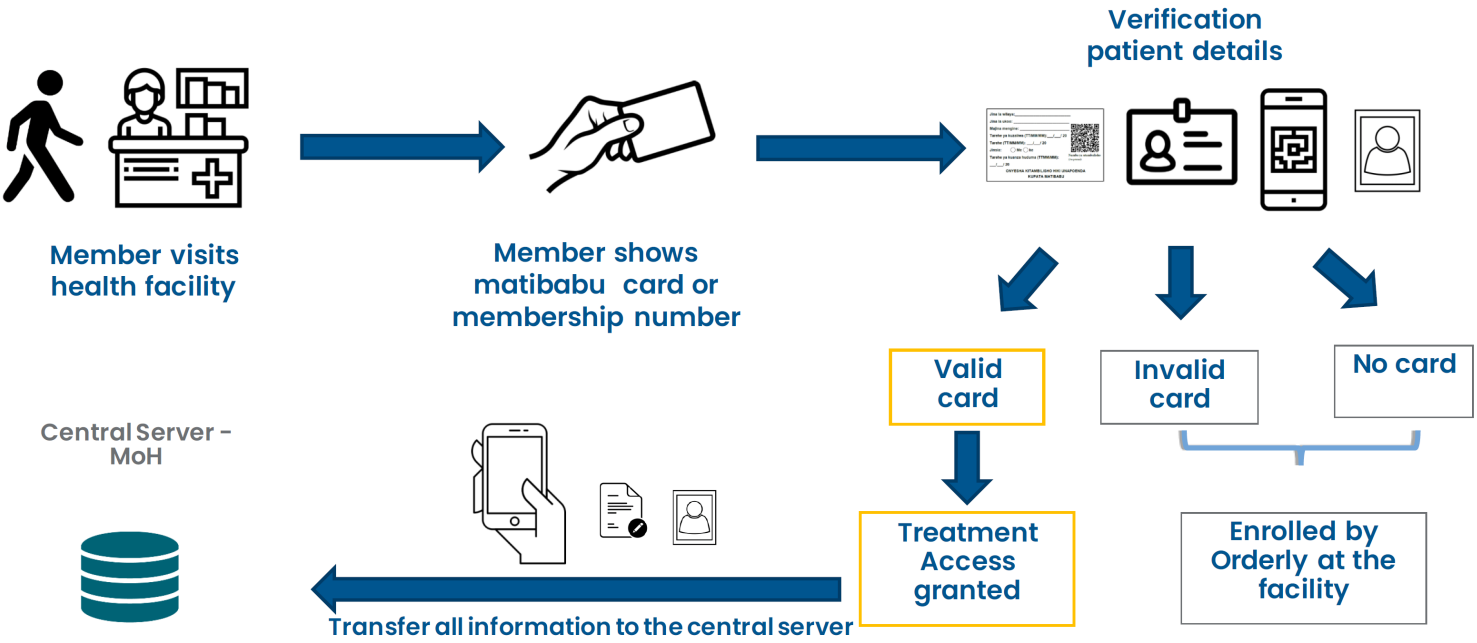
- **Equity** - *Who uses the services, including social economic profile?*
- **Costing** - *What services are used and to what volume?*
- **Efficiency** - *Are there over-use or under-use of services?*

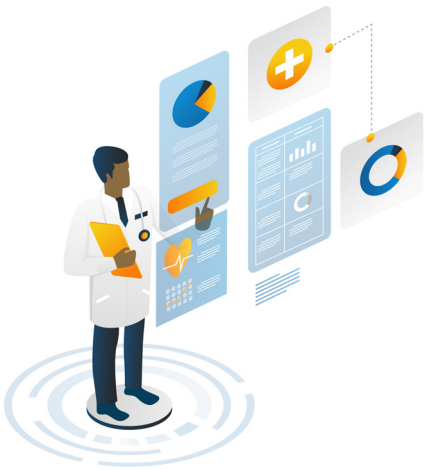
This information will help in designing data driven health financing strategy development process.

The Open IMIS tool is used at two levels; at **household level** to enrol each individual and capture household social economic data, and at **health facility** to capture service utilisation data.

CHV - Household Visit







800.000 citizens from **165.000** households are enrolled in the openIMIS system, representing a coverage of **90%** in 8 districts from January 2020 to November 2022

From to January 2020 to November 2022, more than **70%** (215/300) of all health facilities in Zanzibar connected to the digital quality improvement model

KEY MESSAGES

SafeCare

The **Digital Quality Improvement Model** allowed the Ministry of Health (MoH) to **identify common challenges** hindering the delivery of quality care and thus better prioritise resource allocation and coordinate support to both private and public facilities. For example, suboptimal compliance with Infection Prevention and Control (IPC) practices is one of the cross cutting issues that was identified. The MoH developed and disseminated Guidelines and focused on the poorest performing facilities.

The inclusion of both **public** and **private health facilities** in the Digital Quality Improvement Model created a common approach for the MoH regarding support towards health quality.

The Digital Quality Improvement Model is used through a **digital Quality platform**, that has several benefits compared to a non-digital, vertical approach:

- Facilities **could visualise** and **monitor** their own quality improvement plan and the progress of its implementation.
- The digital platform **rationalised supportive supervision** to facilities by the MoH and strengthened its coordination capacities.
- The **timely availability** of performance rating and actionable reports helped facilities to identify and work on priority quality gaps.

By accessing the data through the digital Quality platform, the MoH management recognizes the strong role of this innovation in facilitating easy and timely access of data, generating actionable reports that can inform decisions in mobilising and prioritising resources.

openIMIS

The use of the **openIMIS** tool generated **transparency** on health care utilisation by providing big amount of data to Zanzibar's MoH, allowing it to take data-informed decisions for cost effectiveness. For example, it was noted that over 6% of those who received services were insured by private insurers, although facilities did not claim for reimbursement. The MoH has therefore worked with private insurers and trained facilities to submit claims to respective insurance organisations. This information has also been used to advocate for national health insurance.

I came across a story of a mother who lost her life because she was referred too late. Her previous delivery required a caesarian section, and she should have been referred earlier to a more specialized center. This devastating example motivates me even more to help improving the system.

Mr. Abdula Ali, Coordinator Health at the President's Office Regional Administration and Local Government

With these activities, the government finds out who they are serving. Of course, everyone in Zanzibar has the right to healthcare. But for those who are not registered here, perhaps we ask for their insurance, so our costs will get reimbursed. Or we ask them to contribute. This enables the government to gain additional revenue, money that can be spent to realize improvements. We want to be able to provide every Zanzibari the care they need. They should not be sent away because a service is unavailable, or because their drugs are out of stock

Abdul-latif Haji, Head of Health Care financing

Do you want to read other stories from the project?

LESSONS LEARNED

Inclusion and equity

The involvment of CHVs * as first and main contact point at household level ensured a **comprehensive coverage** regarding the enrolment of the population in the openIMIS system.

** Community Health Volunteer (CHV) is a member of a community who is chosen by community members or organisations to provide preventive and/or basic health and medical care within their community. CHVs usually don't have a higher education degree in health. They are selected on recommendations by local leader and communities' members based on several criteria: being legitimate and respected in the community, living in the place for more than 5 years, speaking the local languages...*

Stakeholders and users' responsiveness

The **strong reputation of openIMIS** (regarding scalability, affordability, offline mode functionalities, data security, privacy), its capacity to operate diverse social protection and health insurance products and its **previous implementation** across Low and Middle Income Countries, including Tanzania, facilitated a **quick buy-in from the government**.

The project started by mapping and engaging with actors from the **Zanzibar's health ecosystem** who have strong influence within communities, at all levels: from higher (Ministry) to lower (local) levels. PharmAccess also identified inter-sectoral non-state actors. Not only was it needed to secure the **buy-in of all key stakeholders** but the mapping also helped to build **trusting relationships** between those actors. It contributed to **better alignment** and to **reducing duplication of efforts** and **resources by mutualising**, for diverse platforms, the data captured by CHVs and healthcare workers at facilities.

To strengthen ownership of the MoH and build sustainability from the start of the project, PharmAccess formalised the partnership with MoH through a **memorandum of understanding** that also defined **data ownership, transfer, processing** and **use**.

PharmAccess **developed capacities** of the MoH and district level staff in **using** and **managing the system deployed**, which contributed to trust from these actors in the project and its digital social innovation. Different approaches were, among them **structured mentoring** and **jointly working** on system customisation and data analysis.

Use of digital tools beyond project's end

It is important to continuously **take action to motivate demand for the use** of the digital innovation by the MoH In this regard, PharmAccess supported the MoH in **demonstrating**, to relevant stakeholders (facilities, district management,...) the **added value of the digital innovation** by developing and sharing policy briefs based on information derived from the analysis of data.

- Managing, adapting and using the enrolment & quality platforms and data systems require **continuous capacity sharing**, which means time and resources. As a mitigation strategy to potential staff turnovers, particularly in rural areas, PharmAccess developed a system of **Training of Trainers**. Those master trainers are based at district level and are able to provide on the job as well as classroom setting training to health facility staff whenever a need arises.

- A important challenge faced by the project during the deployment of the Open IMIS system was the **regular system updates** that needed to be timely uploaded into CHVs' and Healthcare workers mobile devices. At the beginning of the project, regular system updates could only be made onsite, by project staff directly on users' mobile phones. As the project was scaled up to other districts, this process became expensive and inefficient. To address this challenge, the MoH and PharmAccess developed an openIMIS based App and **hosted it in the Google Store**®. The users were then **remotely provided with instructions** on how to download system updates from this site.

- Be it for openIMIS, which is an open source software (i.e. the source code that is provided for free allows the approved user to own the data system and ensure data security), or for the Digital Quality Improvement Model, the **MoH is the sole data owner** and will be able to continue using and updating the tools after the project's end.

- The strong capacity sharing component of the project, and the joint (PharmAccess and MoH) planning and implementation approach that was adopted **laid strong platforms** for continued use of the tools beyond the project's lifetime.

PERSPECTIVES

- Since the systems have shown to be fit for purpose, PharmAccess will focus on demonstrating the value of the two digital innovations by **promoting use of data for decision making**. The organisation is developing **dashboards for easy visualisation** and **regular in-depth data analysis** to better monitor trends in utilisation.

- PharmAccess will also work with the MoH on how the enrolment data can form **key database for establishing the Client Health Registry** which is one components of the MoH Digital Health Strategy.

- The openIMIS is an insurance Management Information System, but was configured and customised for another purpose in the project supported by Wehubit : collection of utilisation data, capturing citizen enrolment data and household social economic mapping. The system could also be used by the **health insurance scheme**. The government is currently carrying out system requirement specifications. Based on the design of the insurance scheme and on the final SRS, a decision will be made on the most suitable system.

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