



Making a difference in Universal Health Coverage and the SDGs with Big Data

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The Conundrum of UHC and tracking progress toward SDGs

- Africa and the SDG dilemma: the baseline, access measurements and data; lessons from the past
- Equity: finding and reaching the extreme poor with essential services for universal health coverage and attain SDGs
- Results: tracking progress in a complex environment
- Means: Leveraging technological opportunities
- Use: what next?











Ghana Country Poverty Brief

COUNTRY POVERTY BRIEF SUB-SAHARAN AFRICA **GHANA** October 2017 **POVERTY** Rate (Number of Poor) Period National Poverty Line 24.2% (6.2 million) 2012 International Poverty Line 13.6% (3.5 million) 2012 2.0 in Local Currency Unit or US\$1.90 (2011 PPP) per day per capita Lower Middle Income Class (IC) Poverty Line 34.9% (9.0 million) 2012 3.3 in Local Currency Unit or US\$3.20 (2011 PPP) per day per capita Upper Middle Income Class (IC) Poverty Line 63.2% (16.3 million) 2012 5.7 in Local Currency Unit or US\$5.50 (2011 PPP) per day per capita SHARED PROSPERITY Income or Consumption growth of the bottom 40 percent N/A N/A









Ghana Poverty Country Brief

Income or Consumption growth of the bottom 40 percent		N/A	N/A
INEQUALITY			
Gini Coefficient		0.42	2012
Shared Prosperity Premium	Difference between the income or consumption growth of the bottom 40 percent and that of the average	N/A	N/A
GDP GROWTH			
Annualized GDP per capita growth		N/A	N/A
Sources: WDI, SSATSD using GLS	S-VI/SSAPOV/GMD. National poverty lines are provided	by national statistical	offices.









P H A R M A C C E S S G R O U P

Ghana's strategy for UHC



- The NHIS was established by an Act of Parliament in 2003 (Act 650).
- Initiative by Government to secure financial risk protection against the cost of healthcare services for all residents in Ghana.
- Act was revised in 2012 NHIS Act 850









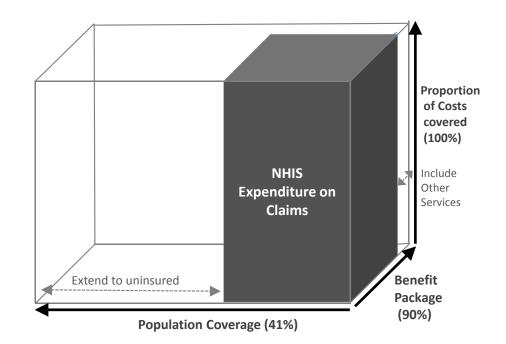




Dimensions of NHIS Coverage



- i. Breadth(Population Coverage)
- ii. Depth(Benefit Package)
- iii. Height
 (Proportion of Costs covered)





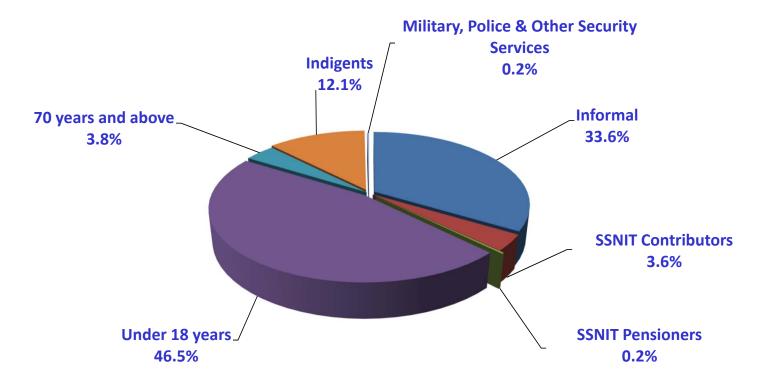






Distribution of Active Membership





Active membership as at December 2016 - 11.4 Million









DHS, Big Data and Reaching the poor —who are we looking for













Project Overview

The African Health Markets for Equity (AHME) partnership is a \$60 million investment by the Bill and Melinda Gates Foundation and the UK's Department for International Development to increase coverage of priority health interventions amongst the poor.

The Health in Africa Initiative of the World Bank Group engaged with the process aimed at demonstrating the effective use of a technology based e-version of the Proxy Means Test Tool in identifying and targeting the poor.

The PMT was already being implemented manually by the Ministry of Gender, Children and Social Protection on behalf of government for its cash transfer program but used a community targeting approach.



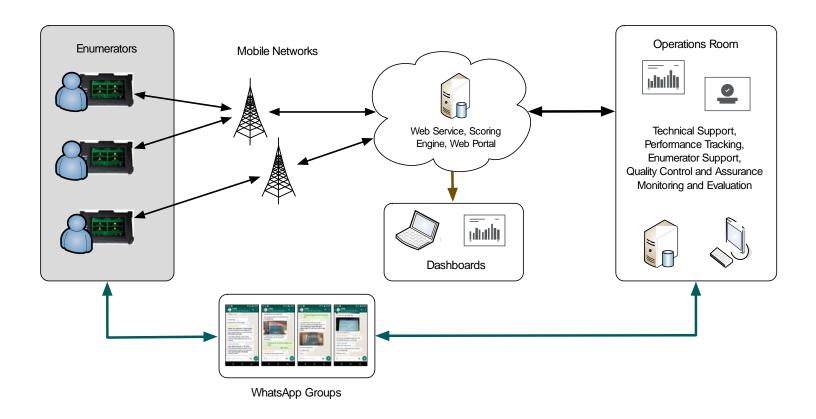








Targeting Process





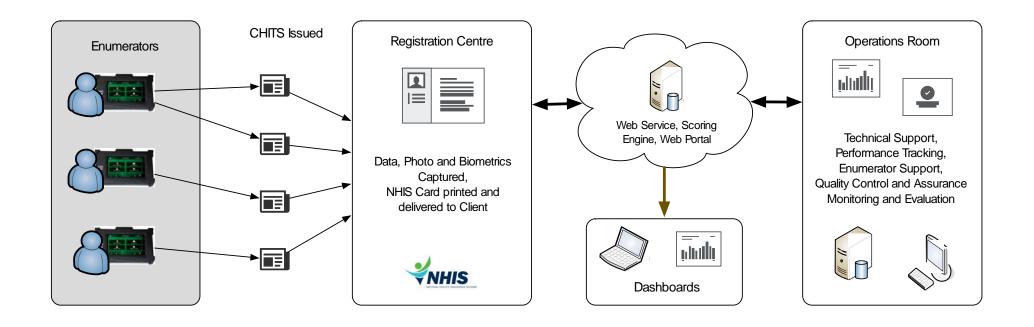








Registration into NHIS Process













Field Data Collection: House-to-house Enumeration

Enumerators visited each household and interviewed the Head of Household.

Photographs of available Household members as well as the Household Dwelling were captured and synced to the Web Service.



















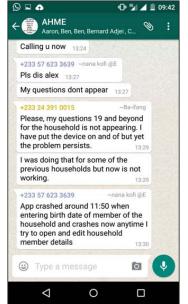




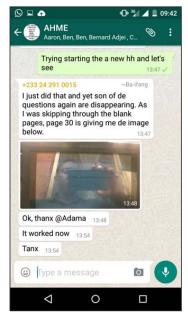
Enumerator WhatsApp Group.

A WhatsApp group was setup for each Team of Enumerators. This enabled the Operations Centre to communicate with the enumerators in real-time and provide support to the Enumeration Supervisors.

This was also useful for complementing the training the enumerators has received and for troubleshooting and debugging the App during the initial roll-out.

















Enumerator Activity Tracker and Locator Map

The Enumerator Activity Tracker gives us an overview od each enumerator's performance and the functionality to detect abnormal activity and data and thereby, prevent 'gaming'. Further, we also have the ability to view the location of the enumerators on a Map.

On one occasion in the Upper East Region, the Operations Centre was able to alert some of the enumerators that they had strayed into Burkina Faso!







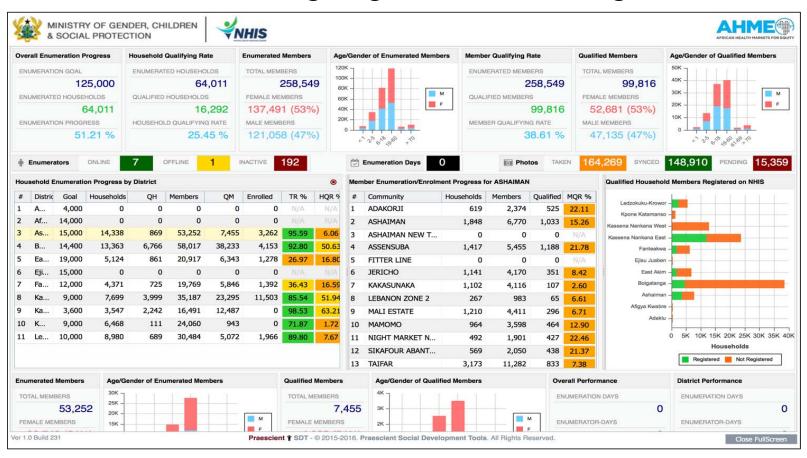








Dashboard for Tracking Progress and Monitoring Performance









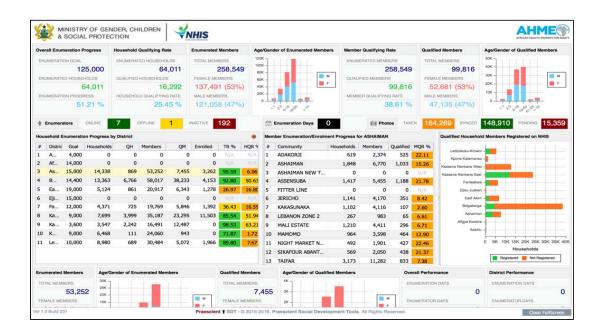




Dashboard for Tracking Progress and Monitoring Performance

Dashboard provides the necessary indicators to visually observe the progress of the Targeting Exercise.

This provided useful insights to the challenges that teams were facing and enabled the Operations Centre to react pro-actively to ensure that project goals would be met.









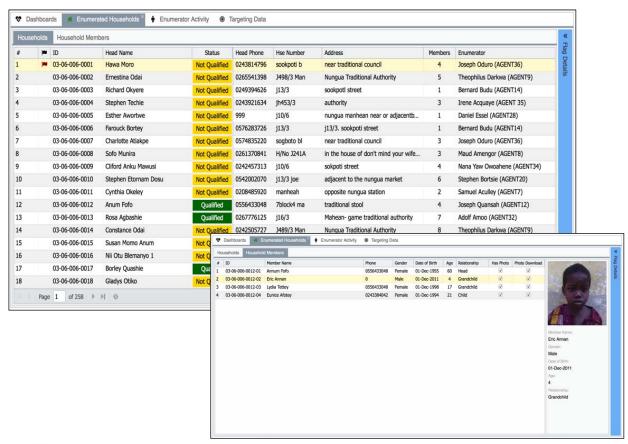




Household and Member Data Viewer

The Household Data Viewer enables our Quality Control team to view and further Quality Assure that household data coming from the enumerators.

This enabled us to continuously train the enumerators to ensure that data quality was maintained throughout the enumeration exercise.





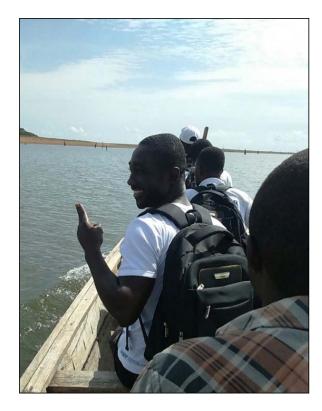








The Data Terrain

















Targeting and Identification in Numbers



Regions

Districts

Communities

Enumerations Days

Enumerators deployed at Peak

125,683 Households Enumerated

667,169 Individuals Enumerated











Registration into NHIS Experience in Pictures

















Registration into NHIS Results



27,711 Households Qualified

179,972 Individuals Qualified

150,858 Total Registrations

416,166 Paying Members Registered

for the first time



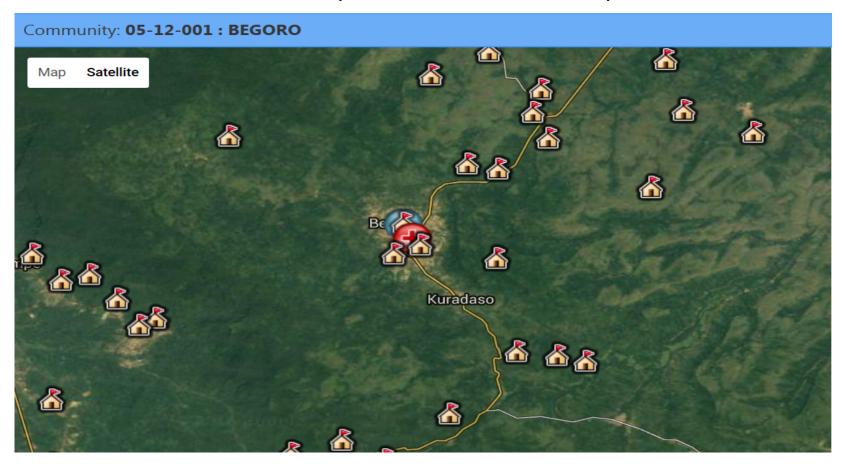








Identified poor – facilities overlap













Key Results / Lessons Learnt

- 1. Enumeration errors due to inconsistent data was eliminated as a result of the Electronic Data Collection.
- 2. The time between enumeration and qualified households receiving benefits was reduced as a consequence of the electronic data collection, combined with the real-time data transmission and scoring.
- Collecting GPS data on the location of each household, makes it easier for ensuring that an area has been adequately covered, locating households on subsequent visits and also for supporting other social intervention programs.
- 4. Real-time communication (via WhatsApp Group) improved enumerator output, both in terms of Data Quantity and Quality.
- 5. Real-time monitoring is important for preventing 'gaming' and pro-actively addressing enumeration challenges to ensure that project goals are achieved.
- 6. It is important to continuously monitor and update Enumerator training to address local issues.







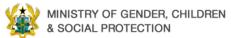




LIGHTS OUT











THANK YOU









P H A R M A C C E S S G R O U P