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Promoting transparency and accountability with district league tables in Sierra Leone and Malawi

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Abstract

Objectives: This paper looks at the effects on transparency and accountability of introducing league tables in the health sector in Sierra Leone and Malawi.

Methods: Drawing on long-term action research in the two countries, we have supported development of league tables at district levels. Our practical aim of this work has been to design and develop a tool that helps districts create and change league tables as they please, based on indicators relevant for them. This has been done in a participative manner. The research covers 3 years in Sierra Leone and 2 years in Malawi.

Results: Our findings show that such tools have positive immediate effects, most notably on providing new information about relative performance, and improving data quality. They contribute to understanding of health indicators, their applicability, reliability, and relevance at various levels of the health sector. League tables are also suitable for communicating priorities, giving higher levels a way to signal what health facilities are held accountable by

Conclusion: League tables are a promising tool for advancing transparency and accountability at district levels. An implication for policy is that access to peer data is necessary to evaluate your own performance. The true benefits of league tables at district level can only be reaped when they are easily changed and replicated, becoming an integral part of routine district monitoring and evaluation.

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1. Introduction

Transparency and accountability are widely held as key building blocks of a well-functioning health system. Global health initiatives are now almost exclusively based on the paradigm that health providers are held accountable by the

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public, and transparency is the key to achieve this. In 2015, leaders of the global health agencies signed a five-point call for action to strengthen health measurement and accountability [1]. Two of their main aims are to strengthen country health systems to enable the use of data "at all levels" and promote accountability by holding "transparent review of progress at facility, subnational, national, regional, and global levels" (page 1). These goals are explicitly addressing the slow development of evidence-based management rooted in local data, despite the large progress of many countries to strengthen the data collection and processing capacities.

One set of tools widely implemented to provide patient - provider transparency and support accountability is *league tables*, that ranks health service providers, both private and public, according to a set of service delivery indicators [2]. While the benefits of league tables include helping to make informed decisions, providing a platform for health service evaluation, and incentivizing behavioral change, these tools also have restraining factors related to data quality issues, creative reporting, and stigmatization of (apparently) poor performers [3]. Similar tools, such as scorecards [4], and the balanced scorecard [5] are also used to enhance transparency and assess countries' health performance. Common for these efforts is that the tool is linked to a beneficiary-provider relationship, either for patients to assess prospective health service providers, or for funders to assess effects of interventions on a national scale. At the same time, the benefits of strengthening transparency and accountability also *within* the health system and health provider organizations have received much less attention. Where league tables have been applied as an evaluation and management tool for the health system itself, it is at national or regional levels only. The literature on the use of league tables as a management tool within the health system remains thin, and the literature on development and use of league tables for *district* level management is almost non-existent.

In this paper, our research objective is to directly address these gaps by looking at the *effects of district league tables on transparency and accountability*. Based on empirical studies in Sierra Leone and Malawi, we evaluate the introduction of league tables, and the implications within the public health services. We argue that league tables can be a powerful tool for increased performance both intra-organizationally and at district level. We further draw implications by arguing that for this to take place the tool needs to be simple and flexible, focusing on conveying relative performance rather than being an overly intricate management and strategy tool.

2. Related literature

The World Development Report 2004, published by the World Bank, brought transparency and accountability to the forefront of the international development agenda. The terms have since become widespread, and linked to almost every major international initiative, such as the Millennium Development Goals and now the Sustainable Development Goals. Also in the health sector, countries are urged to put transparency and accountability as leading principles to improve service delivery [1,6]. Despite the prominence, and a growing literature of examples, lessons from the field and evaluations, research on transparency and accountability is reflecting that they can mean all things to all people [7]. Their current use originated from two ideological strands, one being New Public Management in the nineties, where market mechanisms were applied within organizations to make managers more accountable, and the other being a response to the failure of democratic institutions to cater to the poor [8]. With this background, transparency as a concept is applied widely, such as a public value to fight corruption, to denote open decision-making by governments and nonprofits, or as a complex tool of good governance [9]. More minimalist definitions include the degree of openness in conveying information (ibid) and governments' willingness to disseminate policy-relevant data [10]. The definition of accountability is even more elusive, but can be seen as referring to a relationship between two actors where answerability, being the duty to inform what one part is doing, and enforcement, being the capacity of the other part to wield power and implement sanctions, are key parts [11]. Transparency is thus often seen as prerequisite, but not sufficient, for accountability. Furthermore, accountability can serve several purposes, such as to control the misuse and abuse of resources and authority, to provide assurance that resources and authority is used appropriately according to standards, and to promote improved service delivery through feedback and learning [12].

Our ambition in this paper is not to discuss what transparency and accountability can be, but instead focus on concrete examples where openness of data within public health management can improve data quality, decision making, and ultimately public health services. Accountability in this setting is not necessarily between the government and citizens, but can equally be analyzed horizontally and vertically between government branches, as in our case between health districts or between districts and national level [13]. We define health districts as the first administrative level above service provision, and they are typically semi-autonomous in relation to budgeting and organizing the majority of health services through primary health clinics and district hospitals [14]. As such, they are routinely performing evaluations of their performance. In most developing countries however, the information they need for this is not readily available, is of poor quality, and they lack the tools to adequately compare their relative performance [15,16]. It is in this context that we will have a particular look at the *league table* as a tool for improving transparency and accountability.

A league table is a tool for displaying the comparative ranking of organizations in terms of their performance [3], and is widely used in the public sector [2]. League tables are especially suited for identifying good and poor performance, as well as the degree of variance [17]. The term league table is sometimes used interchangeably with other tools, such as scorecards and report cards [18], and has much in common with the more comprehensive balanced scorecard [5,19]. Common for all these tools are that they seek to evaluate performance based on relevant key indicators, while the league table in addition focuses explicitly on relative performance and ranking. Without this information, across health districts for instance, "providers tend to view their performance as average or above

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