



EAC Integrated Reproductive Maternal Newborn Child and Adolescent Health and HIV/AIDS Scorecard 2018

Strengthening Accountability for Results in Sexual Reproductive Health/RMNCAH and HIV/AIDS in the EAC



The EAC Regional Integrated RMNCAH and HIV/AIDS Scorecard - 2018

Partner State	Health Outcomes				Pre-Pregnancy	Pregnancy			Birth		Postnatal		Infancy	Finance	Human Resource	HIV/AIDS, STIs and TB		
	Maternal Mortality Ratio	Under 5 Mortality Rate	New-born Mortality Rate	Under 5 Stunting Rate	Contraceptive Prevalence Rate	Antenatal Care (4+ visits)	ANC HIV+ women receiving ARVs	% ANC screened for syphilis	Facility Delivery Rate	Adolescent Pregnancy Rate	PNC mother (< 2 days)	PNC Baby (< 2 days)	DPT3/Pentavalent3 Coverage	Total Health Expenditure per Capita (\$)	Density of Skilled Health Personnel /10,000 population	% of people living with HIV who know their status	% of people currently receiving ARV therapy	% PLWHA screened for TB
Burundi	334.0 ↓	78.0 ↓	23.0 ↓	56.0 ↓	29.0 ↓	49.3 ↑	87.7 ↓	34.2 ↑	84.0 ↑	5.9 ↓	51.0 ↑	49.0 ↑	96.5 ↓	29.9	0.7 ↓	84.0 ↑	86.0 ↑	48.0 ↓
Kenya	362.0	52.0	22.0	26.0	58.0	58.0 ↑	76.0 ↑	61.7	62.0 ↑	9.6 ↓	52.9	35.6	89.9	67.0	24.0	71.0 ↑	83.0 ↑	96.0 ↑
Rwanda	210.0	50.0	20.0	38.0	53.2 ↑	44.0 ↑	95.9 ↓	83.0 ↑	91.0 ↑	7.3	43.0	19.0 ↓	98.1 ↑	54.0 ↓	13.1 ↑	89.0 ↑	91.0 ↑	99.0
South Sudan	789.0	93.0 ↓	39.0	30.0 ↓	4.7 ↓	17.0	18.0	43.0 ↑	12.0	15.8	8.0	8.0	45.0 ↑	18.6 ↓	0.2 ↓	30.0 ↓	25.0 ↑	59.0
United Republic of Tanzania	398.0 ↓	67.0	25.0	34.0 ↓	32.0 ↓	50.6	94.2 ↑	32.6 ↓	63.0 ↑	26.4 ↓	68.9 ↑	42.9 ↑	89.0 ↑	50.0	8.3	61.0 ↓	93.6 ↑	81.0 ↓
Uganda	336.0	64.0	27.0	29.0	36.3 ↓	38.0 ↓	95.0 ↓	57.3 ↓	60.0 ↓	25.0	88.3 ↑	88.3 ↑	95.0 ↑	55.0 ↓	16.3	78.0 ↑	89.0 ↑	64.0 ↓
EAC Regional Average	404.8 ↓	67.3 ↓	26.0 ↓	35.5 ↓	35.5 ↓	42.8 ↓	77.8 ↑	52.0 ↑	62.0 ↓	15.0 ↓	52.0 ↑	40.5 ↑	85.6 ↑	45.8 ↓	10.4 ↓	68.8 ↑	77.9 ↑	74.5 ↓

KEY			
■	Target achieved/on	■	Progress but more effort required
■	Not on track	↑	Increase from last period
		↓	Decrease from last period
			No Values

Strengthening Accountability for Results in SRH/RMNCAH and HIV/AIDS

1. Background

The 14th Ordinary Meeting of the Summit of the EAC Heads of State held on 30th November 2012 through its communiqué reaffirmed their commitment to the promotion of accountability for results and resources, innovative interventions and improved access to health data, information and knowledge sharing for better results, better tracking and stronger oversight on results and resources for women and children's health. In line with this policy position, the EAC Partner States prioritized the development of periodic scorecards, a regional DHIS-2 based data warehouse and resource tracking.

In this regard, the EAC Secretariat in collaboration with Partner States and development Partners developed the first EAC Reproductive Maternal New-born Child and Adolescent Health (RMNCAH) Scorecard (2014) that was subsequently approved on 24th March 2015 by the 11th Ordinary Meeting of the Sectoral Council of Ministers responsible for Health and launched on 25th March 2015 during the 2nd EAC Health Ministers' and Parliamentarians Forum convened in the same month as part of the 5th Annual East African Health and Scientific Conference. The 32nd Ordinary Meeting of the Council of Ministers endorsed the 2014 scorecard in August 2015 and directed the EAC Secretariat to prepare scorecards annually. In line with this directive, an annual scorecard for 2015 was developed. The process of institutionalizing the scorecard at the regional level was mirrored by similar processes in the Partner States.

In line with directives of the Sectoral Council on Health on the need to better integrate RMNCAH and HIV/AIDS and as provided for in the EAC Integrated Health Programme – EIHP (2016-2020), the first EAC Integrated RMNCAH and HIV/AIDS Scorecard (2016) was developed. The EAC Integrated RMNCAH and HIV/AIDS Scorecard (2018) is therefore the second integrated regional scorecard in a row and especially in the Sustainable Development Goal (SDG) era. The 2018 integrated scorecard has been produced together with the first EAC State of Women's, Children's and Adolescents' Health and HIV/AIDS Report 2018 which provides explanations to the performance shown in the scorecard in terms of key bottlenecks, enablers and strategic recommendations to accelerate progress.

The scorecards have been user friendly advocacy and accountability tools while engaging non-technical stakeholders and especially the EAC policy organs including the Sectoral Council of Ministers responsible of Health, the Council of Ministers, the East African Legislative Assembly and the Summit of the Heads of State.

2. Aim of the EAC Integrated RMNCAH and HIV/AIDS Scorecard

The East African Community aims to use the Integrated RMNCAH and HIV/AIDS Scorecard to enhance policy dialogue, advocacy, accountability for priority reproductive maternal newborn child and adolescent health and HIV/AIDS results and resources with the ultimate goal of accelerating progress towards national, regional and SDG targets.

3. Scorecard indicators: Selection, definition, and sources of data

A total of eighteen 18 indicators have been prioritized in the EAC Integrated RMNCAH and HIV/AIDS Scorecard for 2018 as it was in the 2016 scorecard. These include Maternal Mortality Ratio, Under-five Mortality Rate, Neonatal Mortality Rate, Under 5 Stunting Rate, Antenatal care (4+ visits), Health Facility Delivery Rate, Postnatal Care-mother (within 2 days), Postnatal Care-baby (within 2 days), DPT3/Pentavalent3 Coverage, Percent HIV+ pregnant women receiving ARVs for PMTCT, Contraceptive Prevalence Rate and Adolescent Pregnancy Rate. The other indicators are: Total Health Expenditure per Capita, Density of Skilled Health Personnel (only midwives, nurses and physicians) per 10,000 population), percentage of people living with HIV who know their status, percentage of people currently receiving antiretroviral therapy among those diagnosed with HIV, proportion People Living With HIV/AIDS screened for Tuberculosis and the percentage of pregnant women accessing antenatal care services who were screened for syphilis.

The scorecard indicators were selected and prioritized from among key global, regional and national level priority indicators through a highly consultative process involving national heads of RMNCAH, HIV/AIDS, Strategic Information Systems and Health Statistics in the National Bureaux of Statistics. They cover the spectrum of RMNCAH continuum of care; HIV/AIDS prevention, treatment and care; and health systems domains. Most of the statistics have been drawn from results of the most recent Demographic and Health Surveys, special national studies, DHIS-2 databases, and in some cases, databases hosted by relevant international Agencies.

4. Determination of indicator targets and cut-off points

The scorecard uses the “dash board” concept of setting targets/ thresholds and indicating performance using a "Traffic Light" system of different color codes. In this scorecard, the green light shows that a given target is achieved or performance is on track, the yellow light shows progress in the right direction but requiring more effort while the red light depicts lack of progress or the state of being off-track. On the other hand, the white box shows that there is no data or the indicators are not applicable in a particular case. Upward arrows show improvement from the previous period (2016) while downward arrows indicate regression from the previous period's performance. Cells without arrows indicate lack of difference in data values from the most recent year and previous reference year, less than 5% change in data value or absences of comparable data for the latest two reference years.

In calculating the cut-offs, it was assumed that country data for any given indicator approximate a normal distribution. The excel quartile formula was applied to data sets for indicators for which multi-country results obtained using harmonized methods such as Demographic and Health Surveys¹ are available to obtain the medium (50th percentile/Q2), 25th percentile (Q1) and the 75th percentile (Q3) thereby creating three zones namely the region below Q1, above Q3 and between Q1 and Q3. For indicators such as coverage of immunization whereby a higher statistical value means good performance and lower number value means poor performance, values that are above Q3 are classified as good (green zone), values below Q1 are classified as poor (red zone) while those between Q1 and Q3 are fair (yellow zone) of the traffic light system). The opposite is true for indicators such as mortality rate whereby lower figures indicate good performance. Whereas cut-offs for all scorecard generated until 2016 were benchmarked against average Africa regional performance between 2010 and 2015 and the MDG targets, the 2018 scorecard cut-offs are based on average global performance for the respective indicators between 2015 and 2020 and or global targets. **Table 1** below shows the cut offs used in the 2018 scorecard. The detailed description of how the cut offs were arrived at is provide in **annex 1**.

¹ Note that Partner States conduct DHS and other harmonized studies

Table I: Description of indicator cut-offs and color codes

No	Indicator	Green	Yellow	Red
1	Maternal Mortality Ratio	≤ 239	$239 < X \leq 450$	> 450
2	Under 5 Mortality Rate	≤ 38	$38 < X \leq 67$	> 67
3	New-born Mortality Rate	≤ 18	$18 < X \leq 28$	> 28
4	Under 5 Stunting Rate	≤ 23	$23 < X \leq 38$	> 38
5	Contraceptive Prevalence Rate (currently using any modern method)	≥ 58	$58 < X \leq 36$	< 36
6	Antenatal Care (4+ visits)	≥ 76	$76 < X \leq 50$	< 50
7	HIV+ pregnant women receiving ARVs for PMTCT or treatments	≥ 95	$95 < X \leq 70$	< 70
8	Percentage of pregnant women attending ANC screened for syphilis	≥ 90	$90 < X \leq 70$	< 70
9	Health Facility Delivery Rate	≥ 86	$86 < X \leq 48$	< 48
10	Adolescent Pregnancy Rate	< 8	$8 < X \leq 20$	> 20
11	Postnatal care-2 days (mother)	≥ 80	$80 < X \leq 43$	< 43
12	Postnatal Care-2 days (baby)	≥ 78	$78 < X \leq 28$	< 28
13	DPT3/Pentavalent3 Coverage	≥ 95	$90 < X \leq 80$	< 80
14	Total Health Expenditure per Capita (US\$)	≥ 86	$86 < X \leq 70$	< 70
15	Skilled Health Personnel to Population Ratio per 10,000	≥ 44.5	$44.5 < X \leq 15$	< 15
16	Percentage of people living with HIV who know their status (by 2020)	≥ 90	$90 < X \leq 75$	< 75
17	Percentage of people living with HIV currently receiving antiretroviral therapy.	≥ 90	$90 < X \leq 85$	< 85
18	Proportion People Living with HIV AND AIDS screened for Tuberculosis	≥ 90	$90 < X \leq 70$	< 70

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Annex I: Description of indicator cut-offs and color codes

No	Indicator	Indicator definition	Green	Yellow	Red	Reference	Source
1	Maternal Mortality Ratio	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births	≤ 239	$239 < X \leq 450$	> 450	Used DHS results between 2015 and 2020 for all countries in the world – n=9) to calculate Q1, Q2, and Q3	DHS
2	Under 5 Mortality Rate	The probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period, per 1,000 live births	≤ 38	$38 < X \leq 67$	> 67	Used DHS results between 2015 and 2020 for all countries in the world – n=24) to calculate Q1, Q2, and Q3	DHS
3	New-born Mortality Rate	Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period, per 1,000 live births	≤ 18	$18 < X \leq 28$	> 28	Used DHS results between 2015 and 2020 for all countries in the world – n=24) to calculate Q1, Q2, and Q3	DHS
4	Under 5 Stunting Rate	Percentage of stunting (height-for-age less than -2 standard deviations of the WHO Child Growth Standards median) among children aged 0-5 years	≤ 23	$23 < X \leq 38$	> 38	Used DHS results between 2015 and 2020 for all countries in the world – n=22) to calculate Q1, Q2, and Q3	DHS
5	Contraceptive Prevalence Rate currently using any modern method among married women or women in union	The percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times.	≥ 58	$58 < X \leq 36$	< 36	Used DHS results between 2015 and 2020 for all countries in the world – n=27) to calculate Q1, Q2, and Q3 (decided to use the global average as the best practice target for the region instead of the DHS interquartile estimates). Used the median for the 2016 scorecard) for the red cut off of 36	DHS
6	Antenatal Care (4+ visits)	The proportion of live births in the last five years that took place in a health facility	≥ 76	$76 < X \leq 50$	< 50	Used DHS results between 2015 and 2020 for all countries in the world – n=27) to calculate Q1, Q2, and Q3 (used this)	DHS

7	HIV+ pregnant women receiving ARVs for PMTCT or treatments	Proportion of women/babies with a live birth in the last five years, that have attended postnatal checkup for the first time after delivery	>=95	95>X<=70	<70	Used HIV 90-90-90 targets	DHIS-2
8	Percentage of pregnant women attending ANC screened for syphilis	Proportion of women/babies with a live birth in the last five years, that have attended postnatal checkup for the first time after delivery	>=90	90>X<=70	<70	These targets need to be aligned to the HIV prevention, treatment and care targets (90-90-90) majority of countries were in the 60' in 2016 scorecard	DHIS-2
9	Health Facility Delivery Rate	Proportion of children aged 0 - 11 months who received three (3) doses of DPT3 or Pentavalent Vaccine	>=86	86>X<=48	<48	Used DHS results between 2015 and 2020 for all countries in the world - n=23) to calculate Q1, Q2, and Q3	DHS
10	Adolescent Pregnancy Rate	The percentage of HIV-infected pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission, among the number of HIV-infected pregnant women	<8	8=>X<=20	> 20	Used DHS results between 2015 and 2020 for all countries in the world - n=34) to calculate Q1, Q2, and Q3 (used this). Most Partner States are already below 30 so used 20 as the red cut off	DHS
11	Postnatal care-2 days (mother)	The percentage of women aged 15-49 years, married or in-union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.	>=80	80>X<=43	<43	Used DHS results between 2015 and 2020 for all countries in the world - n=21) to calculate Q1, Q2, and Q3	DHS
12	Postnatal Care-2 days (baby)	The annual number of births to women aged 15-19 years per 1,000 women in that age group (presented as percentage in the scorecard)	>=78	78>X<=28	<28	Used DHS results between 2015 and 2020 for all countries in the world - n=25) to calculate Q1, Q2, and Q3	DHS
13	DPT3/Pentavalent Coverage	Total Health Expenditure Per Capita is the sum of public and private health expenditure as a ration of the total population	>=95	90>X<=80	<80	GVAP 2011-2020 target	DHS
14	Total Health Expenditure per Capita (US\$)	The combined average number of skilled health personnel (midwives, nurses, Doctors and Clinical Officers) per 10,000 population	>=86	86>X<=70	<70	Global threshold for UHC/SDG indices is 86 US\$	NHA

15	Skilled Health Personnel to Population Ratio per 10,000	Proportion of people living with HIV and know their HIV status	≥ 44.5	$44.5 > X \leq 15$	< 15	WHO Global HRH Strategy 2030 AND 2015, the African Region had an average of 1.30 health workers per 1000 population.	HRH Survey Reports, Economic Surveys etc.)
16	Percentage of people living with HIV who know their status (by 2020)	Proportion of HIV positive people of all ages who are eligible for treatment as defined by national guidelines and are receiving Antiretroviral treatment	≥ 90	$90 > X \leq 75$	< 75	90-90-90 targets (most Partner States are above 60% and this level needs to be improved)	AIS (AIDS Indicator Survey), PHIA, THIS (The HIV Indicator Survey)
17	Percentage of people living with HIV currently receiving antiretroviral therapy.	Proportion of people living with HIV/AIDS who have been screened for Tuberculosis	≥ 90	$90 > X \leq 85$	< 85	90-90-90 targets (most Partner States are above 60% and this level needs to be improved)	AIS, PHIA, THIS
18	Proportion People Living with HIV AND AIDS screened for Tuberculosis	Proportion of women attending first ANC visit and have been screened for syphilis	≥ 90	$90 > X \leq 70$	< 70	These targets need to be aligned to the HIV prevention, treatment and care targets (90-90-90)	DHIS-2