REIMAGINING RESULTS-BASED FINANCING

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GLOBAL MEETING ON STRATEGIC PURCHASING FOR UHC: UNLOCKING THE POTENTIAL
GENEVA, APRIL 25-27 2017

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Health, Nutrition & Population

CHANGING THE WAY RBF (PBF) IS VIEWED

From a simplistic notion

Financial incentive to motivate health workers (extrinsically) to produce *more* outputs, sometimes at the expense of the non-incentivized services

To a more holistic view

Multifaceted interventions, effects can be multiplicative when conducted together properly:

- "Results-based" – move from pay for input to output (if coupled with autonomy: can improve efficiency and service responsiveness)
- Forced to make explicit choice of the benefit (service) package, prioritization
- Forced to invest in a good data system and verification efforts
- Result is increasingly defined as quality rather than just quantity => advancement in quality improvement and measurement

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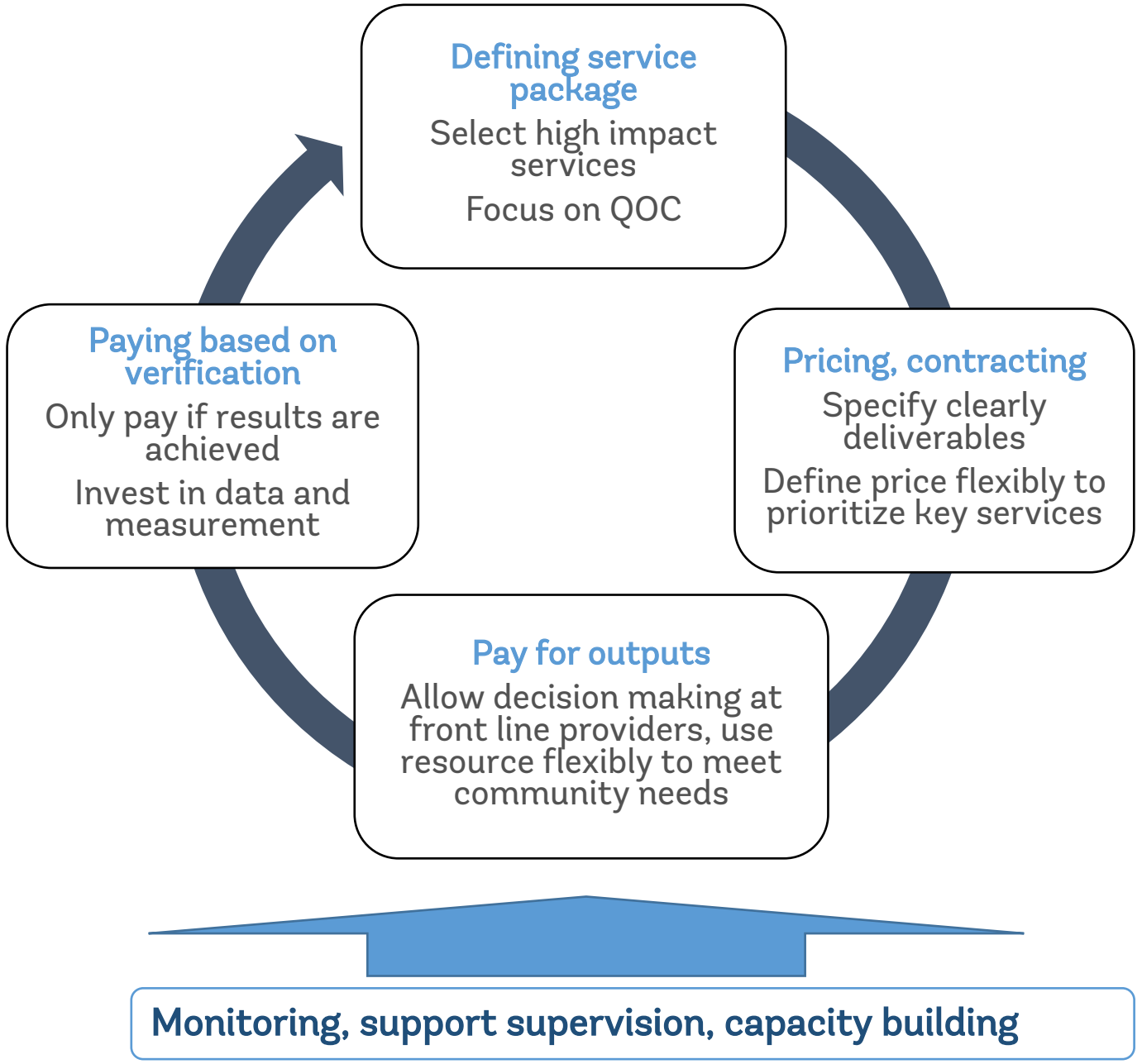
THE MULTIFACETED PBF CYCLE



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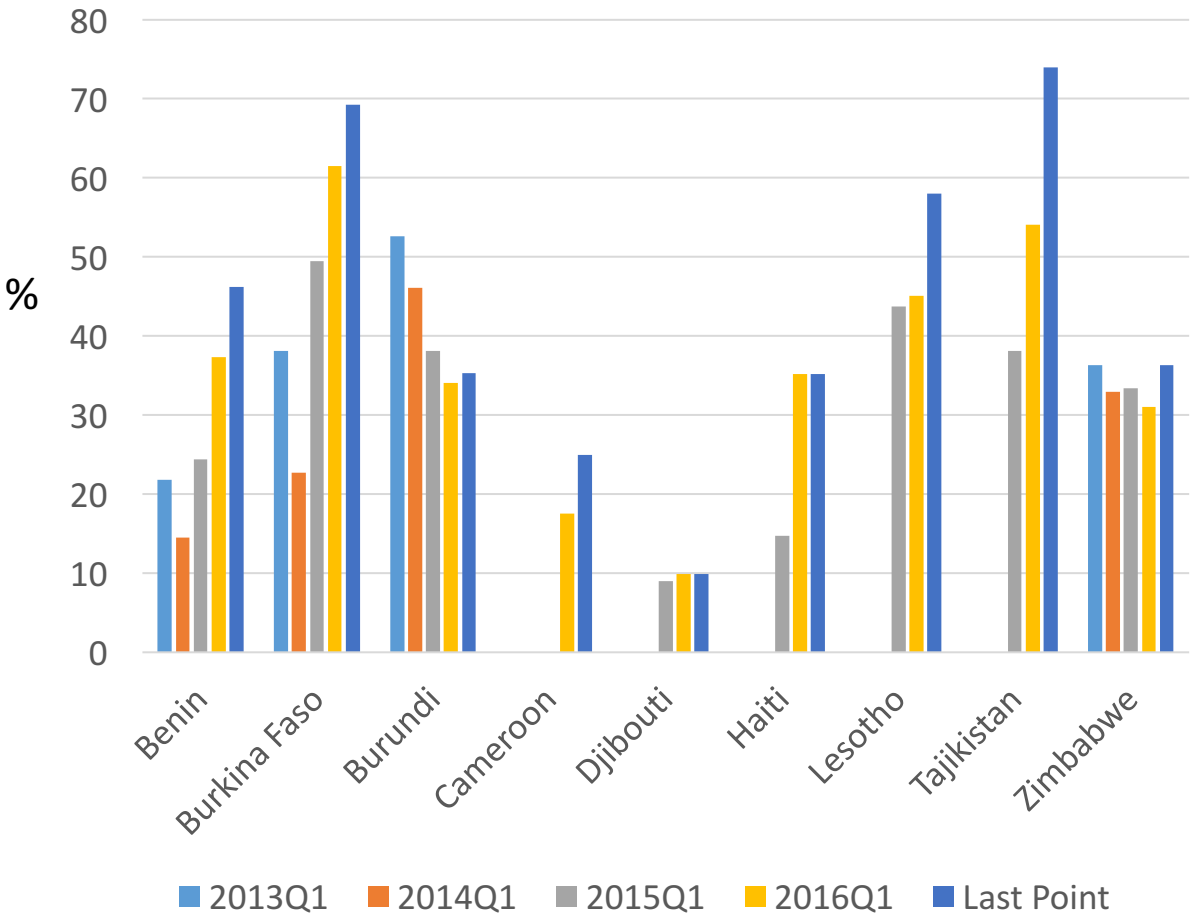
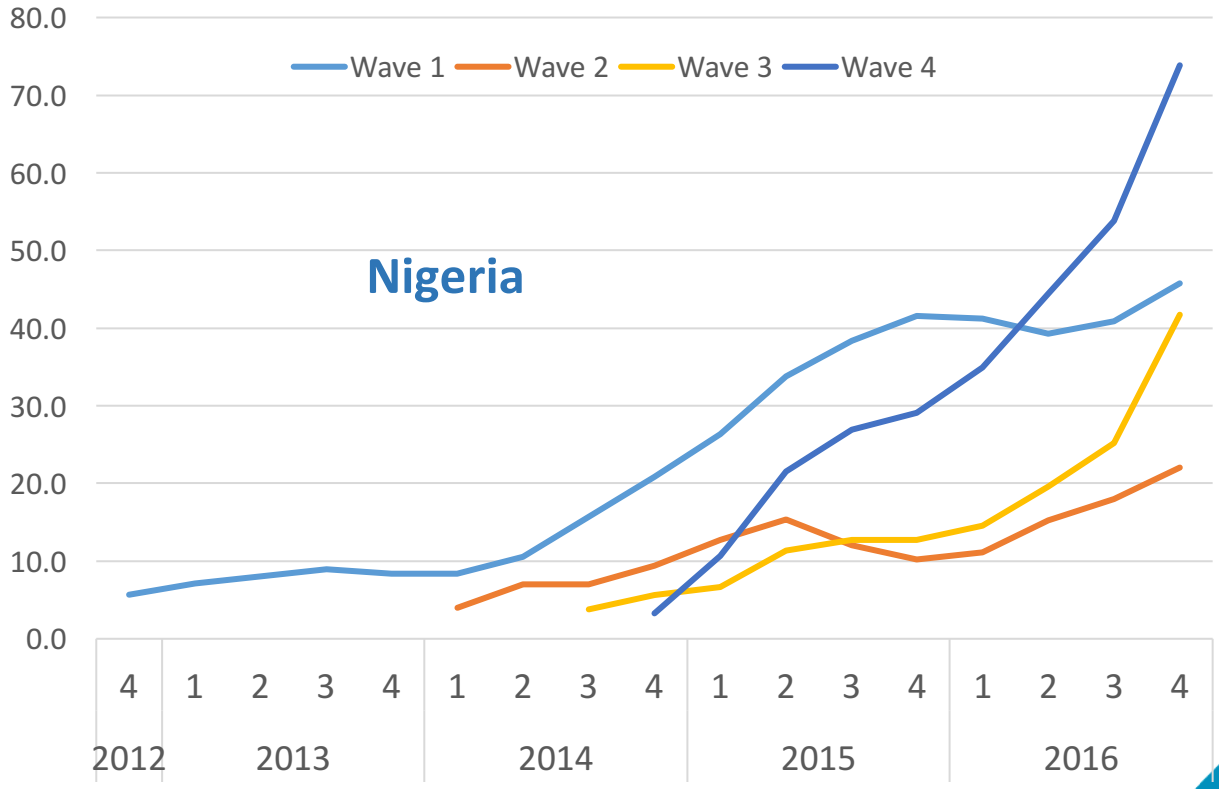
PAYING FOR OUTPUTS

Estimated coverage of post-natal care (%)





Wave 1: pre pilot; Wave 2 – 4 joined the program in consecutive quarters of 2014

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RATHER THAN GETTING LOST IN MANAGING INPUTS

Procurement plan, country A, version 9.0

№	Bid No:	Year appr	Bid Ref	Meth		Contract Date	Effect Date	Bank's No	Invitat	Bid Open	Bid Eval	Bank	Cont	Cont
1	TR-1	2015	Training of medical specialists on EBM (100 persons)	AP	Plan-ned	10.00	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
2	TR-2	2015	Training of 40 trainers on clinical protocols on antenatal care and famlty planning (2 workshops	AP	Plan-ned	21.90	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
3	TR-3	2015	Training workshops on NAP and HAI for 160 obstetricians-gynecologists and midwaives of TH	AP	Plan-ned	22.30	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
4	TR-4	2015	Completion of training of Primary level physicians on managements of CVD at primary level	AP	Plan-ned	45.00	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
5	TR-5	2015	Training of medical workers of territorial and oblast hospitals on basics of diagnostics and	AP	Plan-ned	57.50	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
6	TR-6	2015	Training of modern methods of management in area of finances, procurement, management and	AP	Plan-ned	10.00	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
7	TR-7	2015	Organize and conduct regional training seminars for the PHC providers to change provider	AP	Plan-ned	9.36	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
8	TR-8	2015	Provide training on technical issues and management for chief accountants and leading	AP	Plan-ned	0.95	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
9	TR-9	2015	Capacity building of specialists of internal audit of MoH and MHIF (OBA, PNK, PBA)	AP	Plan-ned	5.17	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
10	TR-10	2015	training seminar on financial and operational audit in Bishkek for 20 people Обучающий семинар	AP	Plan-ned	1.00	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
11	TR-11	2015	Conduct training seminars for health facilities managers (Internal Audit and Internal Control	AP	Plan-ned	5.10	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
12	TR-12	2015	Provide annual training to specialists of MOH, MHIF, DDP&SSES and its territorial structural	AP	Plan-ned	35.50	2015	n/a	n/a	n/a	n/a	n/a	2015	2016
					Actual									
13	TR-13	2015	Provide training to MOH, MHIF specialists in	AP	Plan-ned	31.00	2015	n/a	n/a	n/a	n/a	n/a	2015	2016

EXPLICIT CHOICE OF THE BENEFIT PACKAGE: PRIORITIZE HIGH IMPACT INTERVENTIONS

Incentivized package of services for commune health centers, Vietnam

Management quality
General and data management
Hygiene and waste management
Drug management and availability
Family planning
Treatment quality
Inpatient care
Nutrition
Prenatal care
Delivery care
Management of patients with HBP

Curative outpatient contact, uninsured
Curative outpatient contact, insured, poor, near poor, U6
Follow up exam from upper levels
Growth monitoring of children aged 2-5
HBP screening among adults above 25
Management of HBP patients
Normal delivery
Postnatal care (PNC)
Referral of complicated deliveries
Contraceptive use among women 15-49
Growth monitoring for children <=2
ANC three times
ANC 4th time onwards
Positive TB cases screened

EXPLICIT CHOICE OF THE BENEFIT PACKAGE: FOCUS ON QUALITY

District level package of services, Vietnam

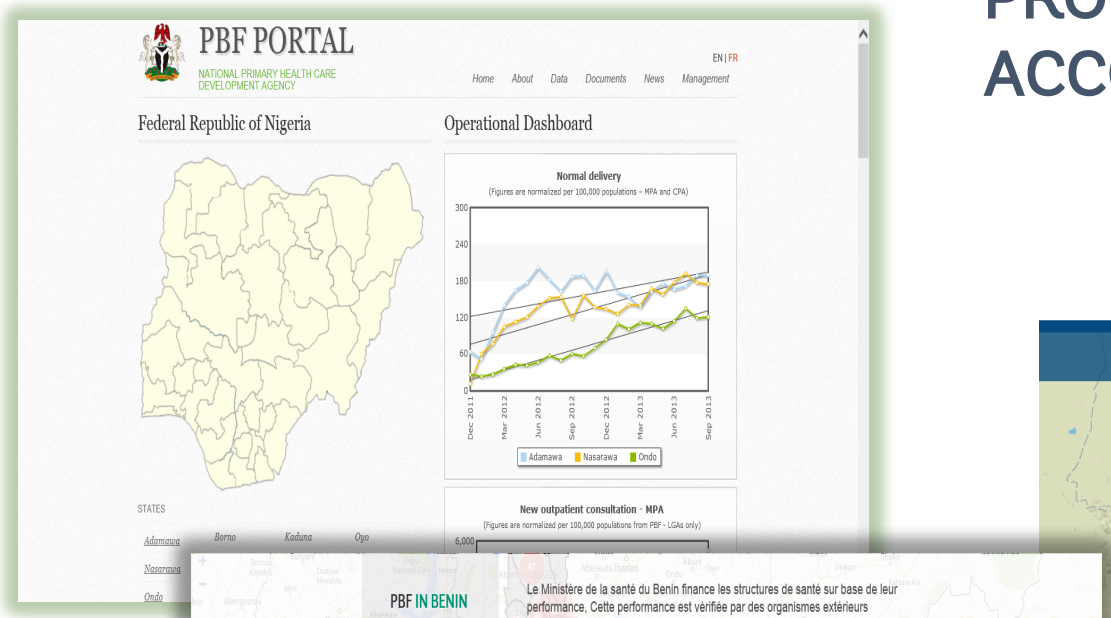
District hospital indicators

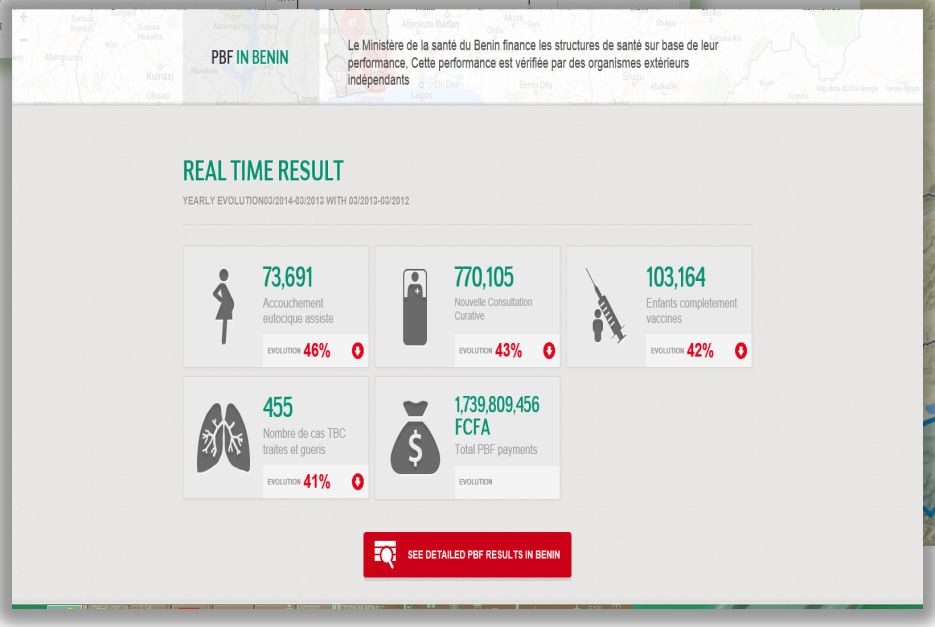
No.	Indicators	Max score
	Management	
1	General and data management	12
2	Drug management and supply to CHS	20
3	Hygiene and waste management	22
	Clinical quality of care	
4	Treatment of children acute pneumonia	35
5	Appendicitis treatment	15
6	C-section and management of complicated deliveries	30
7	Management of patients with high blood pressure	22
8	Outpatient care	28
9	Referral to provincial hospitals and to CHS	16
	Total score	**200**

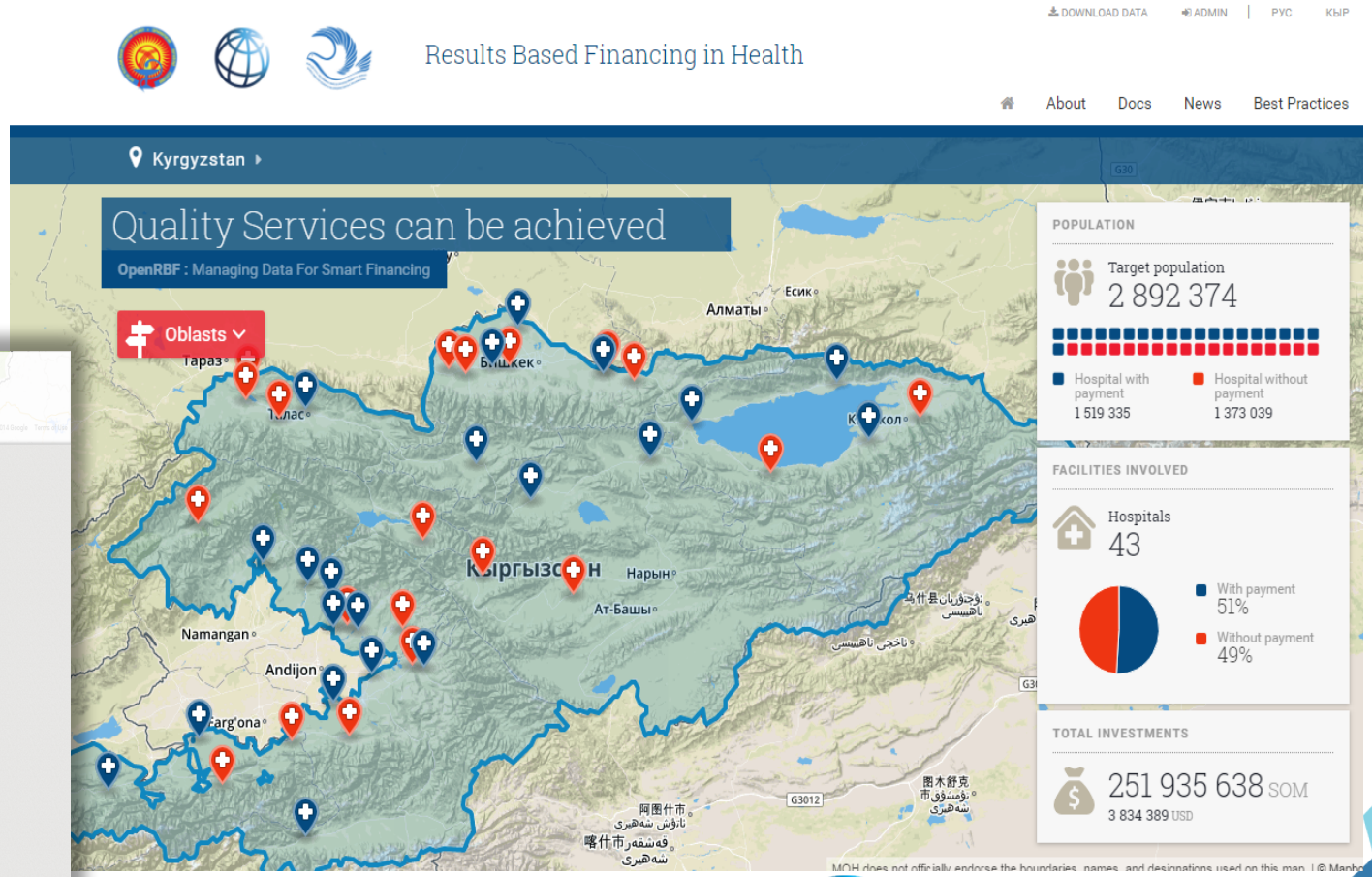
District Health Center indicators

	Indicator	Max score
1	Health information management	32
2	Inter-sectorial and CHS supervision	16
3	Supervision and deployment of RBF activities	40
4	Nutrition management	20
5	Training activities	12
6	Drug and equipment management	34
7	Expanded program of immunization	20
8	Financial management	26
	Total score	200

INVEST IN A GOOD DATA SYSTEM PROMOTING TRANSPARENCY AND ACCOUNTABILITY







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ADVANCE IN QUALITY MEASUREMENT AND IMPROVEMENT

Hospital hygiene and waste management

1 Waste management

1.1 Medical waste management	Yes	No	Score
General garbage is collected and handled as contracted with a sanitation company. *How to review: check the contract.*	3	0	
Solid medical waste is burned every 3 days in an incinerator. *Take a look at the incinerator and how waste is handled.*			
Medical hazardous waste is burned once everyday. *Take a look at the incinerator and how waste is handled.* *If any of these processes is not properly managed, score point is 0.*			

1.2 Hospital liquid waste management	Yes	No	Score
A system for collecting and handling liquid waste, at least using microbiological method, must be in place in the hospital. *Take a look at the system.*	2	0	
Quality of hospital liquid waste is assessed every 6 months. Request the latest report on liquid waste assessment, not older than 6 months, done by an authorized agency. *Failing to meet adequately any of the criteria will return 0 score point.*	3	0	

2 Disinfection and sterilization

Medical instrument	Yes	No	Score
Medical instrument are cleaned and disinfected according to standard process. *Either check through direct observation or interview the staff.*	2	0	
Information of each time of sterilization or disinfection, including number of times, items, temperature, time, results against indicators, are stored in records/books. Request the recording books.	2	0	

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WHY IS RBF DIFFERENT?

(Reflections from Vietnam)

- It is very **concrete**: the BSC is detailed, relevant, specific. Compared to the benchmark: benchmark is the final goal for facilities to aim toward. RBF provides a ladder to help facilities to go there.
- It **motivates** providers to work harder and have better attitude, as the results bring about visible benefits to providers;
- It **supports** the efforts to work better, through regular hands-on supervision, monitoring, and guidance;
- It is **rigorous**: with two layers of verification, it assures rigor in payment data;
- It **facilitates** continuous improvement: the tool is a living document that can change periodically to target the weakness in performance;
- It **activates** the existing "dormant" system rather than imposing a new system from outside.

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MOVING FROM PILOTS TO SYSTEM: WHAT ARE THE NECESSARY CONDITIONS?

Financial aspects

- RBF needs to deliver good value for money
- RBF needs to be affordable

Institutional aspects

- Roles and responsibilities institutionalized
- Instruments institutionalized

AND THE SUFFICIENT CONDITIONS?

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FINANCIAL ASPECTS: VALUE FOR MONEY

Cost-effectiveness of (WB supported) RBF program, Zimbabwe

Comparison with other maternal-child health programs

- Cost-effectiveness of RBF in Zambia (Zeng et al., 2016)
  - $837 / QALY or 0.48 x GDP/capita ($1,759)
- Reproductive health vouchers in Uganda (African Strategies for Health, 2015)
  - $302 / QALY or 0.59 x GDP/capita ($510)
- Simulated maternal community-based health insurance in Uganda (African Strategies for Health, 2015)
  - $298 / QALY or 0.58 x GDP/capita ($510)
- RBF is among the very highly cost-effective interventions

Cost-effectiveness results: RBF vs. control

- Incremental per capita costs: US $2.32
- QALY impacts (per 100,000 population per year)
  - Quantity (coverage) alone: 350 QALYs
  - Quality and quantity (effective coverage): 528 QALYs
- ICERs ($/QALY gained)
  - Quantity (coverage) impacts alone: $663
  - Combined coverage and quality impacts: $439

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AFFORDABILITY: TOWARD A LEANER RBF MODEL

Risk-based verification using HMIS, Zimbabwe

Risk Category	Basis for Risk Category Allocation	Frequency
	Declared-Verified > 10% for 6 Months New Facilities Hospitals	3 per Quarter
	Declared-Verified > 5% but < 10% for 6 Months Irregular Facility Performance	2 per Quarter
	Declared-Verified Within 5% for 6 Months Facility Performance is Consistent	Once per Quarter

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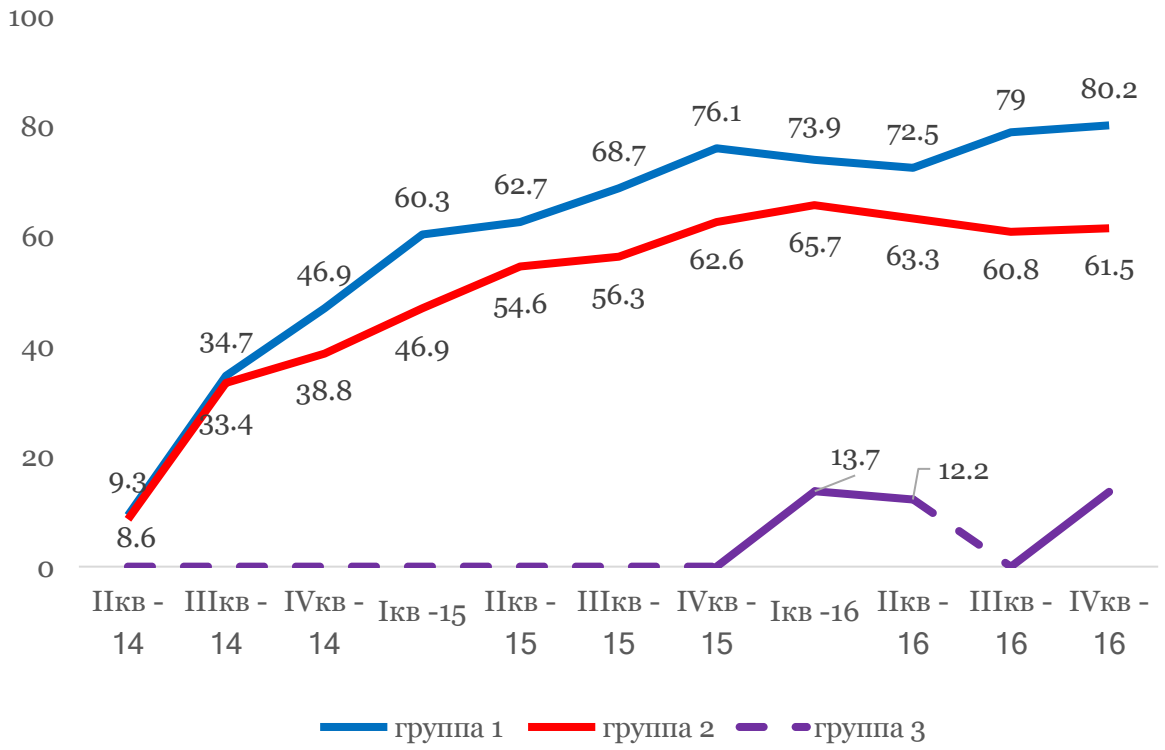
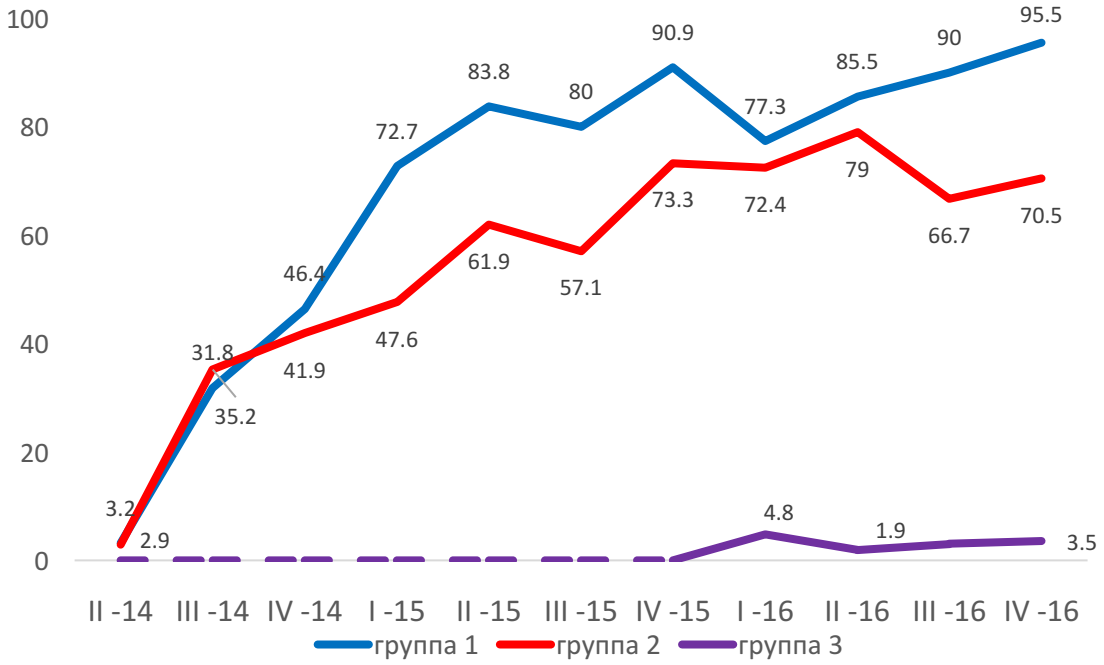
AFFORDABILITY: CAN RBF BE EVEN WITHOUT F?

Comparing RBF, peer verification, and business-as-usual, Kyrgyz Republic

Overall quality based on BSC



Normal delivery following clinical protocol



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INSTITUTIONAL ASPECTS: ROLES AND RESPONSIBILITIES

- Who is the purchaser?
- Who is the verifier?
- Can purchaser and verifier be one?
- What is the best arrangement for the second level verification, if it is to remain?

Best chance for success is when the pilot is fully built on the existing structure and not create a standalone machine

(more favorable if country already has a third party purchaser - Armenia, Kyrgyzstan)

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FINAL NOTES

- RBF is not operating in a vacuum: it is built on existing efforts
- RBF can't solve many system constraints: human resources, infrastructure, information system, and capacity for strategic purchasing.
- Perverse incentives exist: continuous learning will always be required to screen out potential adverse effects and develop further the positive aspects of RBF.

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