Achieving Maternal and Child Health with RBF

Dinesh Nair | Sr. Health Specialist

Content

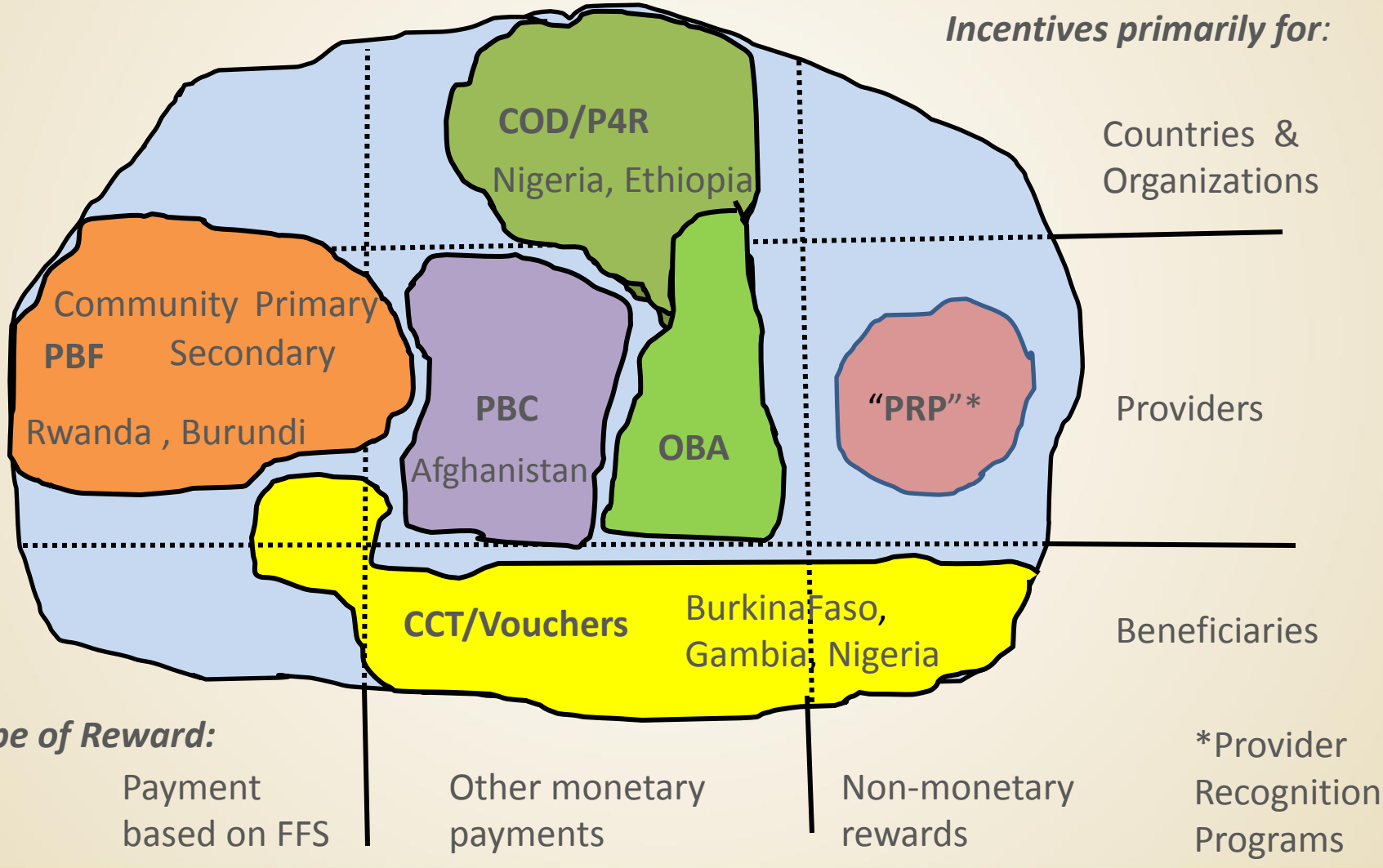
- **Overview of Results-Based Financing (RBF)**
  - About RBF: definition, diversity, intervention
- **Portfolio Overview**
  - Health Results Innovation Trust Fund (HRITF)
  - International Development Association (IDA)
- **Results**
- **Using Operational Data**
- **Evaluating RBF Programs**
- **RBF options for Pneumonia and Diarrhea Care**
- **Q&A**

Definition

- **Results-Based Financing (RBF)** is a cash payment or nonmonetary transfer made to a national or sub-national government, manager, provider, payer or consumer of health services after predefined results have been attained and verified.

- **RBF** is an umbrella term that encompasses various types of interventions that target beneficiaries (for example, conditional cash transfers), providers (for example, performance-based financing),
and country governments (for example, cash on delivery).

Diversity of RBF Interventions



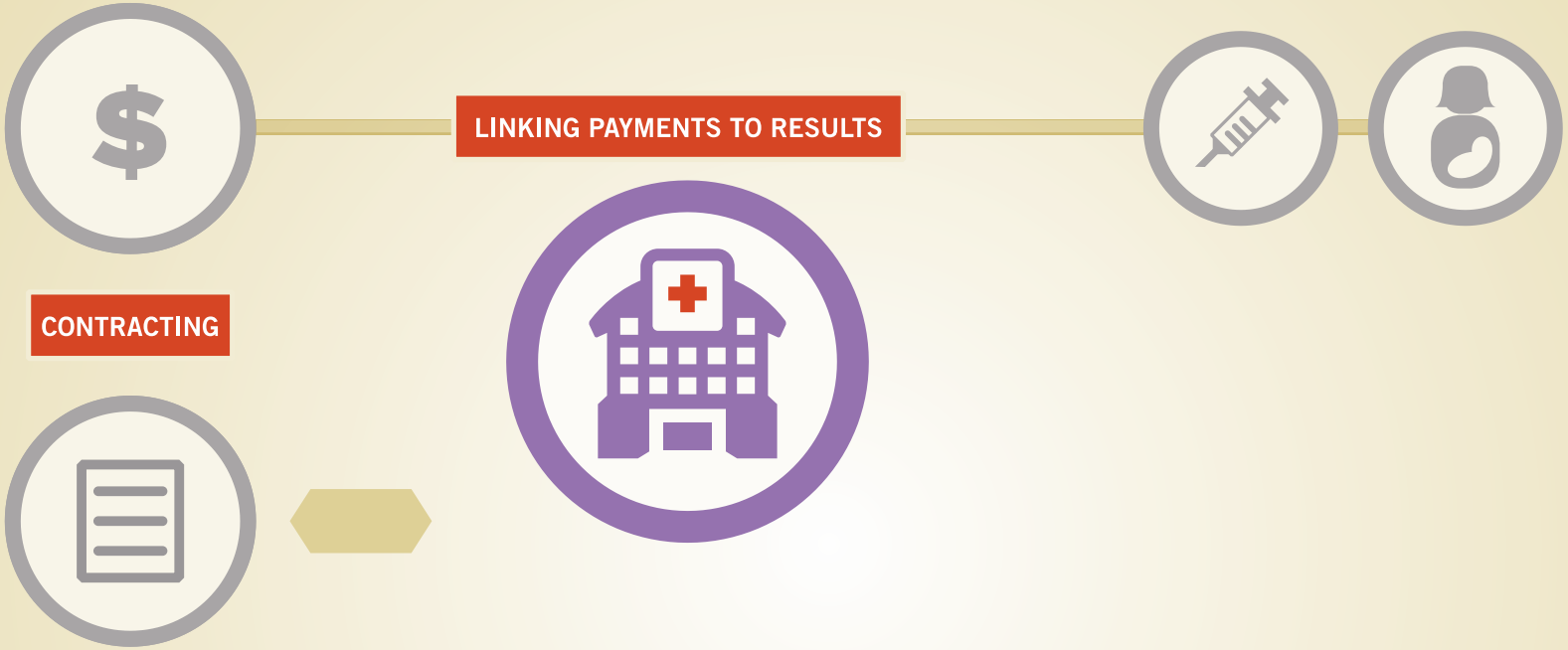
RBF is a health system intervention

RBF is a health system intervention

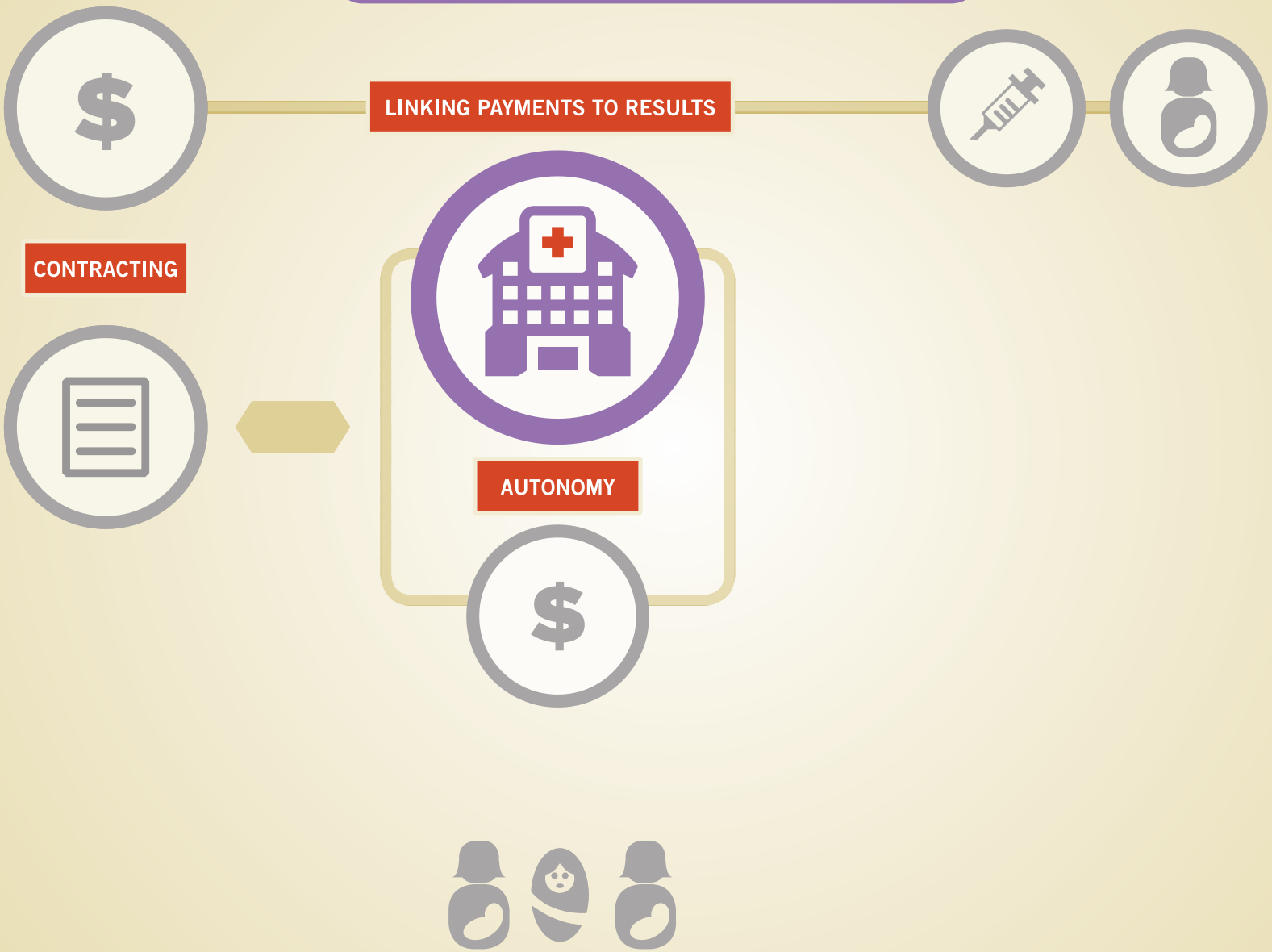
RBF is a health system intervention

RBF is a health system intervention

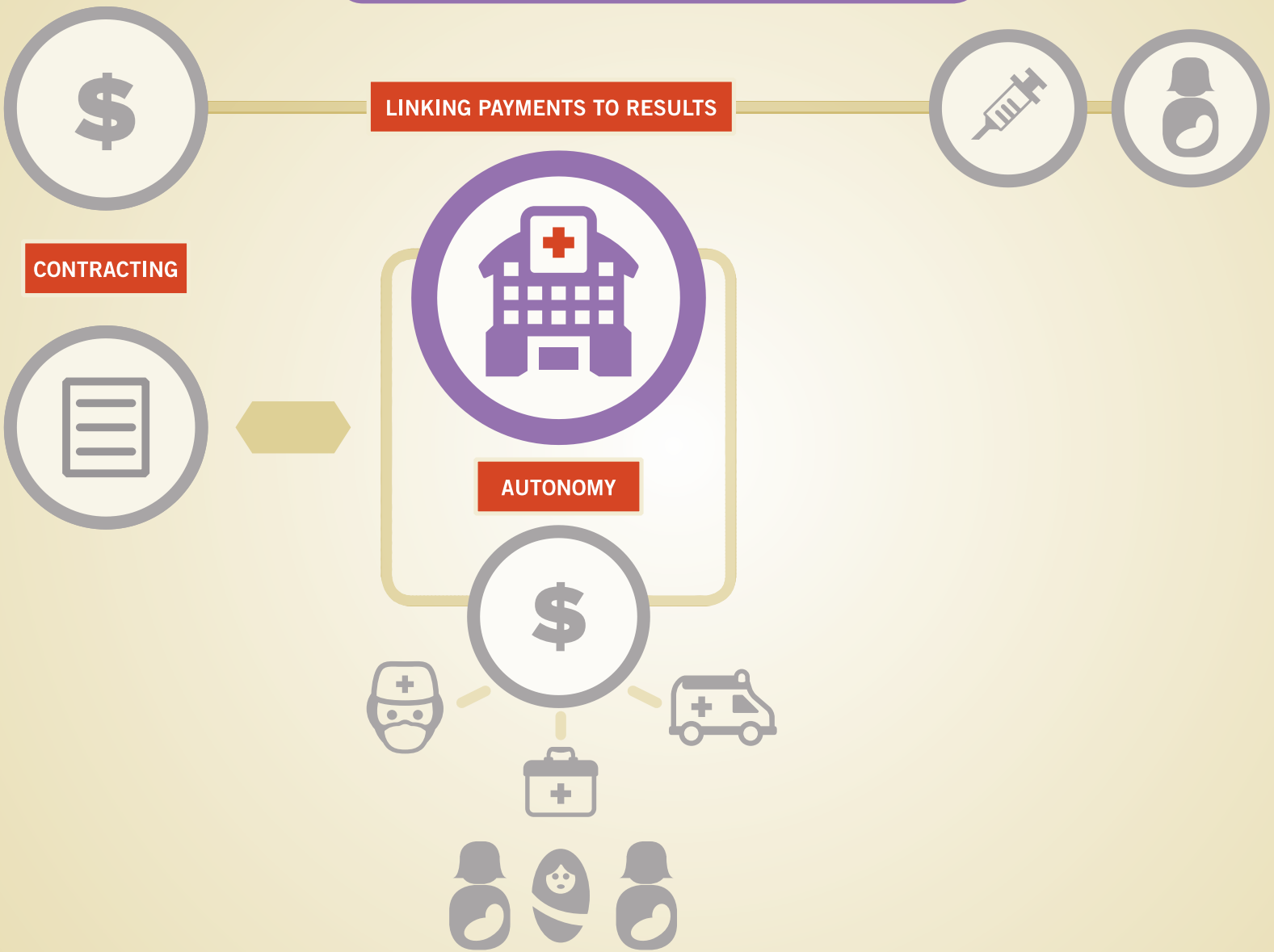
RBF is a health system intervention



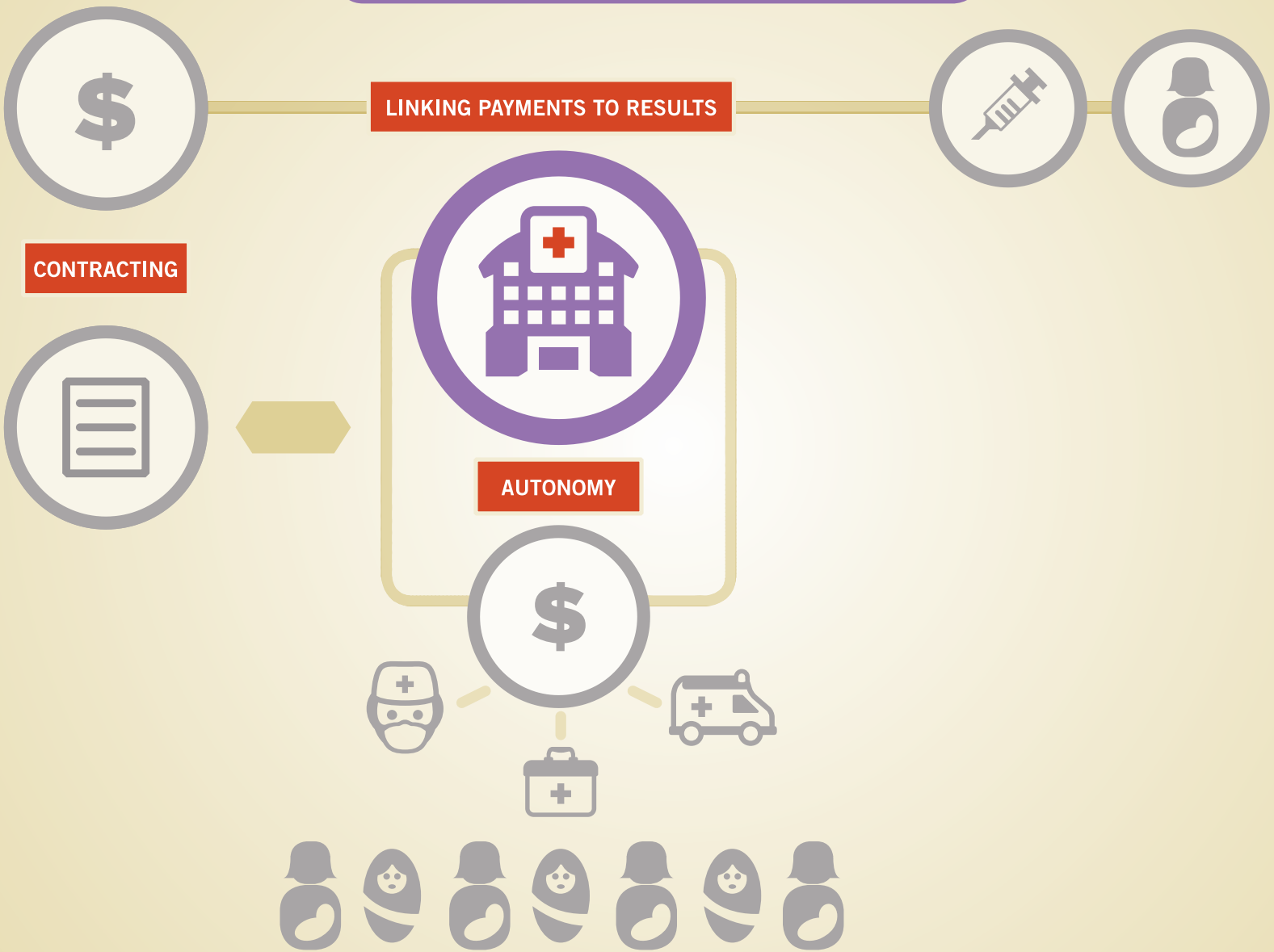
RBF is a health system intervention



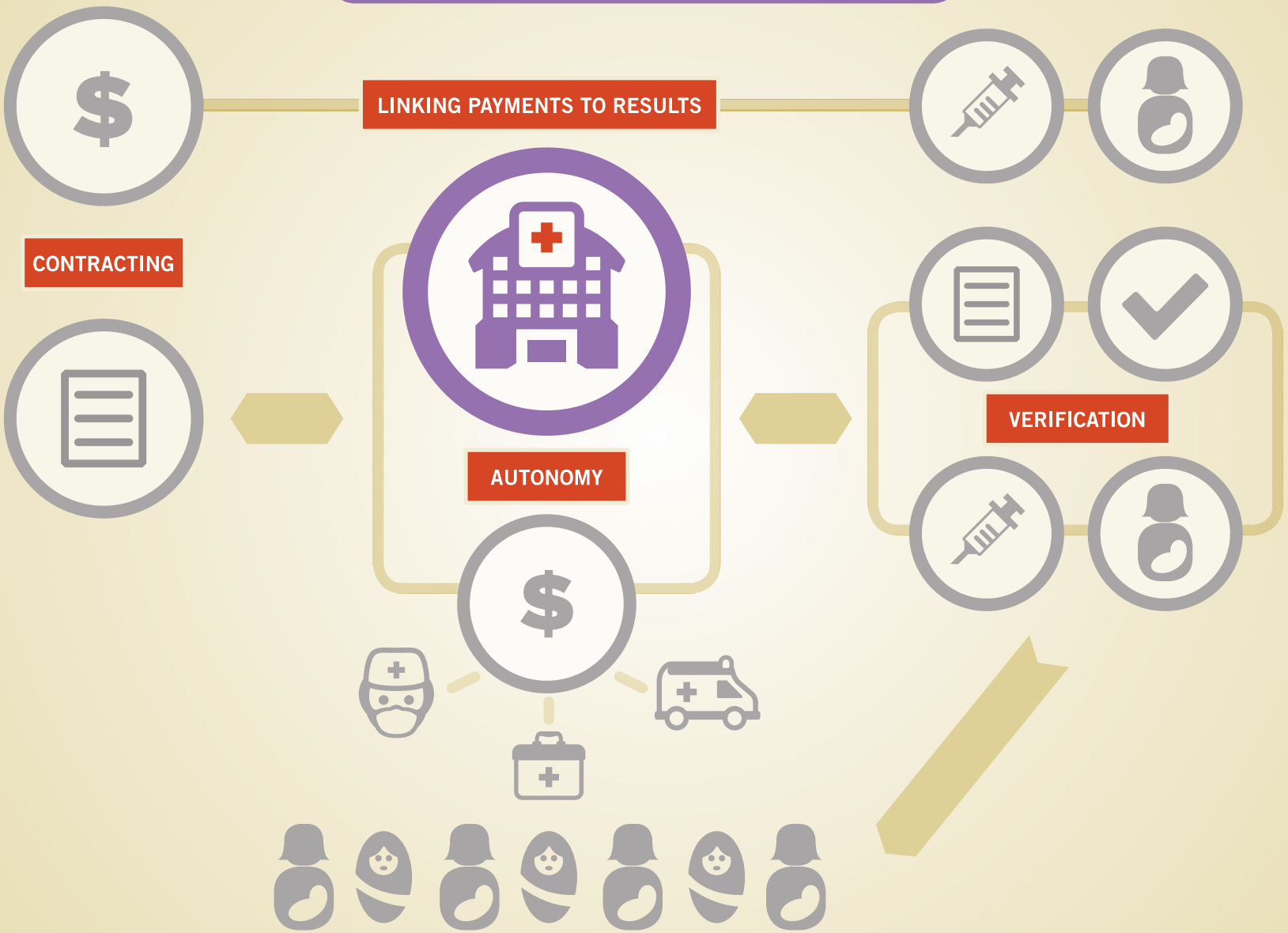
RBF is a health system intervention



RBF is a health system intervention



RBF is a health system intervention



Portfolio Overview

Health Results Innovation Trust Fund

Financing

- HRITF is a multi-donor trust fund supported by the Governments of Norway and the United Kingdom, with commitments totaling US$ 550 million through 2022

Objective

- Support RBF approaches for achievement of the health-related MDGs, particularly focusing on MDGs 1c, 4 and 5

HRITF aims to:

- Support the design, implementation, monitoring and evaluation of RBF mechanisms
- Develop and disseminate the evidence base for implementing successful RBF mechanisms
- Build country institutional capacity to scale up and sustain the RBF mechanisms
- Attract additional financing to the health sector

HRITF Overview

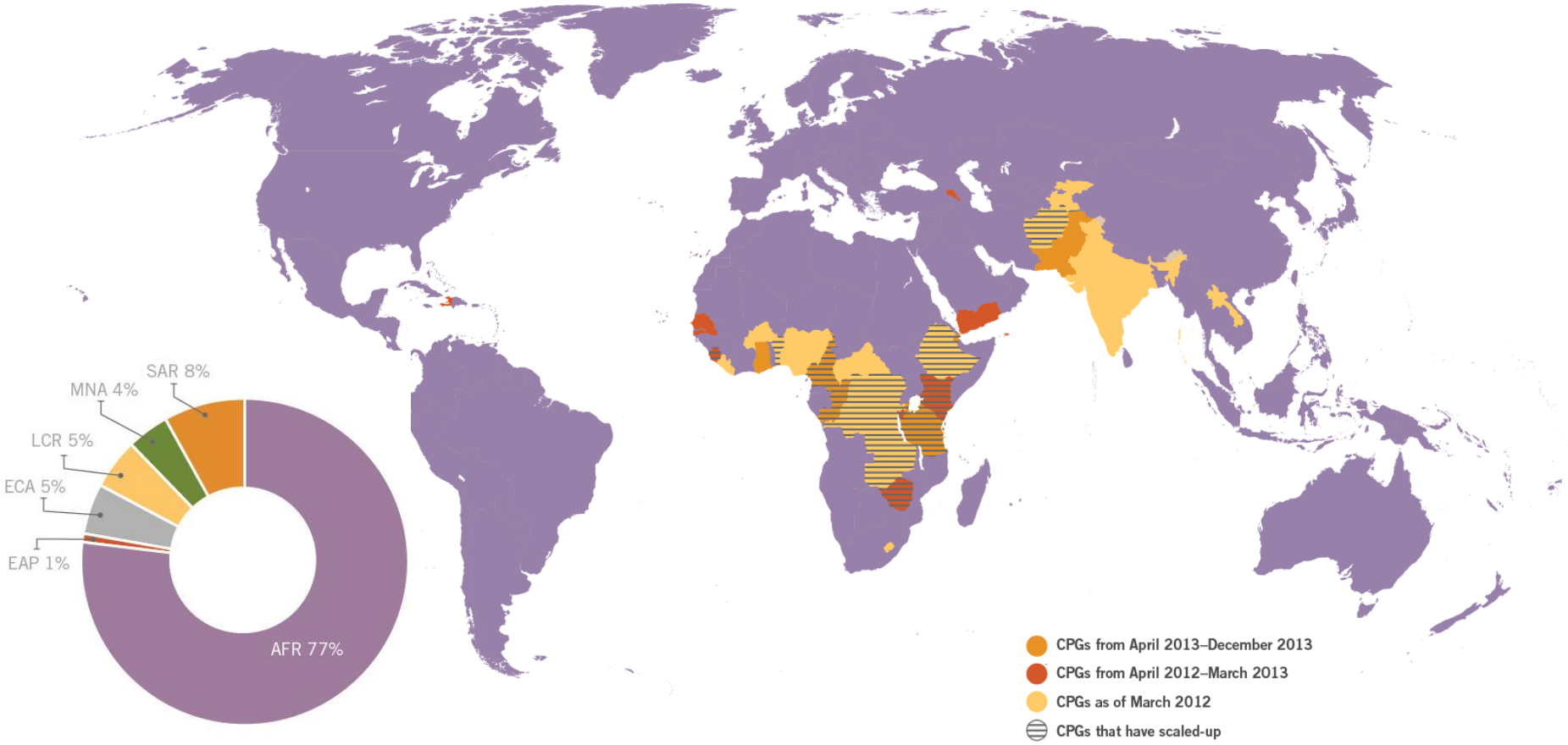
$429.4 million is committed for 38 Country Pilot Grants (CPGs) of which:

- $311 million for 26 CPGs under implementation and two closed CPGs (Rwanda and DRC)
- $94 million for 8 CPGs pending Board approval, and
- $25 million committed for 4 CPGs in the pipeline

HRITF funding is co-financing to IDA, currently a total of US$2.07 billion

About $53 million is committed for impact evaluations in 45 countries.

Country Program Grants Portfolio



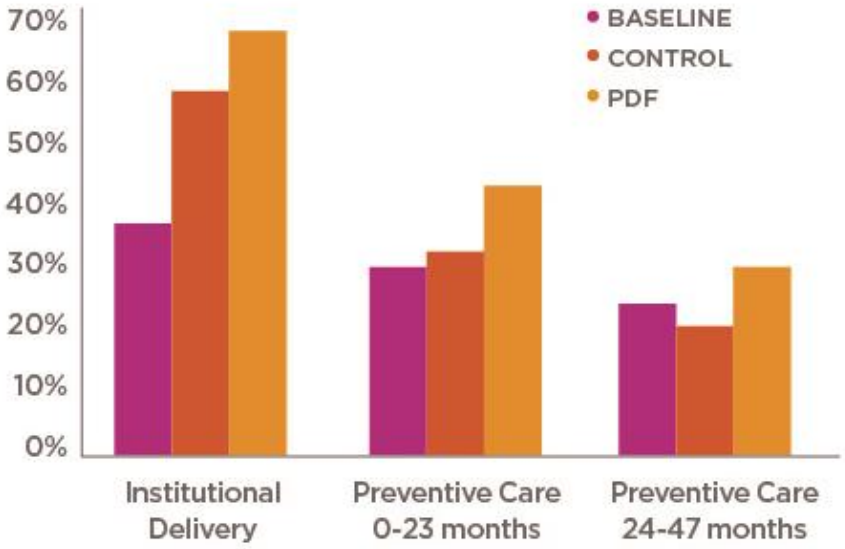
World Bank Regions:

AFR - Africa
EAP - East Asia & The Pacific
ECA - Europe & Central Asia
MNA - Middle East & North Africa
LAC - Latin America & the Caribbean
SAR - South Asia

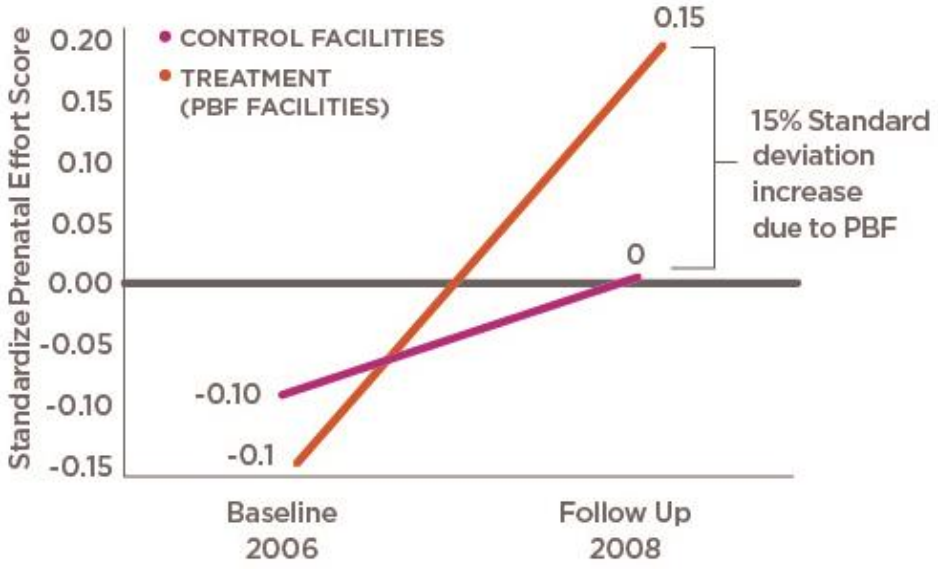
Implementing Programs are Achieving Results

Rwanda: Increasing Coverage and Quality

Increase in coverage of services in RBF districts as compared to baseline and control districts



Increase in quality of care in RBF facilities compared with control facilities



Argentina: Plan Nacer Intervention

Two Levels of Payments

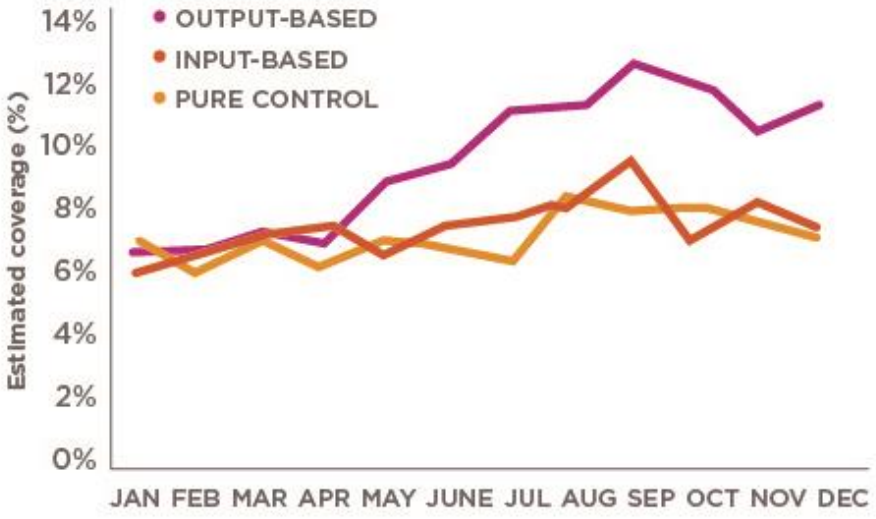
1. **Nation to Province**
   - Enrollment of eligible population
   - Targets for eligible population
     - *Outcomes*: Birth weight & APGAR
     - *Utilization*: Prenatal care, well baby care, etc
     - *Process and management*
2. **Province to public clinics**
   - Enroll public
   - Fee-for-service for 80 priority MCH services
   - Provider autonomy over use of funds

Argentina: Plan Nacer Results

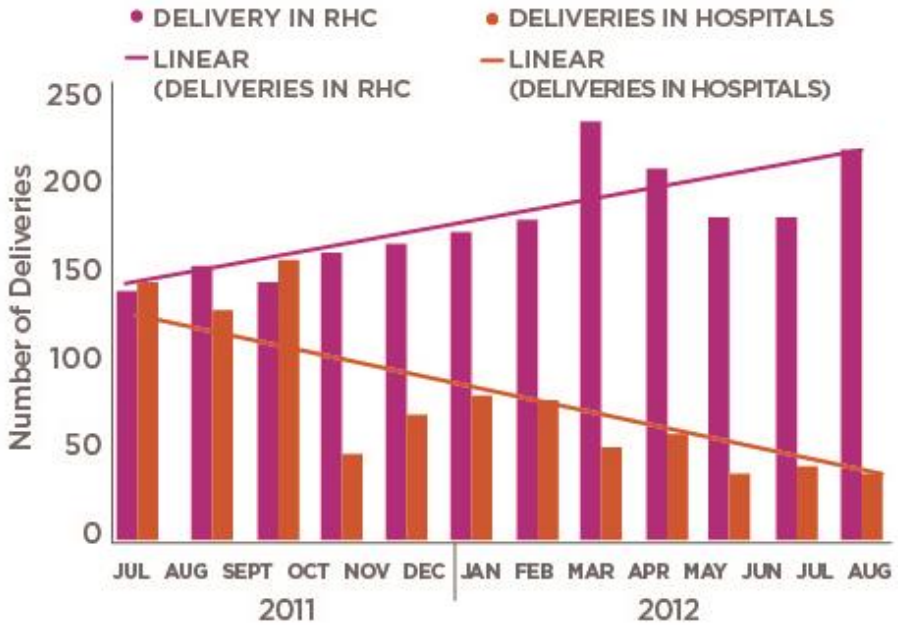
- **Provided 4.7 million pregnant women and children with health coverage**
- **Delivered 37 million maternal and child health services**
  - Reduced the probability of low birth weight by 23%
  - Reduced the probability of in-hospital neonatal death by 74 %
- **Based on Plan Nacer's success, the Government of Argentina has launched Program SUMAR**
  - SUMAR uses RBF mechanisms to expand health coverage to uninsured children and adolescents under 19 and to uninsured women between the ages of 20 and 64

Improving Efficiency in Zambia & Zimbabwe

Comparison between RBF, input-based support and pure control in Zambia



Comparison of number of deliveries between health centers and hospitals in Zimbabwe



Using Operational Data

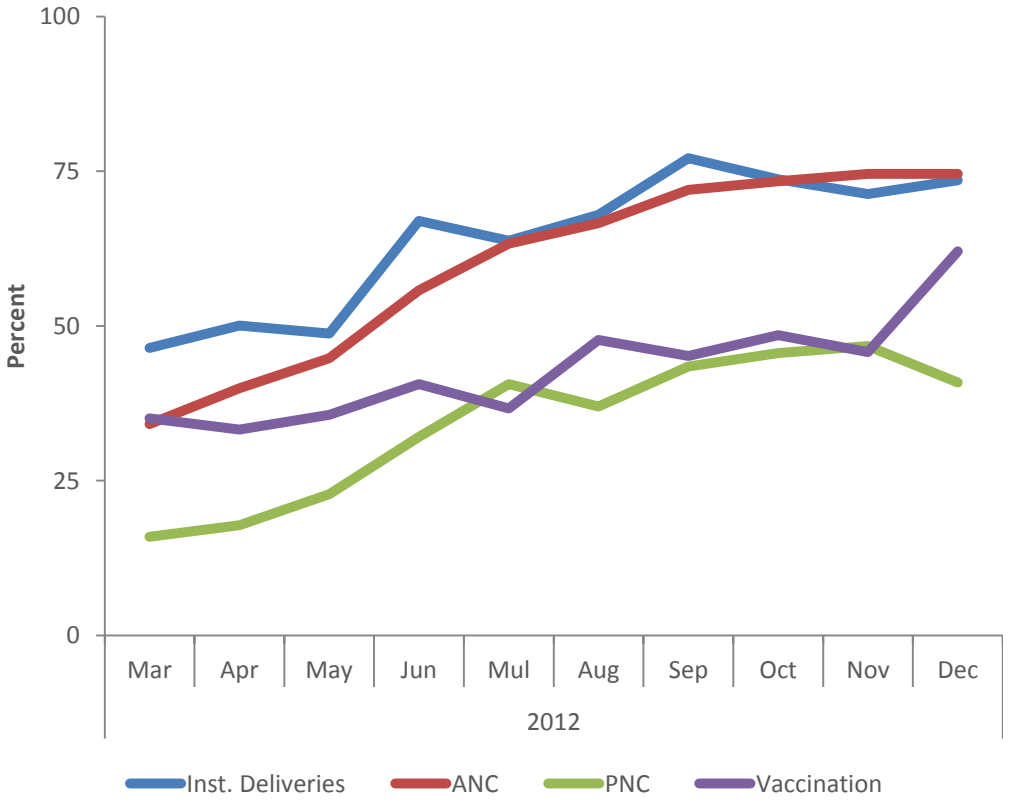
Operational data informs operations and learning

We use operational data:

- To monitor progress and assess RBF's contributions to health system's goals
- To monitor what money is spent on
- To identify areas for further inquiries and mid-course corrections
- To assess the effects of RBF approaches
- To facilitate cross-country learning and sharing of experience

Monitoring Country Program Progress

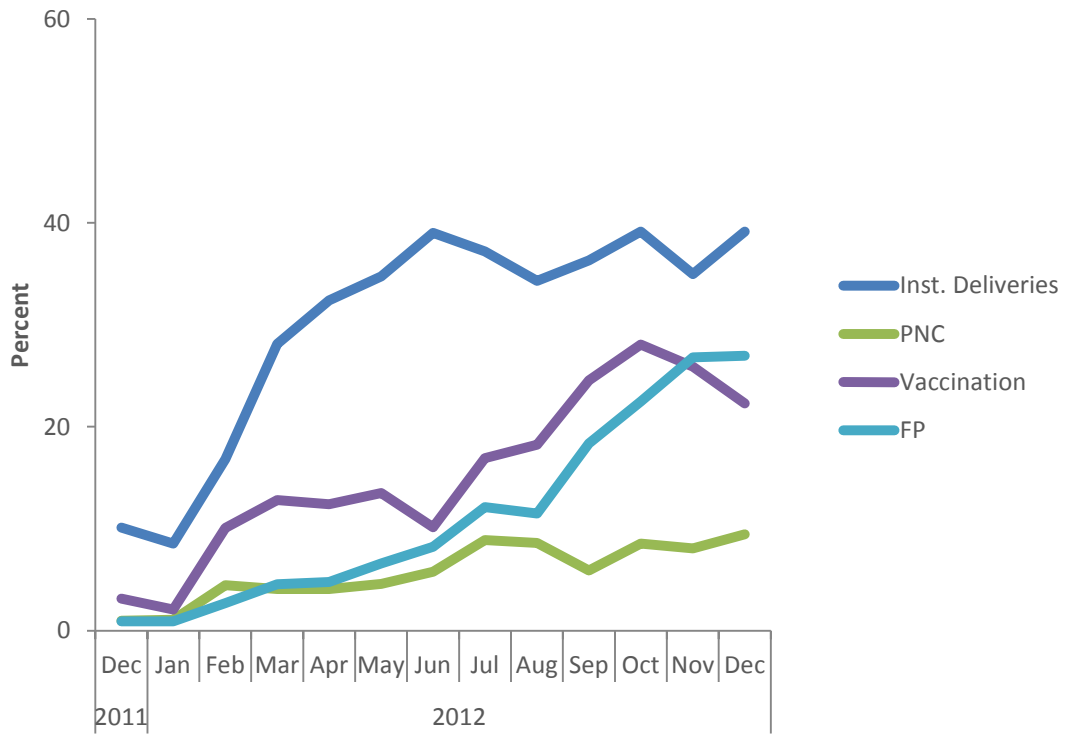
ZIMBABWE: Coverage of key MCH services



In Zimbabwe, the coverage of key MCH services increased substantially in RBF districts within the first nine months of the program. Figures reflect services supported by the program only.

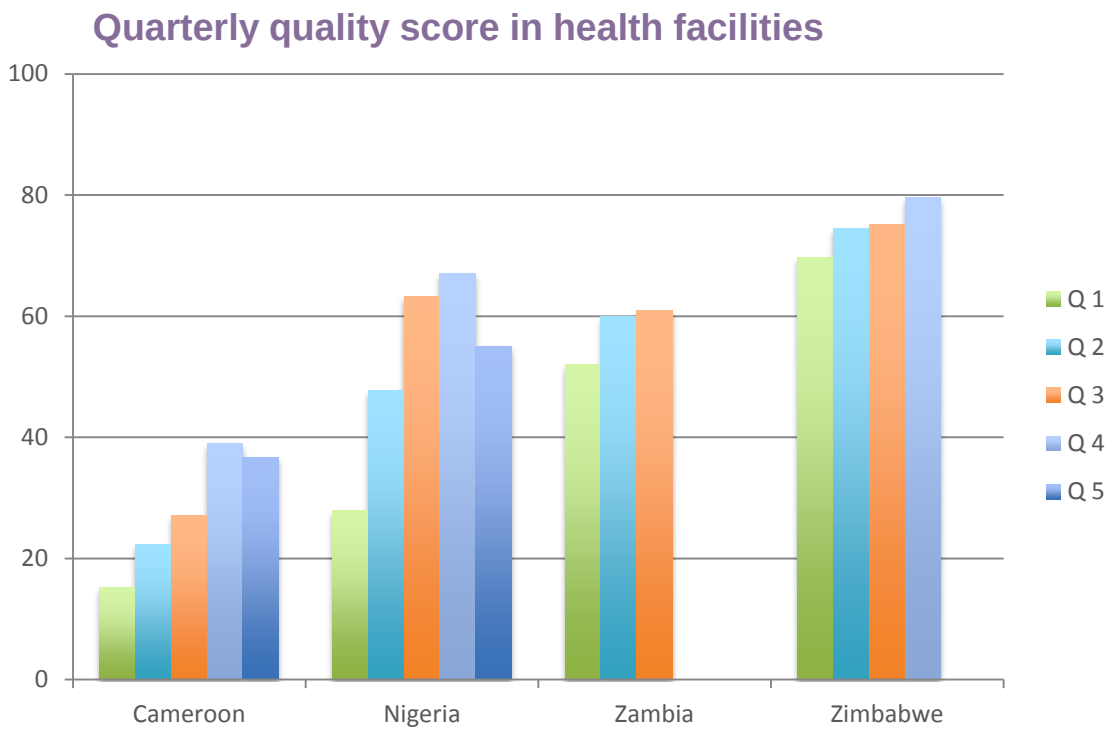
Monitoring Country Program Progress

NIGERIA: Coverage of key services



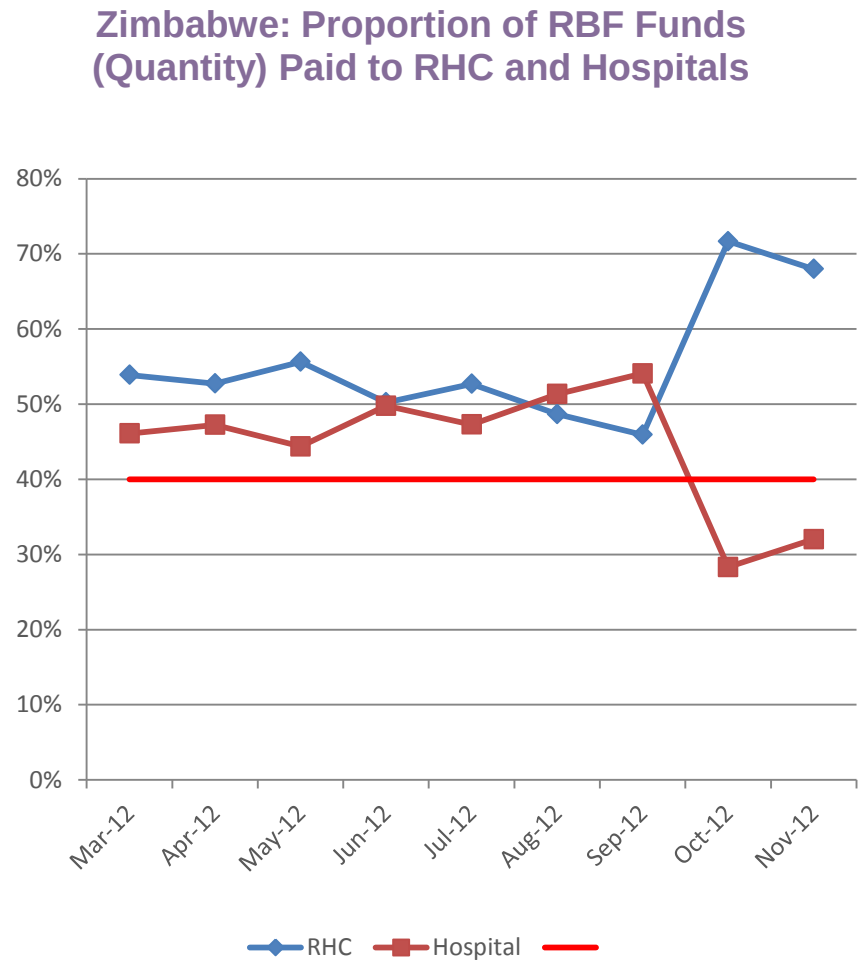
The coverage starts from a very low base in Nigeria and increases strongly during the period of one year

Monitoring Country Program Progress



Quality score started at a low level in Cameroon but picked up rapidly. In Zambia and Zimbabwe, the scores are high to begin with, therefore the improvement is not drastic.

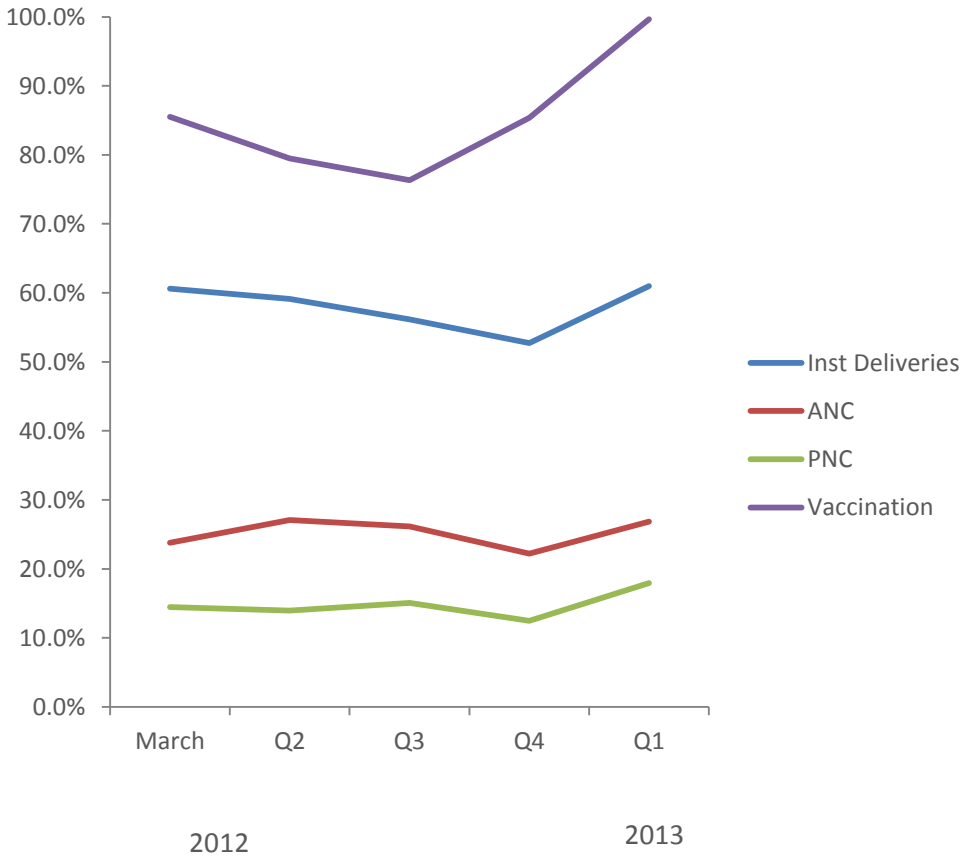
Monitoring What Money is Spent On



Zimbabwe program set the target of spending on hospitals to be at most 40% of total quantity reimbursement to facilities. It was observed that this ratio in the first 6 months exceeded 40%. Prices of key indicators were revised which altered the composition to the direction targeted.

Identifying Areas for Further Inquiry and Mid-course Corrections

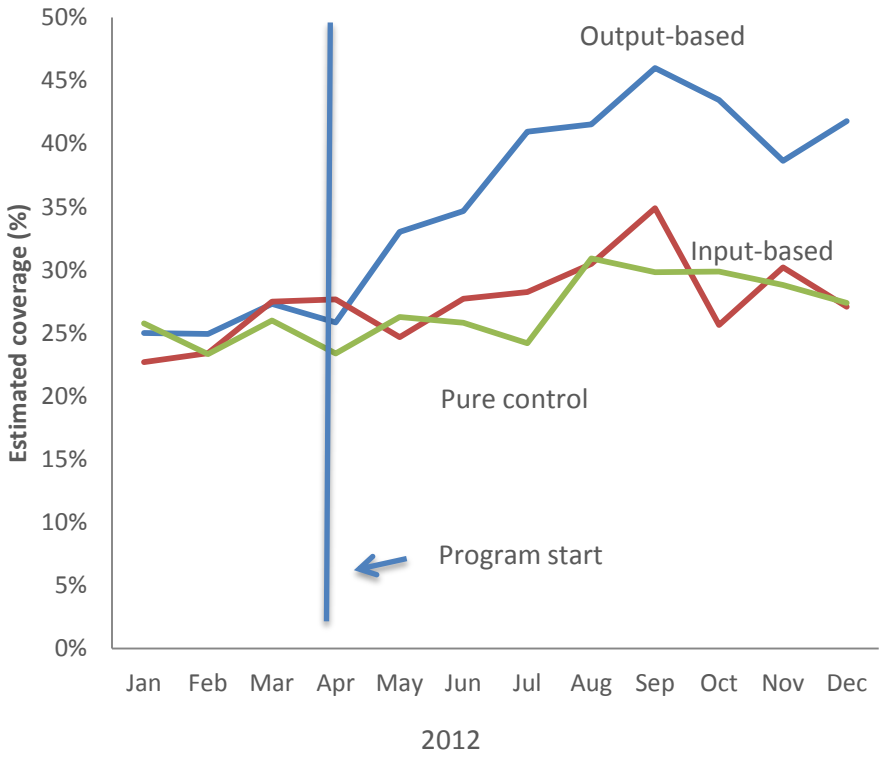
Benin: coverage of key services



The performance of Benin program showed little progress within the first nine months. Further investigation revealed this could be due to delay in incentive payment and initial program setup activities. First payment was made in December 2012 and performance picked up after that.

Assessing the Effects of RBF Approach

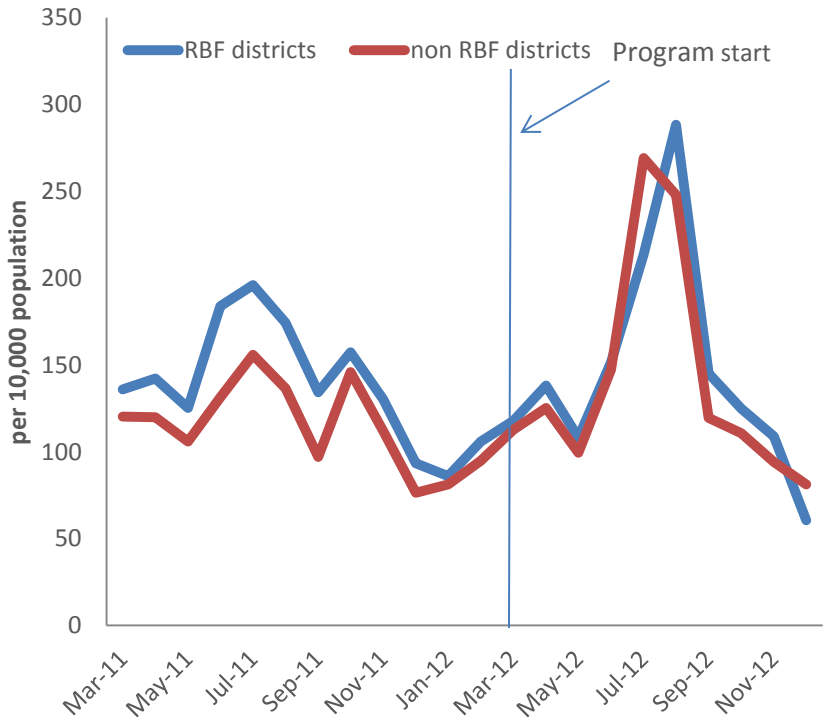
Zambia: estimated coverage of institutional deliveries for intervention and control districts



While input-based and output-based groups receive roughly the same amount of funding, output-based group yielded higher results

Assessing the Effects of RBF Approach

Zimbabwe: acute respiratory infection cases per 10,000 in RBF and non-RBF districts

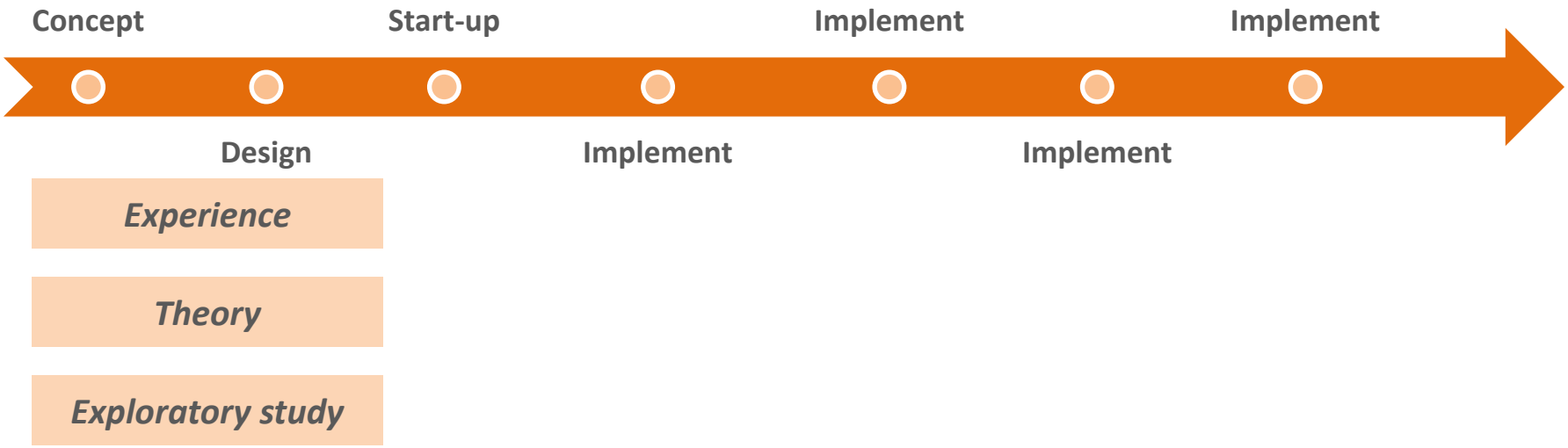


The trend in non-incentivized indicator appears similar between RBF and non-RBF districts, indicating no negative spill over

Evaluating RBF Programs

Comprehensive Learning at HRITF

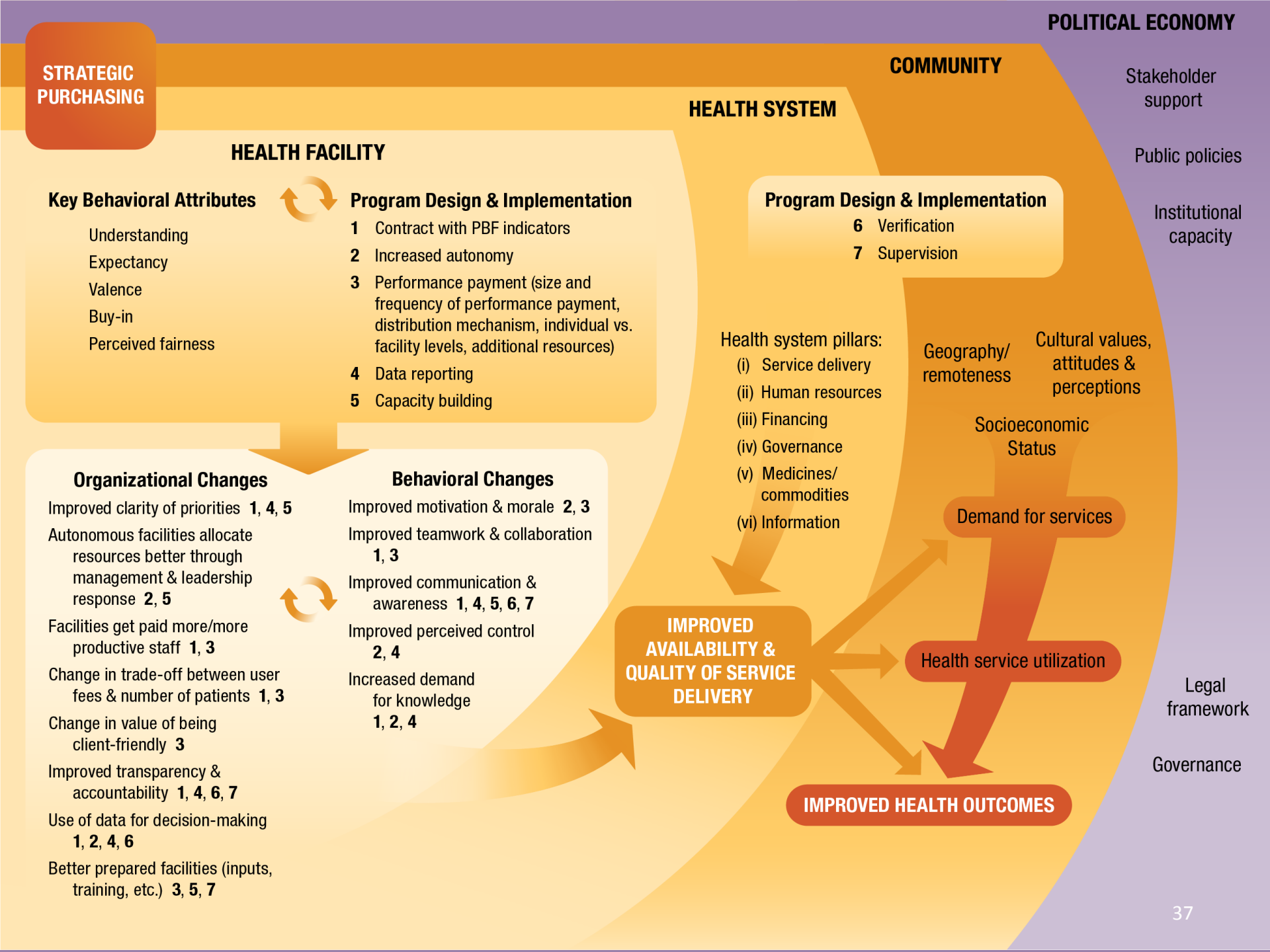
- **Many opportunities to learn**



Comprehensive learning agenda

Diversity of Themes

Intervention evaluated	Countries
Supply-side RBF payments	Afghanistan, Argentina, Armenia, Benin, Burkina Faso, Burundi, Brazil, Cambodia, Cameroon, Central African Republic, China, Democratic Republic of Congo, Djibouti, Ethiopia, Gambia, Haiti, India, Kenya, Kyrgyz Republic, Lao PDR, Lesotho, Liberia, Mexico, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Sierra Leone, Tajikistan, Turkey, Yemen, Zambia, Zimbabwe
Demand-side RBF payments	Gambia, Lao PDR, Nigeria, Pakistan, Rwanda, Senegal, Yemen, Zimbabwe
Community-Based RBF	Gambia, Haiti, India, Senegal, Rwanda
RBF for quality of care	Afghanistan, Armenia, Argentina, Benin, Brazil, Cambodia, Cameroon, Central African Republic, China, Haiti, Kyrgyz Republic, Lao PDR, Nigeria, Senegal, Tajikistan, Turkey, Zambia, Zimbabwe
RBF in hospitals	Afghanistan, Argentina, Burundi, China, India, Kyrgyz Republic, Lao PDR, Liberia, Nigeria, Philippines, Senegal, Sierra Leone, Turkey
Additional financing	Benin, Nigeria, Zambia, Zimbabwe
Differential incentive levels	Central African Republic, China
Enhanced monitoring and supervision	Cameroon, Kyrgyz Republic
RBF and training of providers	Zimbabwe
Process vs. output	Brazil
Negative Incentives (sanctions)	Turkey


POLITICAL ECONOMY
COMMUNITY
HEALTH SYSTEM
HEALTH FACILITY
STRATEGIC PURCHASING
Stakeholder support
Public policies
Institutional capacity
Legal framework
Governance
Key Behavioral Attributes
Understanding
Expectancy
Valence
Buy-in
Perceived fairness
Program Design & Implementation
1 Contract with PBF indicators
2 Increased autonomy
3 Performance payment (size and frequency of performance payment, distribution mechanism, individual vs. facility levels, additional resources)
4 Data reporting
5 Capacity building
Program Design & Implementation
6 Verification
7 Supervision
Health system pillars:
(i) Service delivery
(ii) Human resources
(iii) Financing
(iv) Governance
(v) Medicines/ commodities
(vi) Information
Geography/ remoteness
Cultural values, attitudes & perceptions
Socioeconomic Status
Organizational Changes
Improved clarity of priorities 1, 4, 5
Autonomous facilities allocate resources better through management & leadership response 2, 5
Facilities get paid more/more productive staff 1, 3
Change in trade-off between user fees & number of patients 1, 3
Change in value of being client-friendly 3
Improved transparency & accountability 1, 4, 6, 7
Use of data for decision-making 1, 2, 4, 6
Better prepared facilities (inputs, training, etc.) 3, 5, 7
Behavioral Changes
Improved motivation & morale 2, 3
Improved teamwork & collaboration 1, 3
Improved communication & awareness 1, 4, 5, 6, 7
Improved perceived control 2, 4
Increased demand for knowledge 1, 2, 4
IMPROVED AVAILABILITY & QUALITY OF SERVICE DELIVERY
Demand for services
Health service utilization
IMPROVED HEALTH OUTCOMES

Knowledge Products and Resources

ONLINE

- RBFhealth.org
  - Impact Evaluation Toolki
  - PBF Toolkit
  - Verification Case Studies
  - Other Publications
  - *All Things RBF* blog
- RBF e-Learning course (in development)
- Twitter @RBFhealth
- Facebook.com/RBFhealth
- RBF Seminars via Webex

OFFLINE

- RBF Seminars
- Global Conferences
  - Advocacy
  - Technical
- Africa Health Forum
- Third Global Symposium for Health System Research
- Third International Conference of the African Health Economics and Policy Association (AfHEA)
- World Bank task team training

RBF Financing

- **Bangladesh, DRC, Ethiopia, India, Kenya, Niger, Nigeria, Pakistan, Tanzania, and Uganda**

Board approved CPGs	Board date	HRITF (US$ million)	IDA (US$ million)
Afghanistan	3/24/2009	12.00	130.00
DRC	10/20/2010	0.86	185.00
India	8/22/2006	0.40	70.00
Nigeria I	4/12/2012	20.00	150.00
Ethiopia	2/28/2013	20.00	100.00
Pakistan	5/31/2013	20.00	100.00
Congo	12/20/2013	10.00	10.00
Kenya	12/30/2013	20.00	41.00
Bangladesh			360.00**
Pending Board app.	Board date	HRITF	IDA
Tanzania	10/15/2014	15.00	25.00
Pipeline	Board date	HRITF	IDA
Nigeria III	9/25/2014	5.00	300.00
Myanmar	FY15	10.00	200.00
Total Pipeline		15.00	500.00
TOTAL HRITF COMMITMENTS		148.26	1,811.00

RBF Options for Pneumonia and Diarrhoea

- **Paying for outputs indictors for pneumonia and diarrhea**
  - Acute Respiratory Tract Infection
  - Community Outreach
  - ORS and Zinc
- **Strengthening quality indicators for pneumonia and diarrhea**
  - Knowledge of symptoms among providers
  - Include as essential commodities – ORS and Zinc, antibiotics
  - Integrated community case management of pneumonia and diarrhea
  - Promoting exclusive breast feeding

Thank You