GLOBAL FINANCING FACILITY

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Leapfrogging Development: Getting to Results

Results are at the core of GFF business proposition

- Country level results are at the heart of the GFF business proposition
- Results-Based Financing (RBF) uses results as a driving force
  - Evidence that can increase service coverage and quality of care in various contexts, BUT not a panacea!
- **Thus,**
  - RBF is an important approach that can contribute to the GFF's results agenda, and
  - Learning from the HRITF RBF portfolio (+30 countries) is and will continue to be critical.

What is Results-based financing?

Key features of RBF:

1. **Linking payment to results**: disburse funds upon achievement of results, like e.g. number of deliveries and their quality
2. **Autonomy:** enables providers to attain the results by e.g. procuring drugs, improving the health facility, innovate. At same time incentivizes health workers to be more productive and provide quality care
3. **Emphasis on monitoring and verification:** performance improvements through better monitoring and verification of results. Cloud based system makes data entry more accurate and further analysis easy.

What has been the impact of RBF?

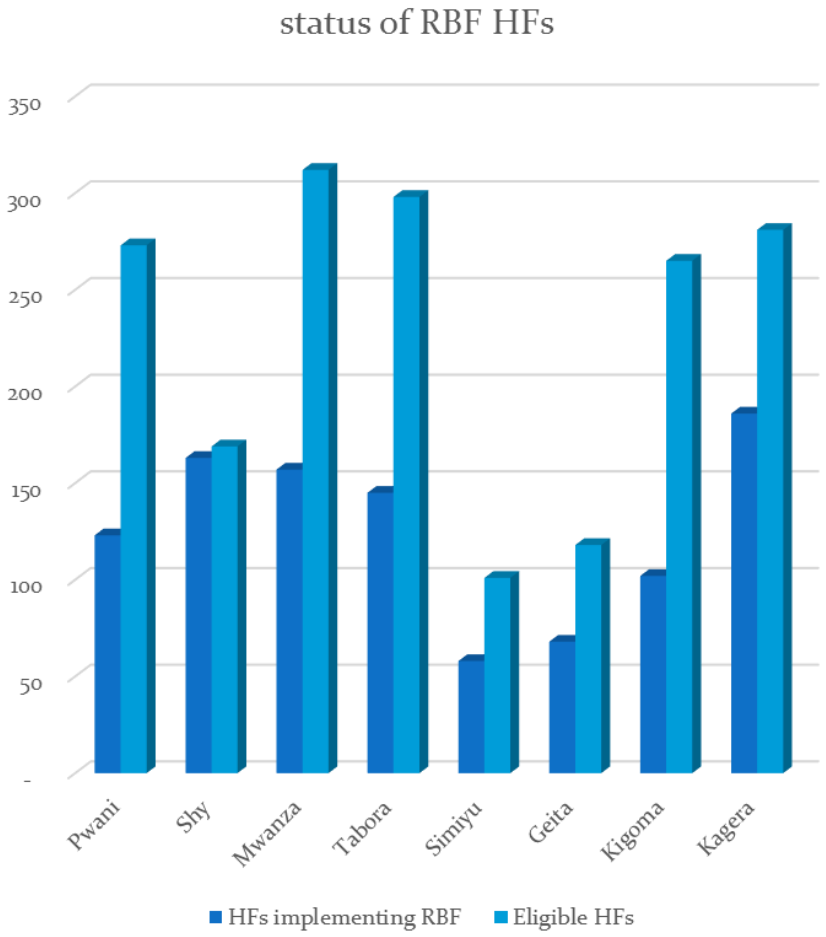
Early evidence reveals RBF can contribute to:

- Improved utilization, incl. recognition that demand and supply side incentives may be best combined
- Enhanced focus on the quality of care, incl. how best to measure and incentivize quality
- Support health system strengthening by channeling resources to the PHC level to improve commodities, motivate staff, enhance governance and community engagement and strengthening HIS.
- RBF can serve as a platforms for donor alignment with national RMNCAH priorities with a variety of donors and government

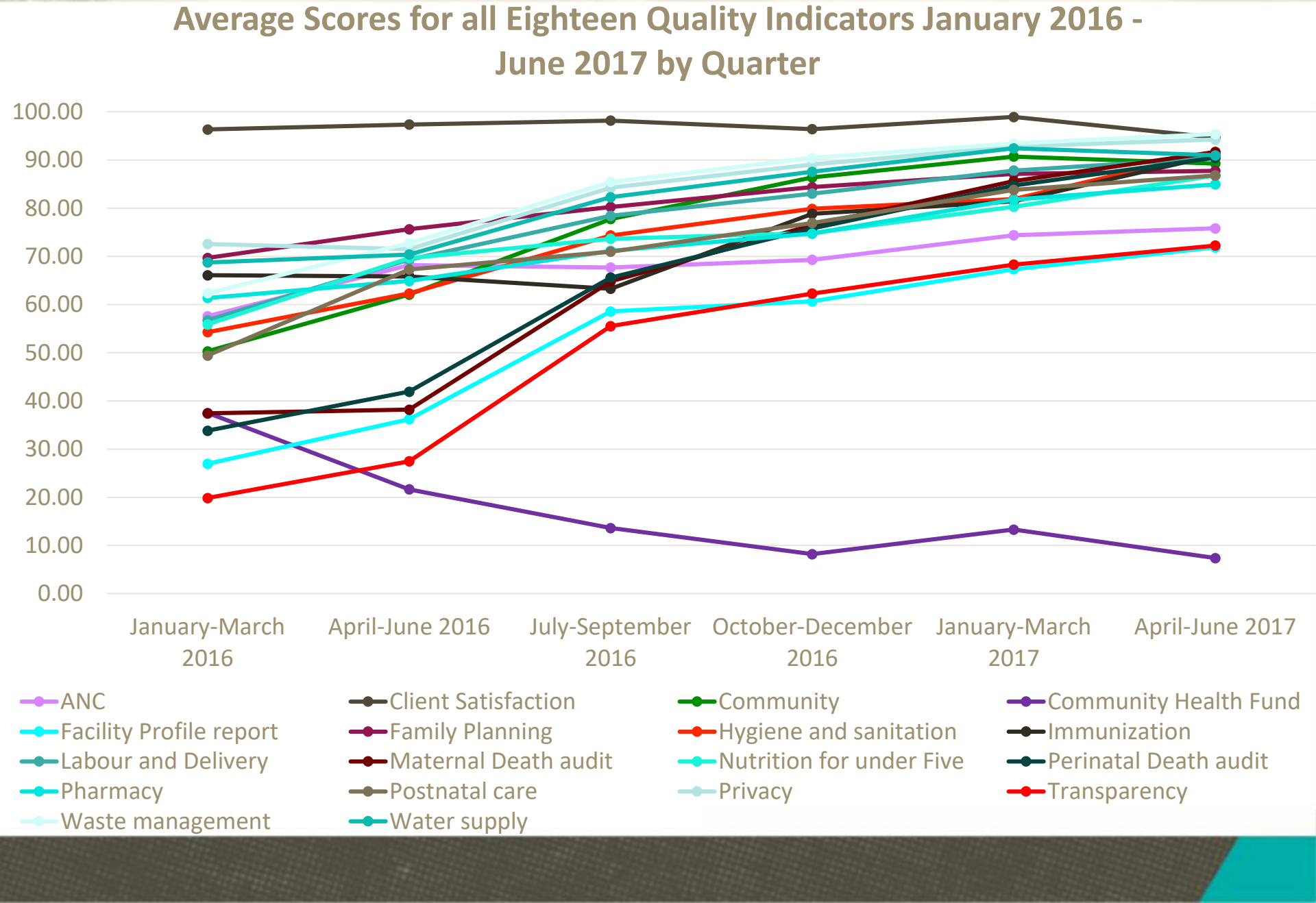
- **But, not a one-size-fits-all solution!**
  - Learning is and will be crucial to further identify enabling factors

Tanzania: RBF Implementation in Regions

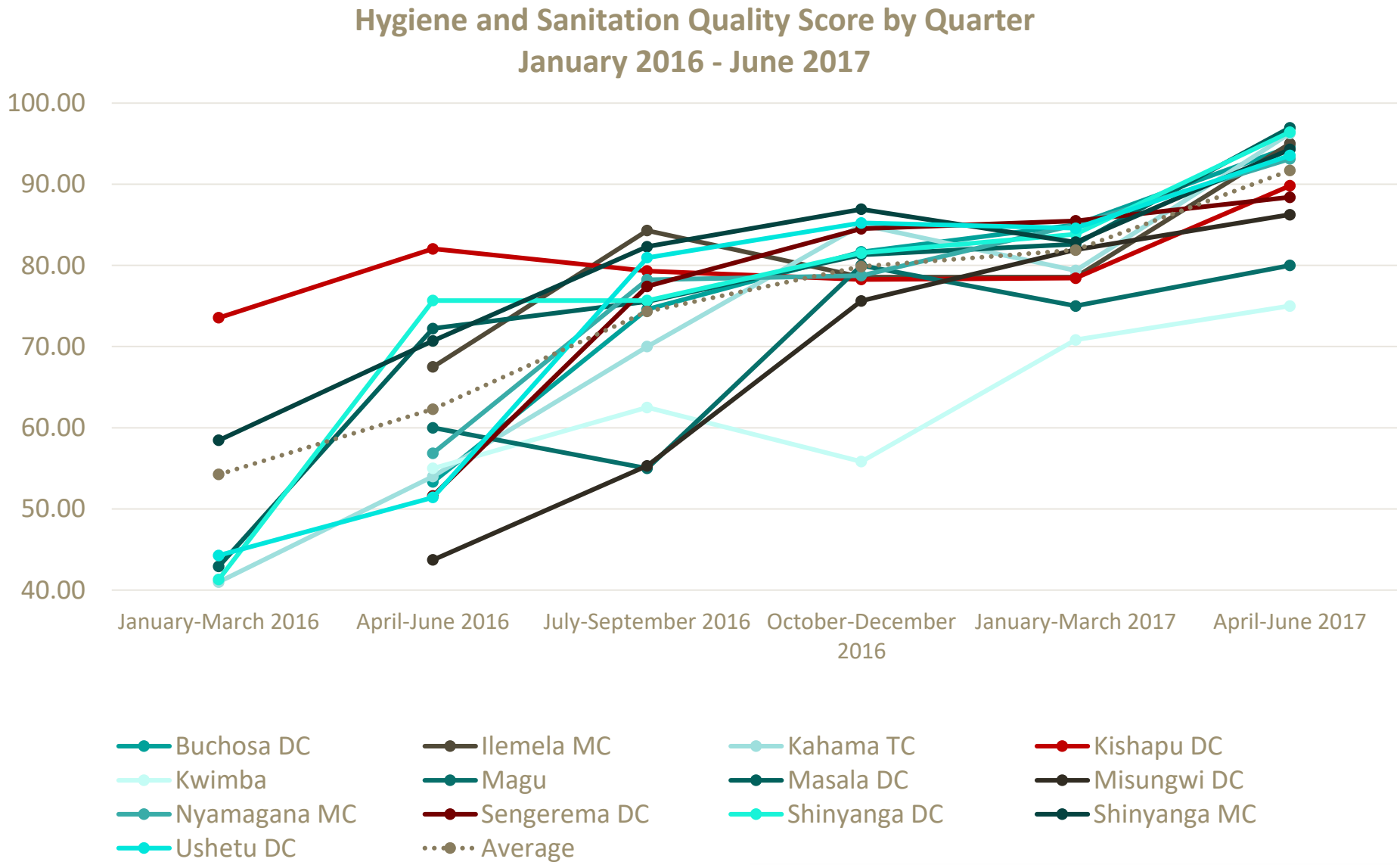
Region	HFs implement RBF	Eligible HFs	% of HFs Implement
Pwani	123	273	45
Shy	163	169	96
Mwanza	157	290	54
Tabora	145	298	49
Simiyu	58	101	57
Geita	68	118	58
Kigoma	102	265	38
Kagera	186	281	66
Total	**1,002**	**1,795**	**56**



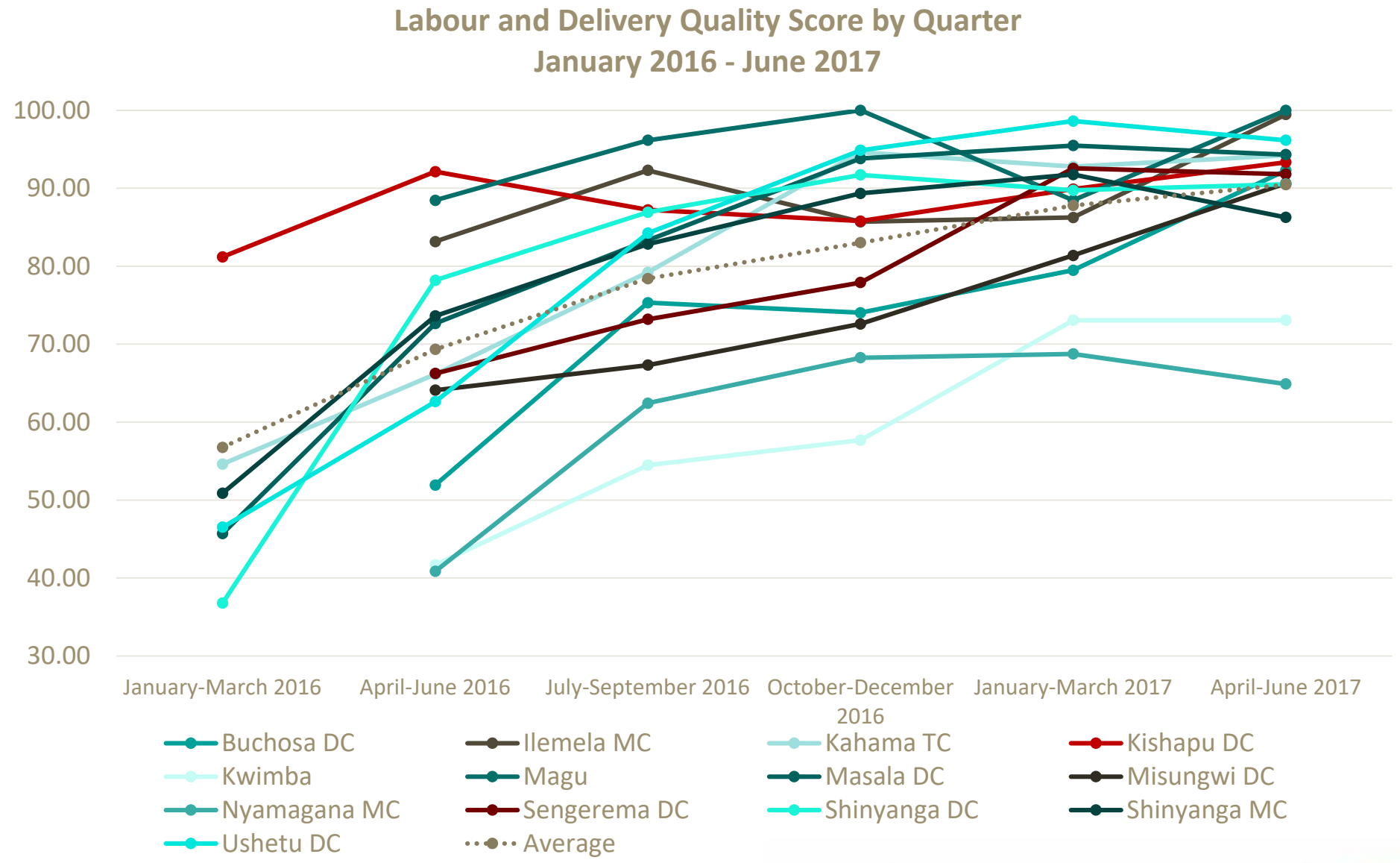
Early Results from Tanzania RBF: 18 quality indicators



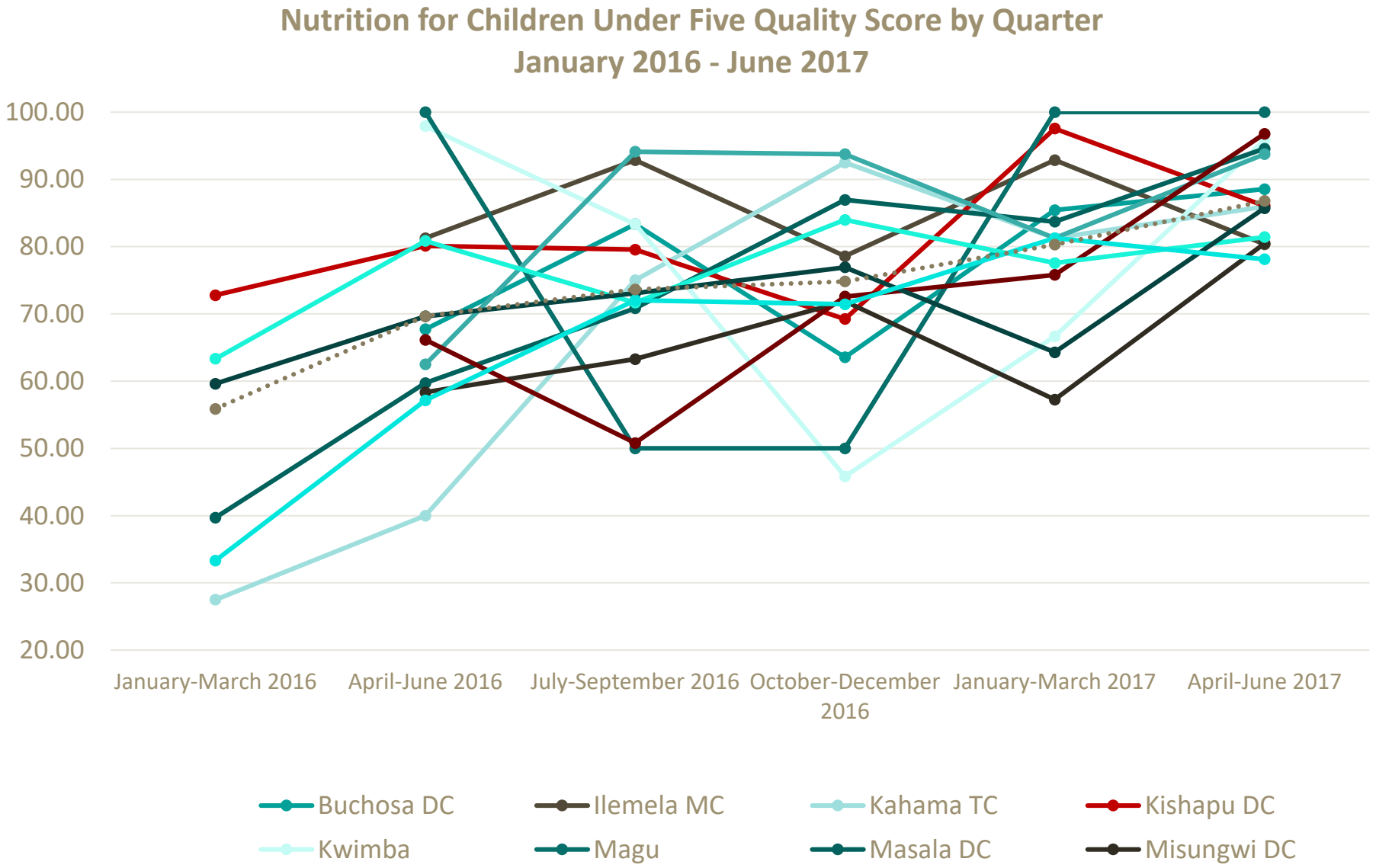
In-depth look at hygiene and sanitation indicators:



In-depth look at labor and delivery indicators:



In-depth look at nutrition indicators:



Going forward: GFF offers opportunities

- RBF is being used strategically in GFF countries, at all levels of the health system purchasing smart services (e.g. Kenya, Mozambique)
- Has potential to start sustainable health system reform (e.g. Sierra Leone)
- Can substantially reduce transaction costs associated with external resources for health (e.g. DRC), preferably combined with government resources to go to scale

Particular careful attention to be paid to:

- There is no one-size fits all and implementation is key (e.g. Haut Katanga).
- Assessing cost-effectiveness, beyond the current focus on utilization increases (and associated health impacts) as outcomes
- Integrating various financing mechanisms for different types of care (e.g., Plan Nacer combining fee-for-service and capitation mechanisms) ;
- Technological innovation (e.g., online data platforms) and strategic verification models (e.g., risk-based verification) to further improve results.

PBF IN LIBERIA

6th Investors Group Meeting

8-9 November, 2017
Maputo, Mozambique

Investment Case for RMNCAH in Liberia

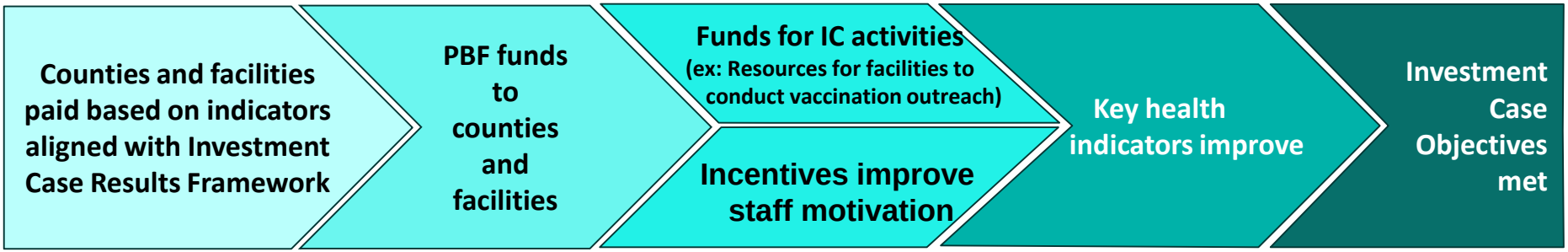
RMNCAH Investment Case uses a phased approach, in view of available resources. The first phase prioritizes six underserved Counties: Gbarpolu, Grand Bassa, Grand Kru, Rivercess, River Gee, and Sinoe

Four priority investment areas;

1. Quality care for RMNCAH and EMONC, including community participation
2. Strengthening CRVS (birth and death registration)
3. Adolescent health
4. Emergency Preparedness, Surveillance and Response – especially Maternal Neonatal Death Surveillance and Response

In Liberia, PBF is one way to operationalize the GFF investment case

Discussions between MOH, World Bank/GFF and USAID have ensured the indicators used in PBF anywhere in Liberia are aligned with key RMNCAH priorities and indicators outlined in the IC:



It is recognized that PBF is not a magic bullet and requires other important system strengthening and reforms, identified in the Investment Case, to work in tandem

Where is/will PBF be implemented in Liberia with focus on IC priorities?

- MoH contracts NGOs in two counties (Nimba and Lofa) and the County Health Team (CHT) in one County (Bong) to manage the County health system. This is supported through USAIDs Fixed Amount Reimbursement Arrangement (FARA)

- MOH currently contracts hospitals in Montserado and Bong county with Lofa, Nimba and Sinoe to follow soon. This is supported by the World Bank.

- MOH will contract the CHTs in three of the IC priority counties (Sinoe, Gbarpolu, and Rivercess). This is supported by World Bank/GFF project.

Examples of indicators:

At county and health facility level focusing on primary health care:

- Deliveries that are facility-based conducted by skilled birth attendants
- Newborns/mothers that receive PNC after delivery within 24 hours
- Women of reproductive age who receive comprehensive FP information during visit
- Facilities with no stock-out of tracer drugs and FP commodities during the quarter
- Maternal and Newborn death audits done with action plans developed
- *- A Joint Integrated Supportive Supervision checklist is being developed and will be used next year to measure and pay facilities based on the quality of care.*
- *- A youth package on SRHR is being developed and will have an appropriate indicator*

At hospital level focusing on improving quality care, particularly EMONC and overall quality care identified in the IC:

- Complicated and assisted pregnancy and delivery – as well as normal at-risk deliveries
- Newborn referred for emergency neonatal care treatment
- Referred under-fives with fever
- Patients transported by ambulance
- For quality specific indicators are used linked to Overall Management; IPC & hygiene; Drugs Management; Equipment & supplies; and Patient care related to e.g. obstructed labor, PPH prevention and treatment, newborn asphyxia, pediatric care for malaria, pneumonia, diarrhea and malnutrition as well as safe surgery.
- Indicators incentivizing birth and death registration are also included, an important step for the national CRVS system

To support PBF in Liberia, innovative approaches are being used in GFF/WB supported counties to address potential challenges

TEST RBF APPROACH TO CAPACITY DEVELOPMENT (CD) TO IMPROVE CHT MANAGEMENT:

There are management capacity challenges at the County Health Team level related to Planning, Financial Management, Human Resources, Fleet Management, Procurement, Supply Chain, Data Use for Decision Making, and Facility Supervision

To address this, a CD Technical Assistance (TA) agency will be paid in part based on their performance developing CHT management capacity

Indicators on which the TA agency will be paid are focused on substantive capacity improvements

For example, one indicator, assesses whether "Supervisors and others in the CHT are able to coach and mentor staff"

CERTIFIED PHARMACIES TO IMPROVE PHARMACEUTICAL ACCESS:

Pharmaceutical supply chain is a pressing problem, but solutions are long-term

To address this, facilities will be able to use PBF funds for drugs from certified pharmacies in the shorter term

Operationalizing this is being explored with the pharmaceutical review board

Building evidence on PBF approaches

- Implementation research will be conducted to learn from the different approaches to PBF and innovations, including approach to TA for capacity development
- Lessons gathered through implementation research and other assessments will be used to further develop PBF in Liberia.
- This can also contribute to the development of UHC as PBF is seen as a way to develop capacity for strategic purchasing and improve provider payment mechanisms. These are stepping stones identified as part of the health financing implementation plans for Liberia.

PBF in Cameroon

Dr Victor Ndiforchu Afanwi,
National technical Coordinator,
Ministry of Health, Cameroon

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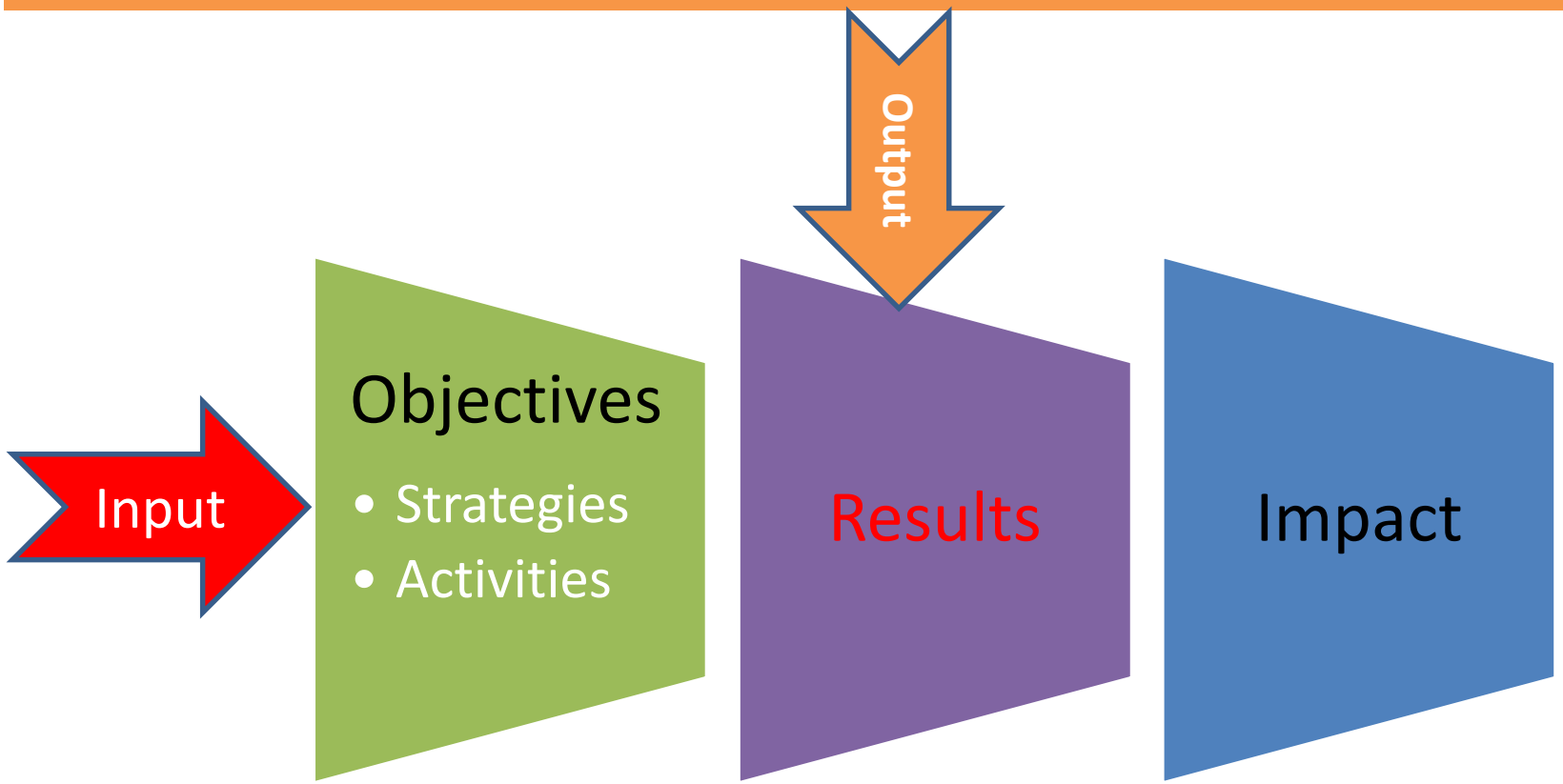
Financing Mechanisms



PBF AS A MEANS TO OPERATIONALIZE THE GFF INVESTMENT CASE

WHAT IS PBF?

Financing approach characterized by the purchase of "outputs" as opposed to the financing of inputs or processes. (Input + process = output).

Outputs are measured by two types of indicators:

- ✓ Quantitative indicators;
- ✓ Quality indicators

Each quantitative indicator has a unit cost and validation criteria;

Each quality indicator has validation criteria.

Performance contracts linked to a business plan are signed with health facilities and regulators.

Also is a quality improvement bonus for health units to invest as they see fit.

OPERATIONALIZATION OF GFF ACTIVITIES THROUGH PBF

Indicators of investment case activities in maternal, child and adolescent health are defined;

The unit cost of each indicator is fixed;

The services provided by the health units and the regulators are evaluated and paid according to the PBF mechanisms as specified in the signed contracts.

EVIDENCE BASED DECISION MAKING ON ACTIVITIES TO INCREASE UPTAKE OF EFFECTIVE MODERN CONTRACEPTIVES AMONG ADOLESCENTS AND YOUNG WOMEN IN CAMEROON

QUALITATIVE ASSESSMENTS IDENTIFIED BARRIERS TO UPTAKE:

1. Significant weaknesses on the supply side:
   - Knowledge (theory &practice) of modern contraceptive methods are poor among health providers
   - Provider bias against recommending LARCS to adolescents and young women

2. Issues to be addressed on the demand-side:
   - Financial, side effects, uncertainty (lack of information)

FIRST IMPROVE SUPPLY, THEN EXPLORE DEMAND SIDE

Increasing demand among adolescent females and young women when provision of services is inadequate and can be counterproductive so first:

Measures to improve supply side:

- MOH has signed a PBF contract to revamp training of health providers for SRH:
- Incorporating family planning into the formal training of nursing school students
- Training and certification of nurses for family planning and accreditation of health facilities
- Stabilizing the supply chain for modern contraceptives

All of these interventions are being put in place in the context of PBF

Possible ways to improve demand side:

- Improved counseling methods
- Active follow-up of adopters to minimize discontinuation and switching away from effective methods…
- *Information campaigns (school-based for students and community-based for dropouts and young adults), mobile clinics, chws, etc.*