



USAID
FROM THE AMERICAN PEOPLE



Results-Based Financing and Primary Health Care

3 February 2011

Financing PHC National Consultation
Abuja, Nigeria

Lindsay Morgan
Broad Branch Associates

RBF Defined

Transfer of money or material goods conditional on taking a measurable health related action or achieving a predetermined performance target

*from Eichler and Levine, *Performance Incentives for Health: Potential and Pitfalls* (Center for Global Development, 2009)



Why RBF?

“Ten years is a long time in anyone’s life. As time is the most valuable thing we have, because it is the most irrevocable, the thought of any lost time troubles us when we look back.”



Why RBF?

Business as Usual
is Not Enough

Why RBF?

People are motivated by internal *and* external forces



Consider a Facility



Consider a Family



Many Types of RBF: Supply Side

- Payments to sub-national levels of government (Burundi, Zambia, Tanzania, Senegal, Rwanda, Benin)
- Payments to facilities, teams of health workers or individual providers (Egypt, Rwanda, Burundi, Zambia, Tanzania, Senegal, Benin)
- Payments to service delivery NGOs (Afghanistan, South Sudan, Liberia, DRC, Haiti)

And the Demand Side...

- Payments to individuals or households conditional on pre-agreed healthy behaviors (Mexico, Nicaragua, Brazil, Colombia, Tanzania)
- Vouchers given or sold to individuals redeemable for particular services (Kenya, Uganda, Bangladesh, Nepal, Pakistan)
- TB patients receive incentives to adhere to treatment regimen (Russia, US)

What's All the Fuss About?

Health Impact

- Interventions such as immunizations, vitamin A, generic curative care visits, deliveries, respond quickly.
- Interventions such as prenatal care, TB treatment completion and family planning take longer, but respond.
- Chronic conditions— ART, diabetes, hypertension— are the biggest challenge.

BURUNDI

NGO pilots and lessons from neighboring Rwanda inform nationwide GoB-led RBF scale-up, supported by World Bank



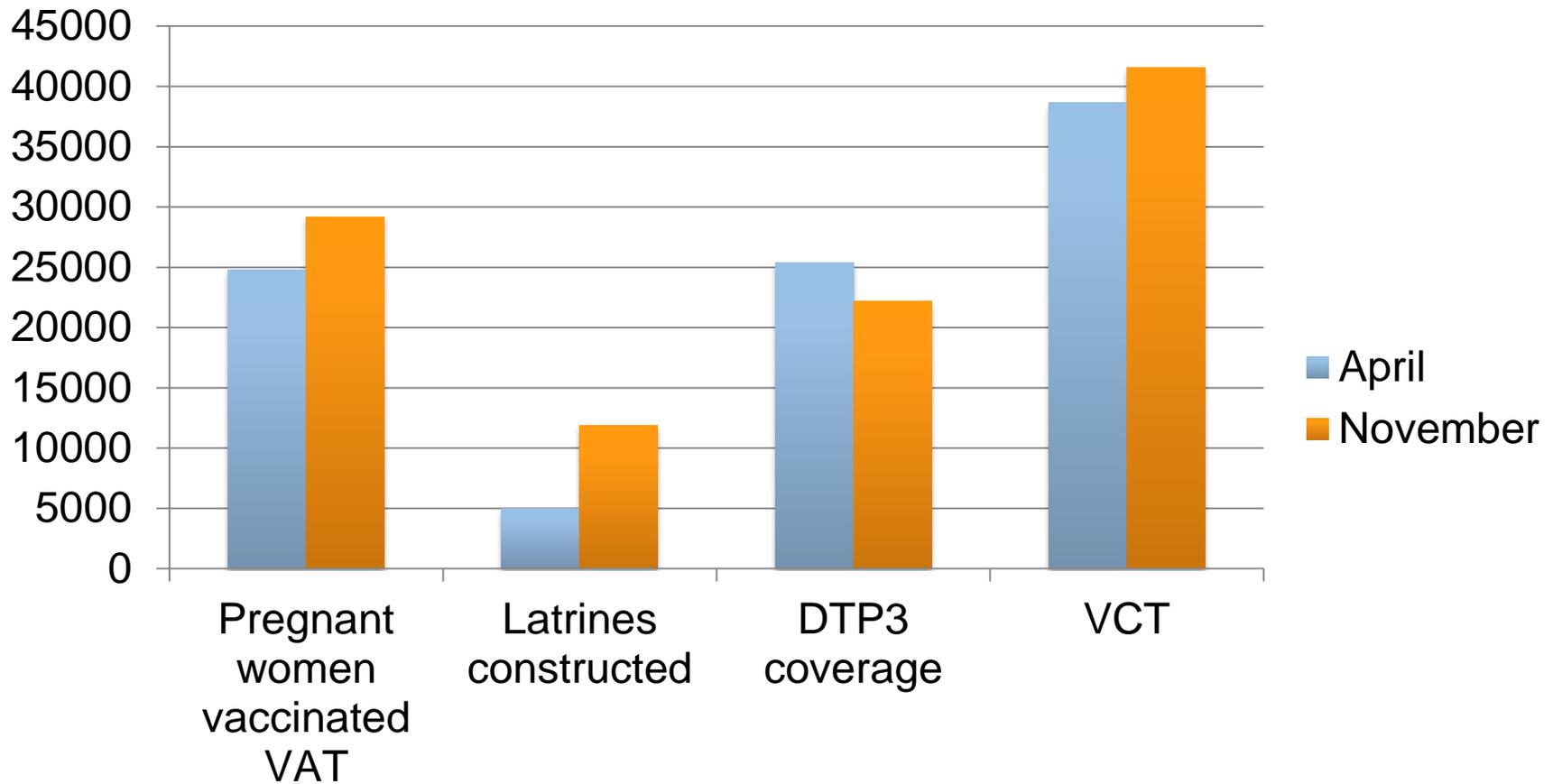
Key Features of the National Program

Recipients: Public and NGO facilities; sub-national bodies (national technical unit, and provincial and district health offices)

Incentive: for facilities: monthly fees for 24 specified services, and quarterly quality bonus of up to 25% of total fees earned (based on assessment of 109 indicators and community client surveys) *Equity adjustment for disadvantaged facilities

Allocation: Facility can decide how to spend, but limits on percentage of payment that can go toward individual staff bonuses (about 30% of total receipts)

Results 2010



KENYA

Vouchers
for facility
deliveries and
family planning
services



Key Features

Recipients:

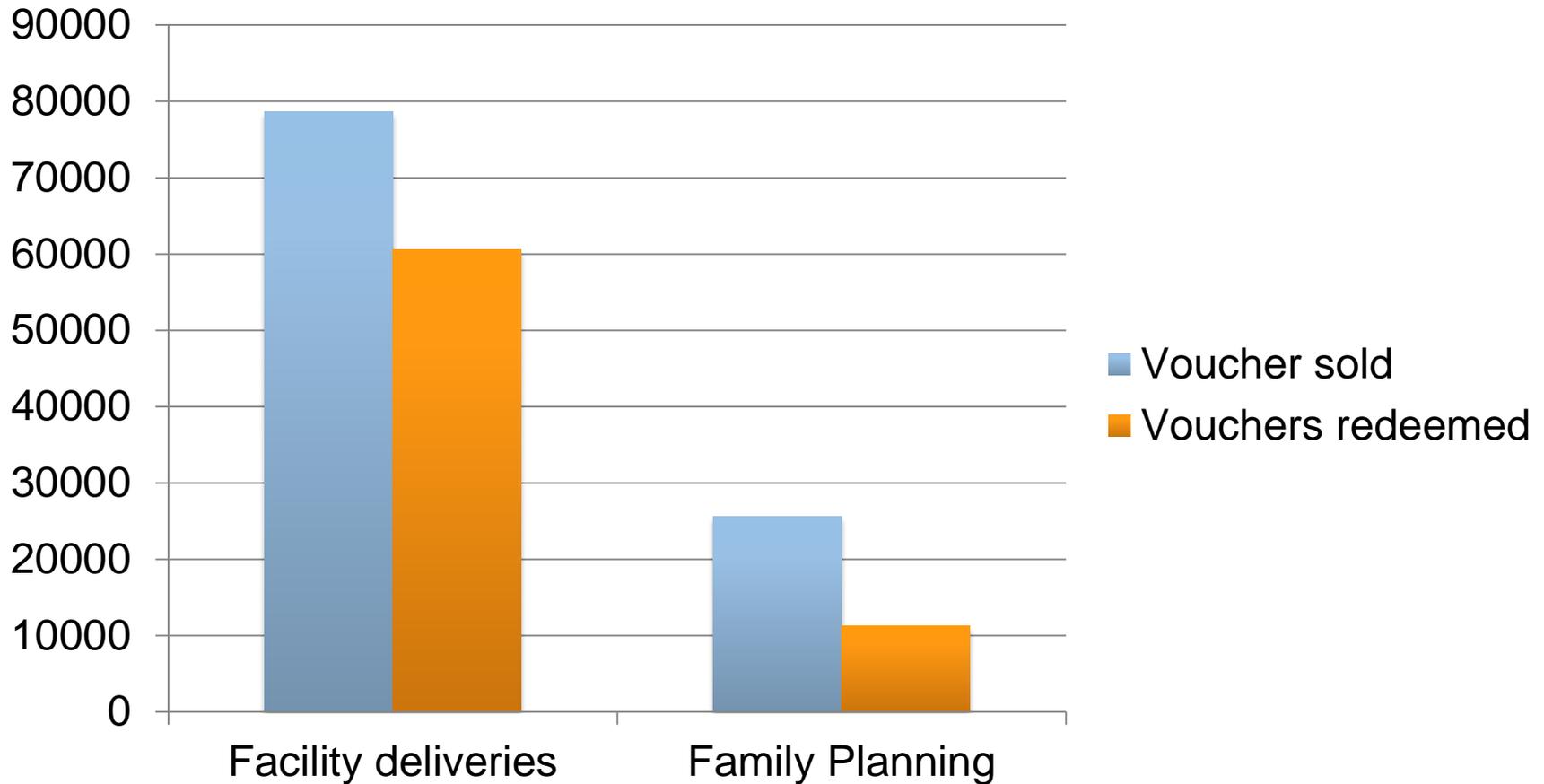
- Poor women can purchase vouchers for facility deliveries and family planning services
- Accredited public and private providers receive fees for services provided and are free to choose how to spend revenue – most made facility improvements

Voucher Management Agency:

- Identifies potential facilities, oversees means testing, manages contracts and voucher distributors, processes claims and disburses reimbursements

Utilization by Service

June 2006-October 2008



LIBERIA

Contracting NGOs and County Health Teams to deliver basic services in a post-conflict environment



Key Features of the Programs

Launch: July 2009 (USAID); November 2009 (MOHSW)

Recipient: contract with NGOs and County Health Teams to deliver services and build capacity of CHTs

Incentive: quarterly 6% bonus plus quarterly penalties (USAID); annual 5% bonus plus quarterly penalties (MOHSW)

Impact from first year (USAID)

- Large increases in facility-based deliveries and number of pregnant women receiving a second dose of intermittent preventive treatment of malaria.
- 110,000 children treated for malaria
- number of individuals tested for HIV exceeded targets by almost a factor of four
- 99% of health workers were paid on time by the end of year one and 94% of HMIS reports were submitted to the MOHSW on time.

RBF Has Potential – But Details Matter

- Information systems
- Verification
- Management and implementation capacity

Many Thanks

For more information:

www.RBFhealth.org

<http://www.HealthSystems2020.org>

http://www.cgdev.org/section/initiatives/_active/ghprn/workinggroups/performance

