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# Payment for Performance (P4P): a health systems perspective

A workshop for scientists and practitioners

Bagamoyo – 24-26 November 2015

## Background

Payment for performance (P4P) – also known as Performance Based Financing (PBF) or Results Based Financing (RBF) – is being widely implemented in low and middle income countries with over 30 countries either piloting or rolling out such schemes nationally.

P4P involves the payment of financial rewards to health facilities and/or health workers based on their achievement of pre-specified performance targets. It is based on the premise that incentives matter and motivate individuals and organisations to perform better. The expectation is that P4P will improve the performance of health facilities by improving their internal functioning and relations with other agents within the system and their ability to deliver quality services to the population.

In low income settings, the introduction of such schemes often coincides with broader system wide changes (Meessen, Soucat et al. 2011). For instance, the requirement to monitor performance may result in improvements to the routine information systems; more frequent and focused supervision of health workers may have potential implications for system governance. RBF can also be considered a move towards strategic purchasing, and result in greater financial autonomy of health facilities.

Whereas there is today an important body of research dedicated to evaluating the impact of P4P at population level (e.g. Basinga, Gertler et al. 2011; Bonfrer, Soeters et al. 2014; Bonfrer, Van de Poel et al. 2014), much less is known about how these outcomes are brought about and the effects of these schemes on the health system. Nor do we understand how variations in the design of P4P might alter the health system (Lagarde, Wright et al. 2013). Yet, for countries, their partners and other stakeholders, identifying, measuring and understanding the health system level effects of P4P (Witter, Toonen et al. 2013) is of critical importance, to identify and correct for potential unintended consequences, and to facilitate synergy with the wider health sector and financing strategy, ensuring sustainable change through a strengthened the health system.

Many countries begin by implementing P4P on a pilot basis with external funding, then the scheme progressively expands its coverage and eventually is fully integrated within the public system (budget, national plan, and regulatory frameworks). This process is often not straight forward and reality may deviate from what was expected and vary across contexts. So far, this policy process has not been well documented. Policy makers of countries have already expressed in the past their need for guidance on how to manage the changes required to integrate P4P within a national health system. This requires sharing of experience and evidence.

**Against this background, the RESYST consortium, Globvac and the Performance Based Financing Community of Practice decided to join forces to organize three days of activities in Tanzania from November 24-26th 2015.**

**Overview of Workshop**

The aim of the workshop is to synthesise evidence on the health systems effects of P4P, discuss implementation issues when moving from pilot to policy, and identify implications for scheme design and technical capacities at country level. The program is organized in such a way as to maximize discussion and learning and encourage the identification of priorities for future research and policy action.

The objectives of the workshop are to:

- Synthesize country level evidence of the effects of RBF on the health system
- Identify relevant health system components that can be affected by RBF
- Review approaches to measuring health system effects of RBF
- Document policy processes and lessons learnt when moving from pilot to national programme
- Bring together researchers, policy makers and practitioners to reflect on lessons learnt, knowledge gaps and areas for future research and other learning processes.

Days 1 and 2 will disseminate and discuss findings on the health system effects of P4P from Tanzania and the wider region and experience of integrating P4P into the health system. Day 3 will be dedicated to reviewing research methods and identifying research priorities on those health system effects.

The three day program will balance contributions by guest speakers and studies presented by researchers selected on the basis of submitted abstracts.

For researchers willing to submit an abstract, specific areas of interest are:

- Empirical evidence of the health system effects of P4P in Tanzania and other sub-Saharan African countries
- Empirical evidence of scale up processes of P4P schemes
- Mapping health system effects of P4P (frameworks, dimensions, concepts…)
- Methods to measure health system effects of schemes

The workshop seeks to support the synthesis of knowledge and to promote more policy centred research in the future. A synthesis report will be prepared following the workshop along with a policy brief of key discussion points. An academic paper summarising the lessons learnt is also expected.

Workshop participants will be researchers involved in evaluating the effects of P4P schemes on the health system (financing, governance, human resources, service delivery), researchers involved in analyzing scaling-up of P4P from scheme to system in sub-Saharan

Africa as well as policy makers, practitioners and donors involved in implementation and/or scheme financing in the region.

The event will be in English only.

**Organisers**

The whole week of activities is organised by a consortium of actors: the Tanzanian Ministry of Health and Social Welfare, the Ifakara Health Institute, the London School of Hygiene & Tropical Medicine, the Institute of Tropical Medicine, Antwerp, the Chr Michelsen Institute (CMI) in Bergen, Norway and the Performance Based Financing Community of Practice.

**Funding**

The workshop is supported by the RESYST Consortium, Global Health and Vaccine Research (Globvac) and the Belgian Development Cooperation. Limited funding will be available to support the participation of invited speakers (for those without alternative funding sources).

**For more information:**

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**References**

Basinga, P., P. J. Gertler, A. Binagwaho, A. L. Soucat, J. Sturdy and C. M. Vermeersch (2011). "Effect on maternal and child health services in Rwanda of payment to primary health-care providers for performance: an impact evaluation." Lancet **377**(9775): 1421-1428.

Bonfrer, I., R. Soeters, E. Van de Poel, O. Basenya, G. Longin, F. van de Looij and E. van Doorslaer (2014). "Introduction Of Performance-Based Financing In Burundi Was Associated With Improvements In Care And Quality." Health Aff (Millwood) **33**(12): 2179-2187.

Bonfrer, I., E. Van de Poel and E. Van Doorslaer (2014). "The effects of performance incentives on the utilization and quality of maternal and child care in Burundi." Social Science & Medicine **123**: 96-104.

Lagarde, M., M. Wright, J. Nossiter and N. Mays (2013). Challenges of payment-for-performance in health care and other public services - design, implementation and evaluation.

Meessen, B., A. Soucat and C. Sekabaraga (2011). "Performance-based financing: just a donor fad or a catalyst towards comprehensive health-care reform?" Bull World Health Organ **89**(2): 153-156.

Witter, S., J. Toonen, B. Meessen, J. Kagubare, G. Fritsche and K. Vaughan (2013). "Performance-based financing as a health system reform: mapping the key dimensions for monitoring and evaluation." BMC Health Serv Res **13**(1): 367.