

Transforming health systems through results-based financing: Learning from implementation and early evidence of impact

Results-based financing (RBF) programmes are transforming health systems around the world, and fostering a cultural change that empowers frontline staff and strengthens core health systems through a rigorous emphasis on results. Join the conversation with researchers and practitioners to share current knowledge with designing, implementing and evaluating RBF to accelerate progress on the Millennium Development Goals for women's and children's health.

September 30, 2014 9am - 5pm ROOM 2.64-2.66 Cape Town International Convention Center	
9:00-9:15	Opening and welcome
9:15-9:45	Setting the Scene: Bruno Meessen and Dinesh Nair Big picture – what is RBF/PBF? What are RBF/PBF programs doing around the world? State of the HRITF Portfolio
SESSION 1 9:45-11:15 (1.5 hours)	 What has been the hard evidence of RBF impact based on rigorous impact evaluation? Damien de Walque, Chair Zimbabwe: RBF improves coverage, quality and financial protection – Dr. Gwinji, Permanent Secretary, Ministry of Health, Zimbabwe, Jed Friedman, and Ronald Mutasa, World Bank Argentina: RBF improves coverage for the poor, health outcomes, and is cost effective – Paul Gertler, UC Berkeley India: Karnataka: an Experimental Evaluation of Government Health Insurance and Health Outcomes – Somil Nagpal, World Bank
SESSION 2 11:30-12:45	Science of Delivery: Using Research during implementation Isidore Sieleunou, Chair • PBF Conceptual Framework and illustration with the case of Nigeria: Dinesh Nair, World Bank

Performance of RBF programs from a Cross Country Analysis: Ha Thi Hong Nguyen, World Bank WHO implementation research program on factors explaining success and failure in RBF scale-up: Maryam Bigdeli, WHO Join us for lunch, with guest speaker Paul Gertler: LUNCH No PPT, just Paul in conversation with participants on 30+ 12:45-1:45 years working on evaluations around the world Q1. Today you have heard about some research on Results Based Financing, including largescale impact evaluations, qualitative research (including case studies under development) and analysis of operational data. What do you think are the most burning gaps in advancing the generating of knowledge on RBF on both thematic and methodological fronts? What important HSR questions should we address over the next five years? Has the issue of peoplecentred health systems been adequately addressed by research to date? If not, what are the **GROUP** frontiers in research methods that we can push? **WORK:** 1:45-3:00 Q2. Like other health systems interventions, RBF may work well when piloted, but there may be challenges (political, financial, health systems) in scaling these interventions up. What kind of evidence, and knowledge generating / sharing processes, do you think are most likely to be convincing to policy makers? And relatedly, how might the 'policy processes' of scaling up be captured and understood, so that lessons can be shared across countries? From Evidence to Policy Panel Discussion: Bruno Meessen, Chair Panelists: Frank Van deLooj, Cordaid, Freddie Ssengooba, Makerere University, Jed Friedman, **SESSION 3** World Bank, and Sophie Witter, Queen Margaret University Edinburgh 3:15-4:15 How can the research community facilitate the process of moving the research to policy through capacity building for research in low and middle income countries? **Conclusion and closing** 4:15-4:45

Organized by the PBF Community of Practice in Africa, in partnership with the Health Results Innovation Trust Fund at the World Bank



