

P4P to Improve Health in Developing Countries

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P4P is a Paradigm Shift in Global Health

- Commitment to achieve the *Health Millennium Development Goals* by 2015.
- **Business as usual is not working.**
- **Results** from rigorous evaluations show promise.



Many Types of P4P: Supply Side

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

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 (many!)

Why P4P Might be Especially Powerful in Developing Countries

Incentive environments are extremely dysfunctional



**P4P in National Health Systems:
1 provider network, 1 payer**



Opportunity for Big Impact that can Save Lives

Increasing utilization as well as quality badly needed:

- Immunization coverage
- Nutrition
- Effective antenatal care
- Safe deliveries
- Family Planning
- Malaria prevention and treatment
- TB detection and treatment
- HIV prevention and treatment



However...Implementation Challenges Everywhere.

- Weak to nonexistent health information systems
- Difficult to identify truly independent external verifiers
- Weak management capacity at all levels
- Dysfunctional supply systems
- Poorly trained, inadequately supervised, and insufficient numbers of health workers
- Lousy quality
- Sustainability- Concern about how to pay for implementation as well as financial incentives

P4P in Rwanda



Key Features of P4P in Rwanda

- **Objective:** Improve maternal and child health
- **How?**
 - Government pays public and private facilities fees for each additional service provided on a list.
 - Maximum performance payments ($P*Q$) discounted by a quality score (0-100%).
 - District health teams determine quality scores and validate reported quantities provided by health centers.
 - Peer groups from similar hospitals assess quality of other hospitals.
- **When?**
 - Pilots in 2001-2005, national since 2008

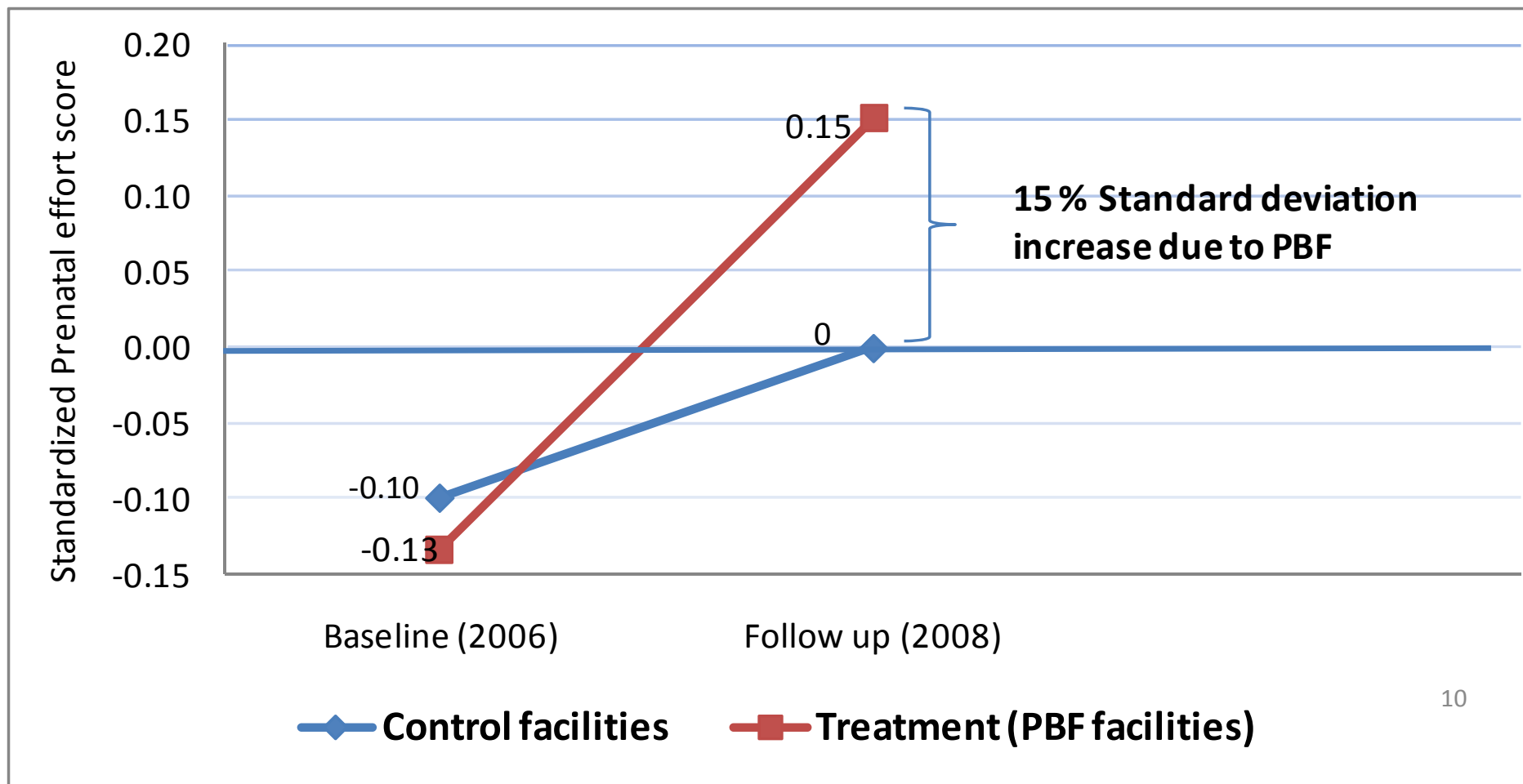
*** Phased implementation allowed for rigorous impact evaluation**

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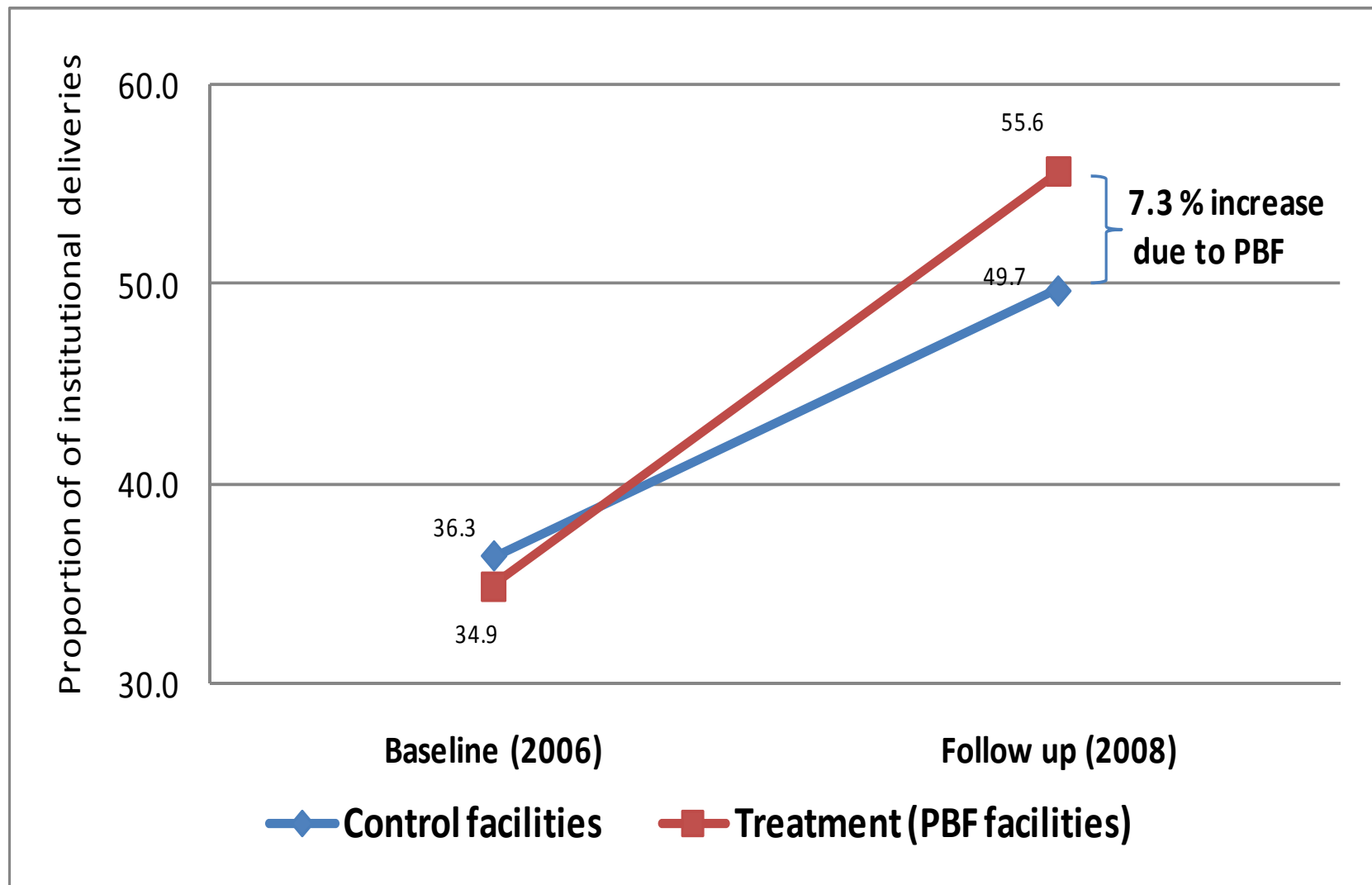
Impact on Quality of Prenatal Care

Source: Paulin Basinga and co-authors, Paying Primary Health Care Centers for Performance in Rwanda, World Bank Policy Research Working Paper 5190, January 2010.



Impact on Institutional Deliveries

Source: Paulin Basinga and co-authors, Paying Primary Health Care Centers for Performance in Rwanda, World Bank Policy Research Working Paper 5190, January 2010.



P4P in Haiti

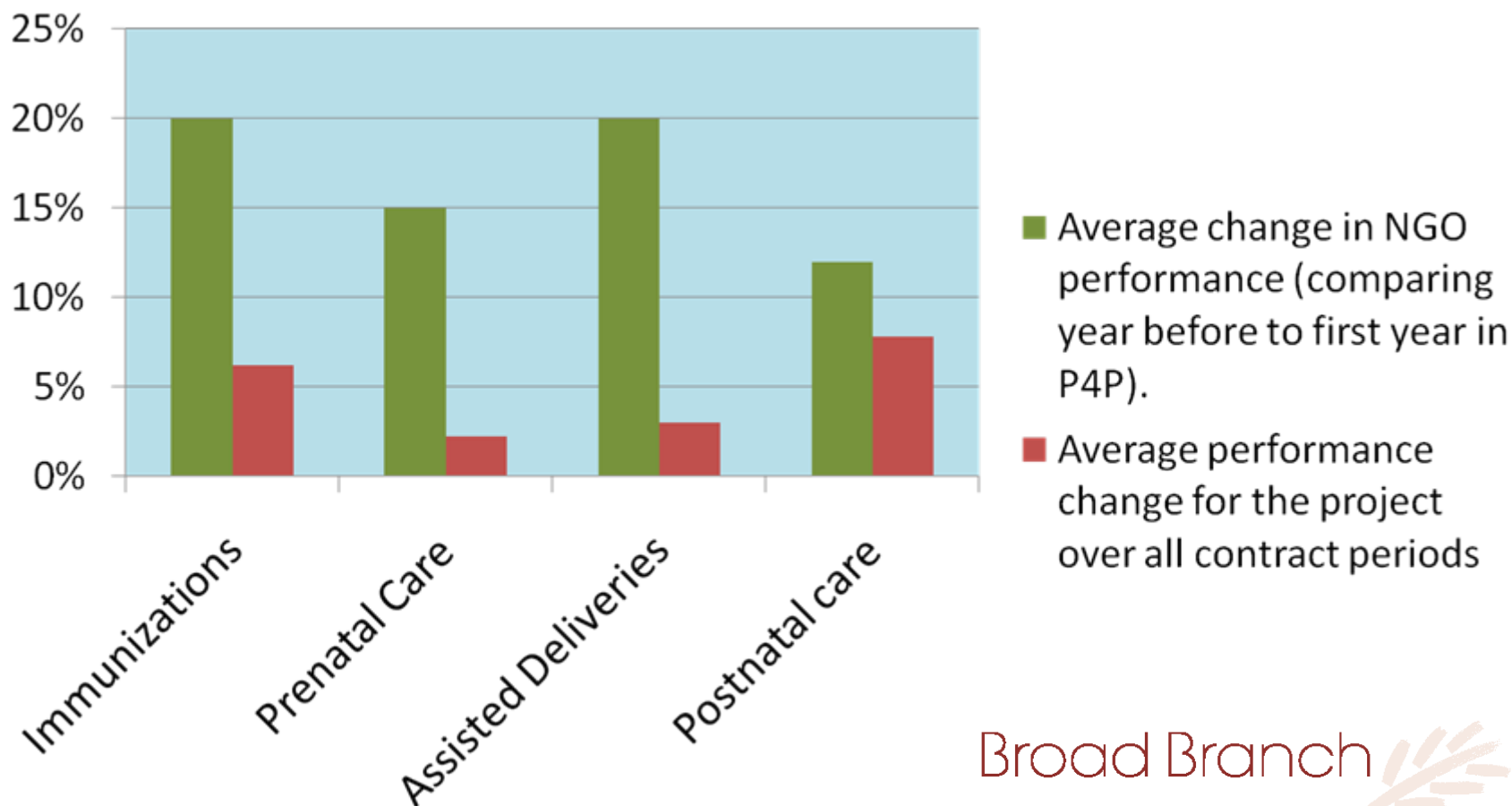


Key Features of P4P in Haiti

- **Objective:** Improve maternal and child health and strengthen capacity to provide essential health services
 - **How?**
 - Contracts with NGO networks that condition 10% of funding on attainment of annual population coverage targets.
 - Random audits by project team verify results
 - **When?**
 - Began with a pilot in 1999 and continues today. Covers over one third of the country.
- * Progressive “graduation” of NGOs from reimbursement for spending on inputs to payment for results enables multi-year analysis.

Snapshot of Results from Haiti

Source: Rena Eichler and co-authors, "Haiti: Going to Scale with a Performance Incentive Model", in Eichler, Rena and Ruth Levine. *Performance Incentives for Global Health – Potential and Pitfalls*. Brookings Institution Press : Baltimore, MD. 2009.



Some Conclusions

- P4P – when well designed and carefully implemented- has potential to catalyze changes that strengthen weak health systems and achieve health results.
- Much room for improvement and innovation:
 - Increase utilization of high impact interventions
 - Incentivizing improvements in quality
 - Incentivizing effective management of chronic diseases
 - Using technology- to overcome weak health information systems, monitor quality, transfer payment

Thank You!

For more information:

www.RBFhealth.org

www.HealthSystems2020.org

www.cgdev.org/section/initiatives/active/ghprn/workinggroups/performance