



Rotterdam Global Health Initiative

International network meeting

Wednesday, March, 11, 2020, 14.30h – 18.00h

We warmly welcome all interested in Global Health to join us for the RGHI international network meeting

All 'Bout The Money?

Motivating health care providers to do (even) better



Dr. Mylene Lagarde
London School of Economics



Dr. Manoj Mohanan
Duke University



Dr. Igna Bonfrer
Erasmus School of Health Policy
& Management

Please register by sending an email to rghi@eshpm.eur.nl before Friday March, 6, 2020.

The meeting will take place in M2-11 (Van der Goot building)
Erasmus University Rotterdam, Burgemeester Oudlaan 50.



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Agenda

All 'Bout The Money?

Motivating maternal care providers to do (even) better

Location: M2-11 (Van der Goot building), Woudestein

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| 14.30h – 15.00h | Coffee and tea |
| 15.00h – 15.05h | Welcome by Prof. Dr. Eddy van Doorslaer (RGHI, ESHPM, ESE) |
| 15.05h – 15.50h | Presentation by Dr. Mylene Lagarde (LSE)
<i>More health for the money or money for nothing? Pay-for-performance and quality of care in Senegal</i> |
| 15.50h – 16.00h | Break |
| 16.00h – 16.45h | Presentation by Dr. Manoj Mohanan (Duke University)
<i>Information and Facilitation Interventions for Accountability in Health and Nutrition: Evidence from a Randomized Trial in India.</i> |
| 16.45h – 17.15h | Interactive session by Dr. Igna Bonfrer (RGHI, ESHPM)
<i>Developing and testing a hybrid incentive scheme to motivate doctors, nurses and midwives to do better</i> |
| 17.15h – 18.00h | Drinks |



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Dr. Mylene Lagarde (London School of Economics)

More health for the money or money for nothing? Pay-for-performance and quality of care in Senegal

Many low-income countries have chosen to introduce Performance-Based Financing (PBF) schemes that link financial rewards to performance targets. These incentives are supposed to improve quality of care either directly, when it can be incentivised, or indirectly, by increasing providers' motivation and accountability. Despite the enthusiasm for PBF, the evidence about its impact on provider performance remains mixed. We take advantage of a randomised pilot of P4P in Senegal to test whether PBF improves quality of care. We conducted an audit study in 191 public primary care facilities located in treatment and control areas, where we used unannounced standardised patients to collect objective measures of quality and effectiveness of care. Overall, we found low levels of quality of care. In control facilities, providers completed only 30% of an essential checklist of care, and less than half of patients (42%) were managed according to the recommended guidelines. Furthermore, we found no evidence that the financial incentives provided by the PBF scheme improved any of the measures of quality of care, nor that it increased the likelihood that patients would be managed correctly. The evidence was similar for both rewarded and non-rewarded services. We rule out poor clinical knowledge or lack of understanding of the scheme as potential reasons explaining the lack of effect of PBF. We show suggestive evidence that in this setting where patients have limited information about what constitutes good quality of care, financial incentives are unlikely to improve effort through increased accountability. Moreover, delays in implementation may jeopardise the beneficial effects of incentives on motivation.

Dr. Manoj Mohanan (Duke University, Sanford School of Public Policy)

Information and Facilitation Interventions for Accountability in Health and Nutrition: Evidence from a Randomized Trial in India.

Community-based accountability interventions have shown potential to improve delivery of public services, but there is limited evidence on the effectiveness of such interventions when implemented at scale by developing country governments. We study the effectiveness of social accountability interventions implemented by the Indian state government of Uttar Pradesh aimed at improving delivery of primary health and nutrition services to children and pregnant women. Using a village-level randomized trial design, we investigate key mechanisms through which accountability interventions are hypothesized to improve healthcare delivery and health outcomes: information provision about health service entitlements and facilitation of collective action for community monitoring. We find large



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improvements in immunization rates, treatment of childhood diarrhea, and institutional delivery rates, modest improvements in child nutritional outcomes, and no effects on child mortality. Overall, the effects of information combined with facilitation are larger and statistically significant more often than that of providing information alone. We also find evidence of gender disparities with most of the average effects being driven by improvements among boys, with little to no effect of accountability interventions among girls.

Dr. Igna Bonfrer (Erasmus School of Health Policy & Management)

Developing and testing a hybrid incentive scheme to motivate doctors, nurses and midwives to do better

Each year an estimated 277,000 mothers and 1,150,000 infants die in pregnancy and childbirth in low-income countries. Motivated health workers can prevent most of these deaths. However, 35 to 75 percent of health workers in these settings are absent while they are supposed to be in the clinic. Those that are present often fail to provide the correct diagnosis and treatment, while they know in principle what to do (know-do gap). In this interactive session, a hybrid incentive scheme will be introduced, consisting of both non-financial and financial incentives. We will discuss how such a scheme can best be implemented and evaluated in a real world setting. This will inform further research on the topic.