Are pilot programmes able to give rise to sustainable health system effects?

THE CASE OF PERFORMANCE-BASED FINANCING IN BENIN

Satellite session: “Pay for Performance (P4P), how, why, where and what?”
Topic 4: How sustainable are P4P programmes: how do the effects of such programmes vary over time? What happens when P4P schemes cease?

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What happens now that PBF ceased in Benin?

**Context**

Termination of PBF

- 2012: Launch of PBF
- 2013
  - World Bank (8 HA) (IN)
  - Enabel (5HA) (IN)
- 2014
  - T3
  - Global Fund (19HA) (IN)
  - T4
  - GAVI (2HA) (IN)
- 2015
  - T3
  - Enabel (OUT)
  - T4
  - Global Fund (OUT)
  - T4
  - GAVI (OUT)
- 2016
  - T2
  - World Bank (OUT)
- 2017
- 2018

**Termination of PBF**

- 2017
- 2018

**Programmes**

- 4 programmes

**Funding**

- 100% externally funded

**Models**

- 2 models
Sustainability

- Consensual?
  - Sustainability is a **major performance criterion** of development programmes although it receives little attention, including in the PBF literature. However, « as many as 40% of all new (social) programs are not sustained beyond the first few years after termination of initial funding » (Savaya et al.; 2008) ⇔ waste of human and financial investments
  - There is **no consensual definition** of sustainability. Anyway, « [...] any effective definition will need to reflect the specific expectations of the program or setting to which the word sustainability is being applied » (Harvey & Hurthworth, 2006, p. 37)

According to Shediac-Rizkallah & Bone (1998), sustainability can be understood through the (1) maintenance of health benefits achieved through an initial program, (2) **level of institutionalization of a program** within an organization and (3) measures of capacity building in the recipient community.
Method

- Sustainability was examined through assessing **perceived behavioural effects** on health providers that were **maintained** the year following PBF termination.

- **Two rounds** of semi-directive interview with health providers **during** the implementation of PBF (N=59) and 6/9 months **after** its termination (N=44).
During PBF implementation

- Welcomed positively
- Positive effects on providers’ behaviour (interpersonal communication, reporting, reduction in absenteeism, cleanliness, ...)
- BUT also source of dissatisfaction (irregularity of payment, perception of unfairness in distribution, ...)

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After PBF termination

- **Back to square one?**
  - Widespread *decrease* of eagerness
  - *Non-continuation* of certain medical acts (post-natal consultation, counter-referral procedures)
  - *Non-continuation* of good working practices (wearing of blouses, absenteeism ↑,...)

### Graphs

**Postnatal consultation coverage**
- Source: DHIS2

**Childhood immunization coverage**
- Source: DHIS2
After PBF termination

Why?

- No exit strategy within programmes (termination unclear, no dedicated resources)
- Worsening in working conditions (non-renewal of contracts for specialist doctors, reduced funding for facilities)
- Incentives taken for granted

Doctors per 10,000 total population

Source: DHIS2
After PBF termination

- Nevertheless,
  - Some positive behaviours were maintained (health facilities cleanliness, records completeness, ...)

- What explains it?
  - Health staff’s motivation at work goes beyond financial motivation
  - Managers' leadership
  - Demonstration of usefulness of the behaviours
THANK YOU

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October 9th 2018        Oriane Bodson       What happens now that PBF ceased in Benin ?