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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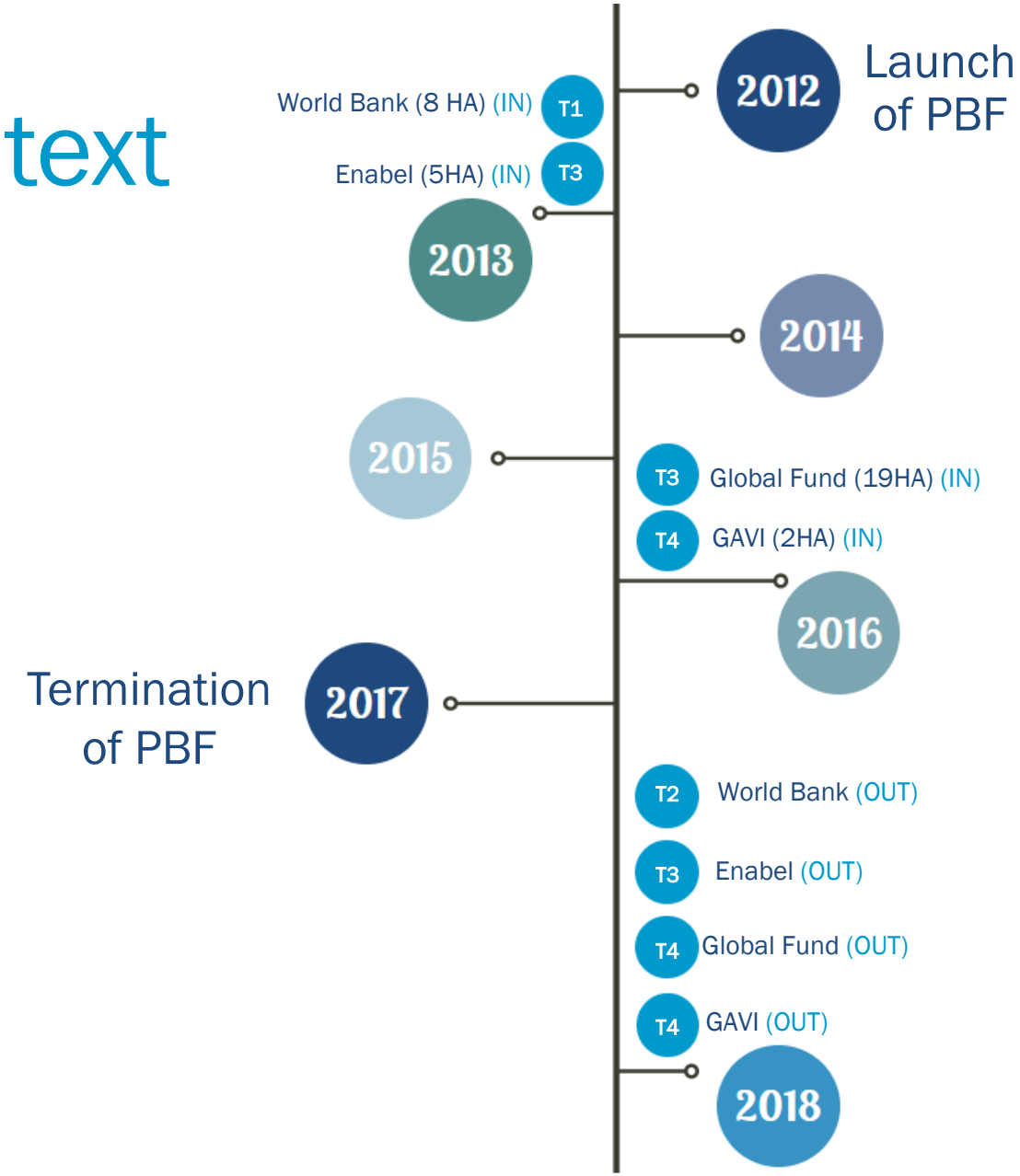
Context



4 programmes

100% externally funded

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

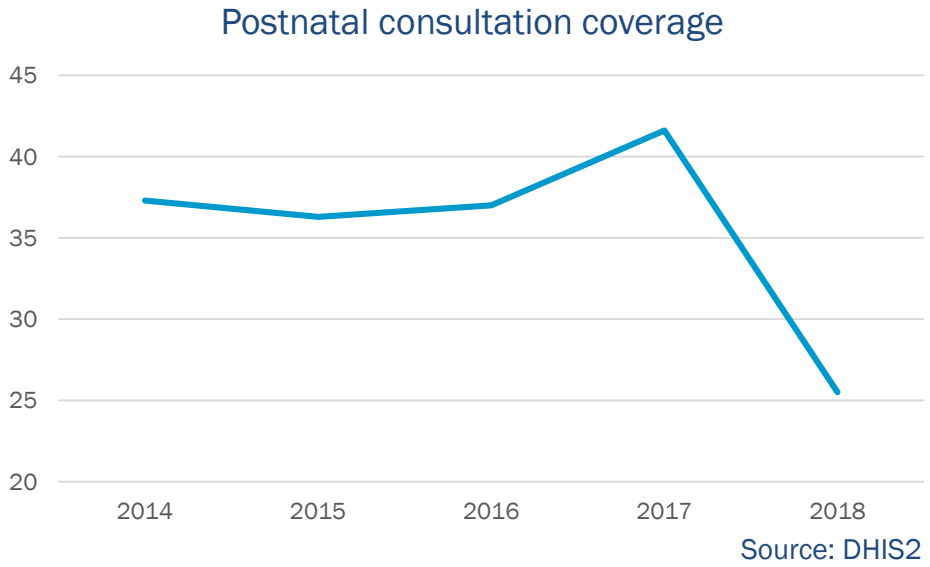
- **Two rounds** of semi-directive interview with health providers **during** the implementation of PBF (N=59) and 6/9 months **after** its termination (N=44)

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,…)

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 ↑,…)



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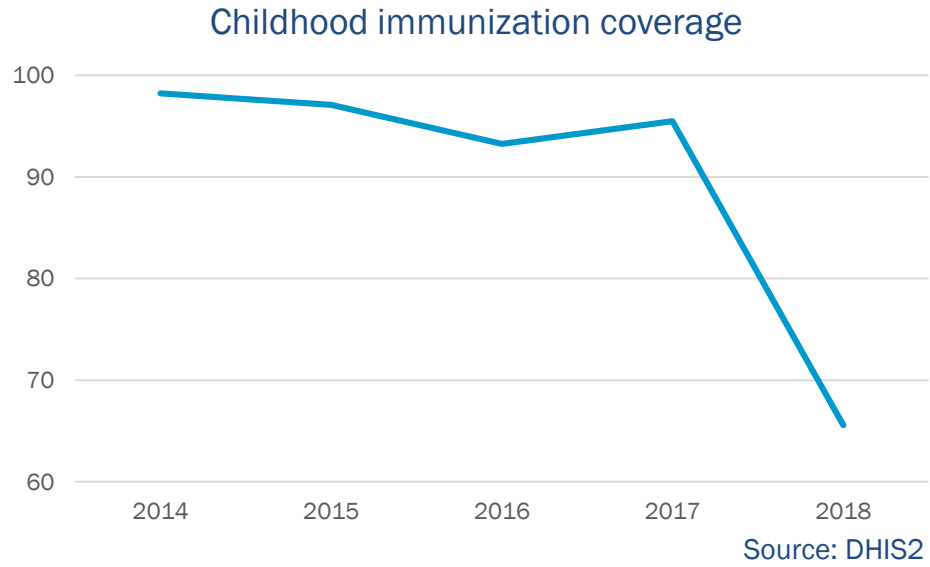
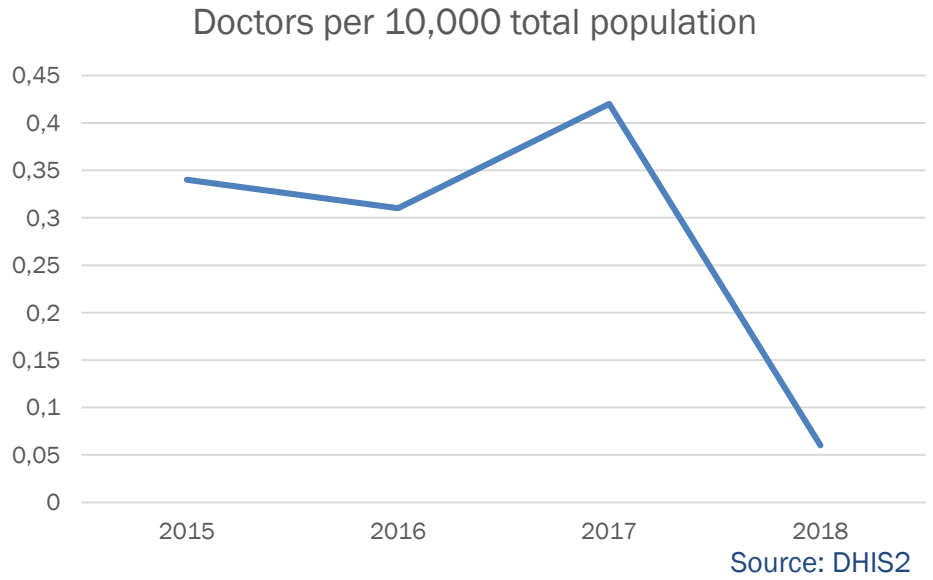


Source: DHIS2

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**



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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