

Performance Based-Contracting for Health in Liberia



Group work:
**Institutional set up of PBC &
capacity building needs**
-P. Vergeer

May 2009

Notes Slide 1:

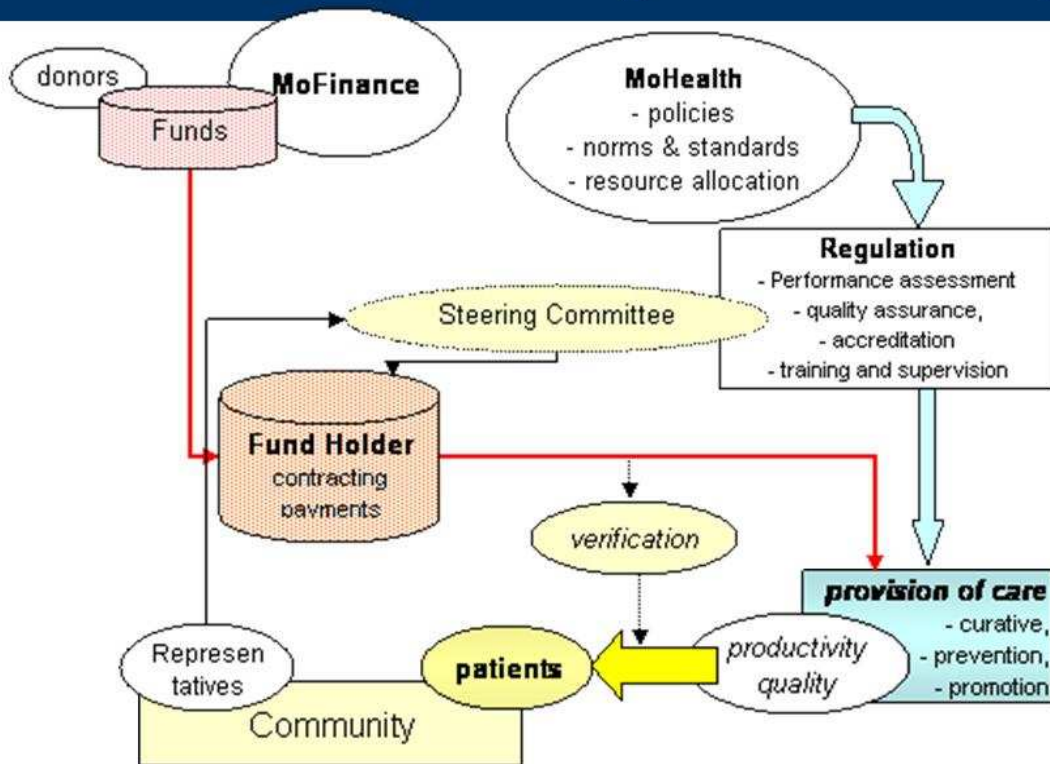
Objectives



- Increase understanding on the institutional set up of PBC
- Solicit stakeholder input on creating the institutional design for PBC in Liberia

Notes Slide 2:

Institutional set up of PBC



Source: Toonen, Canavan, Vergeer, Elovainio, "Performance Based Financing: A synthesis report" KIT 2008;

Notes Slide 3:

PBF or PBC requires an appropriate institutional set up. This figure was developed based on what was observed in different countries where PBF was implemented– it is *not* reflecting the ideal situation as it will depend on factors like e.g. context and capacity. Rather this figure aims to highlight the different actors involved and facilitate the discussion on *who* should carry out certain roles and *what* are they responsible for so as to initiate the thinking on needed capacity building:

- To improve performance- changes should happen at patient-provider interface. Involving the community can be important as done in DRC where community health committee is involved in developing the business plan.
- The provider of services will have a contract with a fund holder (who receives funds from e.g. Donor or MOF). The fund holder is responsible for the contracting and making the payments to the provider. Ensuring the purchaser-provider split is essential in this. Different actors have been seen to carry out the role of the fund holder: e.g. a local NGO in DRC; a health insurance as proposed in Ghana; an international organisation like RBHS on behalf of the donor like USAID in Liberia; the MOH in Rwanda has set up a more vertical project inside the organisation; or a local organisation representing different stakeholders (with CSO, NGO and local govt representatives) as in Burundi. What will be appropriate for Liberia?
- How will regulating the services occur- while this is usually the responsibility of the MOH – will this be done at central or decentralised level (like in DRC) Will there be a contract with the regulator?
- How will verification be done? By whom? Will this be contracted out like in Burundi? Will the community play a role? Is it appropriate for the provider to verify the results?
- Will there be a steering committee overseeing the implementation of PBF and who guides the fund holder? Will there be community representatives in the steering committee- how can it be ensured they are truly representative?

Discussion Questions Contracting IN



CHT will be contracted by MOHSW to deliver the BPHS in Harrison county. Who should do what?:

- Describe roles and responsibilities of the verification committee. Who should be in it? Who not?
- How should the relation be between the CHT and health facilities? What about between CHT and MOHSW? Describe each of their roles and responsibilities.
- How should the relation be between the health facility and the health workers? Describe each of their roles and responsibilities in PBF.
- How should the relation be between the health facility and the community? Describe the roles and responsibilities.
- Should there be a steering committee? At what level? Who should be in it?

Notes Slide 4:

Liberia is proposing to pilot contracting in. One working group will discuss and brainstorm on the questions listed and report back to the plenary.

Make the group at forehand to ensure appropriate stakeholder representatives. This group should have different CHT members (such as CHO, HMIS officer, Nurse) but also from central MOH and local government authorities participate in the discussion

Discussion Questions Management Contracting



NGO IbraDu will be contracted by MOHSW to deliver the BPHS in Serkalata county. Who should do what?:

- How should the relation be between the NGO and the CHT? Describe each of their roles and responsibilities.
- How should the relation be between the NGO and the health facilities? What about between NGO and the health workers? Describe each of their roles and responsibilities.
- How should the relation be between the NGO and MOHSW? Describe each of their roles and responsibilities in PBF.
- Describe roles and responsibilities of the verification committee. Who should be in it? Who not?
- Should there be a steering committee? At what level i.e. national or county? Who should be in it?

Notes Slide 5:

Liberia is currently implementing management contracting through RBHS and MOHSW intends to do the same through Pool Fund.

One working group will discuss and brainstorm on the questions listed and report back to the plenary.

This group should have different CHT members but also different NGO's who may be responsible for implementing the management contract. In addition, a few representatives of local government should participate in the discussion.

Discussion Questions Contracting Out



CHT in Marcuses County will contract private construction company Rolando to build a clinic. Who should do what?:

- How should the relation be between the CHT and the company? Describe each of their roles and responsibilities.
- How should the relation be between the company and the community? Describe the roles and responsibilities
- Describe roles and responsibilities of the verification committee. Who should be in it? Who not?
- Should there be a steering committee? At what level? Who should be in it?

Notes Slide 6:

The National Health Policy notes that contracting out may also be an option in Liberia. Given that there are also many non-health people in attendance from local government, it was decided to focus here on an non-health specific example. Hence, this group will consist largely of local govt representatives and only a few NGO, CHT people.

Discussion Questions- All Groups



- What capacity building will be needed of the CHT and/or NGO in relation to:
 - Determining results
 - Planning & managing to achieve results
 - Monitoring of results
 - Validating of results
 - Payment for results
 - Contract management

- What about at health facility level?

Notes Slide 7:

These questions are to be answered by all three groups!
Utilizing the handout of the presentation on PBC implementation (of that morning) let the groups brain storm on what capacity building will be needed by the different actors involved in order to be able to implement PBC.

Groups



Notes Slide 8:

A table of the three pre-determined groups is placed in here— follow suggestions on previous notes pages on who should participate in which group.



*“Building culture of results is more than
procedures only”*

*Dr Claude Sekabaraga,
Ministry of Health Rwanda, June 2008*

Notes Slide 9:

A quote by Dr. Claude Sekebanga highlights a vital issue of PBF. This quote was taken from Dr. Sekebanga’s presentation on ‘Rwanda – Performance based system- Public Reforms’ during the World Bank workshop in June 2008