



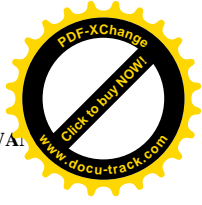
Implementing Performance-Based Financing in the Rwandan National HIV Program

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Dr Louis RUSA, National PBF Coordinator,
MOH Rwanda
12 June, 2009



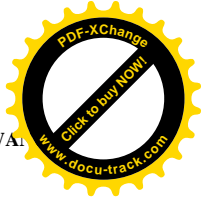
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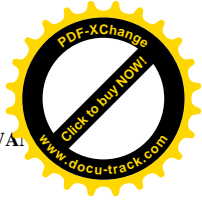
Content

- What is Performance-Based Financing in Health in Rwanda?
 - How Performance-Based Financing for HIV?
 - Results on the Volume and Quality of Services
 - Impacts of Performance-Based Financing
 - Conclusions
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PBF for Health Services in Rwanda (1)

- Various models: health center PBF; district hospital PBF; community PBF
 - Total resources about \$1.50-1.80 per capita/yr
 - Health Center:
 - Performance Earnings = $(\sum \text{Services} * \text{Unit fees}) * \% \text{ Quality}$
 - 14 PHC indicators + 10 HIV indicators; unit fees \$0.18-\$8.90, measured monthly
 - 111 composite indicators (1058 data elements) across 13 services/departments, measured quarterly
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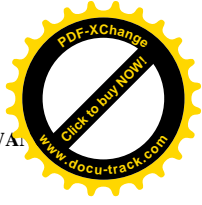
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PBF for Health Services in Rwanda (2)

- Hospital PBF model:
 - Balanced score card approach: (2009) 59 composite indicators, over 350 data elements
 - Annual global prospective budgets between \$59K and \$315K
 - Transparent peer-evaluation mechanism
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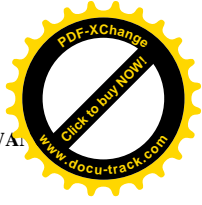
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How PBF for HIV Services?

- Fully integrated in the national system: one ME, one strategy, one model: purchase through the internal market (bill goes to the funding agency: MOH; USG-collaborating agency; bilateral agency)
 - Payment for HIV services conditional on the % quality of services (including HIV services): therefore HIV money strengthens general health services!
 - Although HIV indicators 40% (10/24) of indicators, Quality weight of HIV services contribute 9% to the total quality (only): 5 composite indicators with 63 data elements
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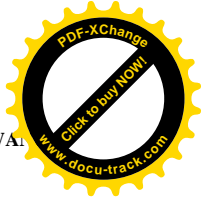
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How PBF for HIV Services?

Indicator	Unit fee
1. VCT test	\$0.89
2. PMTCT: partner tested	\$4.58
3. PMTCT: no of women under treatment with ARVs during labor	\$4.58
4. PMTCT: exposed children tested	\$8.93
5. Care: number of HIV+ clients tested for CD4	\$4.58
6: Care: number of HIV+ clients treated with CTX each month	\$0.44
7. ARV: number of new adult clients put on ARVs	\$4.58
8: ARV: number of new pediatric clients put on ARVs	\$6.70
9. Prevention: number of HIV+ women who use modern FP	\$2.68
10. Prevention: number of HIV+ clients tested for TB	\$2.68



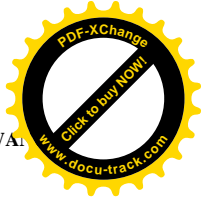
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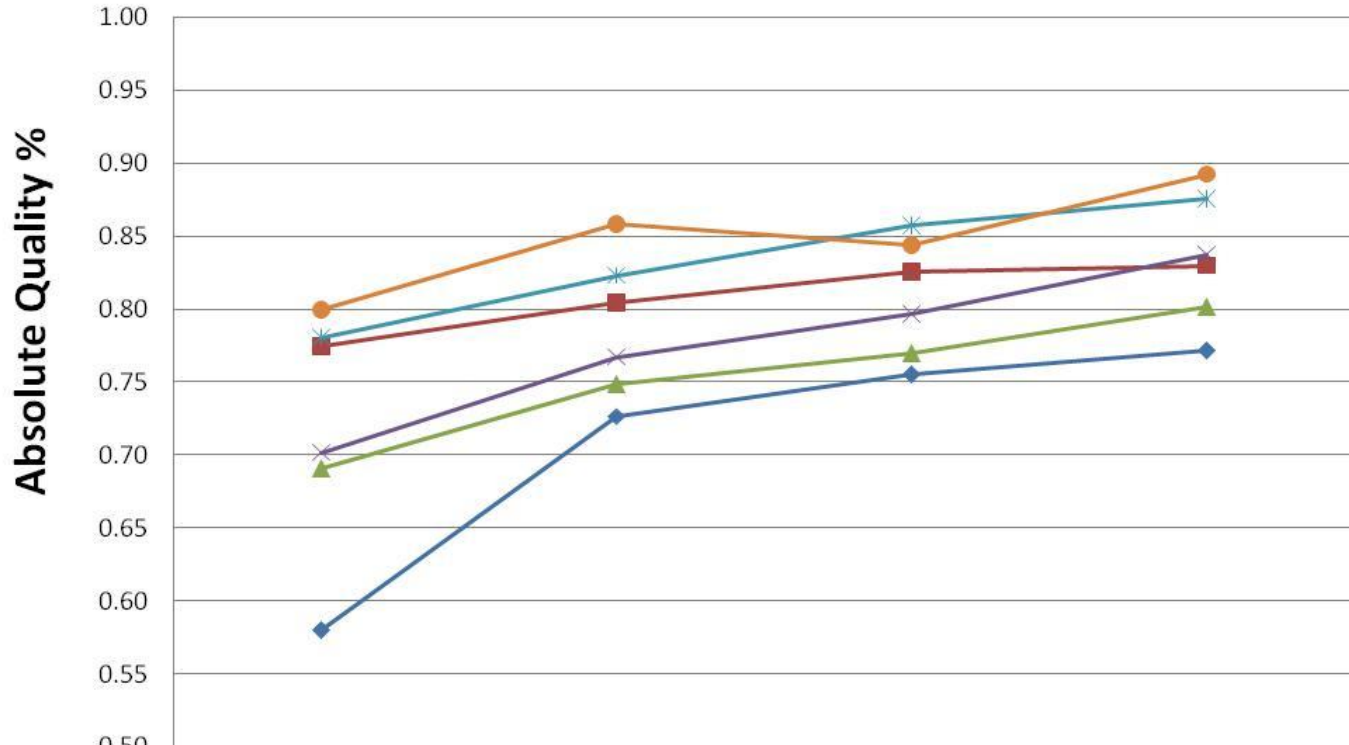
PBF Earnings

- Facilities were free to allocate PBF funds (PHC and HIV)
 - 22% increase in budget
 - 77% to salaries
 - 23% to operating costs, equipment
 - 38% increase in compensation
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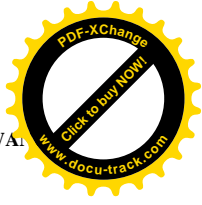


Results on the Quality of Services (1)

Quality Improvements in HC Services 2008-A

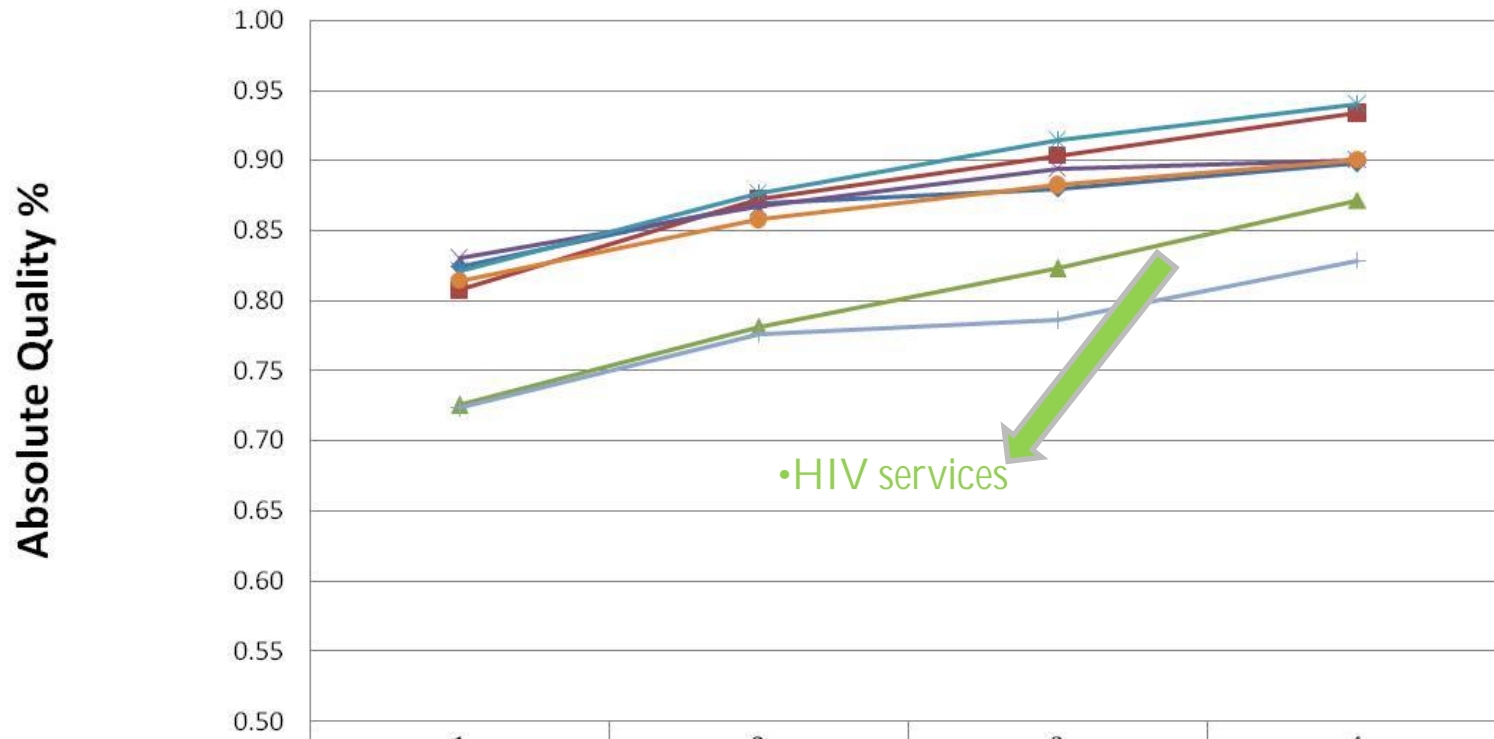


	1Q08	2Q08	3Q08	4Q08
◆ 1. General Organization	0.58	0.73	0.75	0.77
■ 2. Hygiene	0.77	0.80	0.83	0.83
▲ 3. Ext Consult & Inpatient	0.69	0.75	0.77	0.80
✕ 4. Delivery room	0.70	0.77	0.80	0.84
✱ 5. ANC	0.78	0.82	0.86	0.88
● 6. FP	0.80	0.86	0.84	0.89

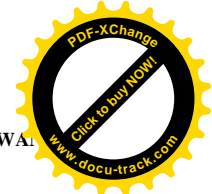
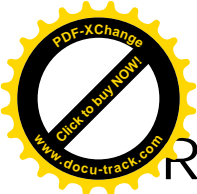


Results on the Quality of Services (2)

Quality Improvements in HC Services 2008-B



	1	2	3	4
7. Vaccinations	0.82	0.87	0.88	0.90
8. Growth Monitoring	0.81	0.87	0.90	0.93
9. HIV	0.73	0.78	0.82	0.87
10. TBC	0.83	0.87	0.89	0.90
11. Lab	0.82	0.88	0.91	0.94
12. Pharmacy	0.81	0.86	0.88	0.90
13. Financial Management	0.72	0.78	0.79	0.83



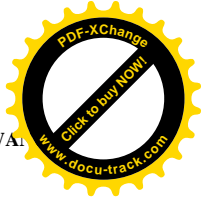
Results on the volume of services For a cohort of six Health Centers

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PBF Indicator	October 2006 average/month/ health center (6 health centers)	December 2008 Average/month/ health center (6 health centers)	Percentage increase (linear R2)
VCT clients tested	158	372	135% (0.45)
VCT/PMTCT couples and partners tested	77	104 (Dec 07)	35%
PMTCT women tested	71	51 (Dec 07)	- 28% (0.68)
PMTCT children born to HIV+ mothers seen for CTX treatment	7	29 (Dec 07)	325% (0.75)
IO number of HIV+ clients treated with CTX	55	134	143% (0.82)



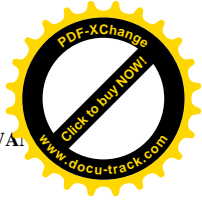
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Results for HIV

- Large quantitative increases:
 - HIV testing
 - Couples tested
 - CTX preventative therapy
 - But: no results from 'control' areas so cannot calculate double difference
 - WB impact evaluation will present HIV results also (forthcoming)
 - HIV monies contributed to average quality increase in PBF facilities from 71.2% to 83.5%
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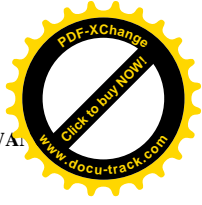
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PBF Impact Evaluation

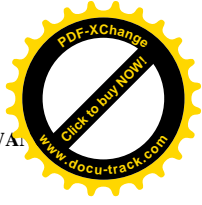
- Large independent Impact Evaluation of the nationwide rollout of PBF
 - Quasi Experimental design
 - 23 Districts PBF ('treatment'); 7 Districts control: control districts receive the same amount as 'input financing' to compensate for earnings PBF facilities through their performance
 - PHC data out: ready for submission to peer-reviewed journal
 - HIV data still being analyzed
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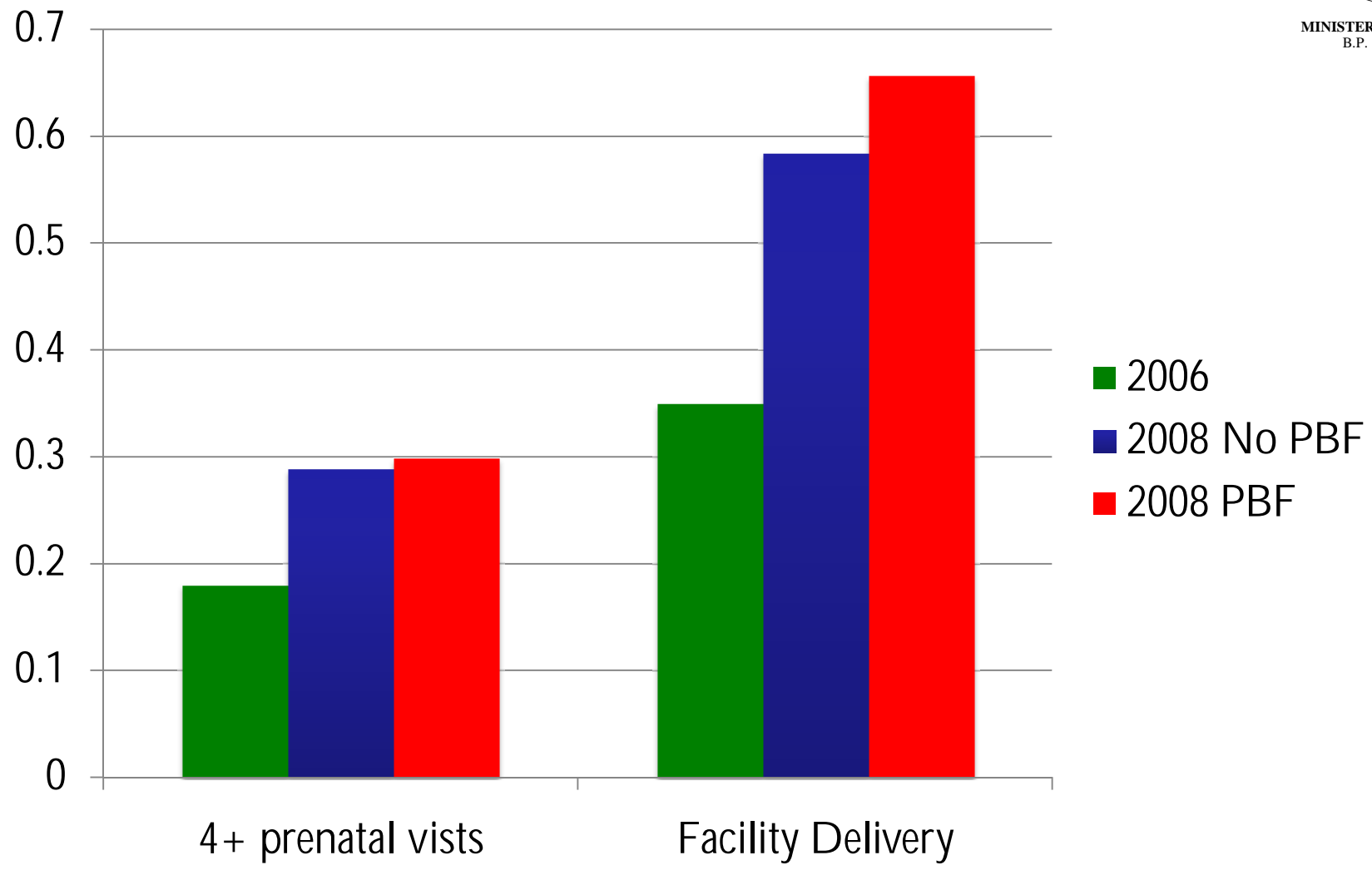
Sample: Panel 165 Facilities 2006-08

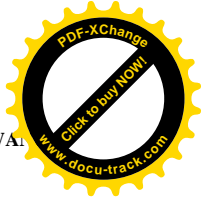
	Treatment	Control	TOTAL
2006			
No HIV/AIDS Services	64	73	137
HIV/AIDS Services	15	13	28
Total	79	86	165
2008			
No HIV/AIDS Services	43	53	96
HIV/AIDS Services	35	29	64
Total	78	82	160

- 2145 households in catchment areas
 - Random sample of 14 per clinic
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Impact on 4+ Prenatal Visits and Facility Delivery



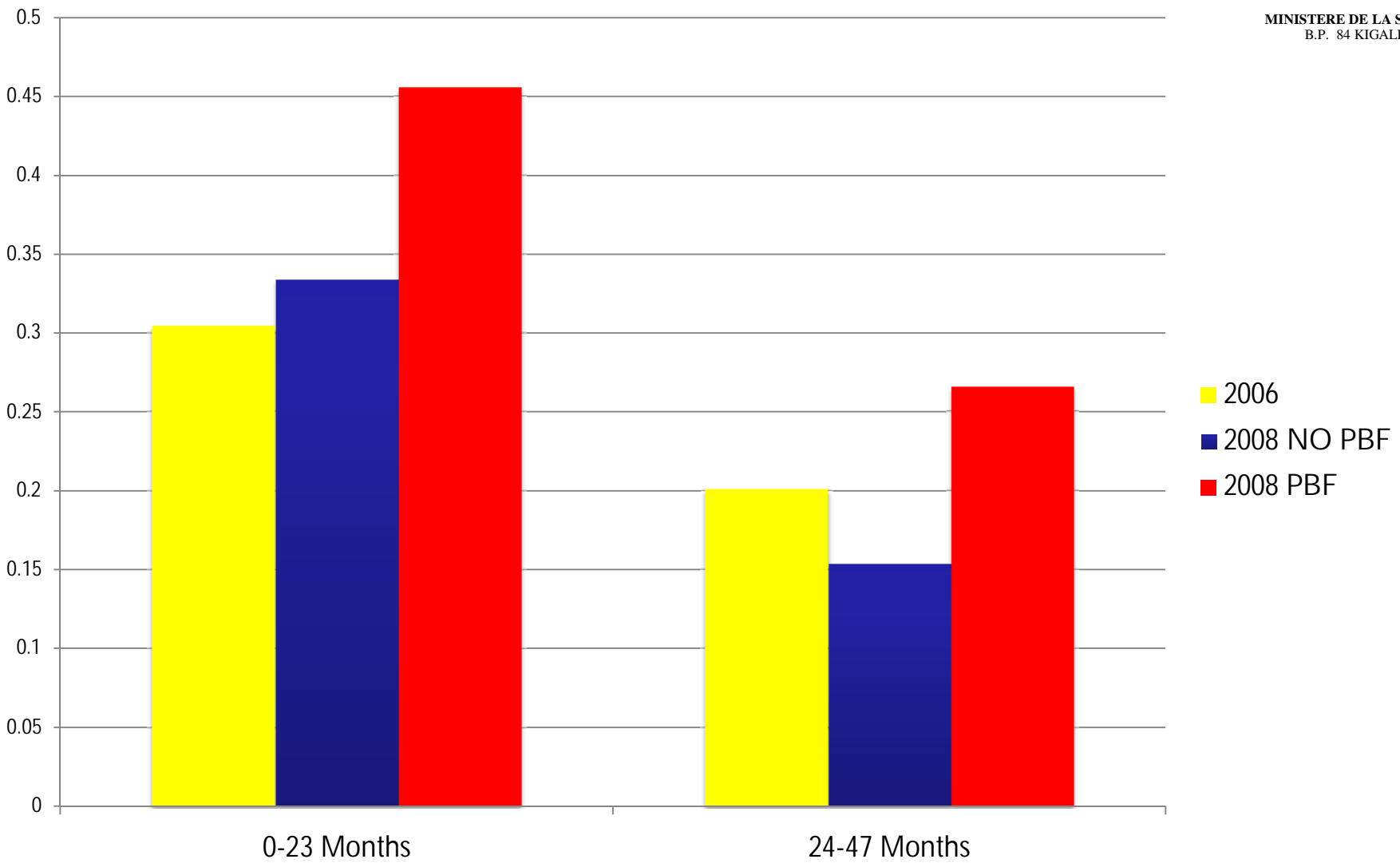


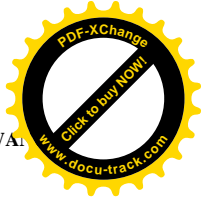
Impact of PBF on Probability of Child Preventive Care Visit in Last 4 Weeks

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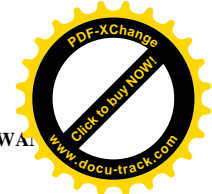
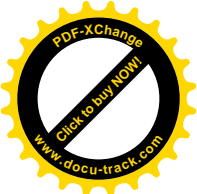
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Results Summary Impact Evaluation

- Balanced at baseline
 - Expenditures same, so incentives isolated
 - Impact on utilization
 - Delivery & Child prevention, but not prenatal
 - Impact on prenatal quality
 - Bigger for better providers
 - Reduced child morbidity & taller children in catchment areas of PBF facilities
 - Effect sizes bigger than most other interventions
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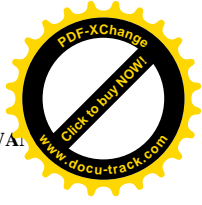
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Health Impacts

Indicator	DHS 2005	DHS 2007
Total Fertility Rate	6.1/woman	5.5/woman
Contraceptive Prevalence Rate (married women; modern methods)	10%	27%
Births attended by Skilled Attendants	39%	52%
Under-five mortality	152/1,000	103/1,000
Infant mortality	82/1,000	62/1,000
Vacc coverage against measles children aged 12-23 months	75%	90%



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Conclusions

- HIV monies contributed to the large health outputs and impacts of PBF, by purchasing services conditional on the general quality of services
 - HIV monies contributed significantly in the implementation and rollout of the national PBF systems (TA; M&E; CB)
 - It is possible to do System Strengthening with HIV monies!
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Thank you for your attention!