Salud Mesoamérica 2015 Initiative

An innovative public/private partnership to reduce health equity gaps in Mesoamerica

IWG on RBF
Geneva, Switzerland
November 2012
Salud Mesoamérica 2015

- **SM2015**: Innovative Public-Private Partnership
  - *Bill & Melinda Gates Foundation*
  - Carlos Slim Health Institute
  - Government of Spain
  - 8 Mesoamerican Countries
  - Inter-American Development Bank

- US$ 142m in **grants**, leveraging US$ 55m in **domestic resources**.
- Support countries to reach **MDG 4 and 5**.
- **RBF model** targeted to the **poorest** areas of a country.
- **Innovative** ways to bring **quality healthcare** to hard to reach communities.
Countries

- Belice
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Nicaragua
- Panamá
- Chiapas, México
Objective

Reduce health inequalities by extending coverage and improving quality of interventions.

Specifically

- Increase the supply, quality and use of evidence-based health interventions among the poorest 20% of the population.
- Contribute to the political and financial commitment within the Mesoamerican Region to close health equity gaps.
- Increase the availability and use of evidence for pro-poor health policies.
Theory of Change

- Increased availability and use of evidence for pro-poor policies
- Increased allocation of health resources to the poorest populations
- Scale-up the effective coverage of evidence-based interventions
- Reduce the neonatal, child and maternal mortality and morbidity in the target population
- Increase in the demand for services among the poorest populations
- Increase in the supply of quality services among the poor
- New incentives within the RBF model (SM2015 Donors, IDB, Countries, Supply and Demand)
Focus on **results** in the **poorest** segments of the population.

- Unmet Basic Needs, Geographic Targeting

Set of integrated services with proven efficacy.

**Areas:**
- Maternal-Child Health
- Nutrition
- Immunization

**Policy Dialogue.**

**Monitoring & Evaluation.**

**Learning.**
SM2015: Innovations

- This is the first regional initiative of this magnitude.

- For the first time in the region, combined funds from governments and two major private foundations to finance operations in the poorest areas.

- Results-based financing model (RBF).

- Design and implementation: pace of progress is determined by intense joint work with Ministries.
Innovation: RBF model

- Contract between IDB and Countries
- Tranches: Investment (IT, *IT in spanish*), Counterpart (CP, *CN in spanish*), Performance (PT-Results Based Disbursement)
- Predetermined targets (coverage, quality and effective coverage)
- External and independent verification
  - Households and health facilities surveys.

PT: SM2015 reimburses 50% of the CP funding if targets are met
Key Performance Framework Indicators
Example on Nutrition

- Reduce anemia by 15 PP in children 6-23 months of age (payment indicator at 54 months).
- Increase coverage of micronutrient powders (% of children 6-23 months of age with completed micronutrient regiment) by 30 PP (payment indicator at 36 Months).
- Percentage of health centers with the necessary inputs for child-health (including Zinc, ORS and Micronutrients); Goal = 80%, payment 18 months.
SM2015 Monitoring and Evaluation
Mixed - Methods Approach

- Monitoring during implementation
  Dashboards: *Are we on track to meet our targets?*

- Target Verification
  External household and facility surveys: *Did we meet our targets?*

- Process and Impact Evaluations: Qualitative and Quantitative
  Maco: *Effects of SM2015 RBF model*
    *Process and Experimental and quasi-experimental evaluations*
  Micro: *Effects of demand and supply side incentives*
    *Process and Experimental evaluations*

- Learning: *How/why countries did (did not) meet targets?*
Target setting and RBF rules

- What is the best way to set targets?
  - No gold standard for target setting.
  - Relatively few comparable experiences.
  - Short operation periods, 18-months for the first operation.

- What are the effects of the “rules of the game” we adopted?
  - Stoplight system with ‘All or nothing’ rule for payment.

How are we addressing these challenges?
1. The indicators’ general framework for SM2015 was prepared.

2. Preliminary performance and monitoring indicators were selected.

3. Targets for the performance tranche were set:
   - Literature review of impacts of similar health interventions.
   - Estimates based on historic trends of health indicators (by IHME).
   - In-house CB economic model to estimate expected changes.
   - Statistical power calculations.
   - Country operational requirements, expert consultations and intuition.

**SM2015 Indicators**
~50 indicators

**Performance Tranche**
~24 indicators

**M&E Indicators**

**Performance Framework**
General Indicators Framework

Process indicators at 18 months

- Inputs for child care
- Inputs for prenatal controls
- Inputs for family planning

Activities
- # of transport coupons given to women
- Number of professionals trained in EmOC

Products
- % of health services with qualified staff for EmOC 24/7
- Number of coupons used by women

Results
- Percentage of deliveries attended according to the norm
- Percentage of obstetric complications managed according to the norm

Impact
- Reduction of maternal deaths in the intervention area

Coverage and coverage with quality indicators

Una innovadora asociación público-privada para reducir las brechas de equidad en salud en Mesoamérica
For most of the indicators, the Institute for Health Metrics and Evaluation (IHME) estimated scenarios for expected changes in indicators using trends for 187 countries (1990-2010).

For each indicator, estimated rates of change are presented at the national level as well as for the 10th, 25th, 50th, 75th and 90th percentiles at the global and regional level.

Additionally, sample size calculations to detect statistically significant changes were performed.
Expected Performance

90% of health facilities with permanent availability of family planning methods

Unmet need for contraception decreases 5% PP

Coverage & Quality indicators

Unmet need for contraception decreases 10% PP

Coverage & Quality indicators

Permanent availability of family planning methods

Targets set for all indicators

Process indicators

Coverage & Quality indicators

18 months targets

36 months targets

54 months targets

0 months

18 months

36 months

54 months

Operation 1

Operation 2

Operation 3

100

50

0
## El Salvador Negotiation

<table>
<thead>
<tr>
<th>El Salvador</th>
<th>Baseline</th>
<th>Target Estimation in-house model</th>
<th>Agreed Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception prevalence rate</td>
<td>0.42</td>
<td>0.53</td>
<td>0.62</td>
</tr>
<tr>
<td>Early initiation of prenatal care</td>
<td>0.85</td>
<td>1.02</td>
<td>0.95</td>
</tr>
<tr>
<td>Prenatal care according to best practices</td>
<td>0.49</td>
<td>0.60</td>
<td>0.64</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>0.75</td>
<td>0.86</td>
<td>0.85</td>
</tr>
<tr>
<td>Anemia prevalence in children</td>
<td>0.43</td>
<td>0.33</td>
<td>0.33</td>
</tr>
<tr>
<td>Measels, rubella vaccination</td>
<td>0.89</td>
<td>1.00</td>
<td>0.95</td>
</tr>
<tr>
<td>Anti-parasitary treatment in children 12-59 m</td>
<td>0.39</td>
<td>0.50</td>
<td>0.60</td>
</tr>
<tr>
<td>ORS and Zinc on the last episode of diarrhea</td>
<td>0.07</td>
<td>0.18</td>
<td>0.27</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>0.55</td>
<td>0.66</td>
<td>0.70</td>
</tr>
<tr>
<td>Institutional birth by trained staff</td>
<td>0.82</td>
<td>0.93</td>
<td>0.90</td>
</tr>
</tbody>
</table>

Source: Cruz & Martinez (2012)
Data used during the negotiations in May 2011, with partial baseline results. Some targets were adjusted according to final baseline results to be consistent with expected changes.
Country Scores

“All or nothing”

- All indicators have equal weights
- If indicator meets target scores 1/total
- 9-12 indicators per operation
- Overall score of 0.8 or above is required
- Miss 1-2 indicators at most

Receive Performance Tranche
Stoplight System

End of Operation 1

Country meets performance targets?

Score equal or above 0.8

Country meets performance targets?

Score below 0.8

Receive PT

End of Operation 2

Country meets performance targets?

Score equal or above 0.8

Receive PT

Score below 0.8

Receive PT

End of Operation 3

Country meets performance targets?

Score equal or above 0.8

Receive PT

Score below 0.8

Receive PT

Score equal or above 0.8

Disqualified

Score below 0.8

Disqualified

Receive PT

Una innovadora asociación público-privada para reducir las brechas de equidad en salud en Mesoamérica
1. **Vroom’s (1964) expectancy-value theory**: if targets are very high, motivation and performance will decrease, people will perceive a low probability of achieving them.

2. **Atkinson’s (1957, 1974) achievement motivation theory**: perceived very easy or very difficult targets will decrease performance.

3. **Locke and Latham’s (1990) goal-setting theory**: specific and difficult targets will motivate performance more than vague targets.

What we know about payment types

Seeking insights

- What are your thoughts on the way we set targets?
- What would be the best way to set a rule for payments?
- If the final objective is to promote a more efficient use of resources (i.e. greater results with the same envelope or same results with a reduced envelope of resources), could an all or nothing rule for payment be counter-productive? What is the evidence in this respect? Should we use instead a step function?
- What is your experience in terms of adjusting targets that were not met or were met “too easily”?
Seeking insights

- What are your thoughts on our evaluation design? In particular, what should the process/qualitative evaluation focus on?
Annex: Example
Mexico’s Performance Framework at 18, 36 and 54 months
System Dynamics Model

- Map the operation of SM2015 in one country
- Visualize the system
- Understand factors affecting targets:
  - Incentives
  - Institutional constraints
  - Management issues
  - Logistics
  - Time frames
RBF Model: Benefits

- **Generates evidence** on the impact of the model, and innovations in healthcare delivery, investment decision-making, efficiency and budgeting

- **Generates information** on health status, use and access to health services by target population

- **Indicators framework** that combines technical and operational criteria that also allow comparability in the Mesoamerican Region

- **Systematizes the process** of selection, negotiation and performance measurement indicators (‘model’)

- **Strengthens accountability** for donors and transparency of results

- **Potential use of the model in other geographic areas**, with other funding sources, with other programs
# Mexico’s PF at 18 months

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>Weight</th>
<th>Baseline</th>
<th>Goal</th>
<th>Verification source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health services with permanent availability of inputs and equipment necessary for prenatal and postpartum care</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>80%</td>
<td>Health Facility surveys</td>
</tr>
<tr>
<td>Health services with permanent availability of inputs and equipment necessary for delivery and newborn care</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>80%</td>
<td>Health Facility surveys</td>
</tr>
<tr>
<td>Health services with permanent availability of inputs and equipment necessary for obstetric emergency and neonatal care</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>80%</td>
<td>Health Facility surveys</td>
</tr>
<tr>
<td>Health services with permanent availability of inputs and equipment necessary for child care, vaccination and nutrition health care</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>80%</td>
<td>Health Facility surveys</td>
</tr>
<tr>
<td>Health services with modern family planning supplies (oral, injectable, barrier, IUD), according to the schedule (population under responsibility, time of year, rotation)</td>
<td>%</td>
<td>1/9</td>
<td>0</td>
<td>80%</td>
<td>Health Facility surveys</td>
</tr>
</tbody>
</table>
## Mexico’s PF at 18 months

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>Weight</th>
<th>Baseline</th>
<th>Goal</th>
<th>Verification source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal deaths due to selected causes reported and investigated according to the standards for monitoring mortality (at the district level) in the last year</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+30PP</td>
<td>Protocols for maternal death</td>
</tr>
<tr>
<td>Neonatal deaths due to selected causes reported and investigated according to the standards for monitoring mortality (at the district level) in the last year</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+15PP</td>
<td>Protocols for neonatal death</td>
</tr>
<tr>
<td>Midwives or community personnel (in the pilot area) who received incentives linked to prenatal, partum, postnatal and/or newborn care (prior analysis pending)</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+20PP</td>
<td>Community surveys</td>
</tr>
<tr>
<td>Units (micro-region) with a cold chain that meets the standards</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>80%</td>
<td>Health Facility surveys</td>
</tr>
</tbody>
</table>
### Mexico’s PF at 36 months

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>Weight</th>
<th>Baseline</th>
<th>Goal</th>
<th>Verification source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women of reproductive age (15-49) who did not wish to become pregnant and who were not using/did not have access to family planning methods (temporary or permanent)</td>
<td>%</td>
<td>1/9</td>
<td>49.9</td>
<td>-7PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Women of reproductive age (15-49) who in their most recent pregnancy received at least 5 prenatal checkups by a doctor, nurse or COCS, in accord with best practices in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>33.7</td>
<td>+10PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Women of reproductive age (15-49) whose most recent delivery was done by qualified personnel in a health service, in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>42.4</td>
<td>+8PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Percentage of women of reproductive age (15-49) who received postpartum care from qualified personnel within 7 days of their most recent delivery, in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+6PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Mothers/caregivers reporting having administered ORS to their children aged 0-59 months during the last episode of diarrhea in the last two weeks</td>
<td>%</td>
<td>1/9</td>
<td>19</td>
<td>+15PP</td>
<td>Household surveys</td>
</tr>
</tbody>
</table>
## Mexico’s PF at 36 months

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>Weight</th>
<th>Baseline</th>
<th>Goal</th>
<th>Verification source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional postpartum patients of reproductive age, evaluated and recorded in clinical records at least every 15 minutes of the first hour after delivery and every 30 minutes until two hours have passed and the patient is discharged from the hospital, for their most recent delivery in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+20PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Deliveries with active management of the third stage of labor (intramuscular administration of 10 IU oxytocin/carbetocin one minute after delivery, uterine massage, controlled cord traction and counter-traction, and delayed clamping of the umbilical cord) in the most recent delivery in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+20PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Neonates presenting a complication that was managed according to standards (sepsis, asphyxia, premature, underweight) in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+20PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Indicator</td>
<td>Unit</td>
<td>Weight</td>
<td>Baseline</td>
<td>Goal</td>
<td>Verification source</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
<td>--------</td>
<td>----------</td>
<td>--------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Women with an obstetric complication (hemorrhage, sepsis, severe pre-eclampsia, eclampsia) that was managed according to standards in their most recent delivery in the last two years</td>
<td>%</td>
<td>1/9</td>
<td>*</td>
<td>+20PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Indicator</td>
<td>Unit</td>
<td>Weight</td>
<td>Baseline</td>
<td>Goal</td>
<td>Verification source</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>--------</td>
<td>----------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Prevalence of anemia in children aged 6-23 months: Children 6-23 months with hemoglobin levels &lt; 110 g/L</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>-10 PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Women of reproductive age (15-49) who did not wish to get pregnant and who were not using /did not have access to family planning methods (temporary and permanent)</td>
<td>%</td>
<td>1/11</td>
<td>44.9</td>
<td>-10PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Women of reproductive age (15-49) who in their most recent pregnancy received at least 5 prenatal checkups by a doctor, nurse or COCS, in accord with best practices in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>33.7</td>
<td>+20PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Women of reproductive age (15-49) whose most recent delivery was done by qualified personnel in a health service in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>42.4</td>
<td>+12PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Percentage of mothers of children aged 0-23 months reporting having breastfed their children exclusively during the first 6 months of life</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>+4PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Indicator</td>
<td>Unit</td>
<td>Weight</td>
<td>Baseline</td>
<td>Goal</td>
<td>Verification source</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
<td>--------</td>
<td>----------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Percentage of women of reproductive age (15-49) who received postpartum care from qualified personnel within 7 days of their most recent delivery in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>+10PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Mothers/caregivers reporting having administered ORS to their children aged 0-59 months during the last episode of diarrhea in the last two weeks</td>
<td>%</td>
<td>1/11</td>
<td>19</td>
<td>+25PP</td>
<td>Household surveys</td>
</tr>
<tr>
<td>Institutional postpartum patients of reproductive age, evaluated and recorded in clinical records at least every 15 minutes of the first hour after delivery and every 30 minutes until two hours have passed and the patient is discharged from the hospital, for their most recent delivery in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>+30PP</td>
<td>Health services surveys</td>
</tr>
</tbody>
</table>
## Mexico’s PF at 54 months

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>Weight</th>
<th>Baseline</th>
<th>Goal</th>
<th>Verification source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries with active management of the third stage of labor (intramuscular administration of 10 IU oxytocin/carbetocin one minute after delivery, uterine massage, controlled cord traction and counter-traction, and late clamping of the umbilical cord) in the most recent delivery in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>+30PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Neonates presenting a complication that was managed according to standards (sepsis, asphyxia, premature, underweight) in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>+30PP</td>
<td>Health services surveys</td>
</tr>
<tr>
<td>Women with an obstetric complication (hemorrhage, sepsis, severe pre-eclampsia, eclampsia) that was managed according to standards in their most recent delivery in the last two years</td>
<td>%</td>
<td>1/11</td>
<td>*</td>
<td>+30PP</td>
<td>Health services surveys</td>
</tr>
</tbody>
</table>