Success beyond numbers: The Salud Mesoamerica Initiative’s results-based financing approach to improve health services for the poorest in Mesoamerica

World Bank BBL Presentation
Social Protection and Health Division- Inter American Development Bank
Emma Margarita Iriarte, Executive Secretary of SMI
What does SMI aim to change?

Only 1 of every 2 pregnant women in the poorest 20% gives birth assisted by skilled personnel.

Twice as many children <5 years of age in the poor population die compared to the regional average.

A 5-year-old child from the poorest 20% is 6 cm shorter than a child from the wealthiest 20%.
What does SMI aim to change?

SMI areas: baseline situation (2012) – child health

- Complete vaccination for age, according to vaccine card
- Anemia, children 6-23 months
- Stunting, children 0-59 months

Chiapas: 27.8% Complete vaccination, 39.4% Anemia, 68.8% Stunting
El Salvador: 59.1% Complete vaccination, 14.6% Anemia, 62.1% Stunting
Guatemala: 12.5% Complete vaccination, 12.5% Anemia, 23.6% Stunting
Honduras: 31.5% Complete vaccination, 35.3% Anemia, 31.5% Stunting
Nicaragua: 48% Complete vaccination, 13.3% Anemia, 13.3% Stunting
Panama: 9.9% Complete vaccination, 73.6% Anemia, 55.9% Stunting

Population Health Metrics, 2015: Salud Mesoamérica 2015 Initiative: design, implementation, and baseline findings
What does SMI aim to change?

SMI areas: baseline coverage (2012) – women’s health

- Modern contraceptive prevalence rate
- Institutional births by skilled personnel

* Institutional births by skilled personnel not measured at baseline

Population Health Metrics, 2015: Salud Mesoamérica 2015 Initiative: design, implementation, and baseline findings
What does SMI aim to change?

SMI areas: baseline situation (2012) – quality of care

- Health facilities with continuous availability of equipment and inputs for emergency neonatal and obstetric care
- Neonates with complications (low birth weight, prematurity, asphyxia, sepsis) treated according to the norms
- Women with obstetric complications (pre-eclampsia, eclampsia, sepsis, hemorrhage) treated according to the norms

* Information on equipment and inputs is not available
What does SMI aim to change?

SMI areas: Crude vs Effective Coverage of Measles Immunization in Mexico and Nicaragua

Chiapas, Mexico

Nicaragua

What is SMI?

**SMI:** Public-Private Partnership – Collective Impact Initiative

- Bill & Melinda Gates Foundation
- Carlos Slim Foundation
- Government of Spain
- 8 Mesoamerican Countries
- IDB

**Grants:** US$ 114m

**Domestic Funding:** US$ 55m

**Objective:** Reduce inequities in maternal, neonatal, child, and adolescent health in 1.8 million women and children
What makes SMI different?

From...
• Beneficiaries and Donors
• Financing inputs: Buying micronutrients
• Thinking about who and what to support
• Risk intolerance and resistance to change
• Assuming we made a difference

To...
• Partners and joint-investors
• Buying Results: Reducing Anemia
• Focusing on leverage points and removing bottlenecks to reach targets
• Taking smart risks, learn from failures and adapt
• Verifying we met our goal
SMI aims to create value for the entire field


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### Foundations Create Value in Four Ways

Each successive approach leverages a foundation’s special assets more than the preceding one as the pool of resources affected grows from a single grant to an entire field.

1. **Selecting the best grantees**
   - Each dollar will earn a higher social return than a dollar given by a less knowledgeable donor.
   
2. **Signaling other funders**
   - By attracting other donors, a foundation effectively improves the return on a larger pool of philanthropic resources.

3. **Improving the performance of grant recipients**
   - Helping a grantee to improve its own capabilities increases its overall effectiveness as an organization and thus improves the return on all the money it spends.

4. **Advancing the state of knowledge and practice**
   - Such agenda-setting work makes every dollar spent in the field — by philanthropists, government, and other organizations — more productive.

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**How can we do development better?**

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[Image and diagram depicting various ways foundations create value in four ways. The diagram shows the impact of one grant versus multiple grants, the entire operating budget of one organization, and the entire field, with dollar values increasing dramatically from 1X to >1,000X in millions.]
SMI approach: critical features

Target the **poorest 20%** of the population

Results Based Financing (**RBF**) model – Incentive at national level

![Diagram](attachment:chart.png)

- **Operation Funds** (to be used only in SM2015 target areas):
  - Donation Funds (~50%)
  - Country Funds (~50%)

- **Performance Incentive** (for discretionary use in the health sector):
  - Investment Tranche (IT)
  - Counterpart Funding (CN)
  - Performance Tranche (PT)
  - Country meets targets (~25%)
SMI approach: critical features

- Evidenced based interventions and systemic approach
- **Supply and Demand side** interventions
- Context specific and action-oriented **technical assistance**
- **Independent measurement** of performance at outcome level
- Regional dimension and **benchmarking**
Results and Performance Frameworks

Based on the General Framework, countries built their Performance Framework with 8-12 indicators per phase.

On average, each Performance Framework has a total of 24 indicators.

- SMI Indicators: ~50 indicators
- M&E Indicators
  - Regional Monitoring & Benchmarking
  - Performance Framework
  - Performance Tranche: ~24 indicators
- Linked to Performance Incentive
Selection of performance indicators

- 90% of health facilities with permanent availability of family planning methods
- Unmet need for contraception decreases 5% PP
- Unmet need for contraception decreases 10% PP

Targets set for all indicators

- Process indicators
- Coverage & Quality indicators

- 18m targets
- 36m targets
- 54m targets

Operations:
- Operation 1
- Operation 2
- Operation 3

- 0 months
- 18 months
- 36 months
- 54 months
What do countries commit to?

**Example: Honduras (selected targets)**

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Baseline</th>
<th>1st Operation Targets</th>
<th>2nd &amp; 3rd Operation Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Centers with permanent availability of medicines and inputs for obstetric and neonatal emergencies</td>
<td>62.5%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Primary Health Centers with permanent availability of medicines and inputs for the treatment of diarrhea and pneumonia in children under 5</td>
<td>0%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Institutional births by skilled personnel</td>
<td>63.9%</td>
<td></td>
<td>+12 PP</td>
</tr>
<tr>
<td>Management of obstetric complications</td>
<td>11%</td>
<td></td>
<td>+ 40 PP</td>
</tr>
<tr>
<td>Children less than 5 years that received oral rehydration salts and zinc during the last episode of diarrhea</td>
<td>0%</td>
<td></td>
<td>+25 PP</td>
</tr>
<tr>
<td>Anemia in children 6-23 months</td>
<td>35.3%</td>
<td></td>
<td>- 15 PP</td>
</tr>
</tbody>
</table>
How did SMI set and negotiate targets?

Trend of national health indicators and evidence on impact of interventions

Literature review, international experiences

Economic model based on cost-benefit analysis

Power calculations

Expert consultations and art

Set individually with each country
Target negotiation

- **Ambitious** but *achievable*
- **Commitment and support** from authorities
- No baseline?
  - Absolute changes (gold standard): for example, above 85%
  - Relative changes: 20 percentage points above the baseline
SMI Scoring system

‘All or nothing’ rule focuses efforts on all targets, but makes receiving the performance award more challenging

- All indicators have equal weights
- If indicator meets target scores 1/total
- 8-12 indicators per operation
- Overall score of 0.8 or above is required
- Miss 1-2 indicators at most
SMI independent performance measurement

*Health Facilities and Population Based Surveys

1st Operation (18-24 months)  
First verification of targets

2nd Operation (18-24 months)  
Second verification of targets

3rd Operation (18-24 months)  
Third verification of targets

Follow-up Surveys*

Follow-up Surveys*

Follow-up Surveys*

Baseline Surveys*

Final Evaluation

We are here. In most countries, the second operation is in progress.
Role of measurement in SMI

• Setting and verifying targets
  – Monetary incentive (PT)

• Comparable data between countries
  – Reputational Incentive

• Generate data for evidence-based policy dialogue and program design

• Program monitoring and course correction

• Learning about effectiveness of the model
...but is just measurement enough?

• Need for technical assistance on *how* to implement evidence-based interventions
  – Especially in the hardest-to-reach areas: platforms, new mechanisms to deliver services
  – Systemically and at-scale
  – Need to create evidence-based culture
  – Management and organizational issues

• Funding to test new interventions/innovations
  – Scarcity of non-earmarked funds
SMI systems-based intervention approach

Drivers & Enablers

- Service Delivery
- Leadership and Governance
- Commodities
- Information
- Human Resources
- Community

Results

- Improved maternal, newborn, child and adolescent health
- Enhanced Equity
- Healthy Communities

Accountability
Reputation
Measurement

$ Conditional on time bound targets

Investment $

TA

Learning
SMI Policy Dialogue

**Fiscal:** budget allocations for health interventions in the poorest 20% of municipalities, additional national resources for SMI operation

**Technical:** Inclusion of Zinc for the treatment of diarrhea

**Operational:** Task shifting/Community platforms & EONC Networks
### Performance indicators linked to changes in national norms and protocols (1st Operation)

<table>
<thead>
<tr>
<th>Country</th>
<th>Policy Dialogue Indicator – Updated Norm</th>
<th>Status</th>
</tr>
</thead>
</table>
| Belize     | • Quality of reproductive and child health services  
             • Establishment of a community platform of services                                               | Completed|
| El Salvador| • Micronutrient powders to reduce anemia and zinc for treatment of diarrhea                             | Completed|
| Honduras   | • Common childhood diseases  
             • Micronutrient powders approved                                                                   | Completed|
| Nicaragua  | • Community platform and nutrition interventions                                                         | Completed|
| Panama     | • Inclusion of zinc for diarrhea treatment                                                               | Completed|
Measurement and Monitoring through:

Mapping of key clinical and management processes and standards

Clear surveillance data on gaps in performance to set aims and priorities

QI Teams in three levels of the system

Reflection/learning embedded: plan-do-reflect-act

Use of data for improvement (not only for accountability)

Rapid testing to learn and improve as quickly as possible → harvest best practices

Alignment of incentives

External surveys: verify performance framework and monitors regional results framework.

Quarterly monitoring: proxy indicators from health information systems.

Monthly monitoring: advances in key products in project execution plans, physical and financial progress.

SMI Regional Strategy
SMI first round of results (18-24 months)

- **Very sizeable changes** in the supply of essential health care in a short period in **all countries**

- **69%** of the **83 negotiated targets** met in 8 countries

- **Costa Rica, El Salvador, Honduras, Nicaragua** and **Panama** received the performance tranche (PT)

- **Belize, Chiapas** and **Guatemala** mastered an **impressive progress** but fell short of the cut off to receive the PT

- **Chiapas, Guatemala** implemented an improvement plan, with their own resources, were re-measured and **achieved all the targets**
## Honduras: success stories

<table>
<thead>
<tr>
<th>Health facilities with availability of supplies, medicines and equipment for neonatal and obstetric emergencies in hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator data</strong></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
</tr>
<tr>
<td>Resuscitation bag for adults</td>
</tr>
<tr>
<td>Neonatal resuscitation bag</td>
</tr>
<tr>
<td>MVA kit</td>
</tr>
<tr>
<td>Stethoscope</td>
</tr>
<tr>
<td>Sphygmomanometer</td>
</tr>
<tr>
<td>Pinard stethoscope/portable doppler</td>
</tr>
<tr>
<td>Oxygen tank</td>
</tr>
<tr>
<td>Autoclave/dry heat sterilizer</td>
</tr>
<tr>
<td>Pediatric/neonatal stethoscope</td>
</tr>
<tr>
<td>Laryngoscope</td>
</tr>
<tr>
<td>Anesthesia kit</td>
</tr>
<tr>
<td><strong>Pharmacy inputs</strong></td>
</tr>
<tr>
<td>Uterotonic</td>
</tr>
<tr>
<td>Tetracycline eye ointment</td>
</tr>
<tr>
<td>Saline wash</td>
</tr>
<tr>
<td>Saline solution or Ringer's lactate</td>
</tr>
<tr>
<td>Magnesium sulfate</td>
</tr>
<tr>
<td>Anti-hypertensives</td>
</tr>
<tr>
<td>Naloxone hydrochloride</td>
</tr>
<tr>
<td>Furosemide</td>
</tr>
<tr>
<td>Phenobarbital sodium</td>
</tr>
<tr>
<td>Diazepam</td>
</tr>
<tr>
<td>Dextrose</td>
</tr>
<tr>
<td>Dexabhatosone/betamethasone</td>
</tr>
<tr>
<td>Sodium bicarbonate</td>
</tr>
<tr>
<td>Antibiotics</td>
</tr>
<tr>
<td>Adrenaline</td>
</tr>
<tr>
<td>Atropine/epinephrine</td>
</tr>
</tbody>
</table>
Chiapas: success stories

*All percentages reflect the Performance Improvement Plan Measurement (PIPM) definitions with no stock-out
Belize: success stories

Health facilities with availability of equipment for child care ("heat map")

Baseline facilities (N=37)

- Pediatric scale
- Measuring tape
- Height rod
- Stethoscope
- Lamp

18-month follow-up facilities (N=37)

- Pediatric scale
- Measuring tape
- Height rod
- Stethoscope
- Lamp
Taking stock of SMI: voices from the countries*

Positive Aspects

- Overall feedback is **highly positive**
- **Management by results** is new and perceived as catalytic and creates new partnerships
- SMI is enhancing **Know-How**
- **New** evidence based strategies and results oriented interventions are being introduced.
- **Supply systems** are being strengthened

Challenging Aspects

- **Short Timelines**
- Some **targets** were too ambitious
- Construction of some **indicators** could be improved
- Initial **incomplete understanding** of what needed to happen to achieve targets
- Frustration with the country’s **own systems** and their **capacity** to move quickly

*In depth interviews with a sample of national and district level leaders of the Ministries of Health (independent evaluation by Rena Eichler and Susan Gigli).*
Moving forward

- Next set of targets are much harder: **coverage and quality of interventions** and selected **outcomes** (population-based results)
- Addressing **funding gaps**
- Continue facilitating **technical assistance and collective learning and innovation**.
- **Sustainability**: how to maximize the likelihood that system enhancing changes will be sustained?
Thank you

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