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Results Based Financing in Zambia: Performance Evaluation and Exploration of Opportunities in Health System Adoption

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Abstract

Background – Results Based Financing has strategically fit into discussions of the Universal Health Coverage agenda at global level with the aim of meeting the Sustainable Development Goals. It has been viewed that Results Based Financing is a potent financing model and can be used as a strategic tool for remodeling the health systems in many developing countries as suggested by prior studies which argued that Results Based Financing implementation requires: (i) a strong management support and political will; (ii) maximum innovative efficiencies and willingness for change; and (iii) strengthened health management information and reporting systems. Therefore, this study aimed at understanding how Results Based Financing approaches can be scaled-up by exploring the Successes, Challenges and Opportunities of adopting it into the health system from its project form.

Methods - A case study design was used for this research with a quantitative data collection approach. Data was analyzed using SPSS version 22.

Results - The Results Based Financing programme improved all the indicators targeted in Lunte District Health facilities. The successes of the project included improved quality of health care services and strengthened health system. A notable challenge for Results Based Financing implementers was poor performance of non-incentivized indicators compared with the incentivized. However, an opportunity was seen with the project in that other financing models were discussed to either mimic or simply use Results Based Financing tools, pool funds in one basket and apply the concept. Results Based Financing improved efficiency and effectiveness based on results that health facilities learnt how to manage funds, shown by 67% of respondents, and commitment to re-investment 60% of their bonuses back into the system.

Conclusion - Results based financing can be regarded as a model for harmonizing other donor funds and drive forward the financial sustainability of being a successful financing strategy for the health sector.

Keywords: *Results-based financing, challenges, incentivized indicators, scale-up*

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INTRODUCTION

The launch of Results-Based Financing (RBF) in Zambia had been motivated by difficulties and challenges that the country faced in addressing the inadequate progress made in achieving Millennium Development Goals (MDGs) four and five targets, reduce child mortality and improve maternal health respectively. These have since been replaced by the Sustainable Development Goals (SDGs) number three which has an overall aim of ensuring healthy lives and promote well-being for all at all ages with specifics; to reduce the global maternal mortality, end preventable deaths of newborns and children under 5 years of age, and ensure universal access to sexual and reproductive health-care services. Therefore, the principle objective of the RBF project was meant to quicken the country's attempt to reduce the under-five and maternal mortalities in Zambia's ten provinces countrywide.

According to the 2018 Zambia Demographic and Health Survey (ZDHS), there has been tremendous progress made in improving health and outcomes of nutrition in the last decade or so. For instance, the under-five mortality Rate (U5MR) reduced from 75 to 61 per 1,000 live births between 2013/14 and 2018. The maternal mortality ratio (MMR) has also fallen from 398 to 252 per 100,000 live births between 2013/14 and 2018 which is now below the Zambia's income group average (260/100,000 live births). The trends for fully Immunization have also shown a significant increase from 68% to 75% between 2013/14 to 2018. Furthermore, 97% of women reported to have been pregnant where attended to by a skilled provider during antenatal care in 2018, 84%. Of these women also delivered at the health facility, and 80% of them were attended to by a skilled provider according to Zambia Demographic Health Survey [1]. In an attempt to sustain these gains, the introduction of the RBF approaches became apparent as indeed compliments the traditional input-based funding model. It demands considerable accountability from providers of the service, promotes good management, equitable service delivery, efficiency and effectiveness, and bolster health management information systems.

There are many examples in literature that show RBF and the contracting of health services in the past [2]. And despite the number of potential benefits considered to be essential for scaling up of effective and efficient health strategies or interventions for the larger population, there is not enough evidence documented on how to further such scaling up process, specifically on RBF. This seemed to be the case in Uganda where a number of RBF initiatives have been implemented as standalone projects were integration of the RBF into the national health system has been less prioritized [3,4].

Scale-up for this study was defined as the expanding, adapting and sustaining of successful policies, programs or projects in different places and over time to reach a greater number of people [5]. It is a complex and multi-dimensional, and often a guided process which not only increases the coverage of an innovation, but also adapts and integrates it into the national institution by enhancing sustainability. Other immerse body of evidence have shown that RBF can help with effective use of limited resources in developing countries, motivate staff and boost morale, and also empower service providers and recipients [6,7]. Despite RBF having the potential to affect a wide sectorial impact especially here in Zambia with a strong background of reinforcing the health systems and enhance health outcomes [8], it has on the contrary, received little attention to understanding how the implementation approaches are being done and rolled out. Therefore, questions on whether the Zambian health sector and government is able to use these approaches to improve the effectiveness and efficiency of service provision by health institutions have remained unclear. As a consequence, there are still gaps in the health sector as no apparent studies have been conducted to understand how the adoption or reframing of RBF into the health system from its project form could be done. One of the difficulties the Zambia RBF project faced was the inconsistent disbursement of government grants to health institutions, as a result it was viewed to have replaced the operational grants instead of being a supplement fund [9]. This further brought sustainability questions of the project into motion, and whether the health system would sustain the gains made under the RBF once the project came to an end and funding withdrawn. Therefore, more information about this model of healthcare financing will be important for both policy makers and providers.

Therefore, our aim for this study was to understand how the RBF approaches can be scaled up, and this study did explore the successes, challenges and opportunities of adopting it into the health system from its project form. We also

assessed the performance of the "Contracted in Model" of the Zambian Health Results Based Financing approach in health facilities and district health offices and whether it could be considered as a tool to improve efficiency and effectiveness in healthcare financing. Another objective was to determine the possible effects posed by the withdrawal of the RBF in the health sector as the project ended.

METHODS AND MATERIALS

Study Design

A case study design was used for this research by applying the quantitative approach methods. This study design was favored because it allowed us to understand the dynamics, processes and relationships present within our settings [10, 11, 12].

Sampling Strategy

A total of 92 health workers were enrolled from Lunte. At the time of carrying out the study, the participants were spread across 11 health facilities and District Health Office (DHO). We targeted 5 senior health workers at DHO and all the 11 health facilities for interviews. This group of people selected, represented the level of involvement and knowledge about the RBF implementation and approaches.

Data Collection and analysis

This study relied on the use of quantitative methods of data collection. We collected data from; semi-structured interviews. The financial side of data was abstracted from the facility and district level action plans including financial reports. Other information came from the health facility invoices and RBF steering committee minutes at district and provincial levels. We analyzed data using SPSS version 22

RESULTS

After a review of performance of the RBF programme in Lunte District Health facilities, we observed an improvement in all the indicators targeted. This was quite evident as almost all the facilities improved steadily in the number of bonuses received. Additionally, it was also noted that even some non-incentivized indicators showed some improvements, a possible indicator of positive spill-over effects. It was imperative that service coverage and quality of health provided were both addressed by the RBF interventions. A further review of the quarterly health facility audits conducted with the application of a quality assessment checklist between quarter four 2017 and quarter two 2019 had revealed an improved quality of healthcare services and a strengthened health system as a key success of the project. The use of this checklist ensured that both national and internationally recognized operating practices, and guidelines in all the different departments deemed critical for quality improvement were incorporated. We presented the Lunte district health facility quality percentage scores from 2017 to 2019 in Table 1.

An estimated average effect was performed of RBF on the pooled sample using the assessment reports between the first quarter of 2017 and the second quarter 2019. This gave us an average of 75% across all the 11 health facilities between 2017 and 2019. Therefore, this meant that on average during this period all the 11 health facilities scored above 60% and received their hard-earned bonuses accordingly. The 60% score was used as the pass mark to qualify each health facility to collect their respective bonuses.

Table 1: Lunte District Health Facility Quality Percentage Scores from 2017 to 2019

NO	FACILITY	4th QTR 2017	1ST QTR 2018	2ND QTR 2018	3RD QTR 2018	4TH QTR 2018	1ST QTR 2019	2ND QTR 2019
1	Basilo Moseni	90	63.8	67	65	87	75	80
2	Kapatu	79	65.5	68	71	94	87	87
3	Vincent Bulaya	89	73	73	68	87	82	89
4	Mukolwe	42	50.4	88	86	94	82	96
5	Shipway Kapila	66	52.3	78	83	91	90	74
6	Chitoshi	85	50	86	76	92	76	88
7	Mulenga Mapesa	81	62.6	64	69	87	69	88
8	Mukupa Kaoma	68	70.6	71	84	79	79	79
9	Philipo				53	90.1	78	88
10	Chewe				54	74	82	71
11	Mpalapata				47	76	47	73
Average %		75.0	61.0	74.4	68.7	86.5	77.0	83.0

Performance of the "Contracted-in Model" of the Zambian Health Results Based Financing approach in health facilities and district health offices:

As it is indicated in Figure 1 of the proportion of the responses, we collected on the success of the RBF scheme. It was observed that 44% of the respondents had seen that the health system was strengthened because of the RBF, 31% of the responses further showed that there was an improvement in the quality of the health facilities and while 25% showed an improvement in the health service delivery. In the words of one of the respondents:

"The success has been that it has helped strengthening of the health system in terms of service delivery in the sense that we have been able to see certain indicators have improved…"

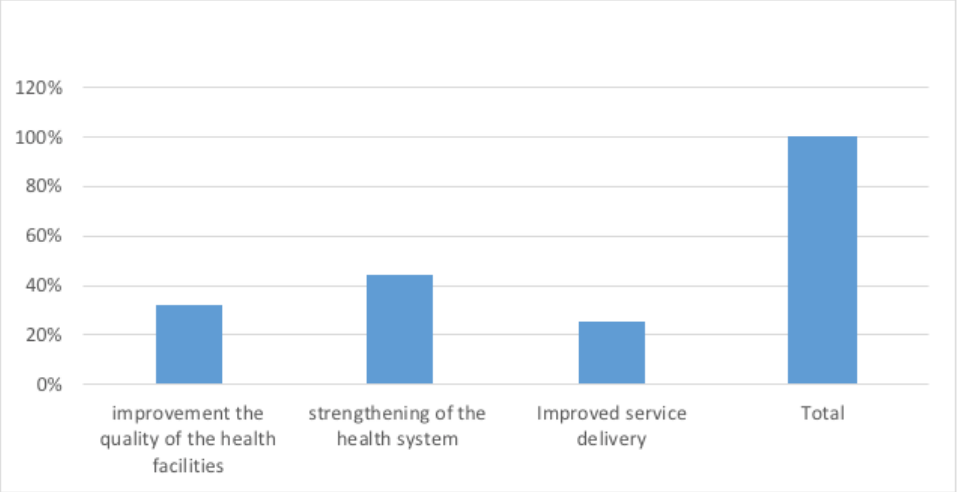

Figure 1: A percentage distribution of the successes achieved in Lute District during the RBF Project.

Factors affecting scale up and integration the results-based financing approaches in the broad health financing agenda:

In Figure 2, we observed that 50% of the respondents stated that a good political will is the main influence of scaling and integrating of the RBF from a scheme to a System while 33% of the respondents indicated that funding of the project is the main influence and only 17% stated that policies are a main factor to scaling and integrating of the RBF in the Zambian Health System. One of the respondents had this to say:

"I think some of the factors are Political will, government is committed to strengthening healthcare system through the universal health coverage, with a view to meet the sustainable development goals…especially SDG goal number three. Other factors are that we have also the 7th national development plan which also RBF can buy in, and also the Zambia Health Strategic plan for 2017-2021 which highlights on many issues that RBF indicators were riding on".

"It's an excellent concept that should be explored...," one of the other respondents lamented.

Furthermore, we found that more than 50% of the respondents were concerned with the level of influence that the non-governmental organizations (NGOs) had on the implementation of the RBF at national level which was quite significant.

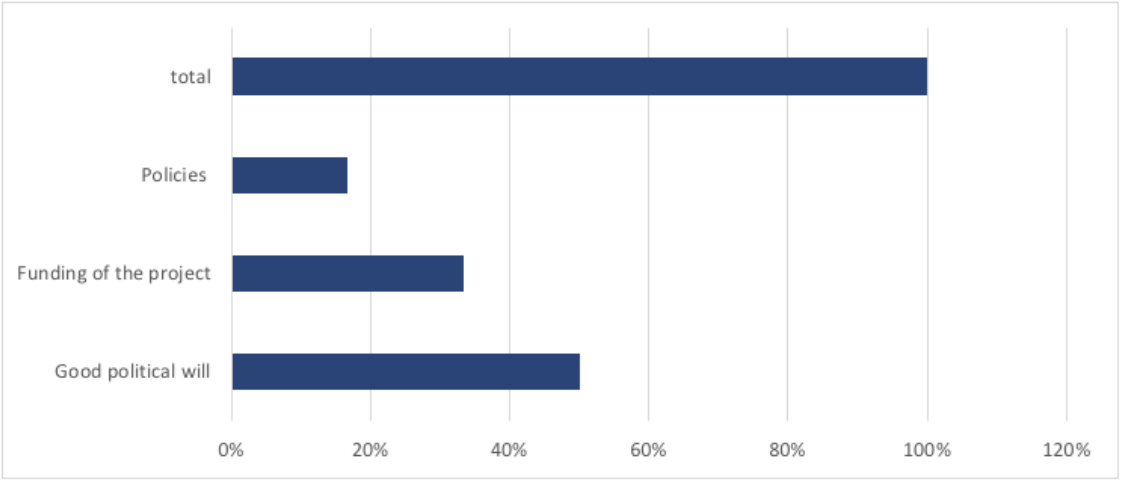

Figure 2: Factors that influence the scale up and integration of RBF into the Zambia's health system.

Opportunities presented by the adoption of RBF approaches, a tool to improve efficiency and effectiveness:

We observed that the RBF scheme implementation in Lunte district saw an upsurge in results-oriented thinking by the health staff and community volunteers. As indicated by the respondents in Figure 3, it enhanced performance-based budgeting in health institutions. Furthermore, it was obvious that RBF improved efficiency and effectiveness based on the results that health facilities learnt how to manage their funds, an indicator supported by 67% of respondents. In addition, health facilities exhibited commitment to re-investment 60% of their bonuses back into the system. Note response below from one of the participants:

"I think the key concept I really liked in the RBF was where there was a certain percentage of reinvestment into the system, not where by everything goes as an incentive. The reinvestment package had a huge percentage as compared to the incentive percentage that allowed for improvements and have a quality healthcare system…"

Great improvement in the incentivized indicators represented 50% of respondents, and stood as a strong potential element that can drive the adoption of the RBF in the Zambian health system. However, another opportunity taken into account for this project was in the fact that other financing models were discussed and observed to either mimic or simply use RBF tools to pull funds in one basket, and apply the same concept.

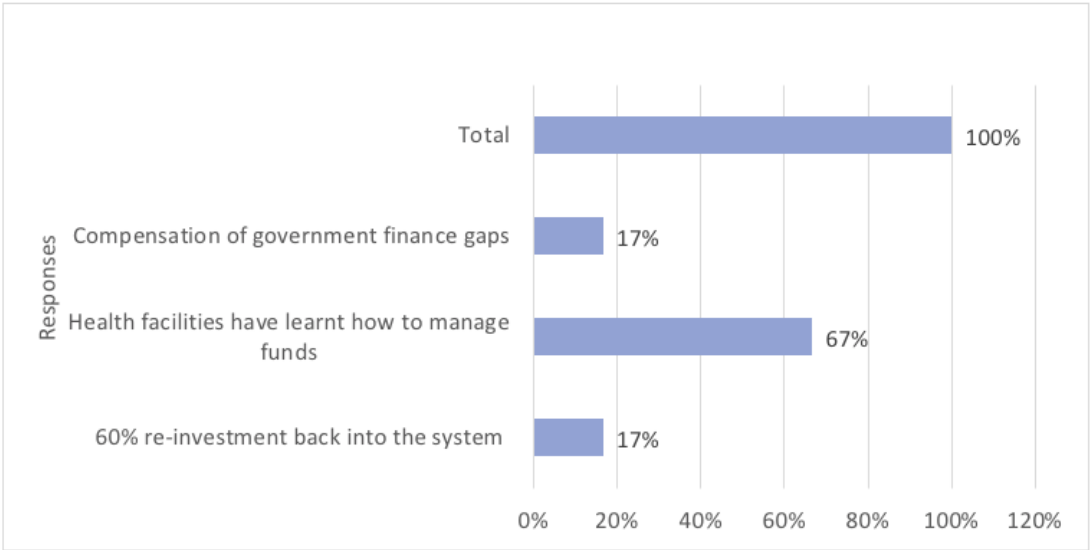

Figure 3: The key milestones in RBF scheme implementation especially in terms of concept and budget performance

Effects posed by the withdrawal of the results-based financing in the health sector:

It was observed from our findings that the effects posed by the withdrawal of the Results Based Financing in the Health Sector would vary

from issues of motivation, low and reduced amounts of funds received at facility level and drop in indicator performance. One of the respondents suggested a comment below:
"Some of the indictors will definitely not be

sustained…the gains made during the program implementation will not be sustained as well...,"

In Figure 4. we observed that 67% respondents mentioned that health staff and possibly the community volunteers would lose their motivation with the end of the RBF, and 17% of them would want to leave the sector for greener pastures, further compounding the human resources needs with are already critical.

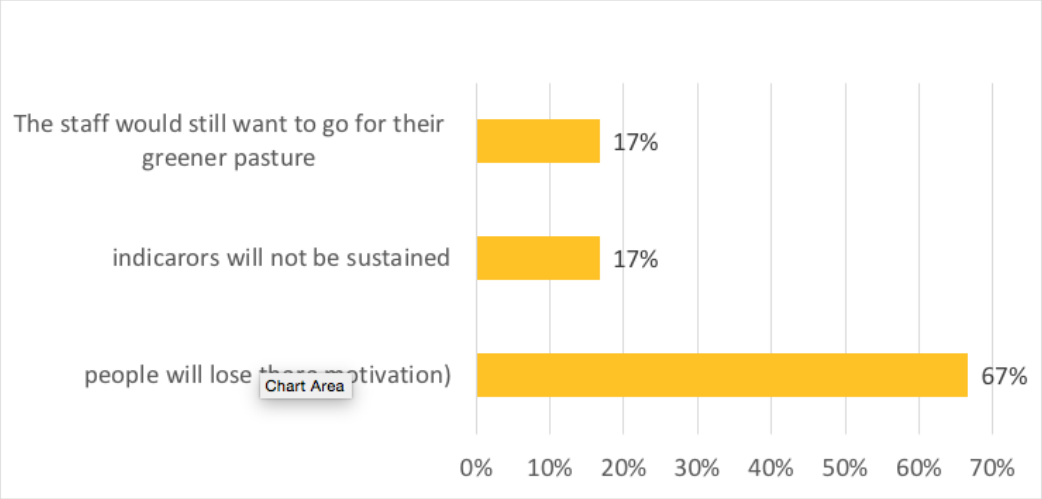

Figure 4: The potential affects anticipate with the withdrawal of the RBF support at health facility level and institution in general

DISCUSSION

It has been viewed that Results Based Financing is a potent financing model and can be used as a strategic tool for remodeling the health systems in many developing countries. Therefore, this study aimed at understanding how RBF approaches can be scaled-up by exploring the Successes, Challenges and Opportunities of adopting it into the health system from its project form. A case study design, with 92 health workers in the sample was used. At the time of carrying out the study, the participants were spread across 11 health facilities and District Health Office (DHO). Five senior health workers at DHO were also targeted. This section presents a discussion of results. Reference will be made to other scholarly works on the subject matter.

Performance of the "Contracted-in Model" of the Zambian Health Results Based Financing approach in health facilities and district health offices:

The "Contracted-in Model" of the Zambian Health RBF dimension seemed to have performed well while being incorporated in the national health system within the routine functioning of the health sector. This was a testament to the stakeholders' desire for an efficient and effective health system with quality health care provision. In terms of potential to scale up of the RBF, it seemed easier for Zambia, since the project implementation was already within local expertise, and existing government structures and systems [13]. The RBF project resulted into the strengthening of the health system in terms of service delivery as one of the major successes due to notable improvements seen in certain indicators, mainly the Reproductive Maternal Newborn Child Health and Nutrition (RMNCHN) [14].

The study also revealed that the "contracted in model" was successful in integrating of existing health information system into the RBF. Overall, there has been appreciation of the need for a functional health information system for RBF to work. Since 2016 and onwards, there has been an increase in the performance coverage of most indicators included in the RBF showing that the Zambian Health System was supported by the project. Not only that but also that a spillover effects were observed in the non-incentivized indicators at large.

For the RBF system money was said to have been going straight to the lower levels where the implementers are, but for the traditional funding system money first geos to the district health offices before it is disbursed to health facilities creating risks of delay and misapplication. However, the challenge observed in the RBF was that the government grants where not consistent. For example, in 2019, health institutions only received close to three (3) or four (4) grants the whole year. This meant that implementing facilities now relied only on the RBF project funds which was not enough to meet the running costs and operate at full capacity.

According to Adam & Gunning [15], the RBF in other countries like Uganda the NuHealth provided seed grants to facilities while the safe deliveries project introduced a grant for health systems strengthening after the pilot RBF. Therefore, if MOH or government is to adopt RBF, she must develop strategy to uplift health facilities such that they reach a level of functionality. Otherwise, it will be unfair and counterproductive to punish a facility or indeed the beneficiaries for upstream factors beyond their control.

The "contracted in model" of the RBF in Zambia has provided several opportunities for its adoption in the health system. The information obtained from the study showed that government through the ministry of health has already advocated for a directorate of Policy, Planning and Resource Mobilization to spearhead a model that can mimic or simply work with the RBF tools in pooling of funds in one basket for purposes of improving the healthcare financing. What is most impressive is the fact that health facilities have the autonomy to manage their own finances, as postulated by Kutzin [16].

Factors affecting scale up and integration the results-based financing approaches in the broad health financing agenda:

The main factors considered to be of influence to the scale up and integration of RBF in Zambia's health system moving it from scheme to system include the huge Political will through government's commitment to strengthen healthcare system and achieving the universal health coverage. This is in a view to meet the sustainable development goals, especially goal number three. It can also be highlighted that the other factors include; the effect implementation of the 7th National Development Plan and the Zambia National Health Strategic plan for 2017-2021 which talk about the importance of providing an efficient and effective health care financing and linked to RBF through the promotion of the RMNCH indicators. The directorate of Policy, Planning and Resource Mobilization at Ministry of Health was directed to develop a model that could encourage more partners buy-in in the RBF concept. This was meant to improve efficiency and effective use of resources, and provide guidance on sustainability of gains made in performance indicators [17].

It is obvious that there were some positive headways made towards progress in implementation knowledge and project design of the RBF. We found that there was enhanced capacity to implement the program among certain key players. Furthermore, informants showed confidence that the bonus structures and incentives were important for a successful RBF initiative. The staff involvement showed significant improvement in all the health facilities due to RBF. This was a sign of the significant motivation amongst the staff. This, was not different from the pilot project in Rwanda that used district health officers as supervisors for the implementation of health facilities [18]. This approach was seen in a way to have brought about some form of ownership to the project

We further discovered that donor interest was quite high in the RBF. This proved to be a key influence to its adoption as policy. The global movement towards targets and frustration with failures of existing financing mechanisms were noted to be important drivers for RBF. The global development community is currently committed to attaining the sustainable development goals and Universal Health Coverage (UHC) agenda. Rodson [19] states that in the Zambian set up, this clearly seems to show that there is a chance for RBF to be considered a strategic financing model for implementation under the National health Insurance Scheme which is being viewed as one of the proponents towards UHC in Zambia.

Currently, the global development community agenda is about achieving sustainable development goals and Universal Health Coverage (UHC). This means that RBF has to be strategically debated as contributing to the UHC agenda. There is knowledge that RBF is not panacea and that it has to work alongside other mechanisms to achieve UHC. This calls for a careful process of integrating all strategies that several countries will adopt as its path toward UHC. This process should be iterative and informed by evidence and learning as implementation progresses.

Opportunities presented by the adoption of RBF approaches; a tool to improve efficiency and effectiveness:

It has been established that the opportunities of using RBF in Zambia's health system has been considered as being an activity of advocating for a national scale up and initiatives supporting the already existing strategies needing some sort of stimuli to being policy, as advanced by the World Bank [20]. The RBF presented opportunities in the sector to ensure prudent use of funds that facilities received. This meant that these resources went through a budget committee and an implementation that uses an investment plan focusing on sealing indicator performance gaps. These funds have been seen as supplemental money for boosting expenditure needs.

Because funding is tied to meeting pre-established targets, this acts as an incentive to meet goals and the flexibility to achieve desired results while also reducing supervision costs for the donor, as indicated by Polastri & Savastano [21].

Despite the autonomy that these health staff had to manage their own funds, they exhibited a high level of discipline and integrity by committing to the 60% re-investment package of the bonuses earned. This encouraged the project funders for further investments in the system. What was fascinating is that there were also supervisory organs at DHO that made sure that the funds received by the health facilities was spent appropriately, and provided necessary technical support in basic financial management.

Furthermore, there was also a lot of excitement to the notion that this concept of RBF could be applied in future by linking future civil servant salary increases to performance. It is in government's interest through the ministry of health that Zambia commit to results-oriented management of scarce financial and human resources. This is in line with the lessons learnt from Columbia [22]. It has been observed that government has introduced performance contracts for top civil servants in the country which are renewable on annual basis after demonstrating satisfactory performance. This idea is actually being applauded that it would remove the kind of laissez-faire observed in most public institutions.

The relationship of RBF and improved incentivized indicator performance was quite evident and marked as a potential element that can drive the adoption of the RBF in the Zambian health system. Therefore, RBF presents an opportunity for a scaled-up indicator performance in the health system and other sectors. The impact of the RBF project on the Zambian Health System can be over emphasized because in 2014 the Katete Pre-Pilot RBF project contributed significantly to strengthening the existing health system not only through the choice of design but also through alignment with the existing government planning, and monitoring and evaluation structure. For example, the RBF internal verification process was built into the existing routine performance assessment system even though data collection and verification were done more frequently during the Katete RBF Pre-Pilot [23].

Evidence provided from the RBF emphasized the need to think about both the demand and the supply during the design of RBF arrangements. For example, the evidence from the Safe deliveries project in USA indicated that introducing transport and service vouchers led to a drastic increase in service utilization. This stretched and overwhelmed system to the detriment of quality. They had to introduce a health system strengthening component. Similarly, evidence from Cordaid indicated that where the functionality of health facilities improved, an influx of clients was experienced stretching the RBF facilities further. This implies that any national RBF arrangement should consider the unintended effects of RBF on health systems capacity and plan for both demand-side and supply-side components.

Effects posed by the withdrawal of the results-based financing in the health sector:

Generally, the RBF withdrawal has caused most health care workers to lose their motivation for work, people have relaxed, and many projects that where started under the RBF such as constructions were paused. Potentially, RBF withdrawal caused a shock in the gains that were made in certain indicators which may even be more difficult to actually sustain as observation by one respondent. The withdraw of the RBF also caused a reduction in the motivation to perform [24]. There was a notable distinction between the government and RBF in the way funds were being disbursed to institutions. It was observed that the government grant never had an exact time when it was going to be remitted, therefore, predictability was an issue which was not the case for RBF as it was more consistent, predictable, and made planning and execution of activities much easier.

The systems implemented by the RBF should not die a natural death, it needs to be sustained. The interactions with other

stakeholders were noted to be key in making sure that the interests of the project continue to run. There are technical working groups (TWG) that have been set up at national, provincial and district levels to strategize and develop terms and reference for the TWG. It was reported that the World Bank is willing to fund these meetings. So, through this TWGs the DHOs, line ministries and other stakeholders will have an opportunity to contribute and discuss sustainability issues affecting the program. This will enhance performance of the systems already available and regular data reviews [25].

CONCLUSION

This study contributed to the body of knowledge in the Zambian Health RBF and highlighted key features on the progress made towards it becoming fully integrated in the health system as policy. RBF is a health system strengthening tool that needs to be carefully combined with other financing mechanisms in order to be successful. The RBF scheme implemented in Zambia represented efforts made between the government and the Donor agency, World Bank. And together have explored various factors and actors to facilitate buy-in and adoption to national health system policy. RBF has huge prospects of being adopted into the health system in Zambia based on the respondents' views. They believed that it had a chance given the gains that where seen during its implementation.

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