



P4P/PBF in LMICs

HEALTH POLICY AND SYSTEM RESEARCH
COMPARATIVE PROJECT

SHAPES/HSG small grant



Federal University of Goiás, Goiânia, Brazil

Expanded paper-like
presentation/ upload

A Public Policy and health system strengthening analysis
in P4P/PBF in LMICS and UK - survey analysis mixed with
interviews and literature results

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Background

- ▶ The literature on pay for performance (P4P) and performance-based financing (PBF) has called attention to the relations that exist between the policy process (mainly implementation) and performance mechanisms, as well as the relationships between performance and system strengthening (Witter et al. 2019; Borghi et al. 2018; Mabuchi S et al. 2018; Mayumana et al. 2017; Ogundeji et al., 2016).
- ▶ However, scholars have not yet developed a theoretical framework that explores those relationships taking into account the policy processes of both formulation and implementation, nor have they theoretically tested those relationships according to both fields: Public Policy and Health System Research.

Objective

- ▶ We carry out a framework analysis, using survey results, qualitative literature and interview data to explore the relations between public policy process (formulation and implementation), performance drivers and system strengthening in pay for performance (P4P), also known as performance based-financing (PBF).
- ▶ Framework analysis hypothesis are explored via Crosstabulations (forthcoming Ordinal logistic regressions) and a mixed method meta-inference analysis.

Methods

Framework analysis employing quantitative analysis (survey data) and a joint-display meta-inference

▶ 1) PIPF Framework

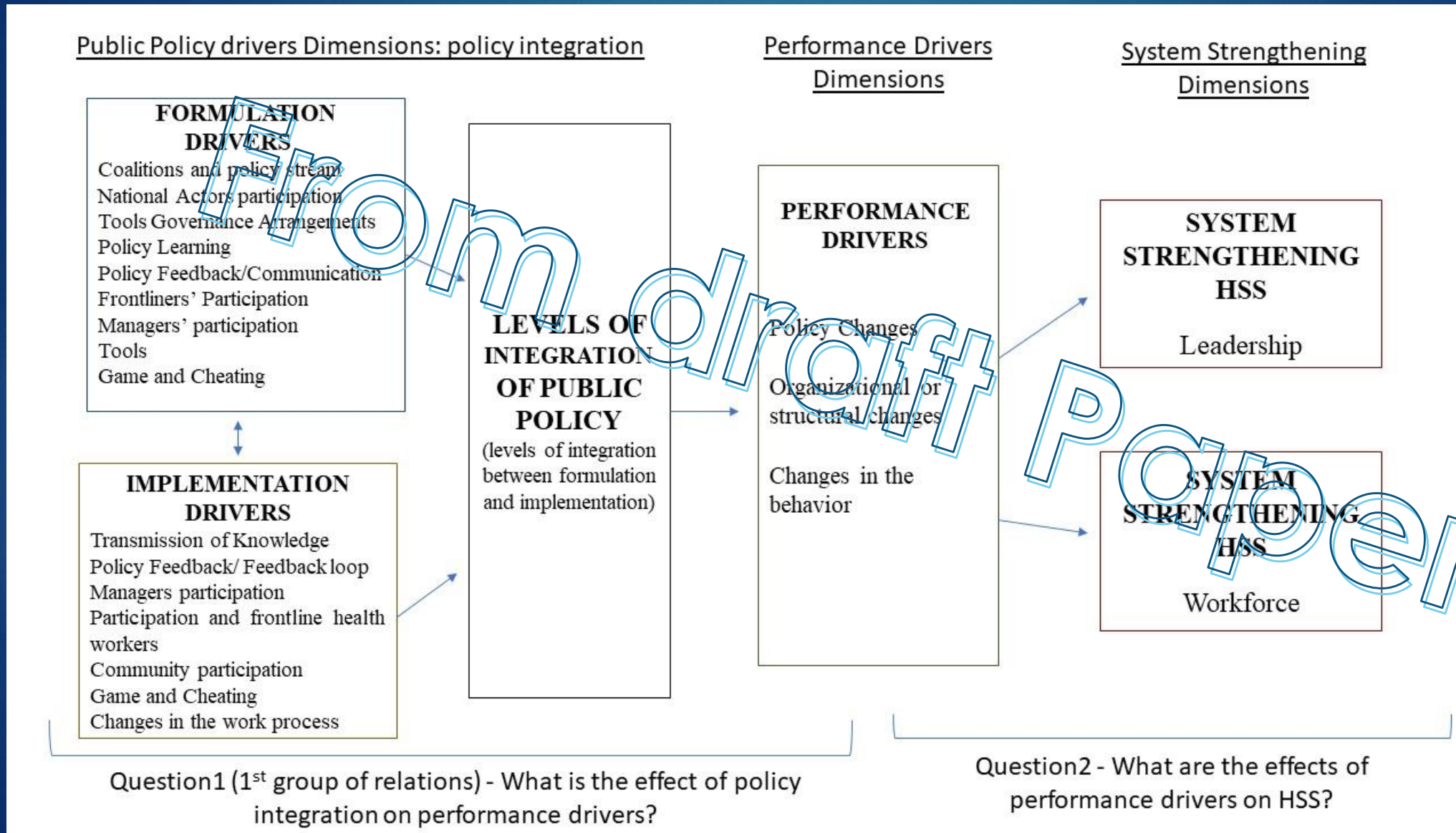
▶ 1.1. Survey with experts on p4p/pbf

- ▶ **Data transformation, standardization** and aggregation into conceptual-pairs
- ▶ **Bivariate quantitative analyses:** to explore relationships between variables, testing the hypotheses/public policy literature
- ▶ - **Crosstabulations** (Chi-square test) (De Vaus, 2014). With small sample (Faraone, 1982)
 - ▶ Crosstabulations are presented as a **general pattern of perceptions about p4p/pbf** coming from experts from different countries in the globe.

▶ 1.2. Joint-displays meta-inferences: Expanding? Confirming? Disagreeing? Lacking in correlation? (Creswell and Clark, 2018)

- ▶ - Comparing crosstabulations results **with qualitative literature results**
- ▶ - Comparing crosstabulations results **with interviews results**

Figure 1. PIPF Analytical Framework



Public Policy Literature

▶ FORMULATION

- ▶ Policy learning
- ▶ Policy feedback
- ▶ Collaborative/participation in policymaking

▶ IMPLEMENTATION

- ▶ Policy knowledge
- ▶ Policy feedback
- ▶ Participation at the street level
- ▶ Effective implementation or Changes in the work process

(Howlett et al. 2003; Dunlop 2015; Jacobs & Weaver 2010); Jordan & Turnpenny (2015)

May & Winter (2009); Lipisky (1980); Hupe & Hil (2016), NIRN (2012), Sabatier & Mazmanian (1979)

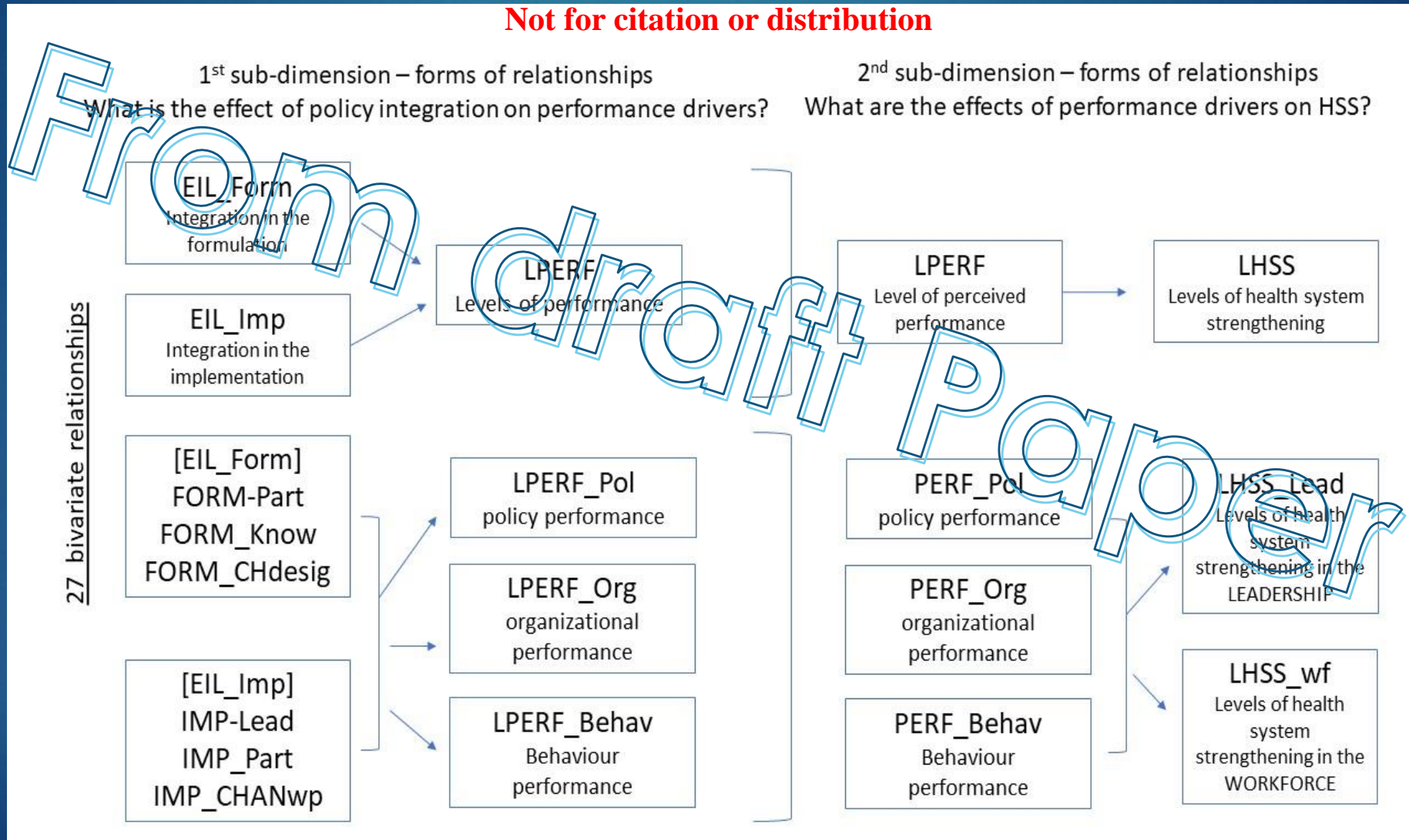
Health System Literature

▶ WHO health Systems Performance Framework - Building Blocks

- ▶ Performance drivers
 - ▶ Health Systems Strengthening
 - ▶ Leadership
 - ▶ Workforce

Chee 2013; WHO 2007

Figure 2. Relations between aggregated variables (Public policy variables have been aggregated)



General Hypothesis

- ▶ *Hypothesis 1*
 - ▶ Higher levels of integration between formulation and implementation cause greater impacts on the performance drivers, and these, consequently, affect the HSS more positively.
- ▶ *Alternative Hypothesis*
 - ▶ Policy integration exerts no influence on performance drivers and on health system strengthening.

Specific hypotheses

May & Winter (2009); Lipisky (1980); Hupe & Hil (2016)

- ▶ *Hypothesis H1st_2 [Implementation (IMP)]*
- ▶ - Mechanisms / facilitators such as management interaction with the front line, the clear transmission of knowledge about policy objectives and instruments, the engagement and participation of the front line in public policy, changes and adaptations in the work process and, conversely, the levels of occurrence of alternative logics to policy rationality that emerge in the implementation can be seen as implementation drivers with the potential to strengthen the workforce.
- ▶ *Hypothesis H1st_3 Formulation*
- ▶ - Concerning formulation, the variety of knowledge and feedback in policymaking, the inclusion of a variety of actors (including front line actors), the adoption of a variety of tools and giving attention to gaming / cheating in the design, can be studied as drivers prone to establish integration with the implementation processes, impacting performance drivers and the strengthening of the health system.

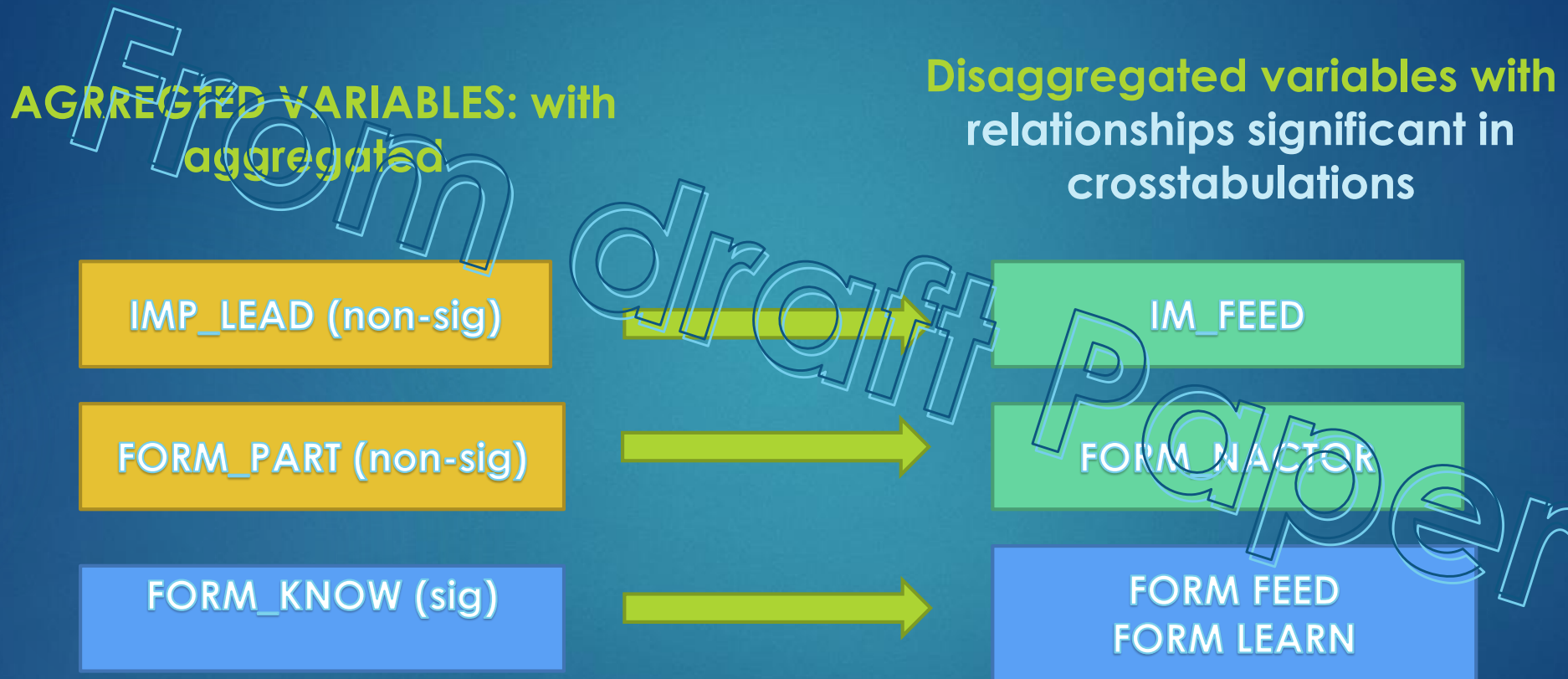
Hypothesis H2st_1 – [PER – HSS]

The generation of new performance drivers (policies, organizational structure and behaviour) positively impact HSS leadership and workforce.

Chee 2013;
WHO 2007

(Howlett et al. 2003;
Dunlop 2015;
Jacobs & Weaver
2010);
Jordan & Turnpenny
(2015)

Besides performing crosstabulations with aggregated variables (Figure 2), we have also performed crosstabulations with specific/separate variables (Figure 1) to test theories of Public Policy



1st PHASE OF THE FRAMEWORK

Work in process: we are performing Crosstabs with other disaggregated variables

Purposive Survey: exploratory look

- ▶ Purposive sample (not a populational sample)
- ▶ Online Quick Survey
- ▶ Exploratory look, check/uncover patterns and ideas related to Public Policy
- ▶ Survey sections: dimensions of the PIPF framework
- ▶ Survey questions: linked to the each variable/hypothesis of the framework
- ▶ Sampling strategy
 - ▶ Invitations to different groups/research networks, institutions
 - ▶ Targeting: experts working with P4P/PBF

YOU ARE INVITED TO RESPOND THE SURVEY! TALK TO US!

“On occasions, researchers are not concerned with generalising from a sample to the population, and in such cases representativeness of the sample is less important. Instead, they may be interested in developing scales or in an attempt at a hypothesis-generating and exploratory look at data patterns. Some research is not interested in working out what proportion of the population gives a particular response, but, rather in obtaining an idea of the range of responses or ideas that people have. In such cases we would simply try to get a variety of people in the sample without being too concerned about whether each type was represented in its correct proportion” (de Vaus, 2014, p. 88)

Survey Implementation section

	CONCEPTS-VARIABLES	QUESTIONS
IMPLEMENTATION DRIVERS	IMPL1: Knowledge/Transmission of Knowledge	[IMP1] To what extent did frontline health workers understand of P4P/PBF program? [IMP1] How was the P4P/PBF knowledge introduced/transmitted to the frontliners? Give details.
	IMPL2: Participation	[IMP2] How were frontline workers participation or engagement during the implementation of P4P/PBF in districts and health levels? [IMP2] Was there community participation during P4P/PBF implementation, monitoring, verification or other processes? Give details.
	IMPL3: Change in the Process of Work	[IMP3] Did P4P/PBF program cause changes in the work process at the health district and frontline levels? Give details.
	IMPL4: Feedback	[IMP4] To what extent did frontliners receive feedback from P4P/PBF results? Give details.
	IMPL5: Game and Cheating	[IMP5] During the implementation process at district and/or frontline levels, are there any indications that "gaming or cheating" have taken place? Give details.
	IMPL6: Other	[IMP6] Were there any other mechanisms/strategies of policy drivers not mentioned here that were important during the implementation process? Give details.

Data transformation and aggregation

- ▶ Aggregating conceptual pairs according to Public policy (Table 2)
 - ▶ Knowledge: types and forms of policy knowledge, policy feedback
 - ▶ Participation: of actors (national, international) in the formulation and implementation (front line and community)
 - ▶ Change (work process for implementation and design for formulation variables)
- ▶ We are also performing calculations with disaggregated independent variables (Table 1) to test Public Policy theory in another way.
- ▶ Transforming the scale (small sample)
 - ▶ Survey - 5 points scales
 - ▶ Transforming responses to 3 point scale (De Vaus, 2014)

Crosstabulations, Chi-square and measure of association (Gamma)

- ▶ Tabular display of the variables
 - ▶ Interpreting percentages of the columns (independent variables and their subgroups) with respect to the dependent variable (row)
- ▶ Statistical significance: using Pearson Chi-square
- ▶ Describing the character of the relationships
 - ▶ Strength: using Gamma
 - ▶ Directions: positive or negative (consistency?)
 - ▶ Nature: linear or non-linear (no clear pattern in term of direction)

Variables are not associated if levels/ pattern of the dependent variable are much the same, despite differences in the independent variable, then the two variables are not associated (are independent from one another) (De Vaus)

Gamma is preferred measure of association when variables have few categories (De Vaus)

Interviews and qualitative literature: joint-display meta-inference purpose

Interviews

- ▶ 14 Interviews with experts: 7 face-to-face and 7 via online open questionnaire –purposive convenient sample
- ▶ Experts working with p4p/pbf in Rwanda, Tanzania, Mozambique, Zimbabwe, Benin, Cameroon, Peru, Brazil and UK
- ▶ Indexed and summarized against the framework matrix (same questions of the survey and literature review)

Qualitative analyses papers

- ▶ 25 final articles (reduced to from 54 and 78 articles) searched in 5 databases, period 2005–Oct2018, in English. Inclusion criteria: qualitative analysis (of interviews or other) about P4P/PBF in LMICs and UK
- ▶ Indexed and summarized against the PIPF framework matrix. Extracts and summaries compared with crosstabs results via Joint-display and meta-inference

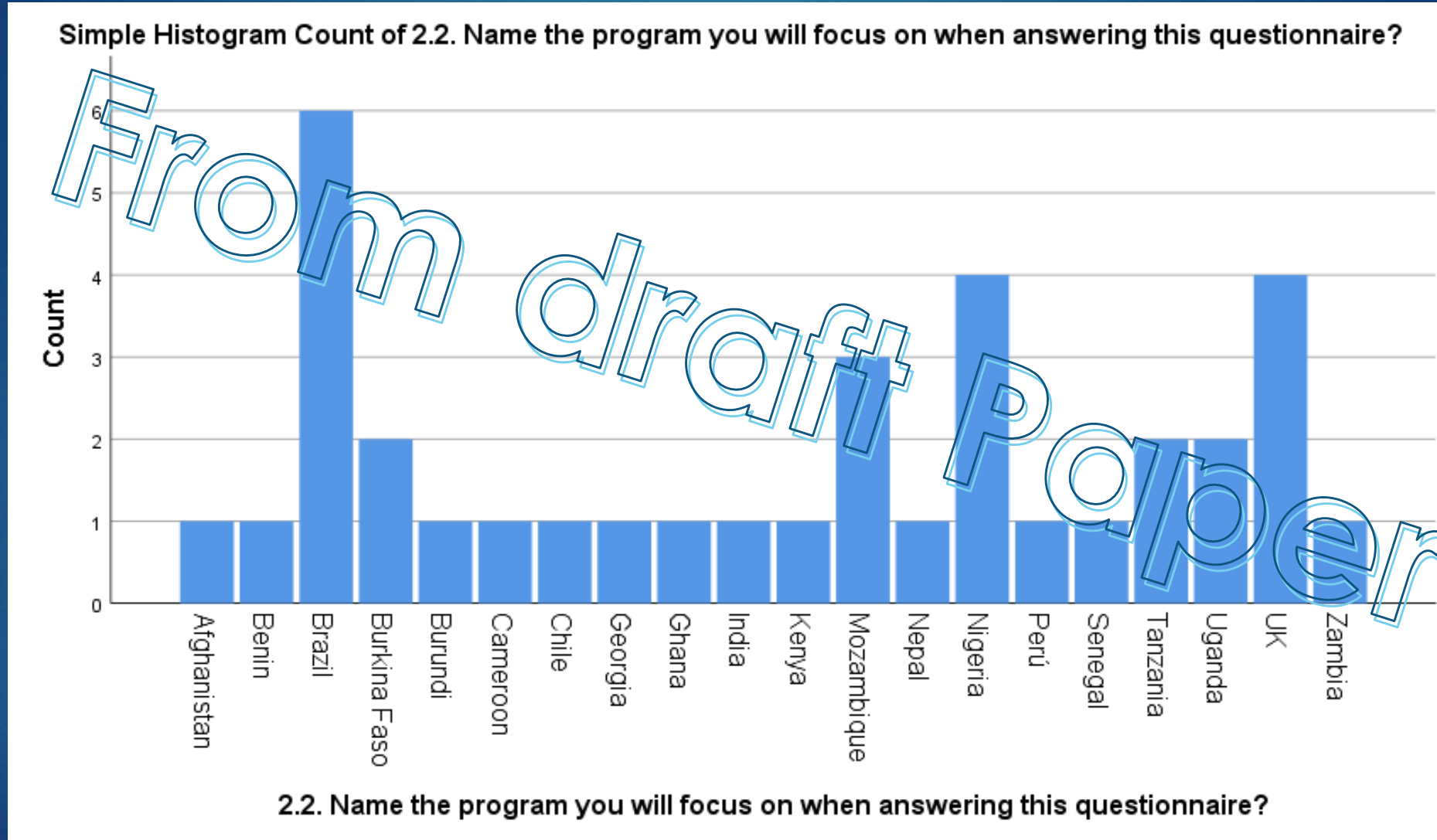
PRELIMINARY RESULTS

From draft paper

1. Survey participants and Crosstabs
2. Joint-Displays

Survey participants: 36

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Crosstabulations results: significant relationships

1st PHASE OF THE FRAMEWORK

- ▶ **1/1st – LPERF X EIL** - Levels of Performance and Policy Integration
 - ▶ **2/1st - LPERF X IMP_CHANwp** - Levels of Performance and Changes in the work process during implementation
 - ▶ **3/1st - LPERF X IMP_FEED (disag.)** - Levels of Performance and Levels of Feedback in the Implementation (disaggregated variables)
 - ▶ **4/1st : LPERF X FORM_KNOW** - Levels of Performance and Levels of Knowledge in the Formulation
 - ▶ **PERF_BEHAV X FORM_FEED** (feedback) (disag.)
 - ▶ **PERF_POL x FORM_LEARN** (learning) (disag.)
 - ▶ **5/1st : LPERF X FORM_NACTOR** (disag.) - Levels of Performance and Levels of Participation of National Actors in the Formulation

2nd PHASE OF THE FRAMEWORK

- ▶ **1/2nd: LHSS X LPERF** - Levels of System Strengthening and Levels of Performance
- ▶ **2/2nd: LHSS_LEAD x LPERF** - Levels of Leadership Strengthening and Levels of Performance
- ▶ **3/2nd: LHSS_WF x LPERF** - Levels of Strengthening in the Work Force and Levels of Performance

Crosstabulations Analysis: Significant relationships

1st phase of the framework (A)

Significant relationships cross-tabulated	Describing Relationships and Interpreting few percentages in the crosstabulations	Chi_S P (Signif)	Gamma (Strength)
LPERF * EIL_GENERAL	High levels of performance associated with medium and low levels of Policy Integration (positive and negative directions) -LPERF High (55.6)/EIL medium(60%) -high(25%) -LPERF Low(30,6%,11)/EIL low(45.5%,5)-medium(27.3%,3)	.027	.272 (Small)
LPERF_POL * EIL_General	High policy performance - Medium Policy Integration Low policy performance - Low Policy Integration -8.3% (7) dos 12 experts que acham que há um nível alto de policy performance, também acham que há um nível médio de policy integration.	.055	.925 (Near perfect)
LPERF * IMP_CHANwp	High and medium General performance are associated with High levels of changes in the work process in the implementation -Out of 55.6% (20) who are High levels of change in the work process during the implementation, 65% (13) are medium and 30% are High LPERF.	.005	.100 (Small)
PERF_POL * IMP_CHANwp	Performance of policies AND changes in the work process in the implementation	.021	.407 (Medium)
LPERF_ORG * IMP_CHANwp	Organizational performance AND changes in the work process in the implementation	.027	.934 (Near perfect)

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Crosstabulation LPERF X EIL

Negative and... ..Positive direction

LPERF		EIL			Total	p	gamma
		LOW	MEDIUM	HIGH			
no response	Count	2	0	2	4	.027	.272
	% within s3EIL_geral	18.2%	0.0%	10.0%	11.1%		
	% of Total	5.6%	0.0%	5.6%	11.1%		
HIGH	Count	1	3	5	9		
	% within s3EIL_geral	9.1%	60.0%	25.0%	25.0%		
	% of Total	2.8%	8.3%	13.9%	25.0%		
LOW	Count	5	0	1	6		
	% within s3EIL_geral	45.5%	0.0%	5.0%	16.7%		
	% of Total	13.9%	0.0%	2.8%	16.7%		
MEDIUM	Count	3	2	12	17		
	% within s3EIL_geral	27.3%	40.0%	60.0%	47.2%		
	% of Total	8.3%	5.6%	33.3%	47.2%		
Total	Count	11	5	20	36		
	% within s3EIL_geral	100.0%	100.0%	100.0%	100.0%		
	% of Total	30.6%	13.9%	55.6%	100.0%		

HIGH levels of Policy Integration (55.6%, 20)

LOW levels of Policy Integration (30.6%, 1)



Medium (60% 12) and **HIGH** levels of performance



LOW (45.5%, 5) and **MEDIUM** levels of performance

1st phase of the framework (B)

LPERF * IMP_FEED	General performance AND feedback during implementation		
PERF_POL * IMP_FEED	Policy performance AND feedback during implementation Association between high levels of policy feedback and medium levels of organizational performance, and low levels of policy feedback and low levels of organizational performance	.037	.753 (Very Strong)
LPERF_ORG * IMP_FEED	Organizational performance AND feedback during implementation	.013	.942 (Near perfect)
LPERF_BEHAV * IMP_FEED	Behavioral performance AND feedback during implementation	.004	.444 (Medium)
LPERF* FORM_KNOW	General performance AND levels of knowledge in the formulation -low and medium levels of formulation knowledge are associated with poor p4p / pbf performance, while the use of higher / more varied levels of knowledge in the formulation is associated with high and average levels of overall p4p / pbf performance	.029	.714 (Very Strong)
PERF_POL * FORM_KNOW	Policy performance AND levels of knowledge in the formulation	.007	.762 (Very strong)
LPERF_ORG * FORM_KNOW	Organizational performance AND levels of knowledge in the formulation	.025	.385 (Medium)
PERF_POL * FORM_LEARN	Policy performance AND levels of knowledge in the formulation	.018	.184 (Small)
LPERF_BEHAV * FORM_FEED	Behavioral performance AND levels of knowledge in the formulation	.010	.009 (Very small)

Predominance of a Positive direction

Crosstabulation

LPERF X
FORM_KNOW

			FORM_KNOW					
			No Resp	HIGH	LOW	MEDIUM		
LPERF	No response	Count	1	1	2	0	.029	.714
		% within s3FORM_KNOW	100.0%	11.1%	11.1%	0.0%		
		% of Total	2.8%	2.8%	5.6%	0.0%		
	HIGH	Count	0	<u>3</u>	2	4		
		% within s3FORM_KNOW	0.0%	<u>33.3%</u>	11.1%	50.0%		
		% of Total	0.0%	8.3%	5.6%	11.1%		
	LOW	Count	0	0	<u>6</u>	0		
		% within s3FORM_KNOW	0.0%	0.0%	<u>33.3%</u>	0.0%		
		% of Total	0.0%	0.0%	16.7%	0.0%		
	MEDIUM	Count	0	<u>5</u>	<u>8</u>	4		
		% within s3FORM_KNOW	0.0%	<u>55.6%</u>	<u>44.4%</u>	50.0%		
		% of Total	0.0%	13.9%	22.2%	11.1%		
Total		Count	1	9	18	8		
		% within s3FORM_KNOW	100.0%	100.0%	100.0%	100.0%		
		% of Total	2.8%	25.0%	<u>50.0%</u>	22.2%		

1st phase of the framework (C)

LPERF_POL * FORM_NACTOR	<p>Policy performance AND levels of influence of national actors in the formulation</p> <p>Out of 50% (18) of the experts who said that there is a high levels of participation of national actors in the formulation, 50% (9) also said that policy performance is positioned at the high level, 22.2% (4) at the medium level and 11.1% (2) at the low level</p>	.022	.000 (Non linear)
LPERF_BEHAV * FORM_NACTOR	<p>Behavioral performance AND levels of influence of national actors in the formulation</p> <p>(more positive direction)</p>	.029	.035 (Medium)
LPERF_ORG * FORM_NACTOR	<p>Organizational performance AND levels of influence of national actors in the formulation</p>	.026	.033 (Medium)

(predominance of positive direction, specially in relation to PER_Behav and PERF_Org)

but there is also a negative direction)

2nd Phase of the framework (A)

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Relationships	description	Chi_S P (Signif)	Gamma (Strength)
LHSS * LPERF	health system strengthening AND general performance	.000	.000
LHSS_LEAD * LPERF	strengthening in the leadership AND general performance	.000	.000
LHSS_LEAD * PERF_POL	strengthening in the leadership AND policy performance	.000	.044 (Medium)
LHSS_LEAD * LPERF_ORG	strengthening in the leadership AND organizational performance	.032	.111 (Small)
LHSS_LEAD * LPERF_BEHAV	strengthening in the leadership AND behavioral performance	.001	.002 (no-linear)
LHSS_WF * LPERF	Strengthening of the work force AND general performance	.001	.004 (no-linear)
LHSS_WF * PERF_POL	Strengthening of the work force AND policy performance	.007	.115 (Small)
s3LHSS_WF * s3LPERF_ORG	Strengthening of the work force AND organizational performance	.001	.002 (no-linear)
s3LHSS_WF * s3LPERF_BEHAV	Strengthening of the work force AND behavioral performance	.012	.080 (very small or trivial)

LHSS * LPERF Crosstabulation

		LPERF					Total	p	gamma
		I cannot answer	HIGH	LOW	MEDIUM				
LHSS	I cannot answer	Count	3	0	1	0	4	.000	.000
		% within s3LPERF	75.0%	0.0%	16.7%	0.0%	11.1%		
		% of Total	8.3%	0.0%	2.8%	0.0%	11.1%		
	HIGH	Count	0	7	0	2	9		
		% within s3LPERF	0.0%	77.8%	0.0%	11.8%	25.0%		
		% of Total	0.0%	19.4%	0.0%	5.6%	25.0%		
	LOW	Count	1	1	5	3	10		
		% within s3LPERF	25.0%	11.1%	83.3%	17.6%	27.8%		
		% of Total	2.8%	2.8%	13.9%	8.3%	27.8%		
	MEDIUM	Count	0	1	0	12	13		
		% within s3LPERF	0.0%	11.1%	0.0%	70.6%	36.1%		
		% of Total	0.0%	2.8%	0.0%	33.3%	36.1%		
Total	Count	4	9	6	17	36			
	% within s3LPERF	100.0%	100.0%	100.0%	100.0%	100.0%			
	% of Total	11.1%	25.0%	16.7%	47.2%	100.0%			

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Medium levels of LPERF is more associated with medium levels of HSS, but also associated with low levels of HSS.

High levels of LPERF is more associated with high levels of HSS, but also with medium and low levels of HSS.

This is a significant but exactly a linear relationship between HSS and LPERF.

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Ranking the strengths of the associations existent between significant relationships (Gama test)

* Disag_IV =
disaggregated
Independent variable

Significant relationships cross-tabulated	p (Signif)	Gamma (Strength)
LPERF_ORG * IMP_FEED (Disag_IV)	0.013	.942 (Near perfect)
LPERF_ORG * 3IMP_CHANwp	0.027	.934 (Near perfect)
LPERF_POL * EIL_General	.055	.925 (Near perfect)
PERF_POL * FORM_KNOW	0.007	0.762 (Very strong)
PERF_POL * IMP_FEED (Disag_IV)	0.037	.753 (Very Strong)
LPERF* FORM_KNOW	0.029	.714 (Very Strong)
LPERF_BEHAV * IMP_FEED (Disag_IV)	0.004	.444 (Medium)
PERF_POL * IMP_CHANwp	0.021	.407 (Medium)
LPERF_ORG * FORM_KNOW	0.025	0.385 (Medium)
LPERF_BEHAV * FORM_NACTOR (Disag_IV)	0.029	.035 (Medium)
LPERF_ORG * FORM_NACTOR (Disag_IV)	0.026	.033 (Medium)
LPERF * EIL_GENERAL	0.027	.272 (Small)
LPERF * IMP_CHANwp	.005	.100 (Small)
PERF_POL * FORM_LEARN	0.018	0.184 (Small)
LPERF_BEHAV * FORM_FEED (Disag_IV)	0.01	0.009 (very small)
LPERF_POL * FORM_NACTOR (Disag_IV)	0.022	.000 (no linear)
LPERF * IMP_FEED (Disag_IV)		

Crosstabulations results: significant relationships

1st PHASE OF THE FRAMEWORK

- ▶ **LPERF X EIL / LPERF_POL * EIL_General**
- ▶ **LPERF X IMP_Wchan**
 - ▶ 3/1st_desag: LPERF X IMP_FEED
 - ▶ 4/1st : LPERF X FORM_KNOW
 - ▶ 5/1st : LPERF X FORM_NACTOR

2nd PHASE OF THE FRAMEWORK

- ▶ **LHSS X LPERF**
 - ▶ 2/2nd: LHSS_LEAD x LPERF
 - ▶ 3/2nd: LHSS_WF x LPERF

● Statistically significant, positive and linear (or with negative directions less predominant)

● Statistically significant, positive and negative directions, most of them are non-linear

Comparing survey results with interviews and qualitative literature

How are interviews comparable with crosstabulations results?

How are qualitative literature results comparable with crosstabulations results?

Confirming?

Expanding?

Disagreeing?

Lacking in correlation?

Relationships: FORM_NACTOR x LPERF (_ORG, _POL, _BEHAV) (1)

Comparing crosstabs and qualitative literature (A)

- ▶ "The early involvement of health workers and other stakeholders in designing an incentive scheme proved to be valuable" (p.1) ... "Health professionals suggested various performance indicators (...) to be considered for incentive allocation. (...) the final list of key indicators was adopted during a meeting that convened health workers and other stakeholders (policymakers and regional health managers). The suggested indicators ... are routinely collected through the national health information system and used for performance assessment." (p.7-8)
- ▶ "The **improvement of productivity and performance** of healthcare providers was also cited. [In contrast] **some disadvantages such as sustainability of the system was noted.**" (p.5) (MAURICE, et. al., 2016)

Meta-analysis: Expansion in terms of significance: The text mentions national actors (frontliners, health regional managers and policymakers) participation in the formulation process/decision about indicators. Performance was increased but in a not sustainable way.

Confirmation in terms of gamma result (medium strength): The strength of the relationship is not sufficient enough to impact performance in a sustainable way

Relationships: FORM_NACTOR x LPERF_BEHAV (2)

Comparing crosstabs and Interviews(A)

FORM_NACTOR is a disaggregated variable

Positive direction

LOW FORM_NACTOR
participation of
national actors in the
formulation



LOW or Medium
LPERF_BEHAV
Behavioral
performance

- ▶ FORM_NACTOR - "national actors **had no influence** in formulation" (INT05)
- ▶ LPERF_BEHAV - "None" (INT05)
- ▶ FORM_NACTOR - A few actors from the MoH were consulted but **did not really influence** the formulation process, no actor outside the MoH was consulted (INT04) (LOW)
- ▶ LPERF_BEHAV - Actors **temporarily changed their behavior** to maximize gains, but there is no indication that results are sustainable and behavior changes will be maintained after the termination of the program (INT04) (Medium-Low)
- ▶ **Meta-analysis: Confirmation:** Low (High) levels of participation of national actors is associated with Low and medium (High and medium) levels of policy performance. **Confirmation:** medium strength

Comparing crosstabs results: QUALITATIVE LITERATURE

Relationships: IMP_CHANwp X LPERF & LPERF_ORG (a)

- ▶ They pointed out that the PBF scheme has created a spirit of working better and making more effort, and also of changing practice behaviour towards quality improvement. (RUDASINGWA; UWIZEYE, 2017, p.8)
- ▶ ... managers revealed that they were very concerned about reaching targets, and health workers reported that managers were keen to supervise health workers, help facilities achieve their targets, and ensure that they provide correct and timely data. (...) health workers and managers worked together after the official working time, something that had rarely happened before. (MAYUMA et al., 2017, p.4)
- ▶ "...a frequently reported problem was the need for greater consistency over the timing and extent of changes to the individual indicators and the overall QOF ... This inconsistency was seen by interviewees as working against routinisation, creating a sense of uncertainty that almost all felt could be improved through better communication between policymakers and front line practitioners ... Almost all GPs and practice managers described a sense of decreased clinical autonomy and loss of professionalism." (Lester et al, 2013, p.410). (UK)
- ▶ **Meta-analysis: Confirmation:** Changes in the work process (including alternatives logics) are related to performance drivers/chances either in a positive or negative direction. **Expansion:** Text1 expands when mentioning changes in behaviour and not in PERF_Org. Text2 expands when mentioning inconsistencies (unexpected results) barrier to strengthen routinisation and loss of professionalism.



Comparing crosstabs results

Relationships: IMP_CHANwp x LPERF_ORG (b)

▶ Interviews

- ▶ IMP_CHANwp – “Changes happened in the bureaucracy and administrative red tape, workload, schedule and focus on remunerated indicators than on non-remunerated ones.” (INT02)
- ▶ LPERF_ORG: “creation of parallel structures with new procedures beyond the reach of national authorities” (INT02)

- ▶ IMP_CHANwp – “Changes in the work process happened when doctors and nurses in charge of hospitals and health centers paid more attention to the quality of services and welcome of patients” (INT04)
- ▶ LPERF_ORG – “There was no sustainable organizational changes in performance. But the health information system was strengthened” (INT04)

- ▶ **Meta-analysis: Confirmation** : the relationship between IMP_CHANwp and LPERF_ORG can be characterised either by a positive – [HIGH – HIGH] or negative direction [Medium/LOW-Null] . **Expansion:** INT04 expands showing that increases in LPERF_ORG and LPERF_POL does not take place at the same time.

Positive and ...
... negative directions

Comparing crosstabs results

Relationships: **IMP_FEED** x **LPERF_ORG**

IMP_Feed is a disaggregated variable

QUALITATIVE LITERATURE

- ▶ Feedback P4P established a feedback loop which informed the managerial level about the needs on the ground, and which assured that rewards encouraging entrepreneurship were made available. Simultaneously, the management was seen as more supportive by most staff (Kalk, Paul, Grabosh, 2010, p.185)

- ▶ **Meta-analysis: Confirmation**

Interview

- ▶ **IMP_FEED**: “the regional management teams go regular field visits and the national follow-up team planned one field visit a year with specific attention to selected local health facilities” (INT06)
- ▶ **LPEF_ORG**: the Minister hired specific departments which follow-up P4P/PBF instruments, these engaged with coordinators on the regional level. (INT06)
- ▶ **Meta-analysis: Confirmation**

Comparing crosstabs results Relationships: LPERF_ORG X HSS_LEAD & HSS_WF

INTERVIEW

- ▶ LPERF_ORG – “creation of parallel structures with new procedures beyond the reach of national authorities” (INT02)
- ▶ LHSS_LEAD “PBF empowered managers of health facilities in the decision-making process, staffing and accountability. But this autonomy promoted by PBF is facing resistance from the Ministry of finances and Senior health officers of the Ministry of health.” (INT02)
- ▶ LHSS_WF – “PBF brought new training programs and technical know-how to certain aspects like data collection. The training in the use of indicators and budgeting, business plan design are other aspects noted”. (INT02)
- ▶ **Meta-analysis: Expansion** – increases in leadership of managers faces resistances from Ministries/national actors

Preliminary conclusions

- ▶ The integration between formulation and implementation is significantly related to increases in the general performance of P4P/PBF.
- ▶ **Policy feedback** and **changes in the work process** are significant IMPLEMENTATION DRIVERS related to the generation of performance drivers. Changes can reveal unexpected results and not follow a positive direction. Feedback is a powerful policy driver regarding its highly positive impact of performance drivers.
- ▶ **Policy knowledge** (involving diversity of types/form of knowledge and policy feedback in the formulation), as well as the participation of **national actors** are significant FORMULATION DRIVERS, associated with levels performances – though changes in performance may or may not increase at first (can take a while).
- ▶ Those seems to be the types of POLICY DRIVERS that could be privileged by policymakers and implementers if P4P/PBF is considered a relevant policy to improve system strengthening.
- ▶ The relations between performance drivers and system strengthening are significant and complex (non linear). So far more consistent/significant with respect to leadership strengthening than with the strengthening of the workforce. More attention to significant policy drivers might contribute to increases the levels of performance and, thus, strengthen the relation between performance drivers and HSS.
- ▶ Logistic regressions will enable us to further check and explore the effects that independent variables can exert dependent variables (LPERF and LHSS).

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From draft P4P paper



P4P/PBF in LMICs
HEALTH POLICY AND SYSTEM RESEARCH
COMPARATIVE PROJECT
SHAPES/HSG small grant



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Thank you!!

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