

A QUALITATIVE AND MIXED METHOD COMPARATIVE ANALYSIS OF THE IMPLEMENTATION OF A P4P PROGRAMME (PMAQ) IN SIX BRAZILIAN MUNICIPALITIES IN GOIAS AND PERNAMBUCO: HOW HAVE POLICY AND PERFORMANCE DRIVERS AFFECTED HEALTH SYSTEM STRENGTHENING?



Goiânia, GO, BR



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JUSTIFICATION - The Relevant GAP

Brazilian literature - Hegemony of quantitative and descriptive studies: use of official data mainly

- Little qualitative and policy analysis
- Very little is known about the implementation process (and policy formulation)



Commnetary paper – Gap in PMAQ's literature - Supplement/2017 of the JACM

Brazilian Payment for Performance (PMAQ) Seen From a Global Health and Public Policy Perspective: What Does It Mean for Research and Policy?

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<https://pmaq.fcs.ufg.br/>



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<https://cienciapolitica.cienciassociais.ufg.br>
<https://www.kent.ac.uk/chss/>

Objective

To explore if/how the re-formulation and implementation processes of PMAQ/3rd round have contributed to strengthening the performance of health system leadership and workforce in cities/units with diverse management/leadership arrangements and organizational capabilities.



Main Question

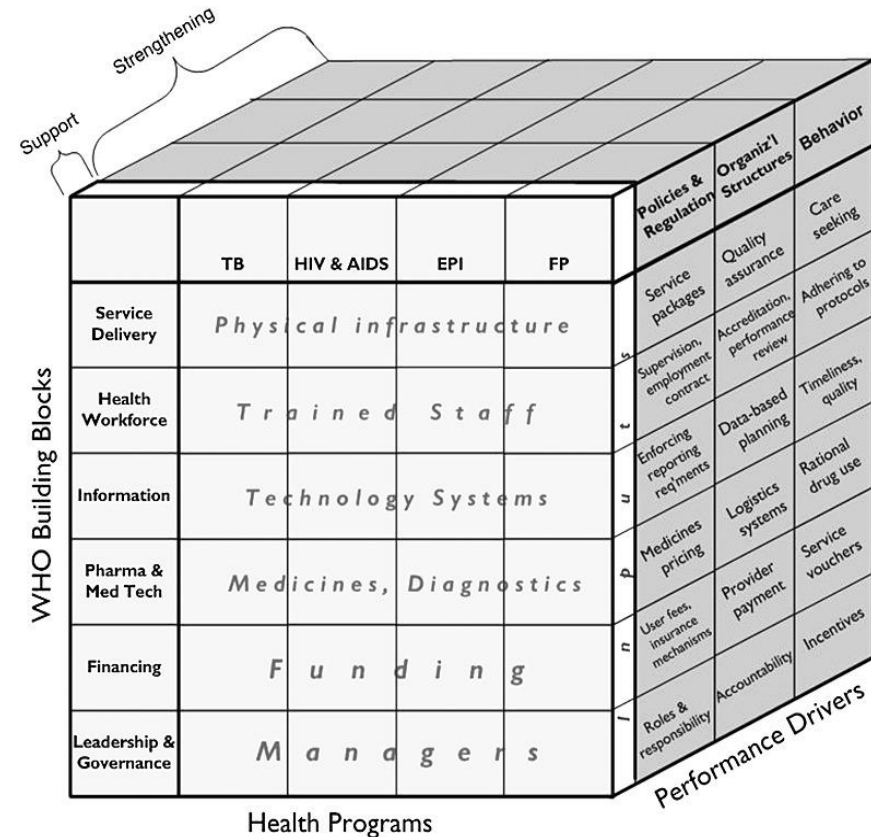


How to Strengthen Leadership and Workforce Through PMAQ Reformulation and Implementation?

Six Health systems Building Blocks



WHO Health systems framework



Chee et al. 2013

Methodology

- ▶ In **Goiás and Pernambuco** – 3 cities in each metropolitan region
 - ▶ in cities/units with different arrangements (or configurations) of management/leadership and organizational capabilities in health policy.
- ▶ **GOIÁS:** Goiânia, Aparecida de Goiânia and Senator Canedo
 - ▶ (Goiânia and Aparecida: problematic management and organizational indicators/PMAQ)
- ▶ **PERNAMBUCO:** Recife, Jaboatão dos Guararapes and Paulista
 - ▶ (Success Cases - PMAQ Indicators)



Multi-methods

- ▶ Interviews with
 - ▶ In cities: SMS managers and districts and health teams
 - ▶ National Level: DAB, CONASS, CONASEMS,
 - ▶ Experts: External evaluators and international experts
- ▶ Build synthetic indicators and correlate them
 - ▶ Thematic analysis, summary, synthesis (Nvivo and excel)
 - ▶ Multi-Methods
- ▶ Summary indicators of implementation, performance and strengthening transformed into numbers - contingency tables (crosstabulations) and Regressions

Bringing Public Policy to PMAQ analysis

Thematic analysis of the review and interview responses/

Formulation - Relationships between policy design and implementation

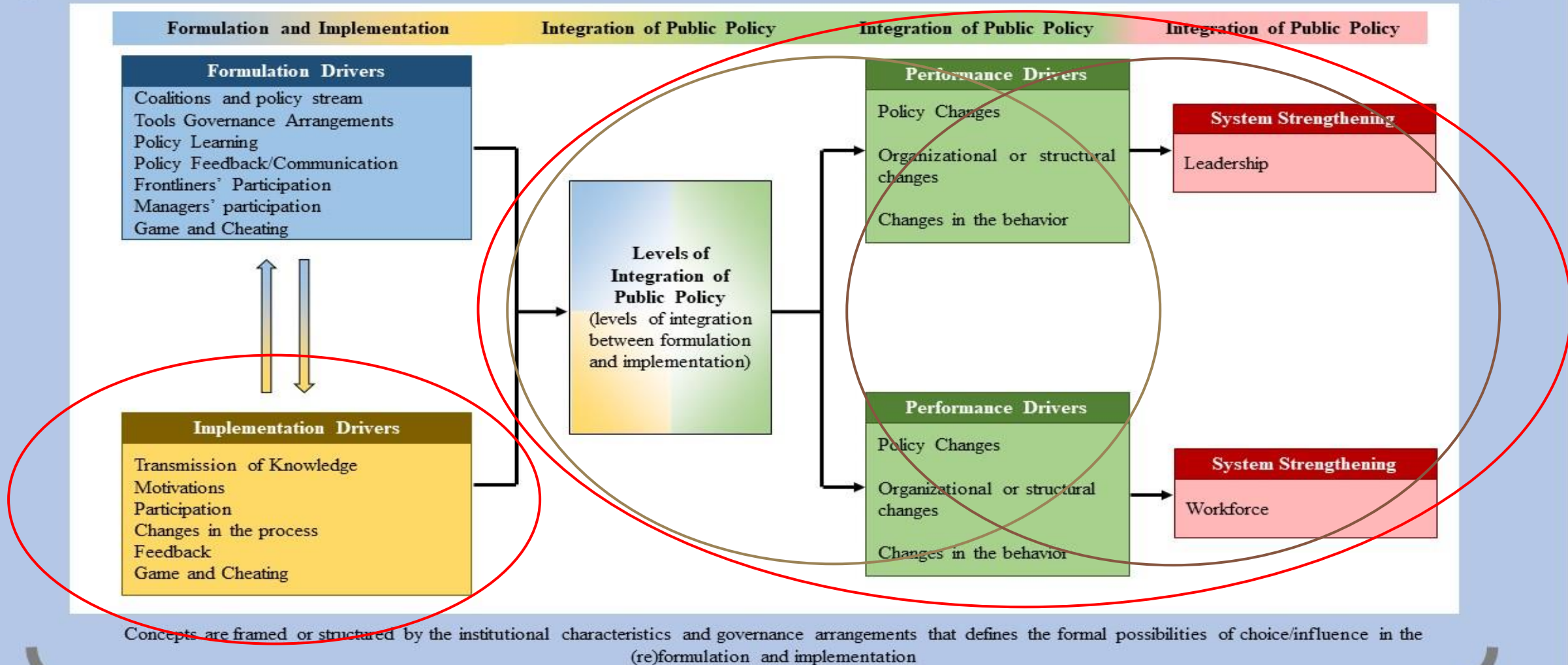
- Design / participatory formulation
- Feedback: positive and negative
- Policy learning

Implementation: Frontline/street level bureaucracy

- understanding / knowledge
- motivations, conflicting contradictions,
- Engagement / participation
- organizational capacity,



Policy Integration and Performance Framework (PIPF)



hypothesis

- High levels of integration in implementation generate more effective performance drivers and positively impact leadership and workforce

PMAQ/ Brazilian P4P



**(Re)Desenho, implementação,
força de trabalho e liderança**

*(Re)-Design, implementation
leadership and workforce*

Goiânia



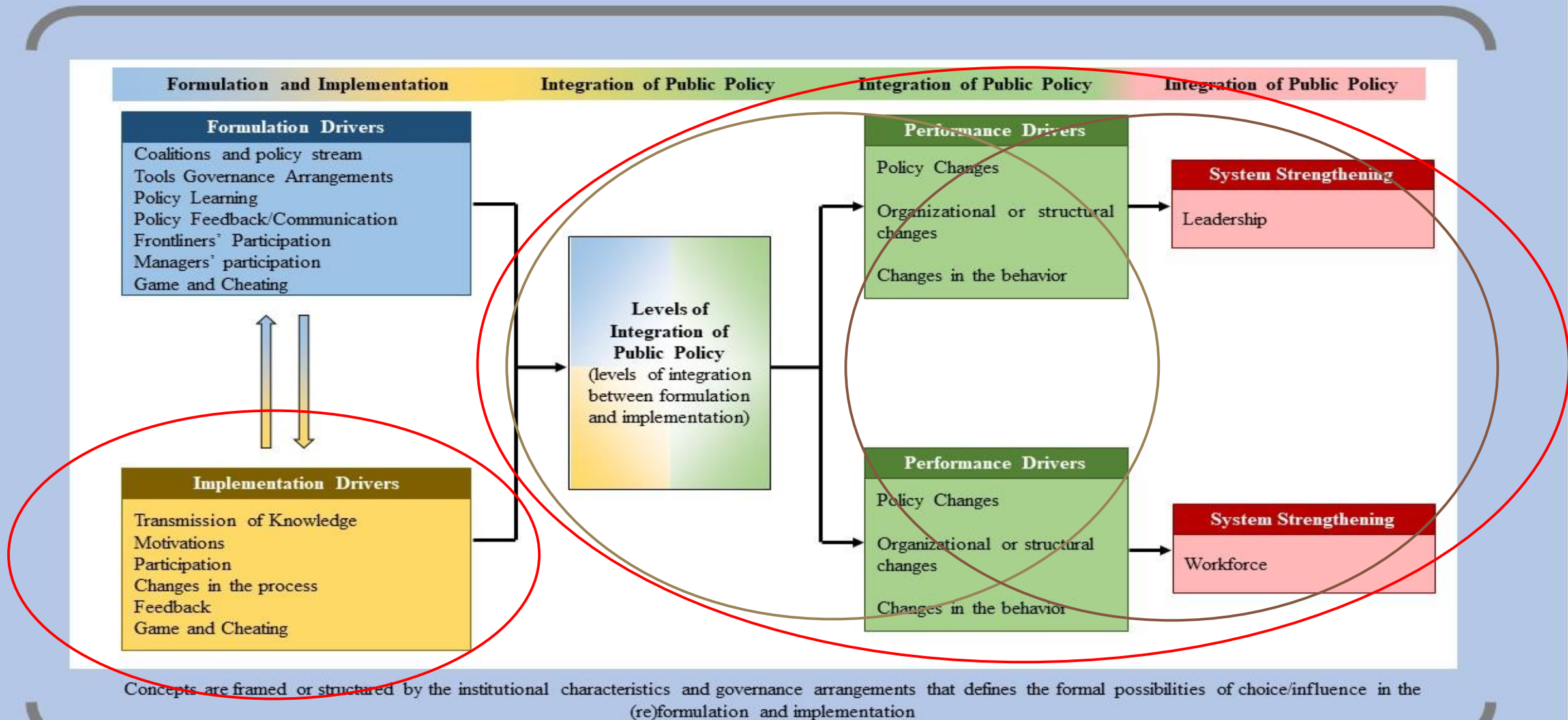
Interviews made

	APARECIDA	GOIANIA	SENADOR CANEDO	JABOATAO	PAULISTA	RECIFE	Grand Total
CHW	15	18	13	10	13	9	78
DENTIST		2					2
DOCTOR	6	5	5	4	5	5	30
MANAGER	6	7	3	4	2	5	27
NURSE	5	5	5	7	7	8	37
Grand Total	32	37	26	25	27	27	174

Results

- ▶ 3 implementation drivers (as an example)
 - ▶ Motivation
 - ▶ Feedback
 - ▶ Change in the work-process
- ▶ Implementation integration (between all framework drivers)
- ▶ Framework relations between
 - ▶ Implementation and performance impact
 - ▶ Performance and impact on leadership and workforce strengthening

Policy Integration and Performance Framework (PIPF)



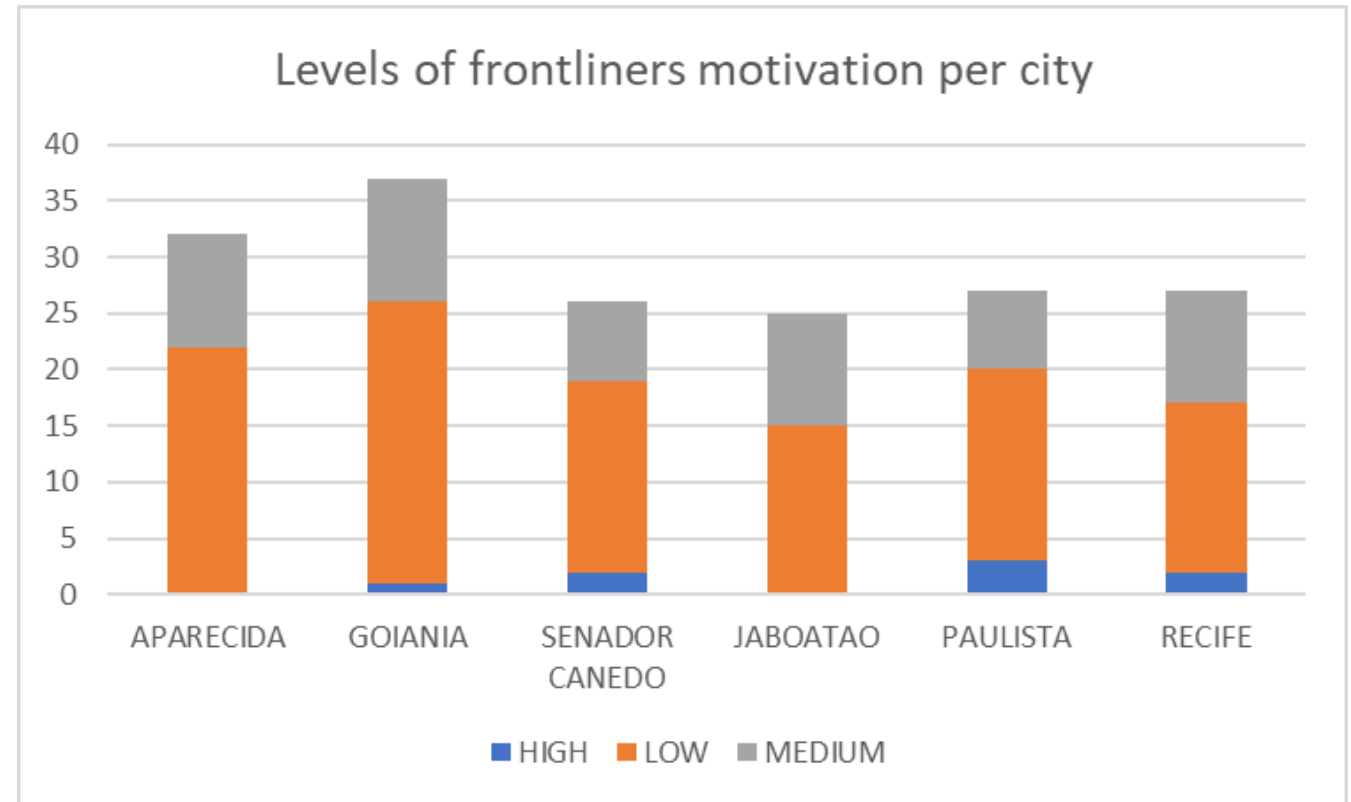
Frontliners motivation with the PMAQ

"Not much motivated due to the work pressure. Before PMAQ, frontline worked slowly; PMAQ makes frontline work faster; frontline given incentive to do all PHC work ACS04JABU02"

"I have to work more, don't get support. My motorcycle broke, and had to pay for the travels. I already pay for the paper, pen, sunblock..."



Lack of working conditions
Lack of support, Overload of work



General Levels of feedback per city

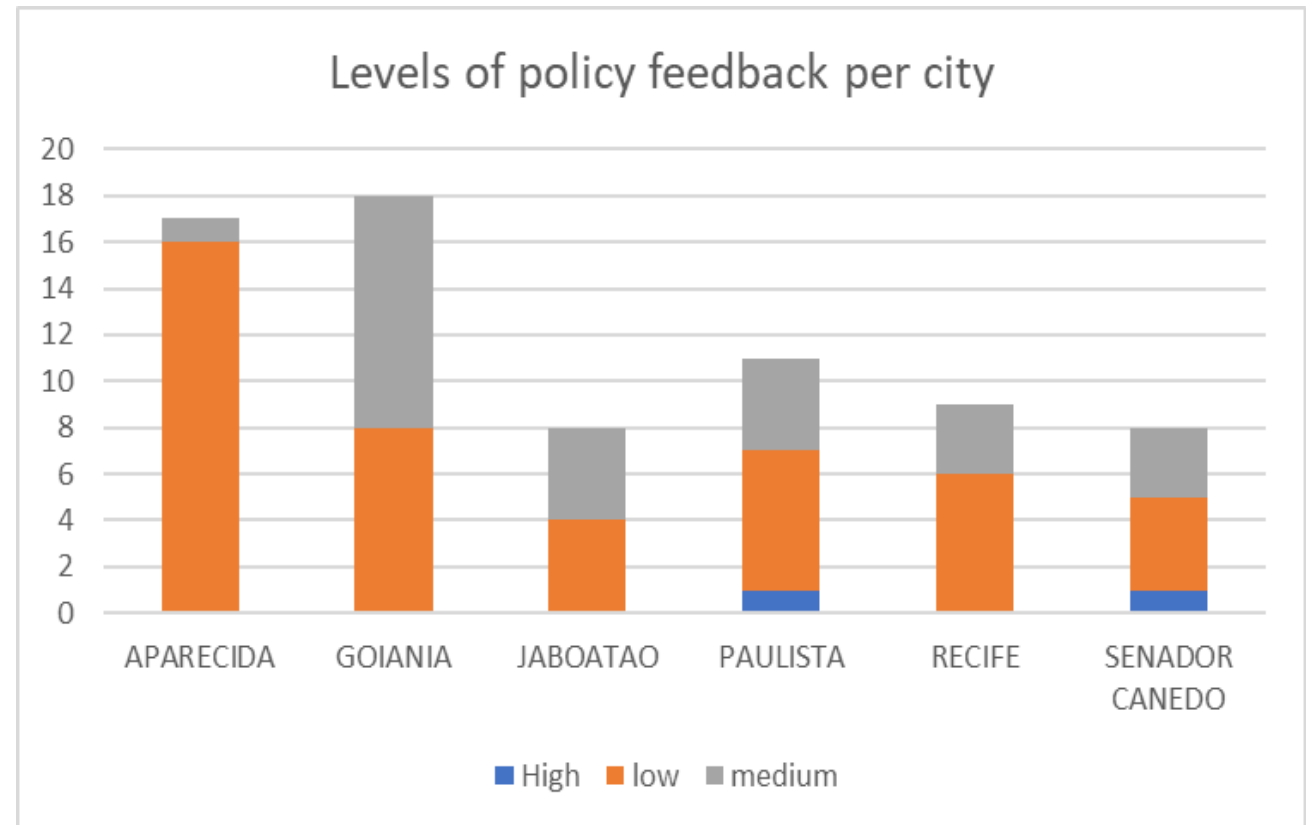
Feedback happens a bit more in the 2 small cities in each state

"Feedback took to long to happen. They gives our score, but didn't discuss with us. We would like to discuss it and know how to do better. They do it all in hush for the money that comes for the government. Where can I our the data? Can you help me?" (NURSE10JABU03)

The nurse told me the score. And that was all (CHW01GOIU04)



Feedback within the team, feedback from managers, positive and negative feedback, incomplete/ partial feedback



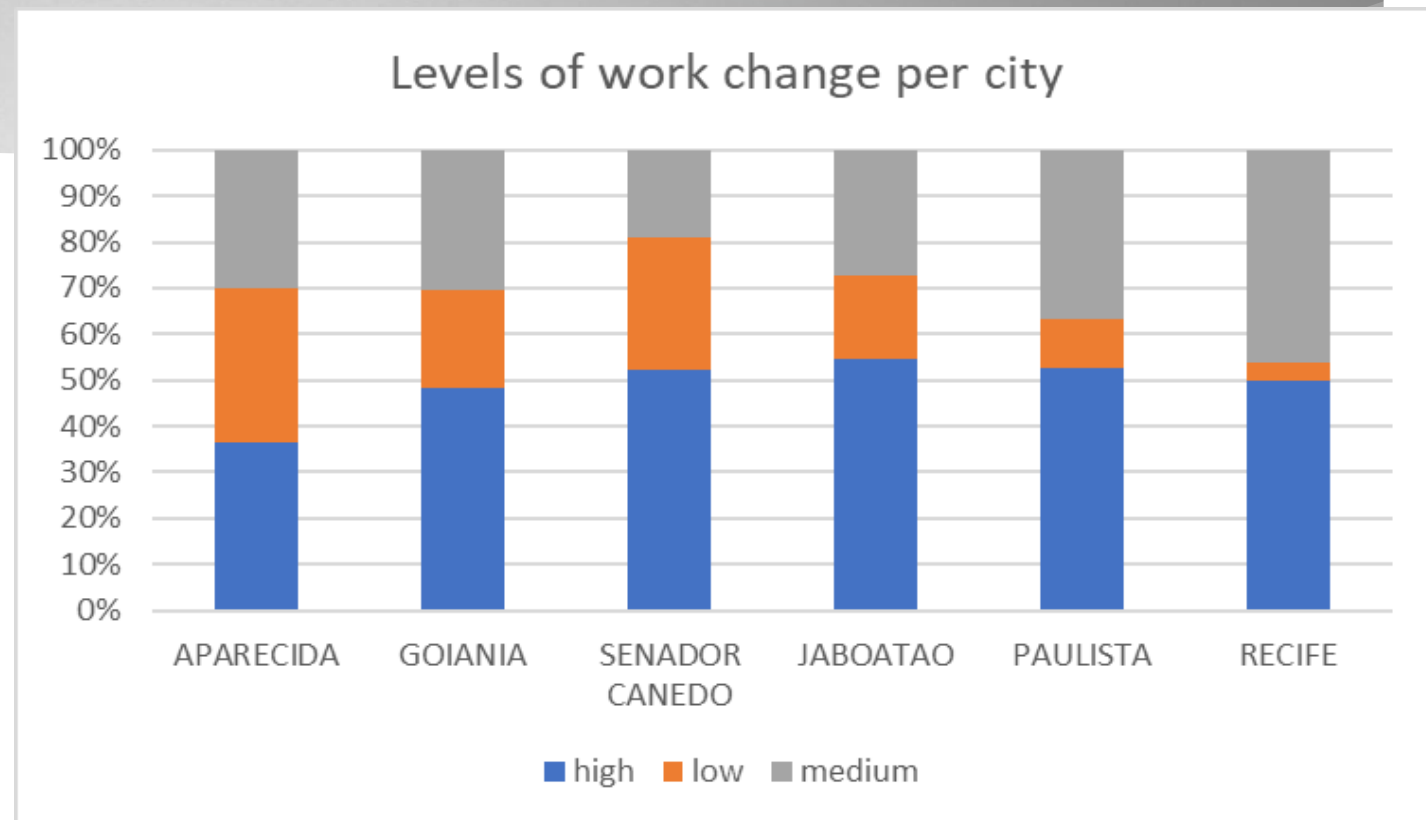
Levels of work change per city

Coded sub-themes: reception, team relationship/ integration, relationship with the community, increase of CHW visits (active search), creation of books/ registrations, creation of health groups, more meetings,

Pernambuco and small city in Goias

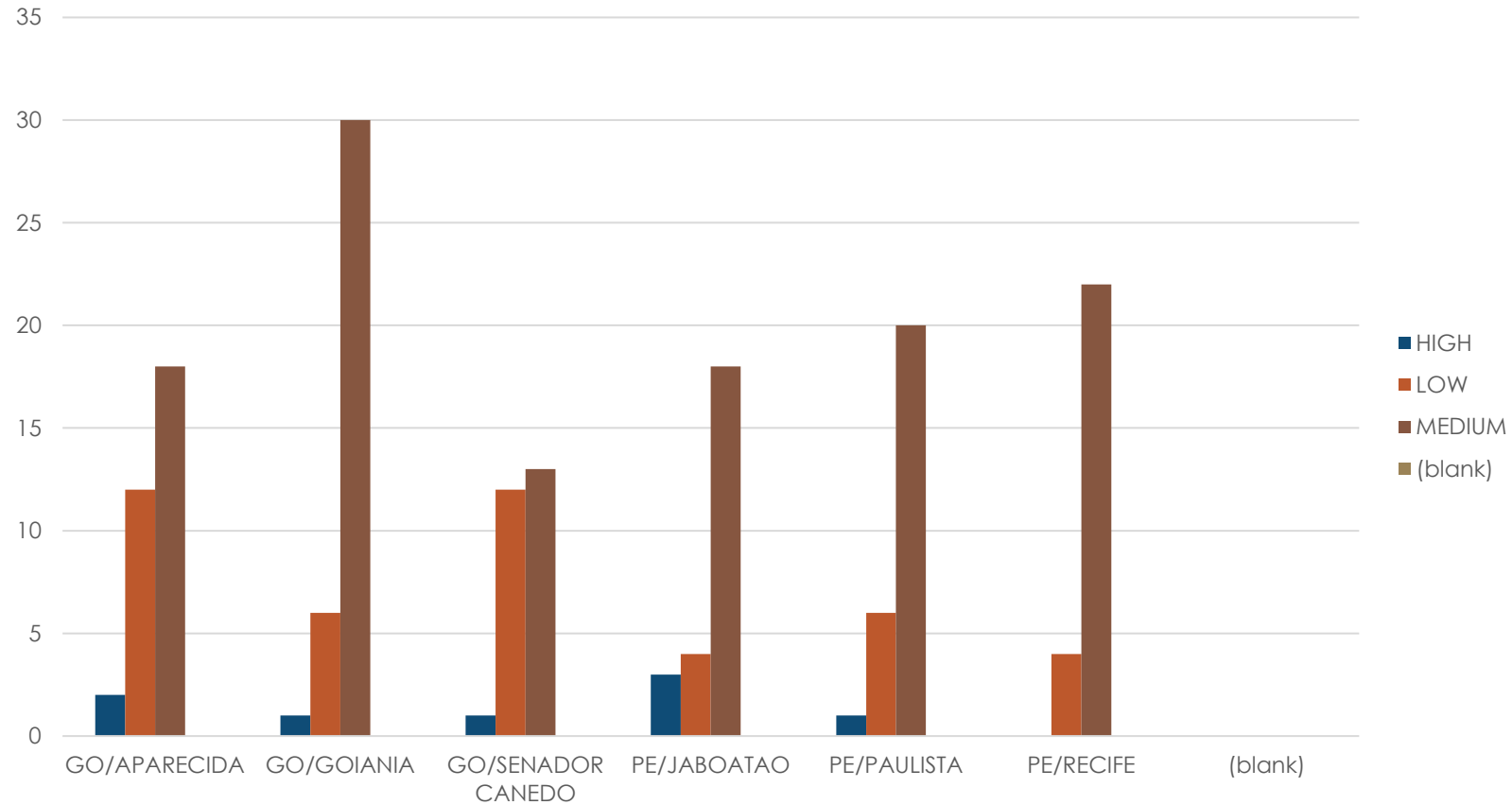
PHC is more organized, better structured
High levels of work change are more significant

50% of FL don't see changes in the work process due to the PMAQ. This % is higher in Aparecida e Goiania



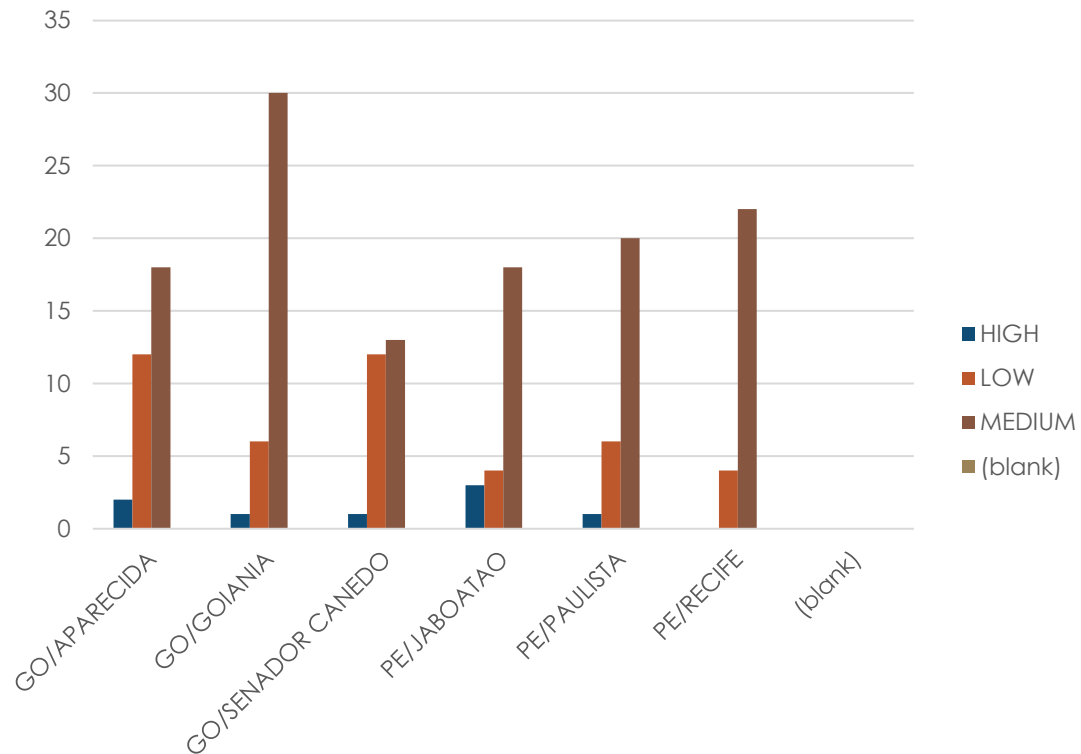
	APARECIDA	GOIANIA	SENADOR CANEDO	JABOATAO	PAULISTA	RECIFE
high	37%	48%	52%	55%	53%	50%
low	33%	21%	29%	18%	11%	4%
medium	30%	30%	19%	27%	37%	46%

Implementation integration

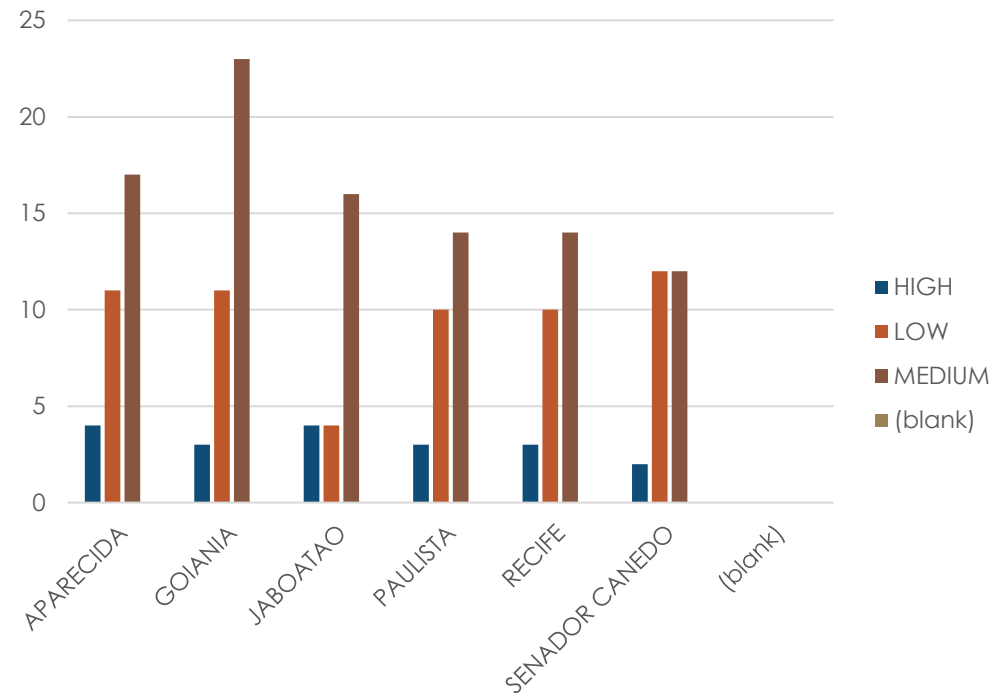


Relations between implementation and performance

Crosstabs and significant regressions

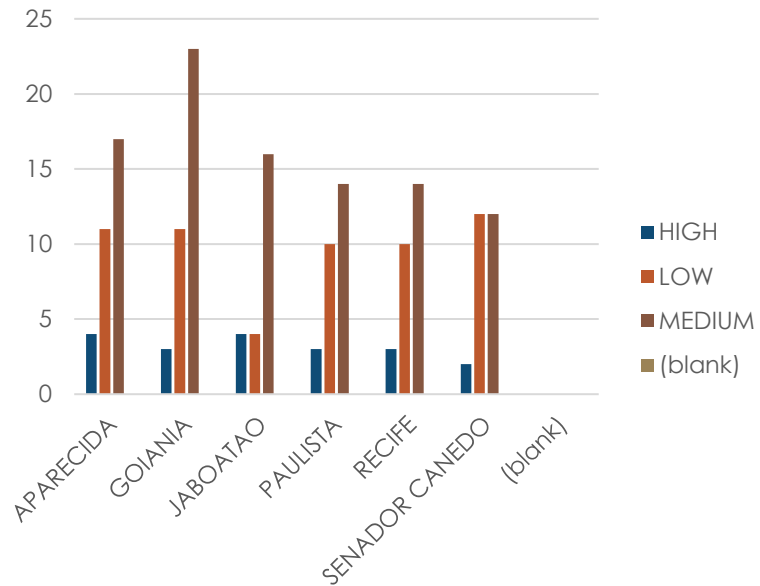


General performance levels

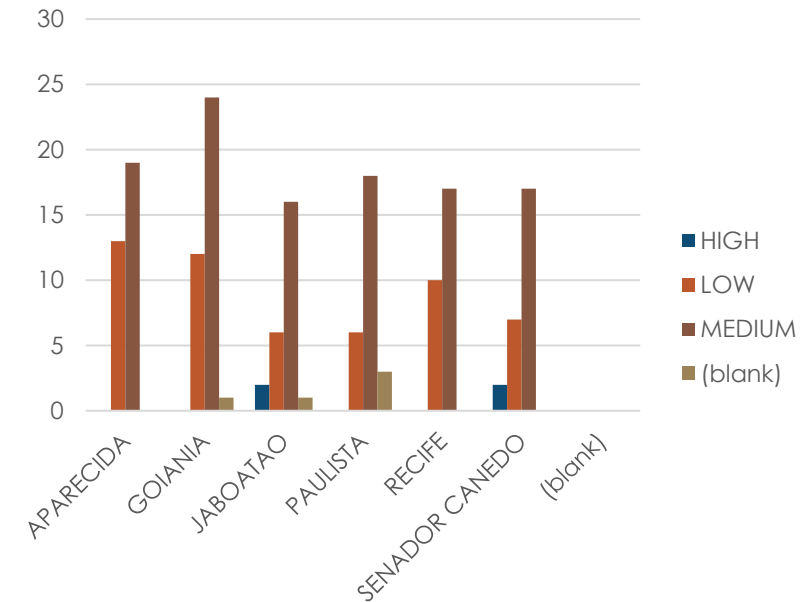


Relationships between Levels of Performance and System Strengthening

Crosstabs and significant regressions



Strengthening - leadership plus workforce



Conclusions



Invest more in implementation drivers (process) to:

- promote more integrated/responsive implementation and reformulation processes 'in relation to the PMAQ'
- affect performance indicators
- **strengthen leadership and workforce.**

Thanks!

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