

Overview

Annual Results and Impact Evaluation Workshop for RBF Harare, Zimbabwe



The sixth Annual Results and Impact Evaluation Workshop for Results-Based Financing (RBF) was held in Harare, Zimbabwe from September 18 to September 23 2016. Hosted by the Government of Zimbabwe, it gathered 130 RBF practitioners implementing HRITF-funded RBF programs and impact evaluations (IE) in 26 countries – from Argentina to the Kyrgyz Republic to Zimbabwe.

The Annual Results and Impact Evaluation Workshop for RBF was organized by the World Bank – with the support of the Health Results Innovation Trust Fund (HRITF) funded by the Government of Norway and the Government of the United Kingdom .

This global learning opportunity focused primarily on building/strengthening RBF capacity and knowledge to further improve RBF design, implementation and evaluation – also leveraging the timely availability of impact evaluation results and qualitative data.

A rich agenda was developed in consultation with country teams and drawing on impact evaluation results as well as qualitative and operational data informing RBF design and implementation. Specifically, the Workshop focused on:

- ◆ Providing a general overview of the HRITF RBF portfolio, including recent impact evaluations results;
- ◆ Discussing the future of RBF, particularly reimagining RBF shifting it from an “incentive mechanism catalyzing results” to a “tool to deliver greater efficiencies and tackle health system challenges that works in tandem with other approaches to generate better results for communities”;
- ◆ Examining issues pertaining to scaling up RBF and ensuring its sustainability, highlighting lessons from RBF schemes in middle- and high-income countries and explicating the determinants of successful RBF scale-ups in low income countries;
- ◆ Considering RBF operational data in various settings and their usefulness in ensuring constant program improvements;
- ◆ Taking a closer look at measuring and paying for the quality of care, drawing lessons from countries implementing innovative approaches and from relevant IE results, and focusing on innovative measurement methods available for quality of care, such as anatomic simulation models or video-vignettes;
- ◆ Exploring demand-side RBF interventions, particularly concentrating on conditional cash transfers, including financial incentives for HIV prevention, and Rwanda’s IE results;
- ◆ Drawing lessons from innovative community RBF interventions;
- ◆ Exploring research questions for RBF programs, leveraging the key findings and lessons learned drawn from the HRITF learning portfolio.

Various workshop outputs, including PowerPoint presentations, session videos and interviews – will soon feature on

Major Lessons Learned

Knowledge and experiences sharing highlighting important lessons.

- ◆ Learning should feature as a critical function of RBF. It is particularly important in community RBF as community RBF interventions are relatively new and much remains to be learned.
- ◆ Improving the Quality of Care is central to boosting health outcomes and Universal Health Care: it requires concurrently improving structures and people. “Getting people to do the right thing at the right time” is as critical to health outcomes as well-equipped health facilities. This requires human resources for health to constantly and consistently apply clinical guidelines and for health facilities/authorities to regularly and consistently test their clinical knowledge. Such knowledge application and testing can be facilitated by using methods measuring clinical processes – rather than inputs – such as direct observation, video vignettes, Mama Natalie, etc.
- ◆ Measuring and paying for quality remains challenging.
- ◆ Training should be at the heart of RBF: all actors at all levels should benefit from training and refresher trainings should be provided regularly.
- ◆ Alternative verification methods – including risk-based verification focusing on facilities with the greatest discrepancies between reported data and verified data – can help reduce the burden of timely and costly verification targeting all facilities and all indicators at regular intervals.
- ◆ Operational data was reasserted as a vital tool to enhance the performance of RBF programs: it enables to identify gaps and devise course corrections, thereby increasing RBF’s impact.
- ◆ Qualitative studies can help harness the underlying behavioral, political and logistical factors that influence RBF mechanisms and ultimately, health outcomes.
- ◆ Community RBF has the potential to help bridge the gap between communities and healthcare systems: interventions tailored to the specific socio-cultural contexts of target communities and building upon existing community structures have the potential to not only boost demand but also accelerate positive health outcomes.
- ◆ Community RBF indicators should be developed in a participatory fashion to ensure community buy-in. Indicators should be limited to ensure data collection feasibility and data quality, and data collection tools should be designed to ensure easy and uniform application.

