



Health Management Lessons learned from Information Systems in Results-Based Financing

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This Presentation

- SHARE the EU-funded SPHIP project in Bangladesh
- Results Based Financing
- Lessons Learned from RBF in different countries
- Innovative use of information systems in health programmes



Strengthening Health Applying Research Evidence (SHARE)

Objective:

Strengthening capacity of national health authorities and icddr,b to support evidence-informed health policy making that lead to improved outcomes

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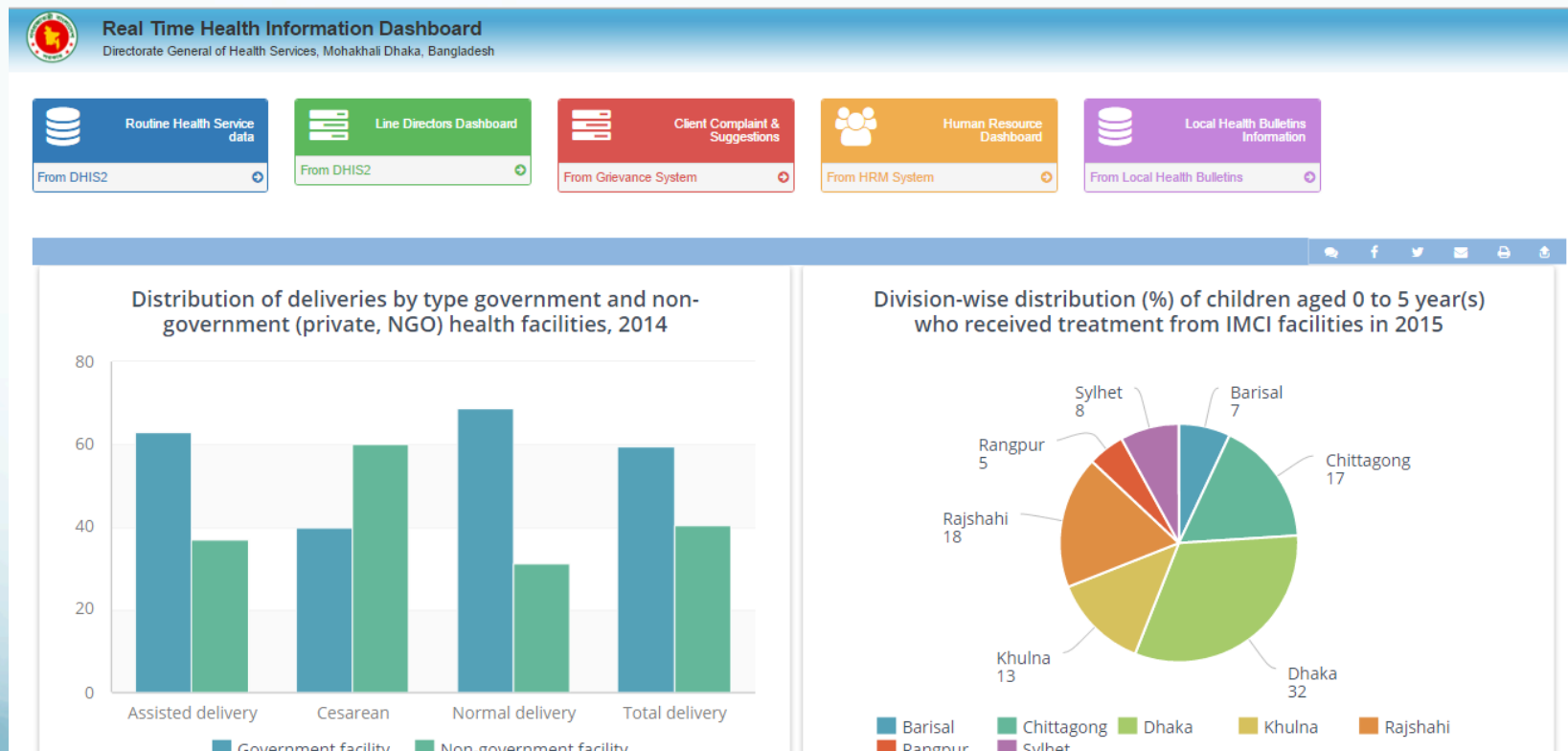
Partners





Work in SHARE project

Develop Dashboards for Data Analysis





Capacity building in SHARE

- Build capacity of health managers and service providers for promoting routine use of MIS data using the DHIS 2 Platform
- Train policy makers and programme managers to support Evidence Informed Health Policy Making
- Strengthen “Research Policy Communication Cell” (RPCC) of DGHS, Ministry of Health and Family Welfare to identify, compile, summarise, and communicate high quality evidence to stakeholders and users



Objectives of Results-Based Financing

Improvement of healthcare

Quality

Human
Resources

Investments

Supervision

Accessibility

Free
healthcare

Patient
satisfaction

Community
participation

Costs

Efficiency

Effectiveness

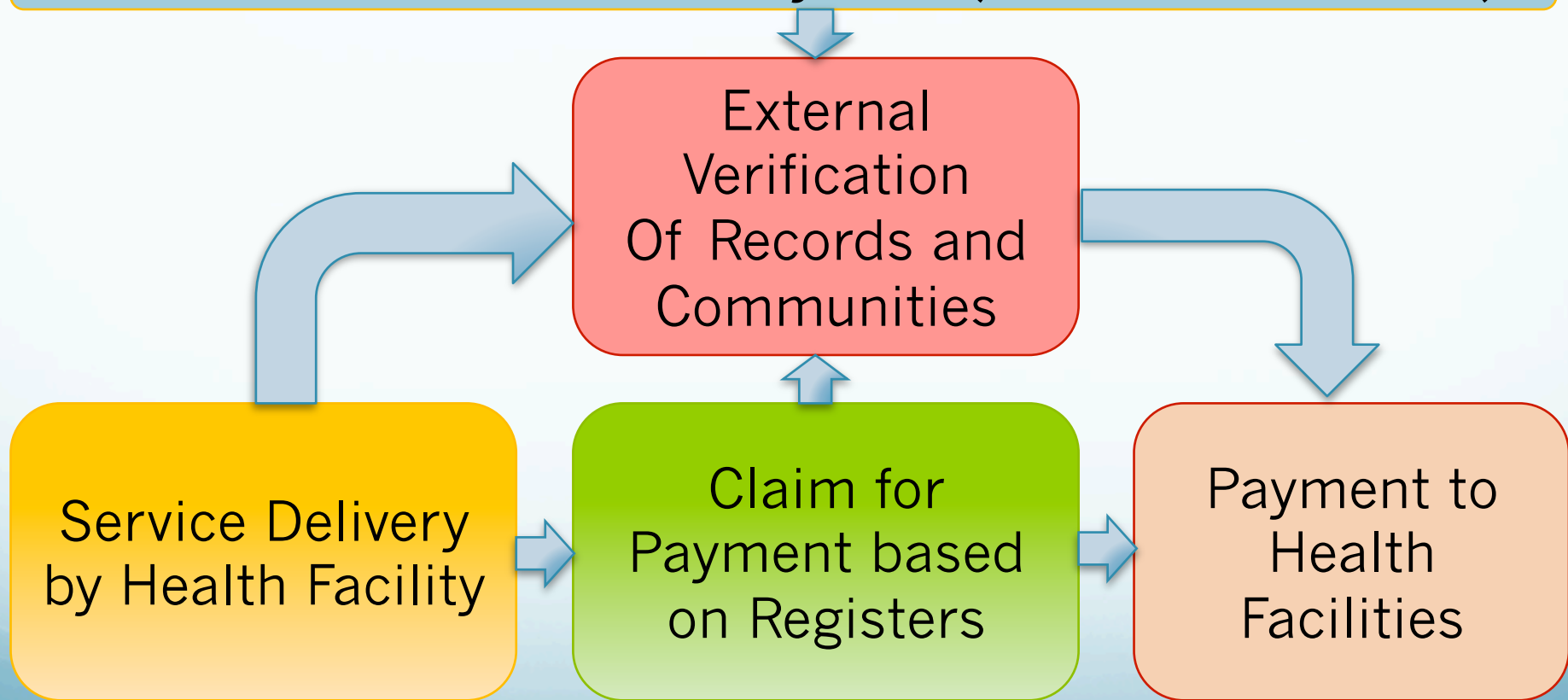
Transparency

Strong emphasis on market approach



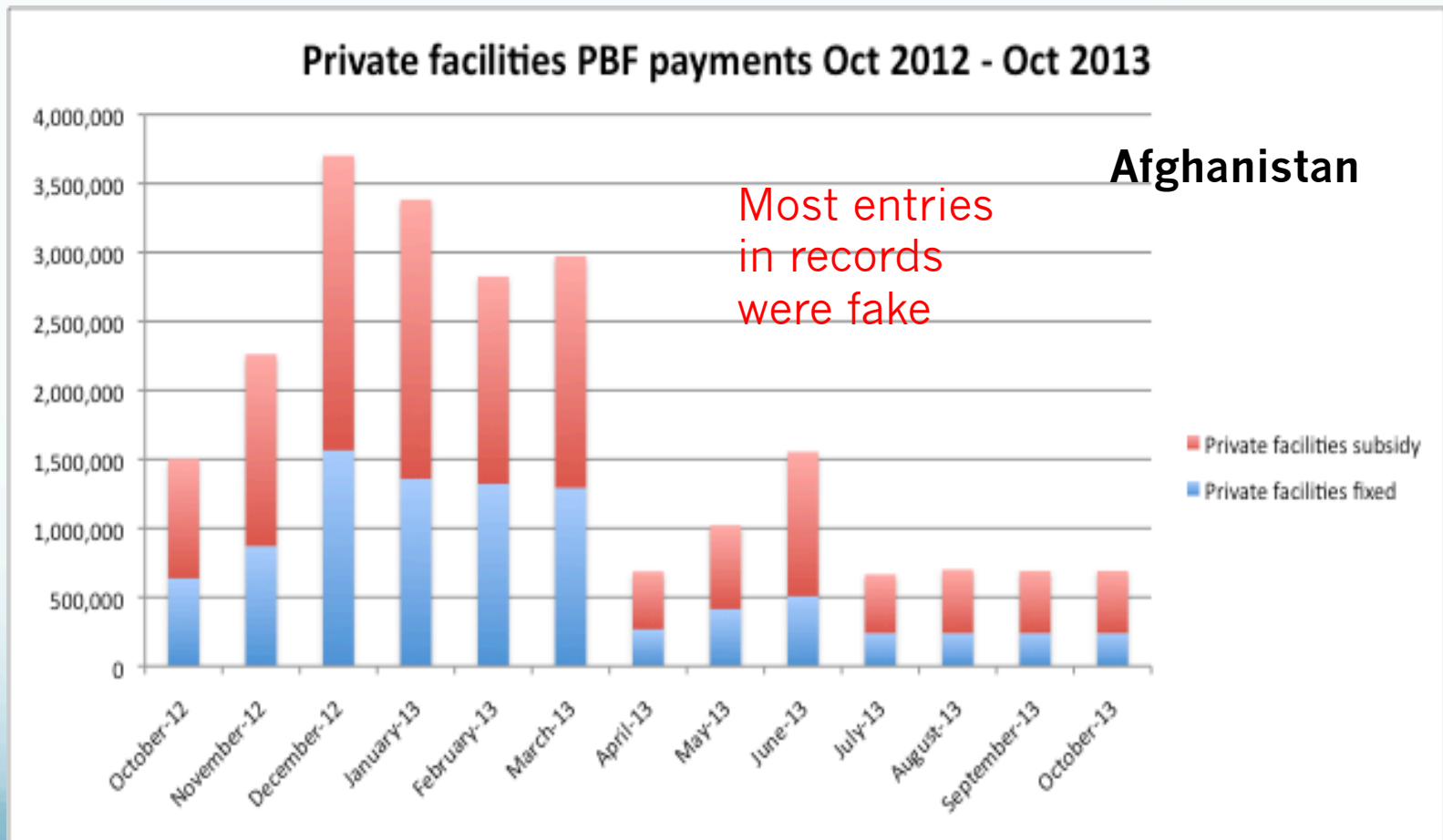
Results Based Financing

External Evaluation of the System (counter-verification)





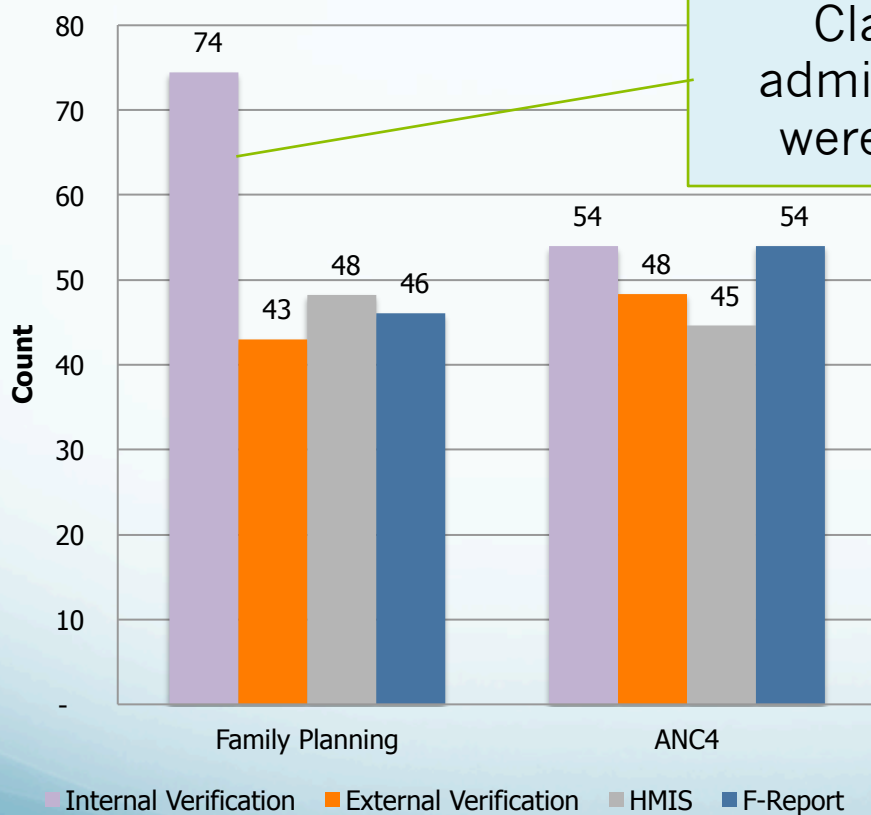
If verification starts too late...



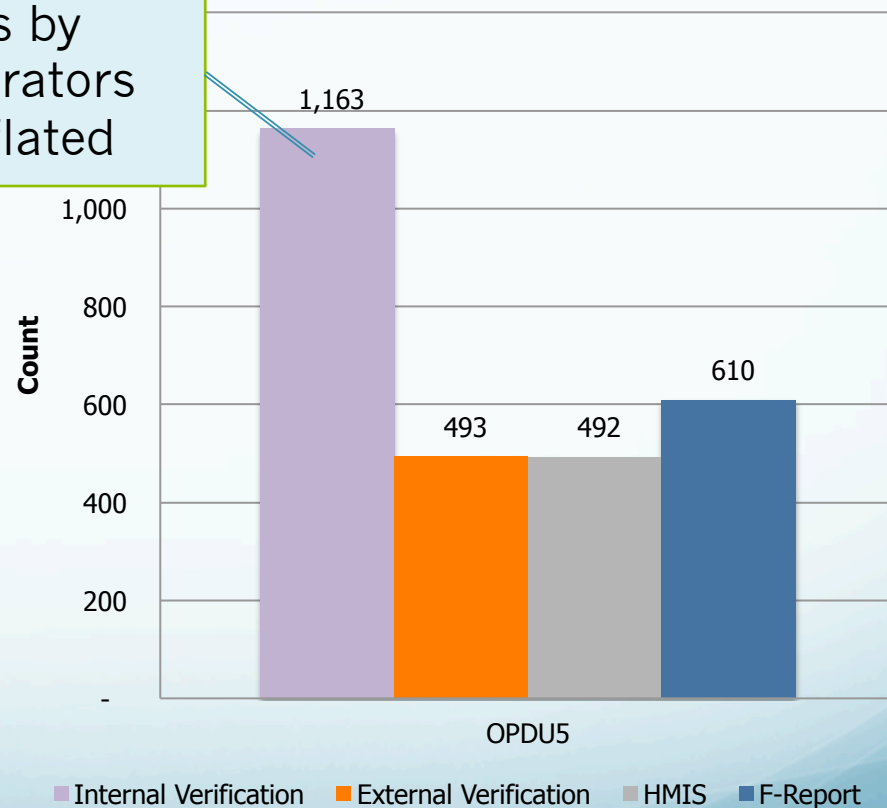


Comparing in Sierra Leone

Comparison of Average Volume (4 Months) By FP and ANC Indicators



Comparison of Average Volume (4 Months) By OPDU5 Indicator





Control is necessary for reliable information

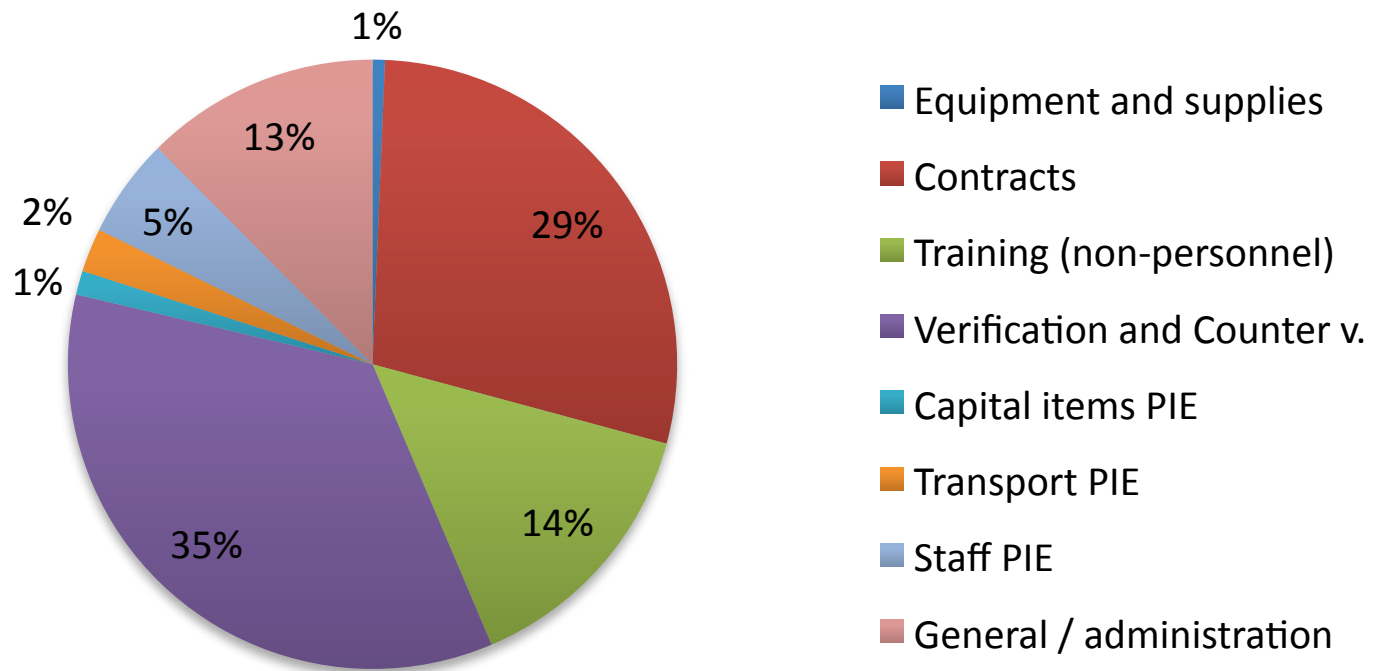
- Quality control in HMIS contributes to reliable information
 - Automation at the lowest level, fewer copy errors
 - Identify outliers in an early stage and correct
- External verification: various experiments in RBF
 - Independent outsiders or institutions within the system?
 - Full verification or sampling?
 - Community involvement in verification?
 - Incentives for more reliable reporting?



Complete verification in RBF is too expensive

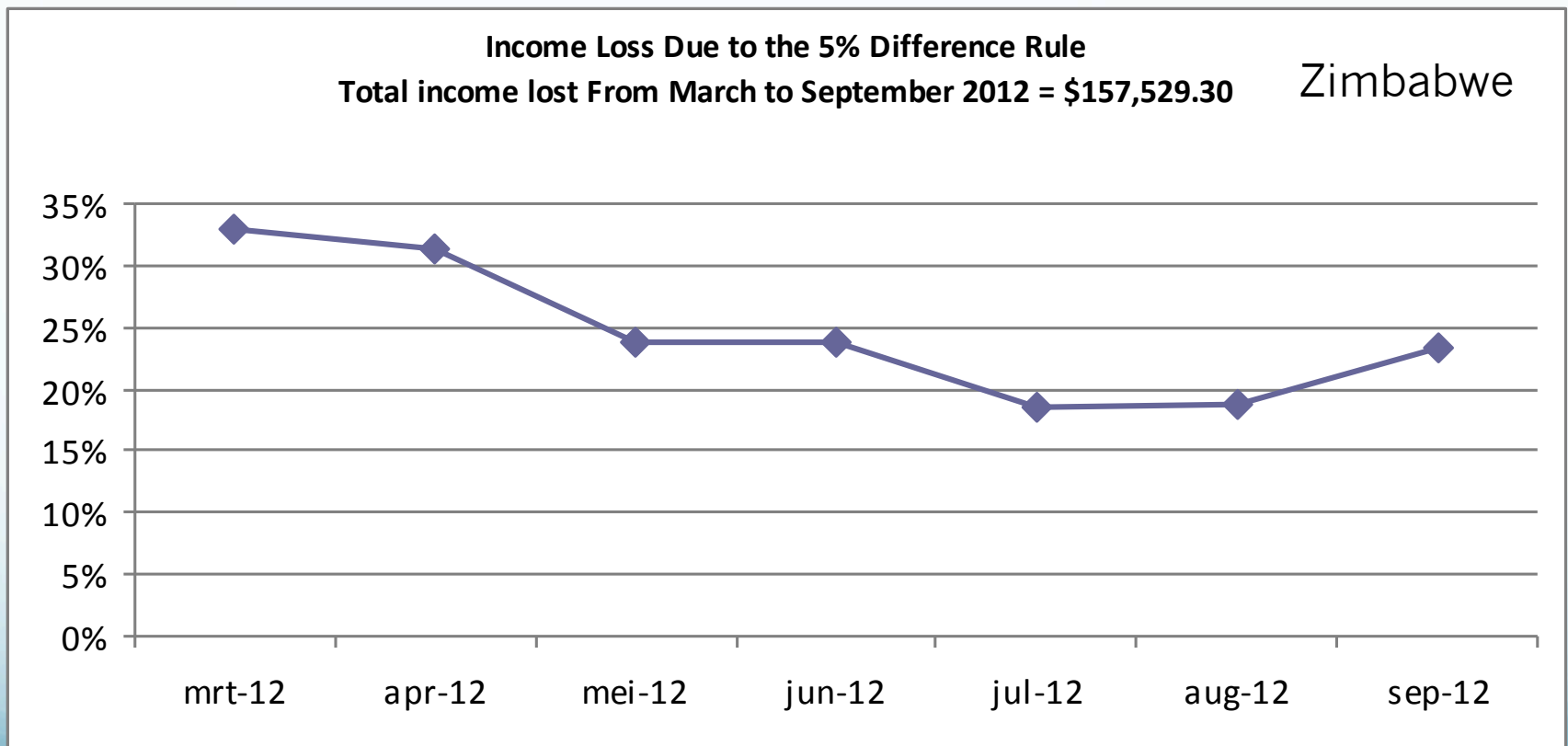
Project expenditure Jul 2011 - Dec 2012

Zimbabwe





Incentives for staff contribute to quality of reports





Breakthrough?

- DHIS modules for financial management RBF (Zimbabwe)
- Electronic Health Record (DHIS 2 Tracker, or other systems, also tested in Bangladesh)
 - Direct entry of information at the source
 - No intermediate steps or paperwork for aggregation
 - Reduces fraud, outliers are easily detectable
- Electronic Health Record used in research replacing expensive surveys (Kenya SPHIP project)
- Text message to patient to verify service utilisation and patient satisfaction (experiment in Burundi for institutional deliveries, complaints in Bangladesh)



Take home messages

- Data quality is important, certainly when financial incentives are involved
 - Good quality HMIS with frequent data analysis helps to detect “simple” errors: capacity building needed (SHARE, icddr,b)
 - External verification is very effective, but too costly: use it to create data reliability culture and go back to sampling and monitoring weak spots
- New electronic patient record and ICT solutions offer opportunities for reduction errors in HMIS, for quality control, accountability, research
- We need studies into feasibility and cost-effectiveness of innovative methods of electronic patient records



Thank You

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