



USAID Evidence Summit on Enhancing Provision and Use of Maternal Health Services Through Financial Incentives

January 10, 2012

I. Background

Integral to USAID's reform efforts under the Global Health initiative (GHI) is a renewed emphasis on the application of research and evaluation to inform strategic thinking about development. An evidence-based approach to development must underpin all USAID activities, from project design to strategic planning to policy development and strategic decisions. Yet, development challenges are usually complex, intrinsically multidisciplinary, and therefore informed by diverse data inputs and expertise. To that end, USAID is hosting a series of evidence summits. The purpose of these summits, in contrast to traditional conferences, is to bring together academics and US Government (USG) development practitioners to address some of the world's most difficult development challenges. Global Health Evidence Summits reflect USAID's commitment to evidence-based innovative, efficient, effective, global health programs. The rapid application and scale up of novel discoveries and health innovations to populations needing them the most requires a continuum of learning from basic to operational research combined with practitioner and program experience that engages a broad coalition of contributors across the USG, academics, host countries, and GHI country teams.

As such, USAID is committed to inclusive leadership and participation to enhance the quality and productivity of each summit. The intended users of the information derived from the Evidence Summit are low and middle income country governments (LMICs), as well as USG policy and program decision makers. Both of these audiences will benefit from evidence-informed recommendations on how to use financial incentives to increase utilization of maternal health services.

The US Government and USAID are committed to reducing maternal mortality in low and middle income countries and the strategy emphasizes increased use of quality maternal health services. The Evidence Summit on Enhancing Provision and Use of Maternal Health Services through Financial Incentives is intended to address the gap between availability and utilization of quality health services for women.

Financial barriers contribute to underutilization of maternal health services in low and middle income countries. While some types of financial incentives, under some circumstances, have been shown to create a positive effect on the demand for and use of health services by reducing or eliminating financial barriers, evidence-based guidelines or recommendations for use of financial incentives by governments and other groups for reducing barriers to access of maternal health services are lacking. Likewise, there are several supply side financial incentives for improving provider performance and overall service quality that are being applied in various settings – in some cases in the very settings where demand side financing approaches are also

being applied. The maternal health evidence summit aims to develop a clearer understanding of evidence about financial incentives to support policies, programs, and systems, as well as to identify knowledge gaps that will shape the future research agenda

Expected outcomes from each GH summit include:

- Clarity on evidence to inform programs and policies
- Identification of knowledge gaps to inform a research agenda
- Publication and dissemination of findings and recommendations.
- Evidence to action follow-up to ensure application of learning and active pursuit of critical knowledge gaps.

The Summit is more than a specific event, but a process that results in important products and action plans for implementation. The Summit is sponsored by USAID's Bureau of Global Health and Bureau for Policy, Planning and Learning.

II. Overview of the Maternal Health Evidence Summit Process

The Evidence Summit process involves several steps:

- 1) *External Consultation*: A Core Group of USG experts obtained informed advice from the broad scientific and technical community of maternal health and performance based financing experts through a "scoping exercise" and external consultation to determine the topics of importance that led to drafting a set of Focal Questions and this Concept Paper.
- 2) *Identification of Experts*: The Core Group identifies experts in topics relevant to the Focal Questions and invites them to serve as members of an Evidence Review Team.
- 3) *Identification of Initial Data Base*: The Core Group commissions a literature review in which important documents relevant to the Summit are identified and assessed for relevance.
- 4) *Call for Evidence and Expert Review*: The Evidence Review Team members are provided the initial database of documents and are asked to contribute additional relevant literature. They conduct a relevance review and quality review for papers.
- 5) *Pre-summit Preparation*: Individual Evidence Review Team members begin drafting short reviews of a small subset of the evidence for discussion at the Pre-Summit.
- 6) *Pre-Summit*: A Pre-Summit will be held on March 14th in Bethesda MD to begin discussions on the evidence and allow writing teams to plan for preparing drafts of the reports and recommendations.
- 7) *Development of products for the Summit*: The writing teams comprised of Evidence Review Team members, Core Group members and others draft a summary of the evidence around the focal questions and recommendations for the Summit.
- 8) *Summit*: The Evidence Summit will be held April 24-25 in the Washington DC area, at which time draft reports and recommendations are presented and discussed.
- 9) *Finalization of Papers for Publication*: Following the Evidence Summit, the writing teams will use the feedback from the Summit to prepare final reports for publications in a peer reviewed journal.
- 10) *Evidence to Action*: An Evidence to Action plan will be developed to maximize the impact of the Summit. Information generated during the Summit is intended to be used to provide guidance on maternal health financing strategy, policies, and programs to policymakers and governmental programmers and to the development community.

III. Selection of the topic – why focus on financial incentives for maternal health services?

Topics for GH Evidence Summits were selected via the following criteria:

- Enough evidence is available to permit policy/and or programmatic guidance;
- Rigorous studies or systematic analyses are adequately represented in the body of available evidence;
- The application of the evidence will likely result in high impact and/or improved implementation;
- The topic is likely to inform guiding principles for programming and/or a technical strategy;
- The evidence can be collected, synthesized, shared and discussed within a reasonable cost; and
- Additional guidance on the topic is needed.

Recognizing the link between high maternal and newborn mortality and low utilization of maternal health services, the Maternal Health Evidence Summit Core Group undertook a scoping exercise: “Barriers to Use of Maternal Care: ANC, SBA, Facility Delivery, and EmONC.” This scoping exercise included reaching out to key informants at the Maternal Health Task Force, WHO, Save the Children, DfID, University of Aberdeen, World Bank, Family Care International, and the Gates Foundation. Key questions and themes were posed:

- What are the barriers to use of maternal care?
- How much evidence is available in each identified area?
- Is this issue worth focusing on?
- Are the identified components of care the correct components on which to focus?
- Are there additional ongoing research/researchers active in this area?
- How useful is the concept of “barriers” as a framework?
- Are there any relevant upcoming conferences and events in this area?

The USAID core group determined that the topic of barriers to maternal service use was far too broad for a meaningful evidence review. The core group then tentatively selected “Creating Demand for Maternal Health Services through Removal of Financial Barriers” because it is currently a subject of considerable interest in the global community and has the potential for widespread impact on use of services.

USAID convened an External Consultation on August 30th, 2012 to further refine the focus of the evidence summit. Experts from the fields of maternal health and performance based financing from the Population Council, Agency for Health Research and Quality, Broadbranch Associates, Center for Global Development, Abt Associates/Health Systems 20/20, Bill and Melinda Gates Institute for Population and Reproductive Health/Johns Hopkins Bloomberg School of Public Health, National Institute for Child Health and Human Development, and USAID were asked to identify the focal questions for evidence review. The external consults advised the following: address the supply side as well as the demand side given the interactions between the two; take in account contextual issues (including role of political issues, governance, institutional capacity and other support system components) across settings; pay close attention to terminology used to describe financial incentives; obtain evidence on outcomes, as well as

utilization of services; look at specifics, such as the timing of incentives; identification of the components of the causal chain is critical; use all available evidence with comparators rather than limiting the evidence review solely to randomized control trials (RCTs) and consider using case studies.

IV. Focal Questions

Based on the outside consultations, the initial literature review and their own discussions, the Core Group selected two key focal questions to be addressed during the summit. These focal questions are:

Focal Question 1: What financial incentives, if any, are linked positively or negatively to maternal and neonatal health outcomes, the provision and use of maternal health services, or to care-seeking behavior by women?

Focal Question 2: What are the contextual factors that impact the effectiveness of these financial incentives?

V. Development hypothesis

Development hypotheses are informed by these beliefs and the context in which financial incentives may be applied. These development hypotheses with the associated beliefs and contextual issues are as follows:

- A. **Focal Question 1:** What financial incentives, if any, are linked positively or negatively to maternal and neonatal health outcomes, the provision or utilization of maternal health services, or to care-seeking behavior by women?
- i. **Belief:** Financial incentives can influence user and provider behaviors including the utilization and provision of services, and can potentially alter maternal and neonatal health outcomes positively and, in some cases, negatively. Some incentives will be more influential than others and interaction of incentives in various combinations will produce different results.
 - ii. **Context:** In recent years, financial incentives in the form of vouchers, waivers, conditional cash transfers, variations of pay-for-performance, and so forth have galvanized tremendous interest in the public health community. Considerable documentation of financial incentives for health, in general, has been compiled. To date, there is less information related to the effect of financing incentives on maternal health behaviors, including use of services, provider behaviors, and maternal and neonatal health outcomes. Many governments and donors are supporting, with substantial investments, implementation of financing incentives for maternal and newborn health, but this is based on limited evidence. Because of the significant potential to affect use and provision of services, there is need to identify, synthesize and analyze the available evidence to determine positive and negative effects for maternal and newborn health.
 - iii. **Development hypothesis:** A review of evidence of financial incentives and their effects on maternal and neonatal health behaviors, service delivery, and

outcomes will increase understanding of available interventions and lead to more effective and efficient policies, programs, and strategies.

B. Focal Question 2: What are the contextual factors that impact the effectiveness of these financial incentives?

- i. **Belief:** Numerous contextual factors, including household income and wealth, provider compensation, geography, availability of transport, capacity of services to accommodate more clients effectively, management of the financial incentive program, quality of the HMIS, the political situation, and so forth, are critical to implementation of the incentive programs for maternal health and for their results.
- ii. **Context:** While there is potential for significant positive changes for health behaviors and health outcomes, those with experience in implementing and evaluating financial incentives programs to date advise that, without understanding the context in which the financial incentives are applied, it is difficult to generalize from results in any one setting. For example, a program that quickly increases service utilization but that cannot provide quality services could result in fewer clients accessing services over time and/or negative health outcomes. Furthermore, supervision and support, social norms, community wealth (or wealth inequality) and infrastructure are some of the other contextual issues that can influence the results of financial incentives programs.
- iii. **Development hypothesis:** A review of various levels of evidence about the wide range of contextual variants in financing incentives programs will aid in understanding the nuances of designing and implementing policies and programs for effective results in different settings.

VI. Evidence Review Team Assembly

The Core Group will convene multidisciplinary thought leaders, including maternal health, economics, development, and health systems expertise, to contribute to the evidence summit process. Some experts will be asked to join Evidence Review Teams (ERT). Each ERT will be selected so that it will contain expertise in maternal health services utilization, financial incentives and pay for performance, health systems, maternal and infant morbidity and mortality and other related topics. They will be drawn from the academic/research community, USG agency experts and practitioners. Most will have considerable experience in low and middle income countries and in program development and policy.

VII. Evidence Review Process

It is hoped that evaluation of the evidence around the focal questions will inform a causal pathway for areas where evidence supports the impact of financial incentives on maternal health services and utilization. As this framework is developed, it will be important to consider what these incentives are and how they work, as well as what body of evidence is available and what gaps in knowledge exist in this evidence.

Knowledge Management Services (KMS) has been commissioned to undertake a systematic search of the published peer reviewed literature. KMS will work with the Core Group to refine this search as much as possible to find the highest quality and most relevant documents

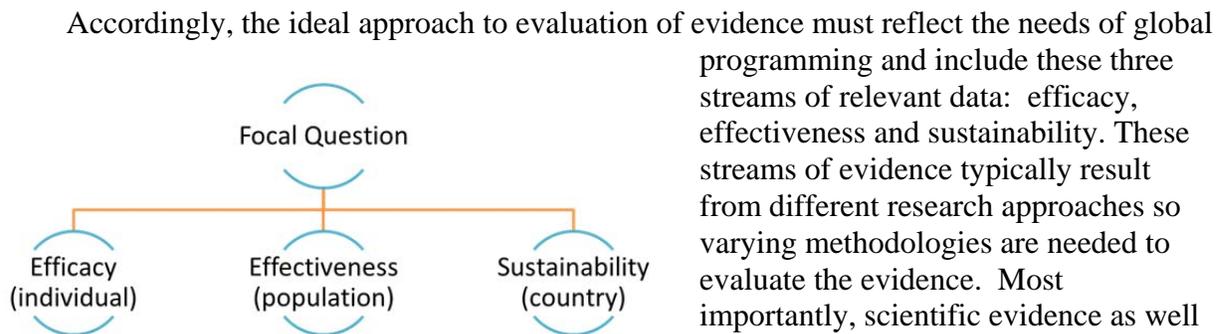
that address the focal questions. The focus of the search will be on research conducted in low and middle income countries. To accomplish this, a core set of these documents will be subject to a relevance and quality review. Experts will be asked to supplement the initial bibliography with additional papers with potential to inform the focal questions.

The database of documents obtained through a literature search will be supplemented through a Call for Evidence issued to the evidence summit experts. It is anticipated that this Call for Evidence will identify relevant publications that may have been missed in the search process and the identification of grey literature reports that are expected to be helpful. For example, there may be reports of research conducted in developed countries are perceived by the experts as being highly relevant to the goals of the Summit.

After further refinement, a tentative pre-summit bibliography will be created and all of the full texts of the documents will be obtained. These will be assumed into groups of documents that are relevant to each of the elements of the focal questions and assembled into evidence packets that will be provided to ERT members and other participants in advance of the pre-summit. The pre-summit will provide another opportunity for experts to identify addition evidence. Ultimately, writing teams will be asked to draw from this assembled evidence, supplement it with other documents and sources of information that they believe are relevant, utilize their experience and expert judgment and write reviews of the information relevant to each of the focal questions and offer expert recommendations that form the core products of the Summit.

VIII. Ensuring the Relevance of the Summit to efficacious, effective, and sustainable health programs and policies in lower and middle income countries

Evidence standards have evolved from the medical field where physician decision making is determined by rigorous data derived from randomized clinical trials (RCTs) which prove efficacy for the individual patient with is appropriate for interventions. Evidence requirements for global health programs are far more complex. In global programs the “evidence” must not only show efficacy at the individual level or with in a specific context (does it work?), but also effectiveness at the community and population levels in differing location and contextually varied environments (does it work in diverse contexts?). For host countries and donors, evidence on feasibility and cost-effectiveness are also critical to investment and resource allocation decisions. Further, sustainability at the country level is critical for country ownership and feasibility.



These considerations serve as core principles in gathering the evidence for the summit, where it is essential find out what is known about all three streams of evidence. The literature search and Call for Evidence will be designed to maximize the assembly of information on all three. In addition, ERT members will be asked to critically examine the evidence to ask not only whether certain strategies for arranging financial incentives for maternal health care utilization have been shown to work, but to ask if they have been shown to work in a variety of contexts and are sustainable if scaled up for large scale adoption.

IX. Organization of the Evidence and Evidence Review Team

To facilitate the organization of the evidence and ERT the published literature will be subdivided by the type of financial incentive. As shown in the accompanying diagram, the three groups of financial mechanisms are supply side mechanisms, conditional cash transfers, and other demand side mechanisms. The further sub classification of the evidence would be around the dependent measure(s) assessed. Thus, changes might be measured in maternal health care utilization behavior; it might focus on changes in the frequency, nature or quality of services provided, or it might focus on the more distal outcomes of maternal and infant mortality and morbidity. Finally, the careful examination of the context in which the research was conducted will be critical to answering Focal Question 2. Indeed, studies that directly manipulate context would be especially valuable. There are several dimensions along which context might be considered. Geographical region, nation, urban vs. rural, or culture may be an important contextual factor influencing the outcomes of different financial incentives. It may be that certain characteristics of the patient, such as socio-economic status, could modify the effectiveness of incentives. The ERT will be relied upon to identify the contextual elements that should be examined to answer Focal Question 2.

Supply side mechanisms include various forms of performance-based or outcome-based incentives to providers, direct fiscal transfers or supplements for service provision, contacting for services within or to outside provider groups, etc. Cash transfers to patients conditional on increased utilization of health services is part of a global interest in conditional cash transfers in the area of social protection. The application to health services utilization has been less well studied but represents a unique literature to warrant consideration in its own right. Many of the other demand side incentives derive in part from the same notion that underlies conditional cash transfers, namely that providing subsidies or vouchers exchangeable for goods and services or offsetting transportation or child care costs if patients attend clinics form another type of financial incentive. Other examples are exemptions from payment or coupons to defray costs. Any incentives provided to pregnant women for changing their health care utilization would be of relevance to this topic.

Financial Mechanism Categories	Behaviors	Services	Health Outcomes
Supply Side <i>Examples include:</i> <ul style="list-style-type: none"> • Performance-based financing • Contracting (in and out) 			
Demand Side [A] <i>Examples include:</i> <ol style="list-style-type: none"> a. Conditional cash transfers 			
Demand Side [B] <i>Examples include:</i> <ul style="list-style-type: none"> • Vouchers • Subsidies • Waivers • Exemptions • Coupons 			

In addition to providing a basis for sub classification of the evidence, the above matrix provides a potential means of forming writing teams, which might focus for example on each of the three types of financial incentives. The final organization of the work plan for completing Summit objectives will rely upon the advice of the ERT members themselves.

X. From evidence to action: Maximizing the impact of Evidence Summit outcomes

The impact of the summit will be maximized through widespread dissemination of findings including (1) a statement or position paper regarding the state of the science and what additional research needs to be commissioned, (2) a peer-reviewed publication, or several publications, in a leading journal in the area of global health, maternal health or health systems strengthening, and (3) a statement of principles for making choices about financing incentives for maternal and newborn care. In addition, the advice of ERT members will be sought for other steps that can be taken to implement the recommendations from the summit. For USAID, it is anticipated that this state-of-the-art knowledge will inform implementation research decisions as well as country-level program implementation. This will involve the maternal and child health, research, and health systems teams at headquarters as well as an active dissemination of the evidence summit findings through planned periodic training activities, both physical and virtual.