



Announcement

64th Performance-Based Financing (PBF) Course Mombasa, Kenya November 20 – December 1, 2017

Why attend this PBF course?

PBF is rapidly expanding as a health systems approach. PBF has become the national policy in 9 countries, it is in the scaling up phase in 11 countries PBF, there are PBF pilots in 14 countries and PBF is in the preparatory stage in 9 countries. Cameroun has adopted PBF as their preferred reform approach and strategy for achieving Universal Health Coverage and Sustainable Development Goals.

The 64th SINA Health International Performance-Based Financing (PBF) course - organized from November 20 to December 1, 2017 in Mombasa, Kenya - offers a comprehensive introduction into PBF, but may also be attractive for PBF practitioners, who seek specific knowledge, skills and instruments. The course is built on theoretical and practical experience and includes the latest developments in community PBF, emergency PBF, how to develop performance contracts with regulatory authorities and contract development and verification agencies. It explains how to develop output and quality indicators and how to do PBF costings.

PBF has gained broad popularity for the following reasons:

- People tend to like PBF, because PBF health systems yield better quality health services with more respectful and better qualified staff and improved financial access.
- Health personnel appreciate PBF because it increases staff remuneration and work pleasure: people earn more when they work more and perform well.
- Government authorities find PBF attractive since it helps them to improve social services, enhance efficiency and boost the health status of the population.
- Politicians consider PBF interesting as a practical answer to the demands of their electorate.
- Development partners support PBF as a solid way to achieve the sustainable development goals.

What is PBF?

Performance-based financing has grown into a systems reform-approach which offers an answer to the “how” of achieving Universal Health Coverage and the Sustainable Development Goals 2015-2030. The evidence base for PBF is substantive. Recent experiences have demonstrated that PBF is applicable not only in stable settings, but also in countries after humanitarian crises, conflict situations and epidemics.

PBF focuses on improving the *quality* of service delivery, increasing *efficiency* and working towards *sustainability*. PBF can be applied to sector reform in many sectors besides health such as education, administration and the judiciary so the course applicants are not limited to health practitioners only. Countries such as Uganda, Cameroon, Kenya and Malawi are therefore engaged in developing multi sector PBF as part of their decentralization and integrated financing agendas.

Between 2007 and today, more than 1800 participants have attended SINA Health PBF courses, with participants from 44 countries in Africa, Asia, Europe and America. This makes the SINA alumni network probably the strongest existing network of PBF strategists and practitioners worldwide. They have often become frontrunners in health and social sector reforms in their countries.

Course methodology

The PBF courses are continually restructured to respond to the rapid developments in the field of performance-based financing. SINA Health is directly involved in supporting governments with the implementation of PBF in several countries. Thus, we learn rapidly from practice, analyse successes and failures and integrate them into subsequent courses. The Mombasa course is meant for policy makers and practitioners working in PBF programs and for future PBF trainers. It is a full two-week program, targeting persons with policy influence, locally, nationally or internationally. We work with seasoned trainers and each time engage a group of between 30-35 participants from several countries. We use adult-learning methodologies and also Turning Point technology to make the course participative and the aim of the course is that participants return to their work environment with ready-to-implement action plans. By the end of the course, the participant will receive a certificate after completing an exam.

Course contents

Since 2016, this SINA Health course has become ever more targeted to the needs of the specific groups of participants. We have introduced a high degree of flexibility. Therefore, the following PBF course modules description outlines the main structural elements of the course but - depending on the specific needs of each group – adaptations are made in the program on a daily basis, to target the course as much as possible to the participants' specific wishes. The course book – which increasingly has adopted the status of reference work - will be sent in advance to participants after receiving the course registration and payment. It is recommended that participants start reading in advance.

Module 1: ***WHY THIS PBF COURSE*** explains the history of the PBF courses, the overall aims and training objectives of the course. The module also explains the differences between the principles and strategies of PBF and those of Primary Health Care and the Bamako Initiative. Why did PBF become popular, why can it make a difference and where to propose PBF. What about the academic evidence?

Module 2: ***WHAT is PBF, METHODOLOGY and CHANGE TOPICS*** starts with a simple example of PBF in a health centre and then proceeds to explain the PBF definition. The module explains the adult learning approach applied during the course and then proceeds to the need for change. What are the PBF change topics that can make participants or stakeholders uncomfortable?

Module 3: ***BEST PRACTICES and EQUITY*** presents on the bases of which best practices and propositions to design PBF interventions. It explains the institutional set up, the importance of autonomy, competition and sound financial management. The module then explains the principle of how consumers may have equal access to (health) services through PBF instruments. Much emphasis is put on the targeted approach to assist the vulnerable instead of generalised free health care approaches. The module also prepares the participants for the field visits.

Module 4: ***THEORIES underlying PBF and GOOD GOVERNANCE*** present the theories of systems analysis, public choice, contracting theory and introduces microeconomics & free

market principles as well as health economic & public health. It further provides some notions on decentralisation and good governance.

Module 5: ***MICRO-ECONOMICS and HEALTH ECONOMICS*** identifies main economic definitions, theories and principles. What activities markets do well, when do markets fail and how can such failures be corrected? The module explains how economic principles are applied in (health) systems and at provider level. It describes the comparative advantages of the PBF approach in comparison with less efficient financing approaches such as input financing, free health care and voluntary health insurance. Yet, it also explains how elements of the different health financing approached may be integrated.

Module 6: ***NATIONAL POLICIES, REGULATION & QUALITY ASSURANCE*** describes the socio-economic aims of the State and the national health policies. It further explains the dilemmas between technical rationality and normative choices in a given society. How to prevent conflicts of interest and to move to rational health policies? After this analysis, it ends with the description of the regulation roles of Ministries of Health and then focuses on its quality assurance role and how to conduct quality reviews.

Module 7: ***CONTRACT DEVELOPMENT & VERIFICATION AGENCY, DATA COLLECTION & AUDIT*** identifies the roles of CDV Agencies, Payment Organisations, Steering Committees and Counter Verification Agencies in PBF systems. It also focuses on how in PBF data are collected and why the routine Health Management Information systems are less equipped to achieve the same. It explains how to improve standard health facility registers, monthly activity reporting, and medical verification and audit tools.

Module 8: ***COMMUNITY-PROVIDER INTERACTION & SOCIAL MARKETING*** presents the old and new theories concerning the interaction between community and health providers, consisting of under Primary Health Care community participation and under PBF social marketing, empowering the community voice and the need to invest in household visits following a protocol. It further describes how local NGOs verify PBF outputs but also conduct patient satisfaction surveys with the aim to involve patients.

Module 9: ***PBF PROJECT DEVELOPMENT, KILLING ASSUMPTIONS & ADVOCACY*** enters into details on how to initiate new PBF projects and how to review as early as possible its feasibility. How pure is the proposal and are there killing assumptions for starting a new PBF initiative? It explains how to prepare a memorandum of understanding and explains how to advocate for the PBF change topics through role-plays. In this module participants, will analyse the pureness of their own country or project situation.

Module 10: ***CONFLICT RESOLUTION and NEGOTIATION TECHNIQUES for PBF***. When shifting towards PBF the changes may be profound and require fundamental reforms of how organisations and individuals must do things. Anxiety and conflicts among stakeholders are then inevitable. This chapter aims at equipping the participants with the knowledge and skills to manage such conflicts and to negotiate the best possible outcomes through role-plays.

Module 11: ***BASELINE & EVALUATION STUDIES for PBF PROGRAMS*** (optional) identifies the importance of household baseline studies for the problem analysis, selection of indicators and (national) strategies concerning PBF interventions. The module also identifies the main sources of bias when conducting surveys.

Module 12: ***OUTPUT INDICATORS, TARGETS and SUBSIDIES in PBF*** identify the criteria of objectively verifiable indicators (SMART). It describes the most commonly used output indicators for health systems and how to calculate the population based targets as well as the criteria for the establishment of the subsidy per activity. Participants work in groups to learn the differences between output, quality, process and impact indicators.

Module 13: ***HEALTH FACILITY MANAGEMENT: the BUSINESS PLAN***. This module presents the key principles of the health facility black box approach and the use of the (health)

provider business plan. It explains the business plan management cycle and how to apply it. Participants will work on their country, thematic or individual action plans.

Module 14: **HEALTH FACILITY MANAGEMENT: the INDICES SYSTEM** teaches the use (in EXCEL or manually) of the “indices” health facility management instrument for calculating health facility revenues, plan health facility expenditures and calculating the individual staff bonus payments. In this module participants work in EXCEL to learn how to apply this important PBF management instrument.

Module 15: **COSTING a PBF INTERVENTION** design the outline and budget required for a PBF intervention with the “costing” instrument. The participant will learn to apply the costing instrument in EXCEL.

Module 16: **PBF in HUMANITARIAN and NATURAL EMERGENCIES**. Human made emergencies take place in the Central African Republic, the Northern Nigerian States and natural emergencies took place with the Ebola epidemic. This module describes how to respond the PBF manner to such crises. This module is optional for participants working in emergencies.

Module 17 (optional): **PBF in EDUCATION** outlines the principles and instruments to be used in the Education Sector. This module is optional for participants working in this sector.

Module 18 (optional): **PBF in LOCAL ADMINISTRATION** outlines the principles and instruments to be used in the Local Administration Sector. This module is optional for those participants working in this sector.

Further details on the November – December 2017 PBF course and interesting information on previous courses can be found on the SINA website www.sina-health.com

Application procedures

To apply, candidates are requested to submit to sina_health@hotmail.com:

- A completed registration form, which is attached to this email
- A recent CV
- A short 100-words motivation letter

The course is a *fee-paying course* and participants should indicate who will pay the fees – e.g. their employer, sponsor or privately. The fee is € 2300 (or the USD equivalent of \$ 2600), which includes airport pick-up and drop-offs, full hotel board & lodging, internet connection as well as the costs linked to fieldwork. The course also offers a tour on Sunday to a Kenyan game park or a similar outing.

Payments should be made before arrival either by bank transfer or by cash payment upon arrival. Persons, who have registered and have been accepted to the course, but drop out less than 5 days before the beginning of the course without replacement, or do not show up, will be charged 25% of the fee.

Air tickets to Mombasa and visa costs are *not* included in the fee. Participants should also organize their own travel and insurances (travel, health etc.). If participants wish to arrive earlier, or stay longer in Mombasa than the set course dates, the additional hotel costs are up to them. SINA does not provide per diem payments. Per diem payments, if any, should be organised by the participants with their sponsors.

Bank details

Name account:	SINA Health Consult
Address	Kramvogellaan 22, 2566 CC Den Haag
IBAN Account Number	NL 79 INGB 0668422203
BIC or SWIFT Code	INGBNL2A
Bank name	ING Bank NV
Bank address	Postbox 1800 1000 BV Amsterdam, The Netherlands

Candidates are kindly requested to send their application by email before the 1st of November 2017 to:

Dr. Godelieve van Heteren (course organizer/facilitator): sina_health@hotmail.com

For technical questions one may also contact:

Dr. Robert Soeters: robert_soeters@hotmail.com