



sumar

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2004-2014

A 10-year-old

Results Based Financing experience

Plan Nacer and Programa SUMAR

**Moving Forward towards Effective
Universal Health Coverage**

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5 Introductory concepts

1. Plan Nacer and Programa SUMAR are the **same health program** and I will use them as **synonyms**.
2. This **Results Based Financing** strategy aims at **strengthening** the existing public health coverage for people **without formal insurance**.
3. We have been implementing **Plan Nacer** since 2005 for **pregnant women and children under 6** years of age.
4. Programa **SUMAR** was launched in 2012 and is the **expansion of Plan Nacer** for children (6-10), teenagers and women up to 64.
5. Presentation **structure**: 1) goals and target population, 2) RBF scheme, 3) independent verification system, 4) on-going innovation and 5) main results and reflections.

Context

ARGENTINA

Federal
Organization

Nation



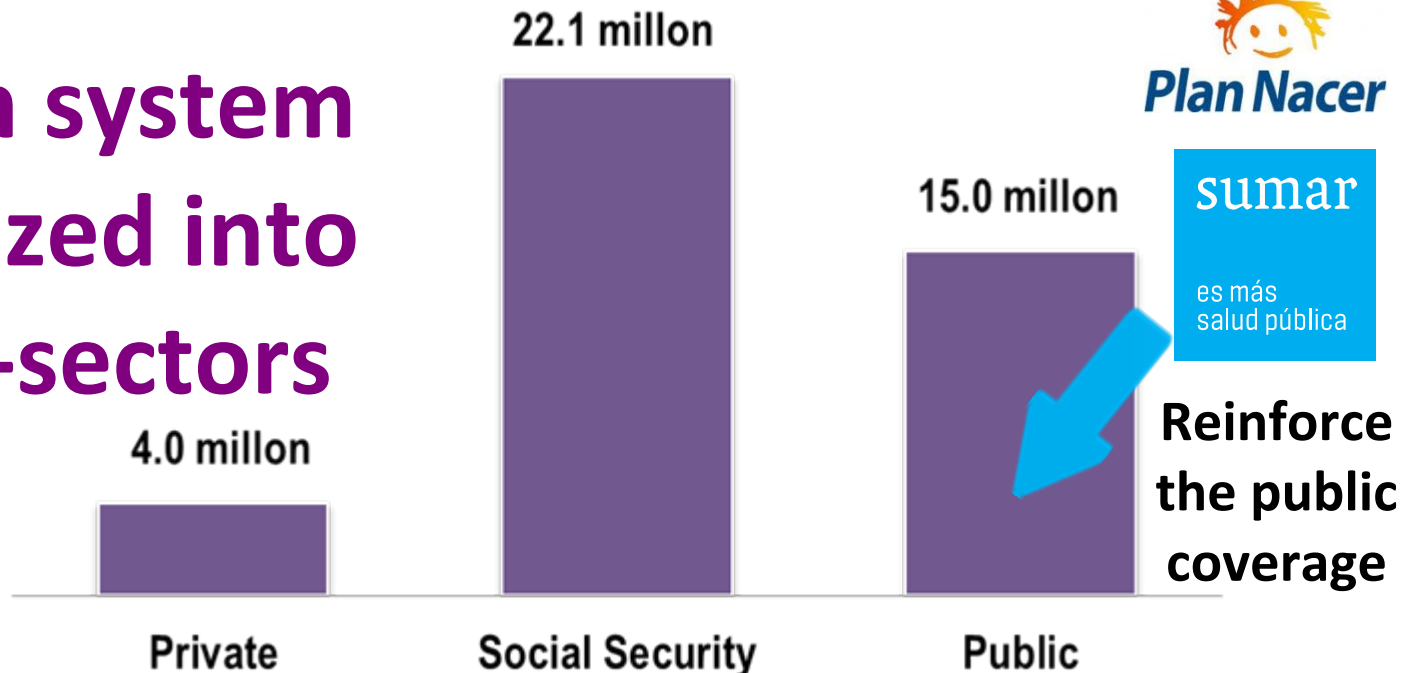
Stewardship role

Provinces



Primarily responsible
for the provision of
health care

Health system
organized into
3 sub-sectors



Why Plan Nacer?

To strengthen a debilitated and overburdened health system after the 2001 crisis

To transform the existing universal coverage into effective coverage

To reach better and more equitable results with the available resources

Leading the way or falling behind

**Plan Nacer ´s
goals and target
population**

Plan Nacer's Goals and Objectives

Prioritized services are already financed through BUDGET

- Financed through public **budget**
- Quality and coverage **gaps**

Additional resources through RBF to bridge the observed rated gap

Additional resources through RBF to bridge gaps

Intermediate Objective

Increase access and quality of prioritized health services


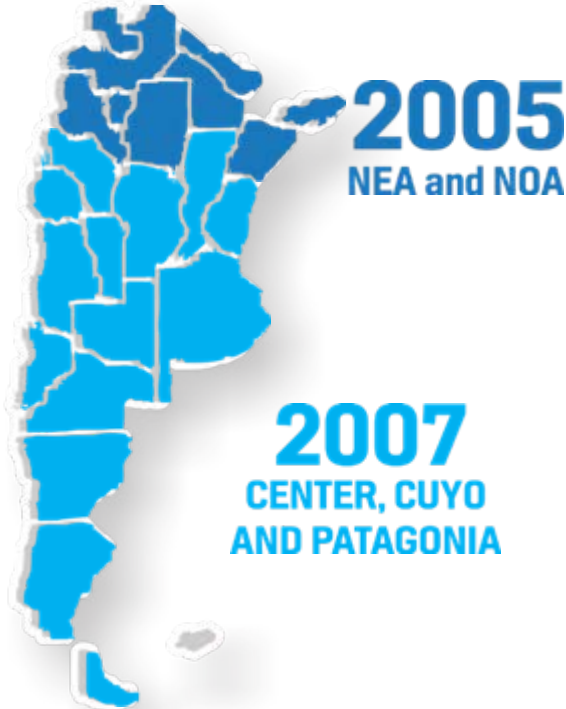
Final Objectives

Improve the health status of population


Increase satisfaction

Gradual Implementation

Step by step...



2005 - Phase 1:
PLAN NACER
pregnant women
and children 0-6



2012 - Phase 2:
PROGRAMA SUMAR
women 0-64
and men 0-19



2016 - Phase 3:
women 0-64
and men 0-64

**10 Million
Eligible
Population**
without formal
insurance

Plan Nacer 's Pay for Performance Mechanisms

Results-Based Financing

Capitation payment based on performance

NATION

Enrollment
(monthly payment)

PROVINCE



Sets a per capita value USD 4

60%

40%

Health performance indicators - Tracers (every four months)



Provincial Health Insurance

Umbrella Agreement

External and internal verification

PLAN NACER TRACERS

- I. Early detection of pregnant women (before week 20 of gestation)
- II. % of newborns with APGAR score > 6 at 5 minutes
- III. % of newborns with birth weight > 2,500g
- IV. % of mothers with VDRL and anti-tetanus vaccine
- V. Medical auditing of maternal and infant deaths
- VI. % of children <18 months of age with triple viral vaccine
- VII. % of mothers who received counseling on contraceptive and sexual health
- VIII. % of children <1 year of age with health check-ups according to protocol
- IX. % of children 1 to 5 years of age with health check-ups according to protocol
- X. % of providers qualified on the care of indigenous population

Results-Based Financing

PROVINCE

HEALTH PROVIDER



Fee for Service
(monthly payment)



Autonomy in the use of funds

The Nation defines the list of authorized health services and each Province sets the prices.

- USE OF FUNDS**
- Staff Incentives
 - Staff hiring and training
 - Supplies
 - Investment
 - Maintenance

Performance Agreement

External and internal verification

The province or municipality defines the expenditure categories according to the program's rules. The facility decides which specific goods or service to purchase.

Results-Based Financing

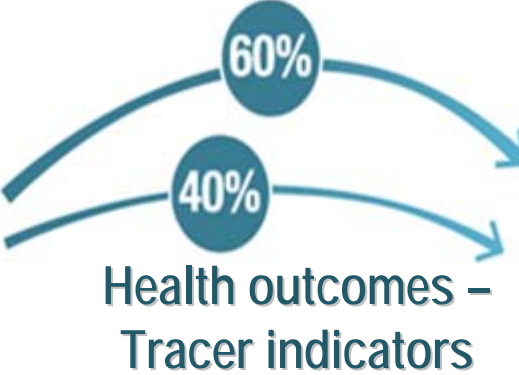
Capitation payment based on performance

NATION

Enrollment

PROVINCE

HEALTH PROVIDER



Provincial Health Insurance



Fee for Service



Autonomy in the use of funds

BALANCE

Regulation

Incentives and Autonomy

Consensus

Results-Based Financing

Budget-Based Financing Model

Fullfilment of rules

Centralized management

Focus inputs and processes

Focus on collection and
global expenditure

Weak Information and
Monitoring Systems



New Results-Based Financing Model

Incentives

Decentralized management

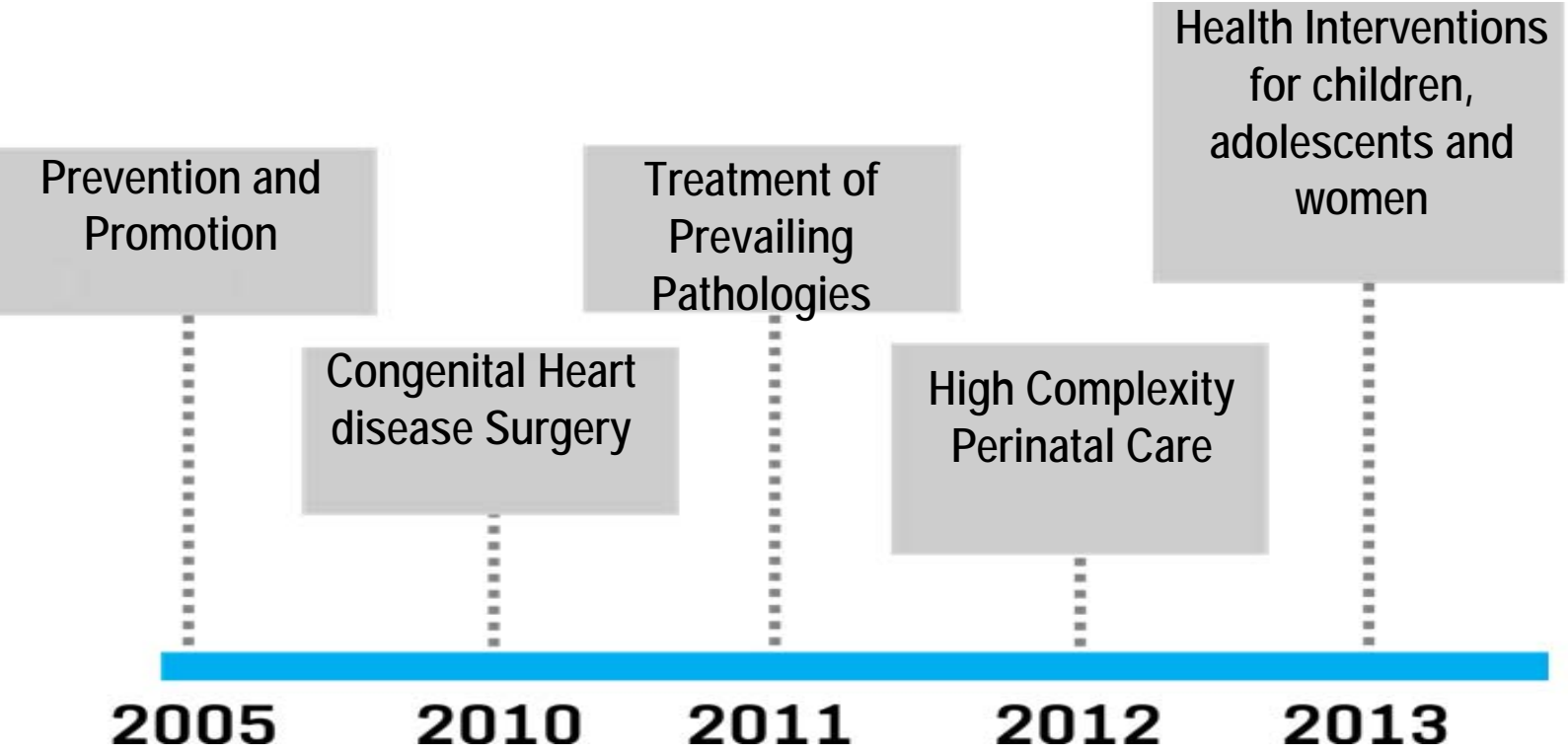
Focus on results

Focus on Impact
and User Satisfaction

Nomitated Real-Time
Information Systems

Plan Nacer's Health Care Coverage

Gradual Scale-up



2005

2010

2011

2012

2013

100

health services



sumar

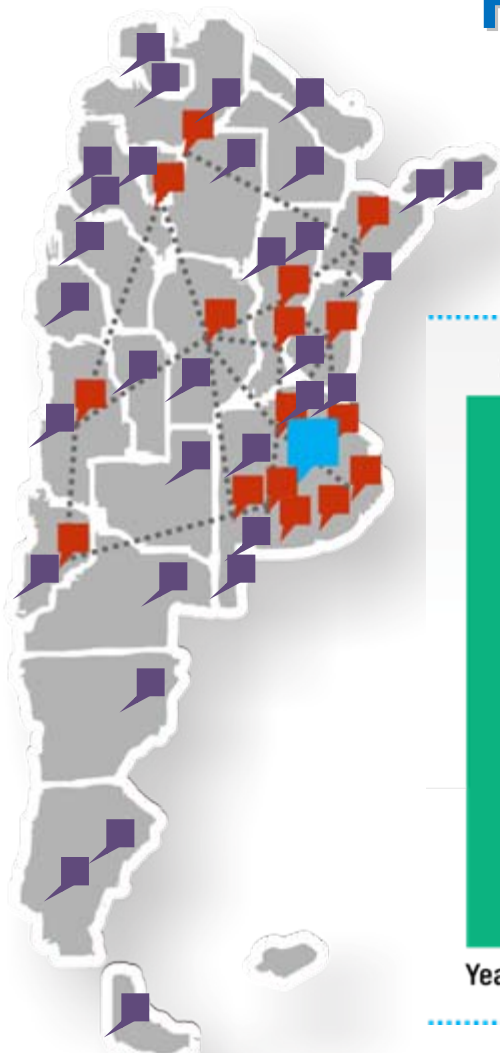
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400

health services

Pay for Performance in High Complexity Surgeries

FEDERAL NETWORK

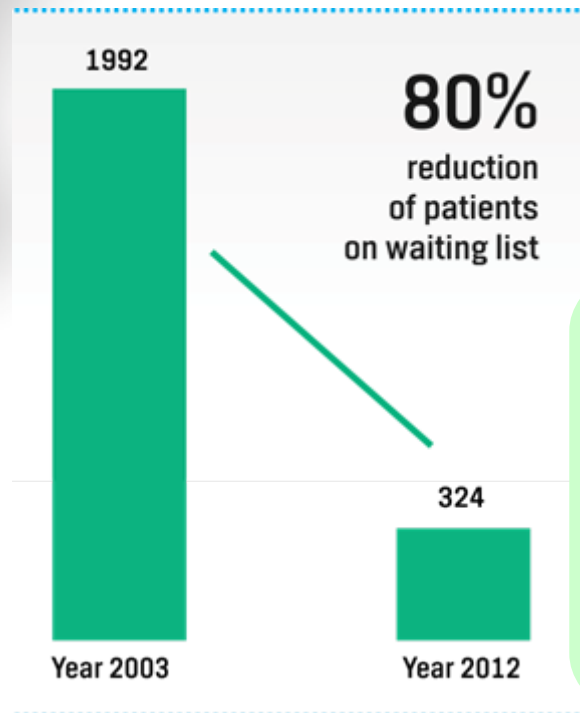


- Diagnosis & Referral Centers (42)
- Treating Centers (17)
- Referral Coordination Center (1)

5000

patients have received surgery since 2010

+46%
timely diagnosis



Key Aspects

- More coordination
- Interprovincial agreements
- Performance based contracting
- Pay for performance
- Mandatory investment planning

Autonomy

Autonomy encourages creativity

Santa Rosa Health Center (Province of La Pampa)

At Christmas, the health center draws bicycles for all those children whose vaccines and checkups are up to date. The bicycles are purchased with Plan Nacer funds.



Increase in Health Team Motivation

7370

Facilities
participating

67,2

Index
Satisfaction
Northern
Region

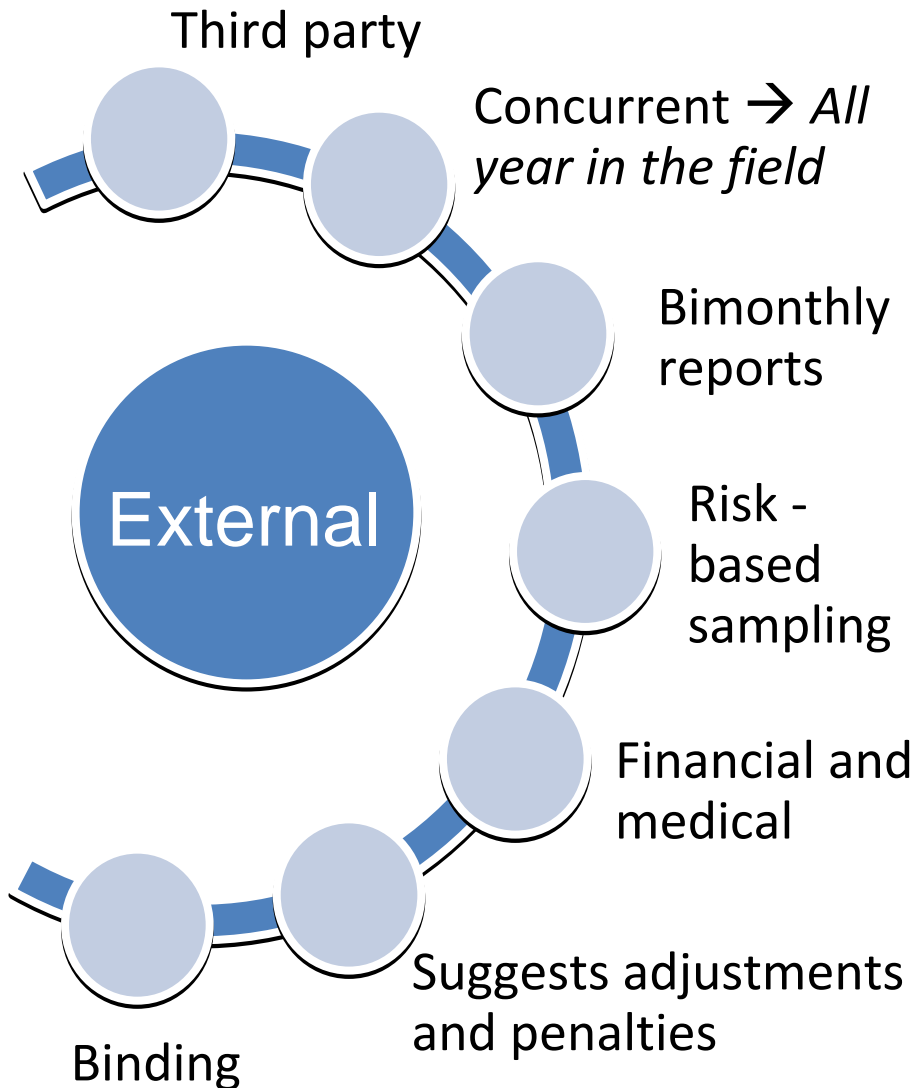
What do health teams value?

1. Improved organization
2. Improved professional practice
3. Increase in coverage
4. Improved workplaces

[TESTIMONIOS PN - SUMAR 2013 subt.wmv](#)

Plan Nacer 's Verification Scheme

Verification Scheme



Main contributions of the external verification

- ✓ It strengthens **control environment** and **transparency**.
- ✓ It improves the **regulatory framework**.
- ✓ It promotes **best practices** and **quality standards** of care and organization among health providers.



**Ongoing learning,
Innovation and
improvement**

Results-Based Financing

New Performance Indicators

Used to evaluate provincial systems 2013-2016



1 EARLY PREGNANCY CARE

Pregnant women seen before week 13.



2 PREGNANCY FOLLOW-UP

At least 4 prenatal checkups in pregnant women.



3 EFFECTIVENESS OF NEONATAL CARE

Survival of 28 days of children with birth weight between 750 and 1,500 grams.



4 FOLLOW-UP OF CHILDREN UNDER 1 YEAR OF AGE

At least 6 checkups before the first year of age, as scheduled.



5 INTRAPROVINCIAL EQUITY IN THE FOLLOW-UP OF CHILDREN UNDER 1 YEAR OF AGE

Measures equality in terms of health follow-up of children under 1 year of age in the different regions of the same province.



6 DETECTION CAPABILITY OF CONGENITAL HEART DISEASE IN CHILDREN UNDER 1 YEAR OF AGE

Children under 1 year of age with congenital heart disease diagnosis reported to the National Coordinating Referral Center.



7 FOLLOW-UP OF CHILDREN BETWEEN 1 AND 9 YEARS OF AGE

At least 9 checkups between 1 and 9 years, as scheduled.



8 IMMUNIZATION COVERAGE AT 24 MONTHS

Children at 2 who received quintuple and polio vaccines between 1 ½ and 2 years of age.



9 IMMUNIZATION COVERAGE AT 7 YEARS OF AGE

Children at 7 who received triple or double viral, triple and polio vaccines between 5 and 7 years of age.



10 FOLLOW-UP OF ADOLESCENTS BETWEEN 10 AND 19 YEARS OF AGE

At least one annual checkup between 10 and 19 years of age.



11 PROMOTION OF SEXUAL AND/OR REPRODUCTIVE HEALTH RIGHTS

Adolescents between 10 and 19 and women up to 24 who take part in sexual and/or reproductive health workshops.



12 PREVENTION OF UTERINE CERVICAL CANCER

Women between 25 and 64 with high degree lesions or uterine cervical carcinoma diagnosed in the last years.



13 BREAST CANCER CARE

Women up to 64 with breast cancer diagnosed in the last year.



14 EVALUATION OF THE ATTENTION PROCESS OF THE CASES OF MATERNAL AND INFANT DEATH

It evaluates the attention process of maternal and infant death cases.

Ongoing Improvement Process

'Every achievement poses a new challenge'



December 2012

100% of the population were enrolled but 27% did not have a health service reported in the previous year.

NEW SCHEME
60% Capitation Payment

Enrollment
+
Service provided
Last 12 months

Ongoing Improvement Process

More demanding indicators
*'Challenging the status quo
and pushing the limits'*

2004 - 2012

Pregnancy Care
before week **20th**

86%

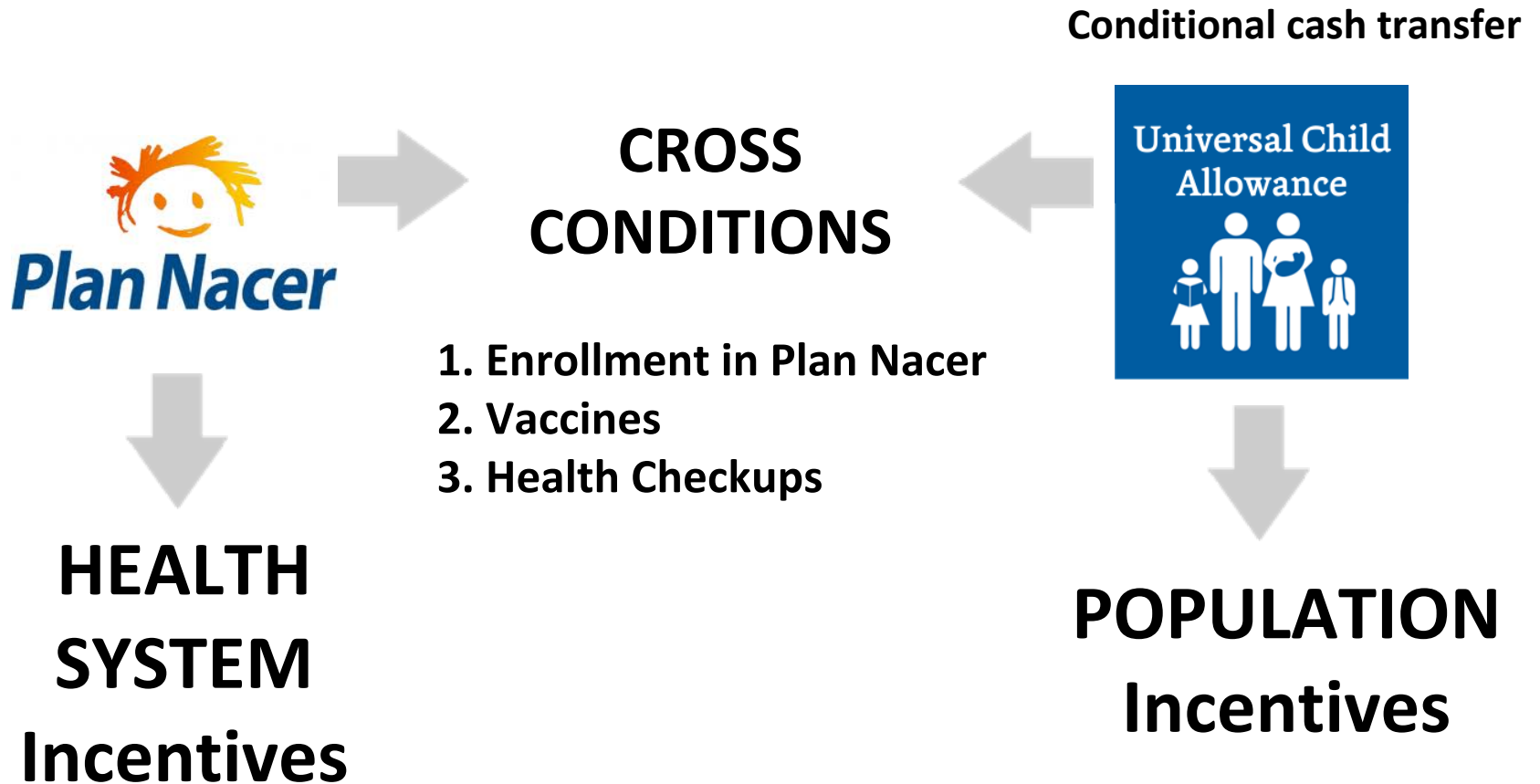


since 2013

Pregnancy Care
before week **13th**

51%

Integration of supply and demand side incentives



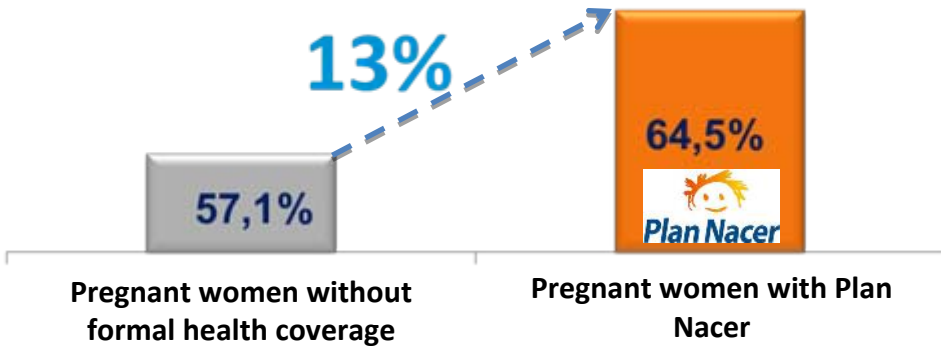
Results and finals thoughts

Impact Evaluation Results

Earlier detection of pregnancy

2 Provinces 2006-2009

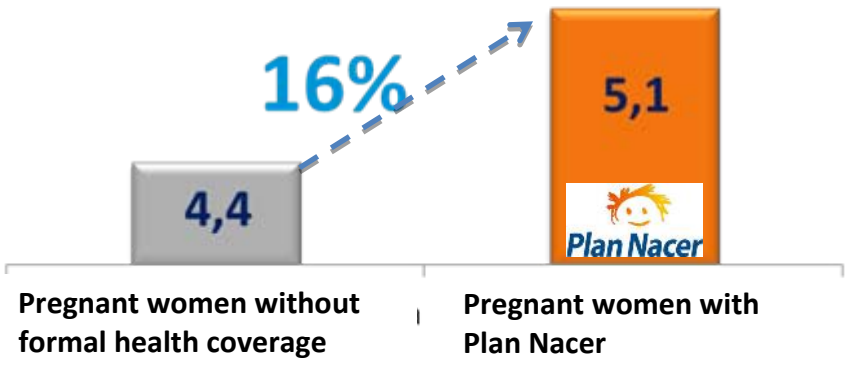
Percentage of pregnant women enrolled before week 20th of pregnancy



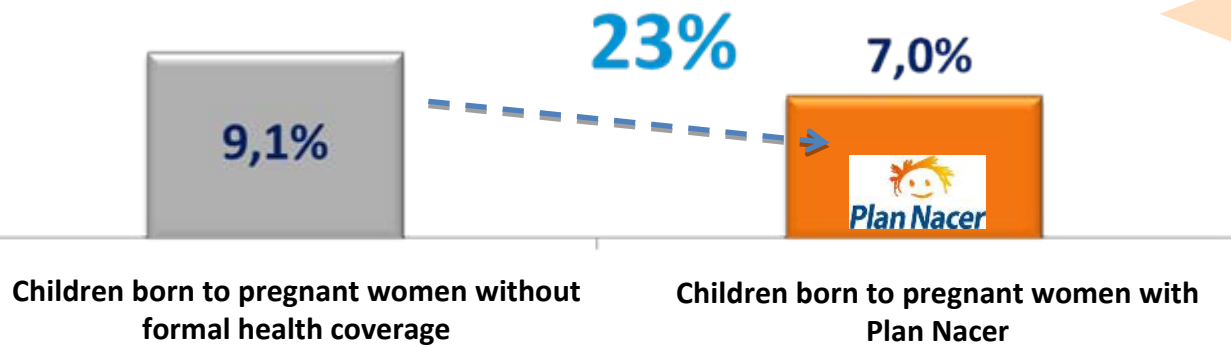
More checkups

6 provinces in the North 2004-2008

Number of average prenatal checkups per pregnant woman



Percentage of children with low birth weight (<2500 gr)

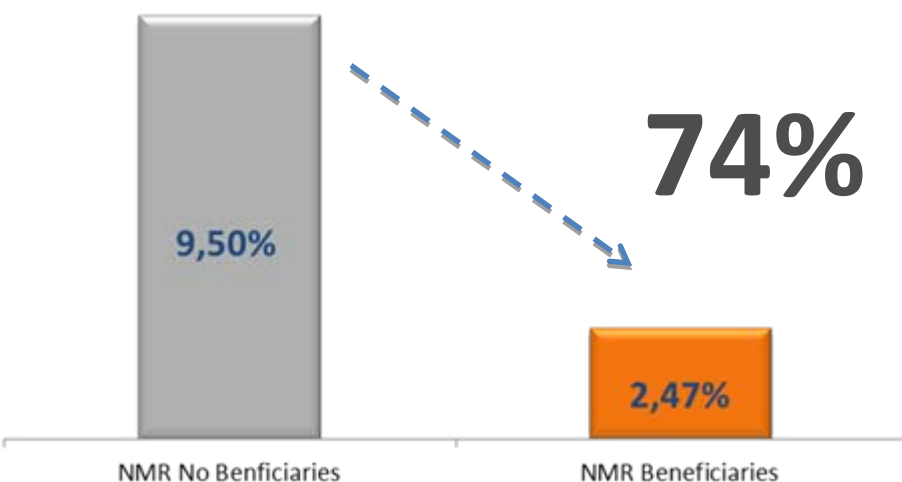


Reduction of 23% in the risk of low birth weight

Impact Evaluation Results

Reduction in the risk of neonatal death

Impact on Neonatal Mortality



Reduction of 25% in C-sections (in beneficiary mothers)

An increase of 48 % in the application of tetanus vaccination for beneficiary pregnant women

How did it reduce neonatal mortality?

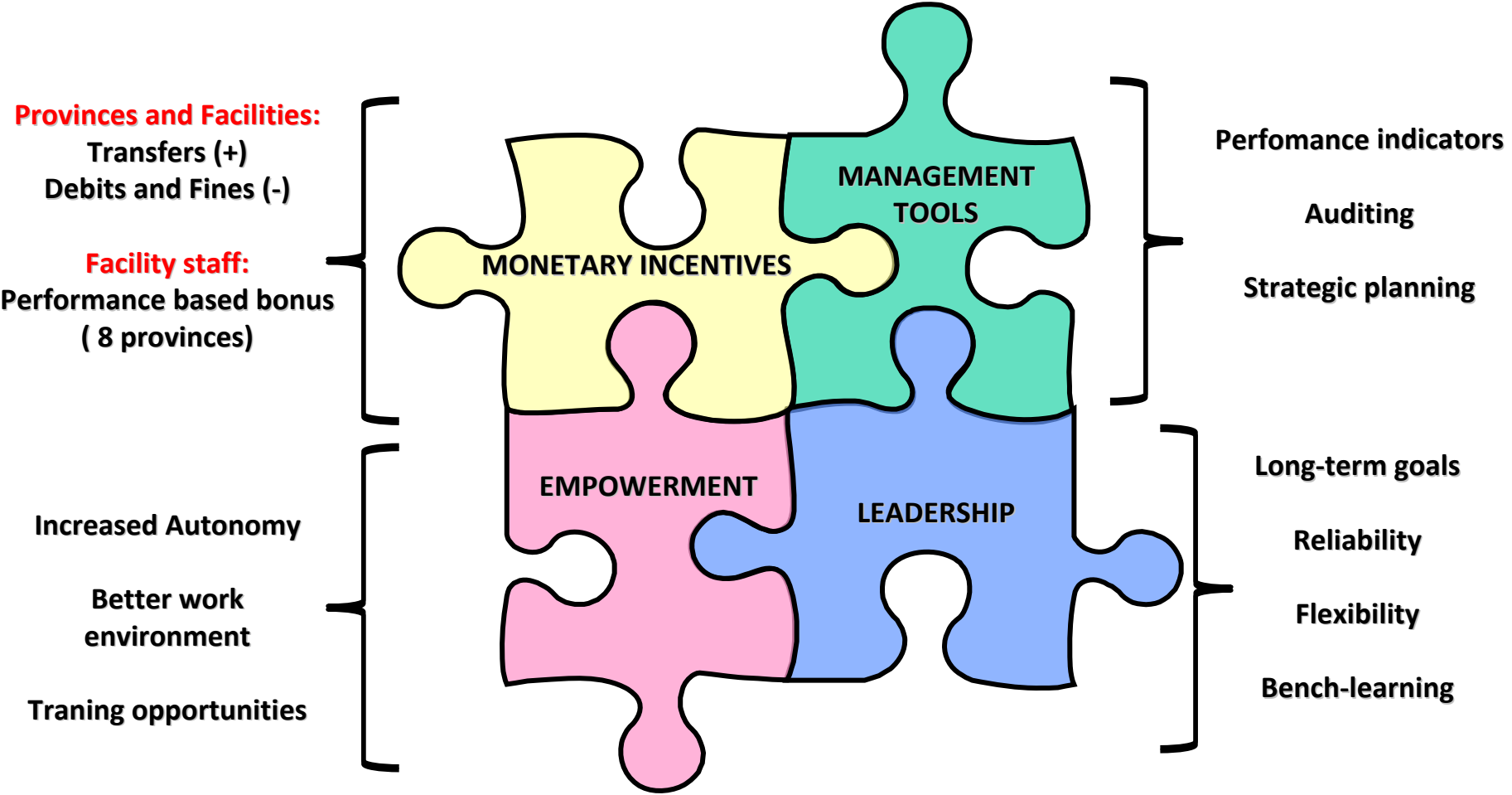
- ✓ Better prenatal care - Preventing LBW (54%)
- ✓ Better care for LBW babies (46%)

“Rewarding Performance to Enable A Healthy Start: The Impact of Plan Nacer on Birth Outcomes of Babies Born into Poverty.”

Gertler, P; Giovagnoli, P. and Martinez, S. Mimeo (2013).

Building a New Culture

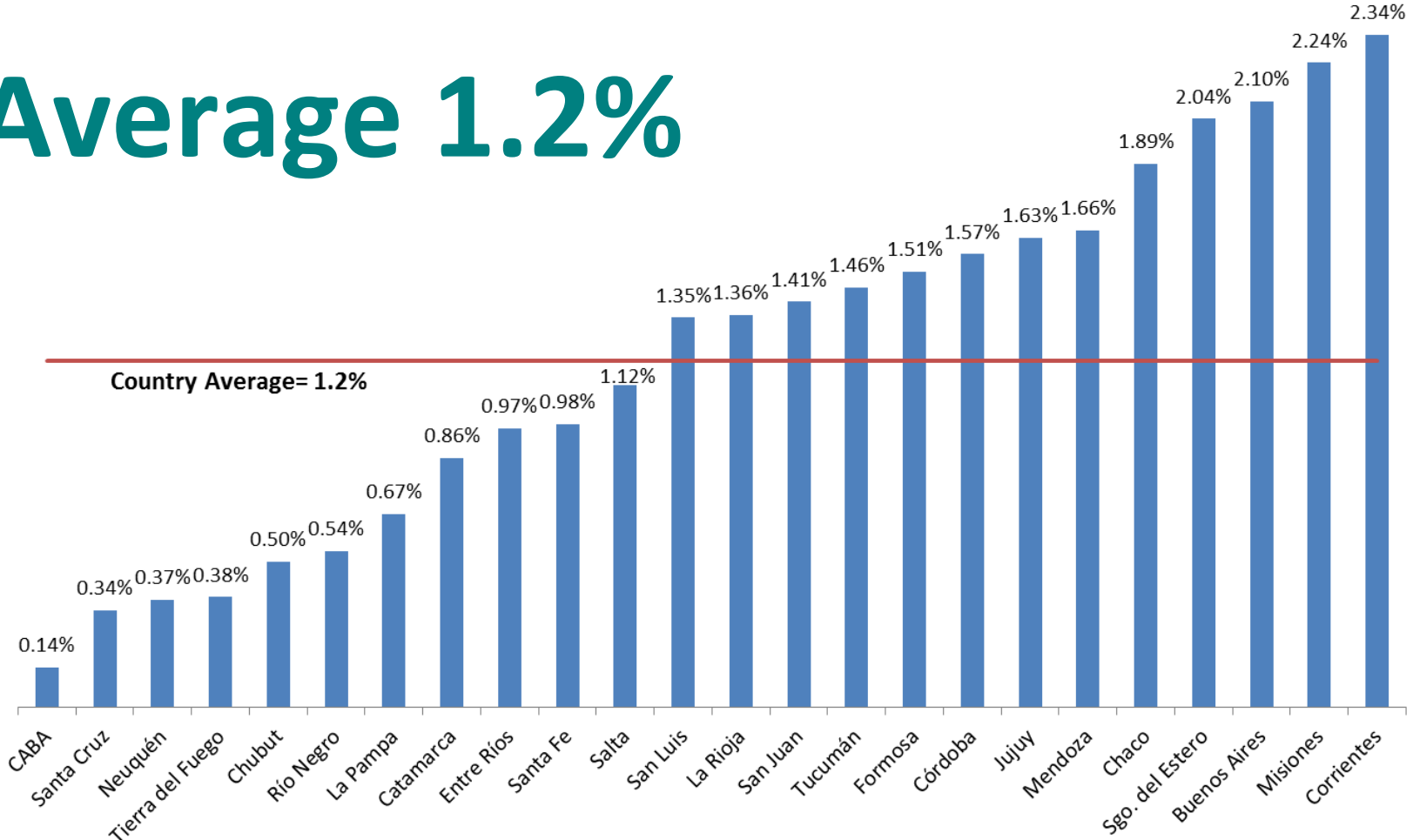
How do Plan Nacer and Programa SUMAR encourage behavioral changes?



How much did Program transfers amount to in 2012 out of provincial health expenditure?

Participation of Programa Sumar's transfers in Provincial Public Expenditure on Health
Year 2012*

Average 1.2%



* Figures include the amount of transfers for Programa SUMAR for the last four months of the year.

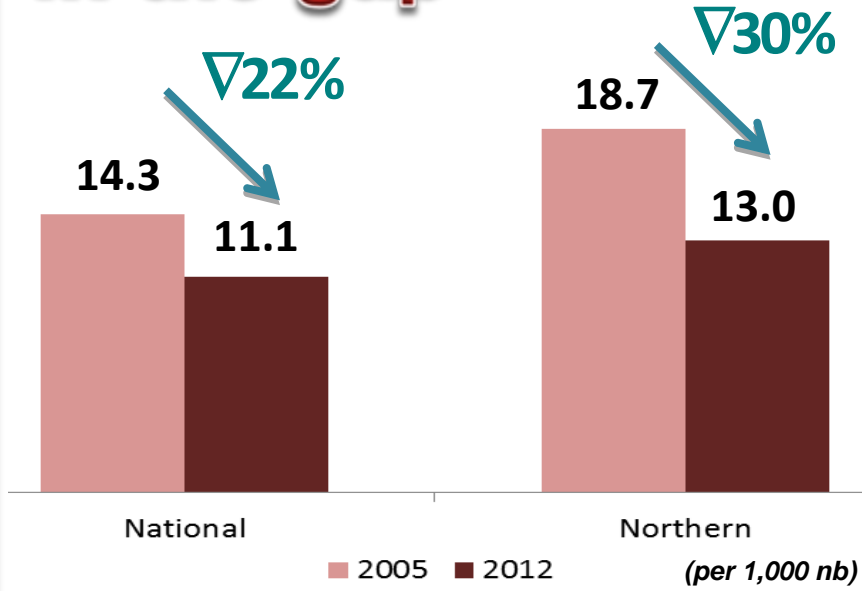
Contribution to the reduction in mortality rates

2005 - 2012



IMR

57%
reduction = EQUITY
in the gap



MMR

2005: 3.9
2012: 3.5 ↓ **10%**

(per 10,000 nb)

5 Final Thoughts

1. Strengthened national and provincial leadership
2. Successful reorientation of the health care and management model
3. The first building block is a multidisciplinary team and it is key to develop strong alliances with stakeholders (for example with Universities to rigorously evaluate the program)
4. RBF can help to create organizations based on 5 excellence principles like:
 - Results Orientation
 - Citizen Focus
 - Management by processes and facts
 - People development and involvement.
 - Continuous learning, innovation and improvement



ARGENTINA





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