



Dominica's RBF Pilot Project Proposal

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Healthcare is provided via the primary and secondary care



- ▣ To a population of 72,000
- ▣ In 7 health districts which consist of 52 health centres and
- ▣ One hospital of 200 beds for secondary care



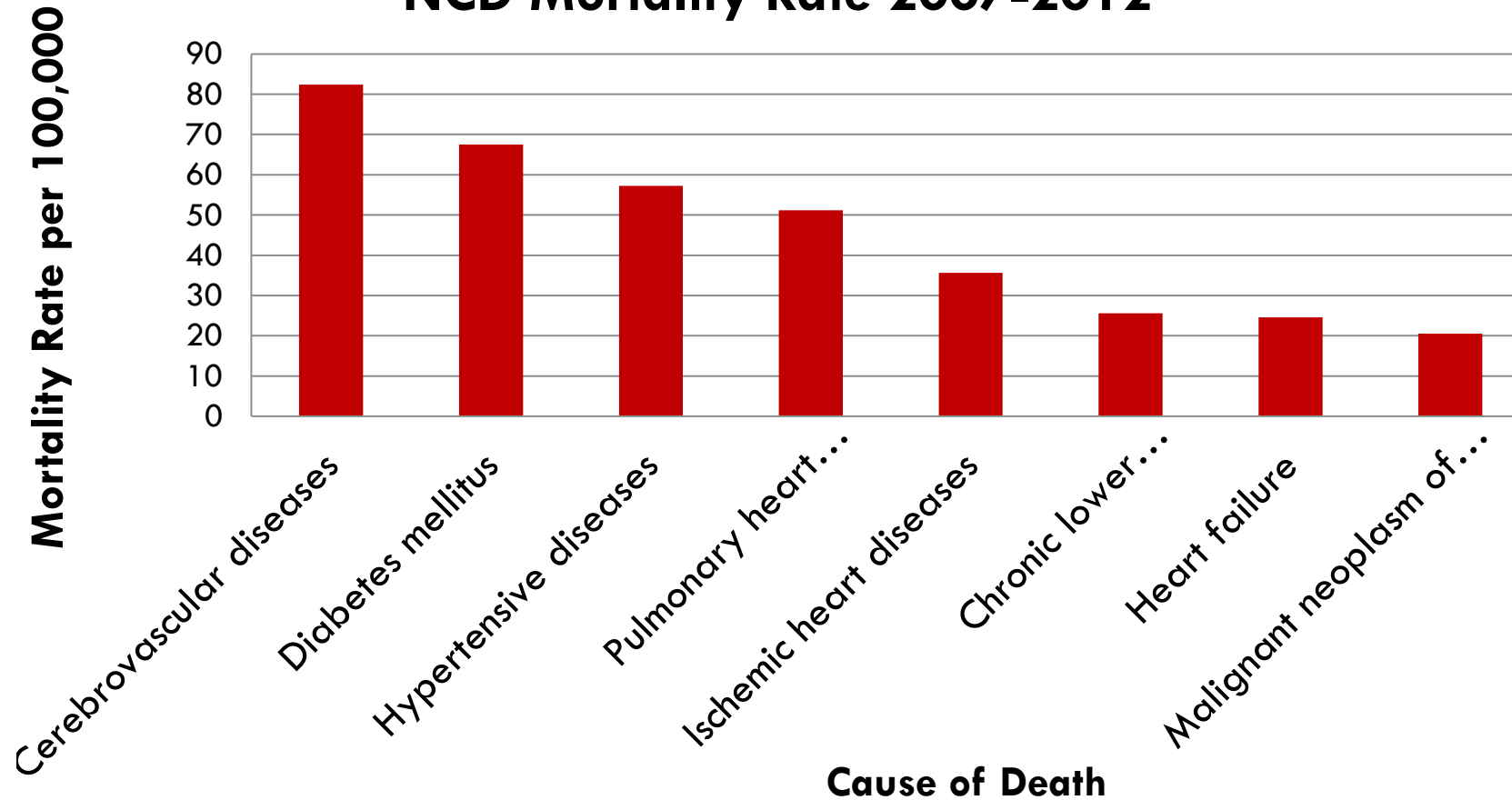
Leading Causes of Death (2012)

1. Heart Disease (75)
2. Diabetes Mellitus (54)
3. Cerebrovascular Disease (48)
4. Hypertensive Disease (40)
5. Ischaemic Heart Disease (36)
6. Malignant Neoplasms of Prostate (31)
7. Acute Respiratory Infection (19)
8. Respiratory Disorder specific to perinatal period (18)
9. Heart Failure (17)
10. Cardiac Arrest (16)

Mortality - NCDs



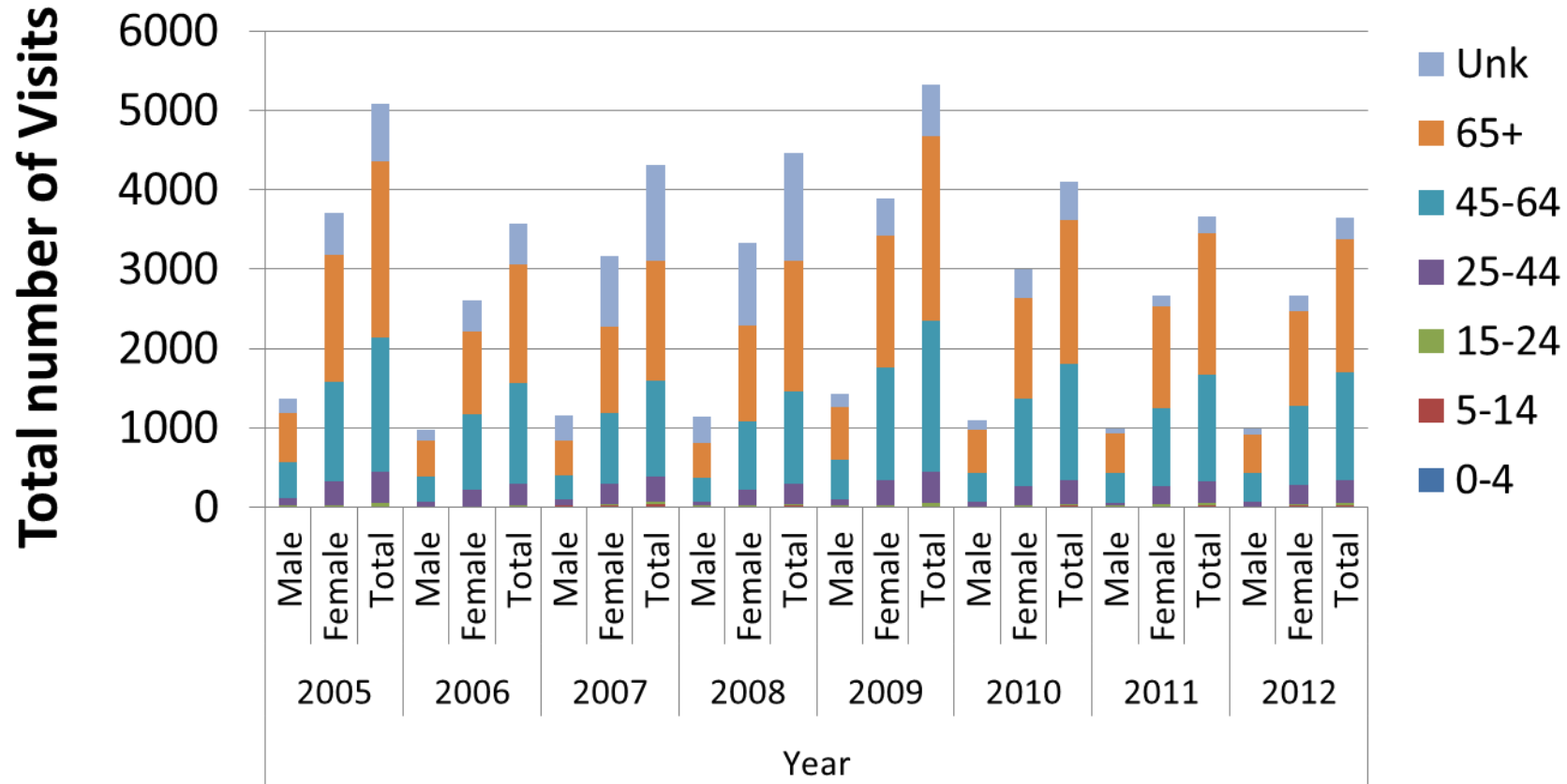
NCD Mortality Rate 2007-2012



Source = Health Information Unit, Dominica

District Clinic Visits for Diabetes

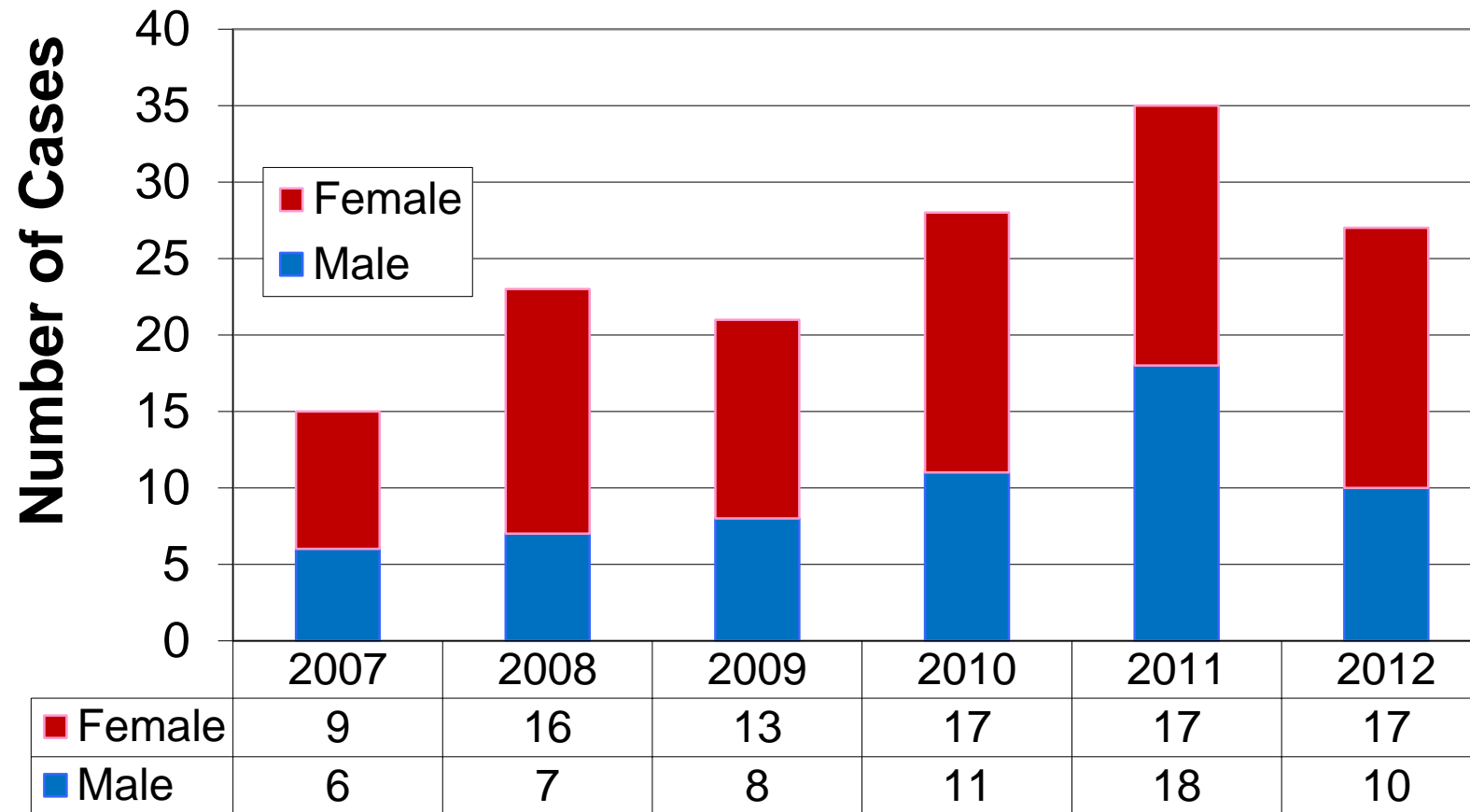
2005-2012



Source = Health Information Unit, Dominica

Amputations Due to Diabetes

2007-2012



Source = Health Information Unit, Dominica

NCD and Risk Factor Prevalence, (15-64 years), 2007-8

- ❑ Almost **1 in 5** have **diabetes or raised fasting blood sugar levels**
- ❑ About **1 in 3** people have **high blood pressure**
- ❑ Just over **1 in 4** people have **high cholesterol level**
- ❑ Almost **1 in 2** people are **overweight or obese**
 - ❑ **3 in 10 men; 6 in 10 women**
- ❑ About **9 in 10** people are not eating the recommended number of servings of fruits and vegetables



Background for RBF project in Dominica



- An initial RBF awareness raising workshops held in Dominica in January 2012

Major stakeholders included:

- Representatives from Establishment Department,
- The Ministry of Finance
- HODs of the Health Ministry of Health.



- Situational analysis was conducted Dominica's health sector in November 2012.
- The findings from initial assessment indicated that Dominica was well situated to implement a Results-Based Financing (RBF) approach in its health sector



- Review of the GSPS, CPA report and other macro economic assessment indicated the need for greater efficacy of government's investments versus the outcome.
- The Budget process was modified as a consequence (clearer proposals and modified reporting instruments)
- The RBM approach to management was adopted with support from CARTAC

ENABLING ENVIRONMENT FOR RBF PROJECT



- MOF implementing Results Based Management Approach- 2+ years now
- Strong Inter-sectoral cooperation
- Political will to reduce cost and do more with less
- Decentralized budgeting within Ministry of Health
- Well Structured Primary Health Care System

WHY AN RBF FOR DOMINICA



- Improve coverage and quality of care in particular problematic areas
- Increase staff motivation
- Improve M&E of System and Services
- Reduce cost of health services
- Achievement of target health outcomes by linking incentives with results

Lessons learnt from Study Tours :Argentina and DR



- RBF redirects the health care model from being reactive to proactive
- Implementing teams are more valuable than the money invested
- Incentives are not always monetary
- Prioritize human resource as an engine for change
- Record keeping is critical for measuring and reporting on progress



- Continuous monitoring is absolutely critical for measuring results based on the identified indicators
- The role of HIU and use of technology are key components of project.
- Information System which links clinical Management helps to improve quality of care and achieve overall better health outcomes.
- If something works for you, continue to improve on it



Going Forward

- We have identified an RBF Project
- Developed some Indicators
- We are discussing financing mechanism and funds flow methodology, frequency etc
- Performance payments/incentives

Challenges



- Determining the HR needs for introducing and sustaining RBF
- Long term sustainability
- Management structure: change management process for RBF
- Specific activities related to quality assurance and surveillance

