

The bumpy trajectory of performance-based financing in Sierra Leone:

agency, structure and frames shaping the policy process

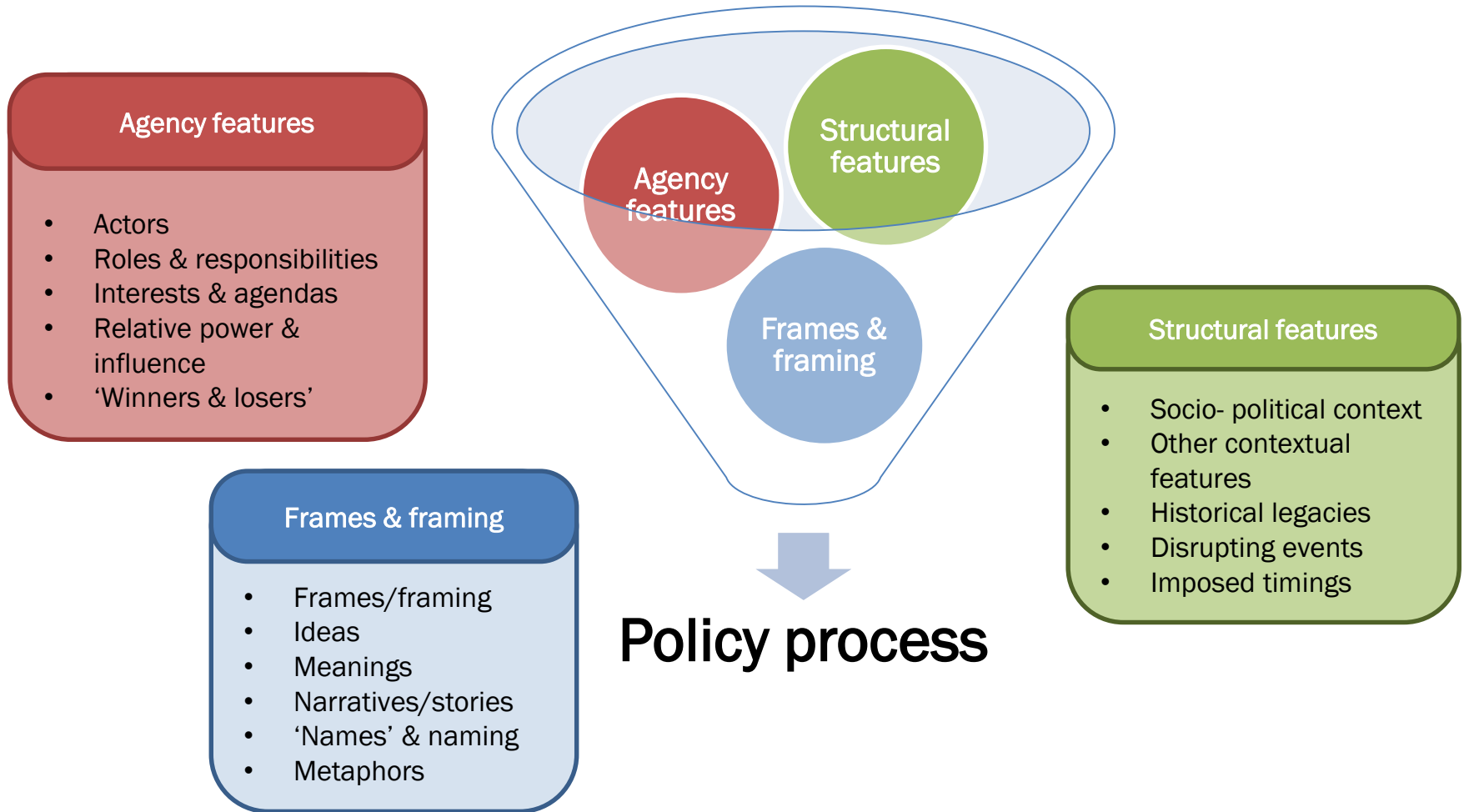
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Introduction

- **Performance-based financing** (PBF) is increasingly implemented in LMICs, including fragile settings
- Growing literature on its effects, but less attention to the **context** and the **processes** around PBF adoption and implementation
- We analyse the **processes of negotiation and re-negotiation of PBF** in Sierra Leone in the period between 2010 and 2017.
 - Particularly interesting case because of the '**start-stop-(start again?)**' trajectory of PBF
- This is just a teaser! Full article out soon with ***Globalization & Health***

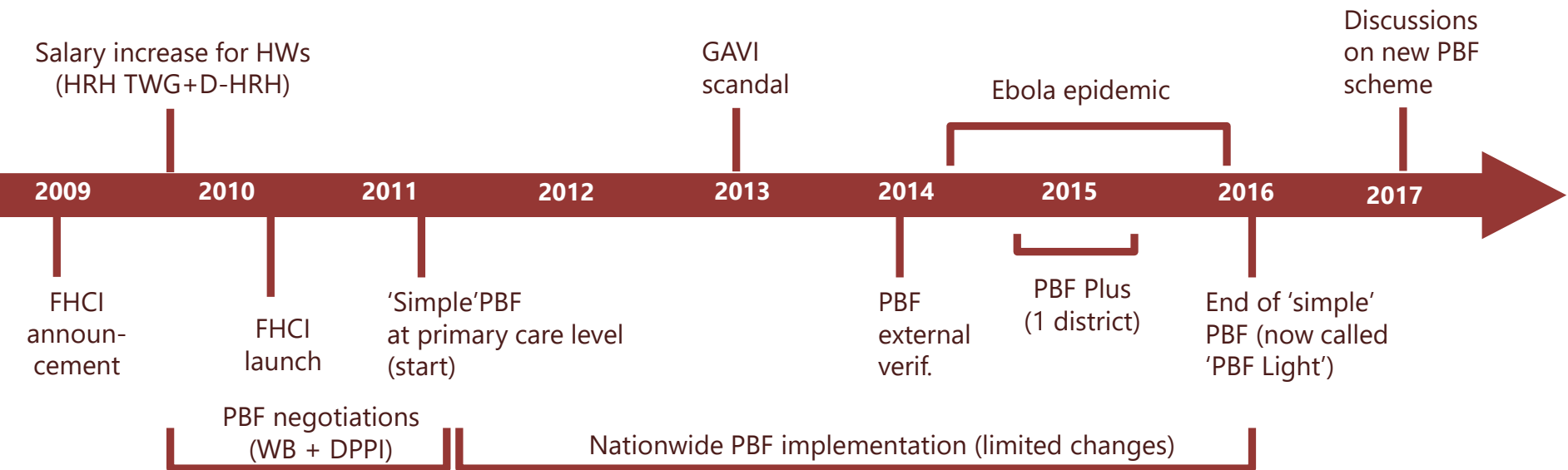
Methods

- Retrospective, qualitative **case study**
 - Document review (n=68)
 - Key informant interviews (n=25)
 - Direct observation
- Analytical **framework**
 - 'Complementary approach' (Cairney, 2013)
 - Drawing from **political economy analysis** and **interpretive policy analysis** (framing theory and frame-critical analysis)



Timeline

PBF in Sierra Leone



Actors

■ Ministry of Health

- Lack of **capacity**: number and skills (esp. after GAVI scandal, but related to hist. legacies)
- **Internal divisions**: different views, agendas, interests → opposition from those not directly involved (other Dept, DHMTs, hospitals, etc.) + donors holding 'parallel conversations': *venue shopping*

■ Other **national bodies**

- Ministry of **Finance**: support of the department involved
- **President**: focus on Social Health Insurance (SLeSHI)

■ **External actors**

- Technical and financial support of the **World Bank**, but not from HRITF, high staff turnover – wanting to distance themselves from 'unsuccessful' project?
- **Cordaid's** role in trying to *shift narrative* to one of 'success'
- Less prominent role of **other actors**: other agendas (salary supplement.) or ideological opposition, lack of technical skills, staff turnover.

Structure

- Historical **legacies**
 - Lack of opportunities for specialised education → low technical skills, weak capacity for assessment and evaluation → lack of data and evidence.
 - **Aid dependency**
 - 'Actual' **frames**
 - Donors' **funding cycles** and decisions over timing of negotiations, duration projects, etc.
- **Disruptions** at small scale (GAVI scandal) or larger scale (Ebola epidemic) have major knock-on effects

Frames

- Initial **narrative**
 - PBF as extra payment to motivate health workers (*incentive effect*)
 - PBF as mechanism to provide funds to facilities (*income effect*)

 - Later, attempt to **shift the narrative** to a broader one focused on,
 - Improvements to working environment and support (*intrinsic rewards effect*)
 - Freedom to manage resources (*autonomy effect*)
 - Clearer roles and responsibilities, less opportunities for corruption (*accountability effect*)
 - All elements together: *PBF as systemic reform*

 - End of 'Simple' PBF (2016):
 - **Narrative** was **stuck** between the problems of the 'simple' PBF and the costs of PBF PLUS (high and unsustainable)
 - *Dissonance in framing* of the same concept, between national and international actors
- Discontinuation of PBF

Conclusions

- Retrospective view has analytical advantages, but some **guidance for practice** emerges
- Power and rent-seeking issues are difficult to overcome
- More attention could be paid to **other elements** to ensure political support and sustainability of reforms
 - Adopting **shared (metaphorical) frames** to ensure a common and inclusive understanding of technical concepts such as PBF
 - **'Actual frames'** should remain flexible, allowing for disrupting events as well as for time to develop national capacity and ownership

Bertone MP et al, The bumpy trajectory of performance-based financing in Sierra Leone: agency, structure and frames shaping the policy process. *Globalization and Health* (forthcoming).