Advertisement

Health Economics / Volume 25, Issue 6 / pp. 688-705

Research Article

Impact of Performance-Based Financing in a Low-Resource Setting: A Decade of Experience in Cambodia

Ellen Van de Poel, Gabriela Flores, Por Ir, Owen O'Donnell

First published: 30 July 2015

https://doi.org/10.1002/hec.3219

PDF

Abstract

This paper exploits the geographic expansion of performance-based financing (PBF) in Cambodia over a decade to estimate its effect on the utilization of maternal and child health services. PBF is estimated to raise the proportion of births occurring in incentivized public health facilities by 7.5 percentage points (25%). A substantial part of this effect arises from switching the location of institutional births from private to public facilities; there is no significant impact on deliveries supervised by a skilled birth attendant, nor is there any significant effect on neonatal mortality, antenatal care and vaccination rates. The impact on births in public facilities is much greater if PBF is accompanied by maternity vouchers that cover user fees, but there is no significant effect among the poorest women. Heterogeneous effects across schemes differing in design suggest that maintaining management authority within a health district while giving explicit service targets to facilities is more effective in raising utilization than contracting management to a non-governmental organization while denying it full autonomy and leaving financial penalties vague. Copyright © 2015 John Wiley & Sons, Ltd.

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

author for the article.

References

Angrist JD, Pischke JS. 2009. *Mostly Harmless Econometrics: An empiricist's Companion*, Princeton University Press: Princeton.

Google Scholar

Annear PL, Bigdeli M, Chhun Eang R, Jacobs B. 2008. Providing access to health services for the poor: health equity in Cambodia. *Studies in Health Services Organisation and Policy* **23**: 189–226.

Google Scholar

Basinga P, Gertler PJ, Binagwaho A, Soucat ALB, Sturdy J, Vermeersch CMJ. 2011. Effect on maternal and child health services in Rwanda of payment to primary health-care providers for performance: an impact evaluation. *The Lancet* **377**(9775): 1421–1428.

PubMed | Web of Science® | Google Scholar

Bonfrer I, Van de Poel E, Van Doorslaer E. 2014. The effects of performance incentives on the utilization and quality of maternal and child care in Burundi. *Social Science and Medicine* **123**: 96–104.

PubMed | Web of Science® | Google Scholar

Bonfrer I, Soeters R, Van de Poel E, Basenya O, Longin G, van de Looij F, Van Doorslaer E. 2014. Introduction of performance-based financing was associated with improvements in care and quality. *Health Affairs* **12**: 2179–2187.

Web of Science® | Google Scholar

Bhushan I, Bloom E, Clingingsmith D, Hong R, King E, Kremer M, Loevinsohn B, Schwartz JB. 2007. *Contracting for Health: Evidence from Cambodia*, : Cambridge, MA. Available at http://faculty.weatherhead.case.edu/clingingsmith/cambodia13JUN07.pdf

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Braye A. 2007. *Cambodia Health Services Contracting Review Final Report*, Agence Francaise de Developpement: Clichy France.

Google Scholar

Chari AN, Okeke EN. 2014. Can institutional deliveries reduce neonatal mortality? Rand Labor and Population, Working Paper -1072. Santa Monica, CA: Rand Cooperation

Google Scholar

Das J. 2014. Are institutional birth institutionalizing deaths? World Bank Future Development Blog, available at http://blogs.worldbank.org/futuredevelopment/are-institutional-births-institutionalizing-deaths

Google Scholar

DiNardo J, Fortin NM, Lemieux T. 1996. Labor market institutions and the distribution of wages, 1973–1992: a semiparametric approach. *Econometrica* **64**: 1001–1044.

Web of Science® | Google Scholar

Filmer D, Pritchett LH. 2001. Estimating wealth effects without expenditure data–or tears: an application to educational enrollments in states of India. *Demography* **38**: 115–32.

CAS | PubMed | Web of Science® | Google Scholar

Flores G, Ir P, Men CR, O'Donnell O, Van Doorslaer E. 2013. Protection of patients through compensation of providers: the impact of Health Equity Funds in Cambodia. *Journal of Health Economics* **32**: 1180–93.

PubMed | Web of Science® | Google Scholar

GB Fritsche, R Soeters, B Meessen (eds). 2014. *Performance-Based Financing Toolkit.* World Bank: Washington, DC.

Google Scholar

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Google Scholar

Ho DE, Imai K, King G, Stuart EA. 2007. Matching as nonparametric preprocessing for reducing model dependence in parametric causal inference. *Political Analysis* **15**: 199–236.

PubMed | Web of Science® | Google Scholar

Keller S, Schwartz JB. 2001. Final evaluation report: contracting for health services pilot project. ADB Loan No. 1447-CAM. Phnom Penh: Asian Development Bank.

Google Scholar

Lim S, Stein D, Charrow A, Murray C. 2008. Tracking progress towards universal childhood immunisation and the impact of global initiatives: a systematic analysis of three-dose diphtheria, tetanus and pertussis immunisation coverage. *The Lancet* **372**: 2031–46.

PubMed | Web of Science® | Google Scholar

Liljestrand J, Sambath MR. 2012. Socioeconomic improvements and health system strengthening of maternity care are contributing to maternal mortality reduction in Cambodia. *Reproductive Health Matters* **20**: 62–72.

PubMed | Web of Science® | Google Scholar

Loevinsohn B, Harding A. 2005. Buying results? Contracting for health service delivery in developing countries. *The Lancet* **366**: 676–681.

PubMed | Web of Science® | Google Scholar

Matsuoka S, Obara H, Nagai M, Murakami H, Chan Lon R. 2014. Performance-based financing with GAVI health system strengthening funding in rural Cambodia: a brief assessment of the impact. *Health Policy and Planning* **29**(4): 456–465.

PubMed | Web of Science® | Google Scholar

Mazumdar S, Mills A, Powell-Jackson T. 2011. Financial incentives in health: New evidence from India's Janani

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Ministry of Health Cambodia. 2006. *Health Sector Support Project Mid Term Review Report*, Ministry of Health: Phnom Penh.

Google Scholar

National Institute of Statistics, Directorate General for Health, ICF Macro. 2011. *Cambodia Demographic and Health Survey 2010*, National Institute of Statistics, Directorate General for Health, and ICF Macro: Phnom Penh, Cambodia and Calverton, Maryland, USA.

Google Scholar

Pearson M, Pun S. 2009. GAVI Health System Strengthening Support Evaluation: Cambodia Case Study. RFP 0006-08. London: hlsp.

Google Scholar

Puhani P. 2012. The treatment effect, the cross difference, and the interaction term in nonlinear 'difference-in-differences' models. *Economics Letters* **115**: 85–7.

Web of Science® | Google Scholar

Soeters R. 2011. Why there is so much enthusiasm for performance-based financing, particularly in developing countries. *Bulletin of the World Health Organization* **89**(9): 621–700.

Web of Science® | Google Scholar

Soeters R, Griffiths F. 2003. Improving government health services through contract management: a case from Cambodia. *Health Policy and Planning* **18**: 74–83.

PubMed | Web of Science® | Google Scholar

Van de Poel E, Flores G, Ir P, O'Donnell O, Van Doorslaer E. 2014. Can vouchers deliver? An evaluation of subsidies for maternal health care in Cambodia. *Bulletin of the World Health Organization* **92**: 331–339.

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential

Citing Literature

Download PDF

ABOUT WILEY ONLINE LIBRARY

Privacy Policy
Terms of Use
About Cookies
Manage Cookies
Accessibility
Wiley Research DE&I Statement and Publishing Policies

HELP & SUPPORT

Contact Us
Training and Support
DMCA & Reporting Piracy
Sitemap

OPPORTUNITIES

Subscription Agents
Advertisers & Corporate Partners

CONNECT WITH WILEY

The Wiley Network
Wiley Press Room

Copyright © 1999-2026 John Wiley & Sons, Inc or related companies. All rights reserved, including rights for text and data mining and training of artificial intelligence technologies or similar technologies.

WILEY

This website utilizes technologies such as cookies to enable essential site functionality, as well as for analytics, personalization, and targeted advertising. You may change your settings at any time or accept the default settings. You may close this banner to continue with only essential cookies. Privacy Policy

Manage Preferences

Accept All

Reject Non-Essential