Using Provider Performance Incentives to Increase HIV Testing and Counseling Services in Rwanda

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**Country**
Rwanda

**Organizing Theme**
Health

**Status**
Completed

**Intervention Category**
Pay for Performance

**Sector**
Health, Nutrition & Population

**Abstract**
Paying for performance provides financial rewards to medical care providers for improvements in performance measured by specific utilization and quality of care indicators. In 2006, Rwanda began a paying for performance scheme to improve health services delivery, including HIV/AIDS services. This study examines the scheme’s impact on individual and couples HIV testing and counseling and using data from a prospective quasi-experimental design. The study finds a positive impact of paying for performance with an increase of 6.1 percentage points in the probability of individuals having ever been tested. This positive impact is stronger for married individuals: 10.2 percentage points. The results also indicate larger impacts of paying for performance on the likelihood that the respondent reports both partners have ever been tested, especially among discordant couples (14.7 percentage point increase) in which only one of the partners is HIV positive.

**Gender Connection**
Gender Focused Intervention

**Gender Outcomes**
Sexual and Reproductive Health Outcomes

**IE Design**
Difference in Difference

**Intervention**
In this P4P scheme, payments are made directly to primary health facilities and used at each facility’s discretion. Each facility was rated with and index comprised of 14 key maternal and child health-care output indicators. The size of the payment depends upon the facility’s score on the index. The payment of control facilities was increased so that the average payment received by controls equals the average P4P payment in treatment facilities.

**Intervention Period**

**Sample population**
Only health facilities offering HIV/AIDS services were included in the HIV/AIDS P4P model. There were 24 such facilities, and 10 were included in the treatment and 14 included in the comparison group. Additionally, a household survey was administered to a sample of 1000 households with an HIV+ member and 600 randomly sampled neighbors. At baseline the sample is comprised of 438 individuals in the treatment group and 445 in the comparison group.

**Comparison conditions**
Health facilities that received P4P were compared to health facilities that did not receive the program. The control facilities received an increase in funds so that the average funds of treatment was same as the funds for control facilities.
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<thead>
<tr>
<th><strong>Unit of analysis</strong></th>
<th>Health facilities</th>
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<tbody>
<tr>
<td><strong>Results</strong></td>
<td>The P4P program leads to a significant 14.5% increase in the probability that an individual is tested. However, these results are completely driven by individuals living in a couple. The impact on couple is tested is particularly strong amongst discordant couples, encouraging the partner to test for HIV status.</td>
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<td><strong>Primary study limitations</strong></td>
<td>The original randomized design was slightly compromised; as a result, the study is considered quasi-experimental.</td>
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<td><strong>Funding Source</strong></td>
<td>The World Bank-Netherlands Partnership Program, Spanish Impact Evaluation Fund, the British Economic and Social Research Council, Government of Rwanda</td>
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<td><strong>Link to Studies</strong></td>
<td><a href="https://openknowledge.worldbank.org/handle/10986/13134">https://openknowledge.worldbank.org/handle/10986/13134</a></td>
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