Overview

What can a developing country with a high maternal mortality ratio do to reduce the number of women dying in childbirth? This case study examines an ongoing results-based financing initiative in Malawi that aims to reduce maternal and neonatal mortality. The initiative, being implemented in four rural districts that are home to some 2 million people, is an important one because, despite improvements in maternal and neonatal health, thousands of Malawi women still die in childbirth every year and many preventable deaths occur among newborns.

**Key contextual conditions:** Maternal and neonatal mortality ratios in Malawi are among the highest in the world. On the demand side, many women still do not understand the importance of assisted delivery—or cannot afford to reach or stay in a facility even if they would like to deliver there. On the supply side, rural healthcare facilities suffer from insufficient infrastructure; lacking or nonfunctioning equipment; frequent stock-outs of essential medicines and consumables; insufficient and undertrained staff; and shortages of midwives and transport to facilities. A results-based financing initiative provided incentives for both pregnant women and healthcare facilities that reduced maternal and neonatal mortality.

**Key stakeholders:** The Malawi Ministry of Health, district health offices, rural healthcare facilities the Norwegian Government, the German Federal Ministry of Economic Cooperation and Development, KfW, pregnant women, newborn babies.

**Lessons Learned**

- The initiative established several mechanisms to improve the quality of services at healthcare facilities and the overseeing DHMTs, the direct link to pregnant women.
- The initiative changed the incentives driving behaviors in the health sector. In addition to the measured outputs and outcomes of quality of care and institutional delivery rate, it affected the attitude and behavior of health staff, who are now more proactive in addressing maternal and neonatal mortality and put more emphasis on the quality of care.
- Improved quality is essential to the program, but finding verifiable indicators for rewarding it is difficult. This initiative highlights the importance of monitoring, reviewing, revising, and recording the RBF approach to make the original program objectives and results framework more realistic and to increase its development impact.
This initiative also shows that a one-size-fits-all design would not have been effective; the approach must be flexible to adjust to local circumstances and to the progress the program makes.

A key delivery lesson from implementation is that embedding the approach in government systems is crucial to enable continuous support; country ownership is an important precondition for success. All stakeholders should be involved in program design, and programs should be aligned with national health strategies and policies.

There is a growing recognition in international development cooperation that RBF can be more than a health financing strategy; in the long run, it can also become a health system innovation. This mere possibility can be seen as an opportunity, such as an entry point to reform the health sector, particularly for improving the quality of health care services.

**Development Challenges**

- Maternal and neonatal mortality ratios in Malawi remain among the highest in the world: In 2014, 574 women per 100,000 live births died in childbirth or as a result of a pregnancy-related illness, and 46 infants per 1,000 births died.
- Major factors behind the high maternal mortality ratio are the lack of or delayed access to good-quality health services at birth and the fact that many women still do not deliver at facilities.

**Delivery Challenges**

- The facility assessment revealed that one of the biggest delivery challenges is the lack of maintenance and repairs over a long period of time (pain point). Water, electricity, and waste disposal systems were malfunctioning, most facilities were cluttered with broken and unused equipment, and lighting and loose electrical wiring created serious fire safety issues.
- Timely emergency referral from BEmONCs to CEmONCs is often a matter of life or death for both mothers and their babies. Most lethal bleeding from complications during delivery and septic shock caused by prolonged labor and intrauterine infection can be prevented by timely referral to CEmONC facilities, where blood transfusions and Caesarean sections can be performed.
- The selection of performance indicators and targets on which to pay incentives, including the nature and amount of the financial rewards, were based on existing maternal and neonatal health indicators used by the MoH. As the implementation progressed, the Reproductive Health Directorate felt the indicators may be too ambitious, as one had to attain 100% of the target or the beneficiary would not receive any of the reward.