

Book Review

HOSSEIN JALILIAN AND VICHETH SEN, EDS., 2011. IMPROVING HEALTH SECTOR PERFORMANCE: INSTITUTIONS, MOTIVATIONS AND INCENTIVES - THE CAMBODIAN DIALOGUE. SINGAPORE: ISEAS PUBLISHING.

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This volume presents a set of papers prepared by a mix of international and Cambodian scholars, researchers and practitioners originally discussed at an international conference organized by the Cambodian Development Resource Institute and the Oxford Policy Institute in April 2010. A useful overview chapter sets out the a conceptual framework for understanding the role of formal as well as informal – or ‘intrinsic’ incentives as determinants of health worker behavior and performance, arguing that policy to harness changes in incentive environment for improving health system performance must be carefully matched to specific national and local contexts. The volume then presents a set of specific country cases which document and discuss evidence of effectiveness of a range of different schemes which sought to enhance incentives for performance. Not surprisingly, various experiences in Cambodia receive the lion’s share of attention (five of the ten cases), but experience and lessons learned in the UK, Italy, Indonesia , Bangladesh New Zealand and Curitiba, Brazil are also presented.

The overview is followed by a very useful discussion of the major tradeoffs and issues that should be considered in the design of incentive schemes by Professor Alex Maynard, a health economist based in the UK. Professor Maynard provides a compelling overview of the rationale for altering institutional arrangements to augment incentives for performance, as well as a straightforward assessment of the tendency for both policy makers and the health professionals to practice ‘faith based’ policy making – which tends to assume that more inputs (money) automatically will lead to improved performance and outcomes. He argues that unpacking and systematically evaluating the ‘black box’ of relationships between inputs and outcomes – or the incentive environment – to coming to a more robust understanding of why health systems are inefficient worldwide. Transparency and more systematic efforts to define and measure health outcomes (including specific measures of service quality) and performance are of course key to both improving accountability (and through this efficiency) and evaluating the effects of alternative incentive structures.

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This excellent initial essay is followed by the presentation of a series of cases which seek to document the effects of deliberate efforts to alter incentives. Most of the cases document experience to date with supply side (such as performance based incentive schemes, various approaches to ‘contracting in’ and ‘contracting out’ on the basis of performance as well as demand side approaches, such as a voucher scheme to encourage uptake of essential maternal health interventions in Bangladesh). Although it is apparent that no common protocol was used to guide the preparation of the cases, each does a solid job of describing the country and local context, as well as presenting available (though highly constrained, see below) evidence of the influence of the schemes on measured levels of service performance and quality. The editors have also include a useful essay (Adams and Iderda) summarizing lessons learned on the effectiveness of management training and education efforts on service performance which concludes, unsurprisingly that the quality of leadership and commitment to the success of these programs as well as teamwork and participation of the concerned professional in their design and implementation is key to their success. In addition, there is an essay as well as discussion of the impact of management training and education efforts which identifies major factors underlying success.

While the case studies are interesting and useful summaries of implementation experience across a range of settings, the cases are largely descriptive in character, with several authors setting out ideas on how the scheme could or should be more systematically evaluated in the future, and/or expressing some frustration with the limited data. Not surprisingly, readers will learn much more about the multiple, and apparently overlapping efforts to adjust institutional arrangements with an eye to improving performance in Cambodia’s health system than experiences in other countries covered in the volume. In fact, stepping back from the extensive theoretical discussion and descriptions of various reforms in Cambodia, the reader will have little doubt that health sector managers and providers in that country may well suffer ‘reform fatigue’ as wave after wave of various approaches to health insurance and various approaches to contracting have been implemented, typically through support and financial assistance from development partners. A useful overview of the history of changes of institutional arrangements under various different political regimes through out the last few decades of experience in New Zealand suggests that the sensitivity of professions and consumer groups alike to changes in institutional arrangements in the health sector is not unique to developing countries. It is thus perhaps not surprising that the political economy of reform efforts seems to have overwhelmed efforts to build and employ systematic evaluative frameworks and specific measurement systems to guide the reform process in developed and developing countries alike.

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