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| **Delivering equitable maternity care using pay for performance at Primary Health Care level in Brazil** |
| **Background/Objectives**Pay-for-performance (P4P) is a payment model that provides financial incentives to health professionals and services for meeting performance measures to improve health outcomes. In Brazil, it is the basis of the National Program for Improving Access and Quality of Primary Health Care (PMAQ), launched by Ministry of Health in 2011. The objective of this study was to examine the quality of services offered in Primary Health Care (PHC) facilities that were involved in the PMAQ program, to pregnant women and new mothers.**Methods**We undertook a survey of health professionals in 842 PHC health services across 71 municipalities in the state of Espírito Santo, Brazil. The study was carried out between 2012 and 2014, during the first and second cycle of PMAQ. The analysis was undertaken using the Stata 13.0 statistical program.**Results**A total of 837 professionals participated in the study. The quality of electronic antenatal data collection in urban clinics improved over time with the analysis showing a 6.6% increase in the number of completed entries for each consultation with women between 2012 and 2014. Over this time there was a 5.2% increase in the use of a book provided to women to record their ANC and PNC visits. In rural clinics and small towns health professionals recorded ANC data in log books. The use of these log books during consultations increased by 13.6%. Overall there was a 13.7% improvement in the communication of test results to clinics from laboratories within required time frames. During the study period there were significant staff shortages including a 40.6% decline in the number of appropriately skilled health professionals available to attend women with high-risk pregnancies. In addition there was a 1.6% drop in the number of community health workers available to visit homes and refer women to services. As a result, there were 1.8% less home visits. Over time there was a 6.4% decrease in staff availability for the flexible hours that had been introduced to increase access to maternity care.**Discussion**Over the two cycles of the PMAQ (2012-2014), there was an improvement in the recording of women’s health status and health care procedures, as well as improvements in the adherence to Ministry of Health guidelines. However, there was a decrease in routine care provided by health professionals due to severe staff shortages. These results shows that P4P can improve health professional performance to improve care outcomes however attention must be paid to appropriate human resource planning to ensure equitable care coverage. **Keywords:** Public Health; Primary Health Care, Women’s Health; Payment for Performance Program. |