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## Plan Overview

*A Data Management Plan created using DMPonline*

**Title:** What factors determine the indicators used for performance-based funding of health facilities, and how do these schemes impact the incidence of non-communicable diseases?

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**Template:** Nottinghamshire Healthcare Foundation Trust (NHCFT / NHS)

### Project abstract:

The four major non-communicable diseases (NCDs) groups are cardiovascular disease, diabetes, cancer, and respiratory diseases. These groups are responsible for over 80% of all premature NCD deaths, namely cardiovascular diseases (17.9million/year), then cancers (9.3 million/year), followed by respiratory diseases (4.1 million/year), and 1.4 million died of diabetes yearly. Health insurance is a proven mechanism to fund health care costs and provide universal health coverage. The performance-based financing (PBF) type of health insurance, also called pay-for-performance, pay-for-service, social impact bond financing, pay-for-success bond etc., is a type of health insurance being promoted as a viable approach for the realization of universal health coverage (UHC), particularly in LMICs. However, over the last two decades of implementing PBF, its institutionalization and or national level scale-up have been difficult, and the reasons for these are not well documented.

Given the above, it is essential to explore whether the designs of PBF performance indicators are derived from national health policies or strategies, are priorities established by local authorities and civil society organizations, are the community engaged at the design phase of the PBF schemes, etc. The aims of the proposed systematic review are to give insight into why the sustainability of this funding strategy has been challenging to implement, and to analyze the impacts of PBF on cardiovascular diseases, cancers, diabetes, and respiratory diseases (the major NCDs), which have not been documented in the literature.

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# What factors determine the indicators used for performance-based funding of health facilities, and how do these schemes impact the incidence of non-communicable diseases?

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## Proposal details

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The four major non-communicable diseases (NCDs) groups are cardiovascular disease, diabetes, cancer, and respiratory diseases. These groups are responsible for over 80% of all premature NCD deaths, namely cardiovascular diseases (17.9million/year), then cancers (9.3 million/year), followed by respiratory diseases (4.1 million/year), and 1.4 million died of diabetes yearly. Health insurance is a proven mechanism to fund health care costs and provide universal health coverage. The performance-based financing (PBF) type of health insurance, also called pay-for-performance, pay-for-service, social impact bond financing, pay-for-success bond etc., is a type of health insurance being promoted as a viable approach for the realization of universal health coverage (UHC), particularly in LMICs. However, over the last two decades of implementing PBF, its institutionalization and or national level scale-up have been difficult, and the reasons for these are not well documented. Given the above, it is essential to explore whether the designs of PBF performance indicators are derived from national health policies or strategies, are priorities established by local authorities and civil society organizations, are the community engaged at the design phase of the PBF schemes, etc. The aims of the proposed systematic review give insight into why the sustainability of this funding strategy has been challenging to implement. And analyze the impacts of PBF on cardiovascular diseases, cancers, diabetes, and respiratory diseases (the major NCDs), which have not been documented in the literature.

## Data/information collection/generation

### What data is being collected?

This project will require a review of original peer-reviewed papers and grey literature for performance-based financing of primary healthcare systems and non-communicable diseases. No regional restrictions on the scope of data. The type of data to be managed will include randomised controlled trials and or non-randomised controlled trials/descriptive observational studies generated from databases like Cochrane Library, MEDLINE (Ovid), PubMed/NCBI, Elsevier (Scopus), OECD iLibrary, Evidence for Policy and Practice Information and Coordinating Center (EPPI-Center) Evidence Library, Health Systems Evidence, Global Health Archive, African Index Medicus, and World Health Organization Database and grey literature. A snowballing search will be conducted on a reference list of eligible papers.

## Type of data

### Is the data identifiable?

No

## Data obtained

### How has the data been obtained?

Collect data via systematic document searching of the databases mentioned above. An initial search will be conducted to identify all the articles on performance-based financing. This search will be followed by individual database searches using specific search items and keywords. Keywords will include ('performance-based funding', 'results based funding', 'incentives schemes', 'social impact bond\*', 'pay for success bond', 'health impact bond\*', 'impact bond\*') "AND" ('non-communicable disease\*', 'NCDs') "AND" (performance indicator\*, output-based strateg\*, outcome-based strateg\* ) "AND" (impact\* "OR" success\* "OR" achievement\* "OR"

failure\*) "AND" (RBF programs "OR" RBF projects "OR" Incentives based mechanics "OR" Health Financing "OR" PBF "OR" SIB. Articles retrieved will be screened against established inclusion/exclusion criteria. Only studies reported in the English language evaluated the impact of performance-based financing with information on what premise the performance indicators covered were based on, and at least one of the selected NCDs will be included in the study.

## Data storage

### How will the data be stored?

We will keep our work data on UoN's OneDrive service because it's ISO 27001 compliant and licensed by UoN. It allows secure and controlled data sharing between the research team and encrypts data both in transit and at rest. Continual failover support will ensure the information doesn't fall victim to unauthorized access. Free-at-point-of-use is available up to 5TB, and since we won't generate more than that, we won't have to pay for this service. To allow easy retrieval and citation, Mendeley software will be used to manage PDF documents

## Data transfer

### If the data is being transferred outside of NHCFT how will it be transferred?

No

## Archiving/Deletion

### How long will you store this information for? Where will the information be archived? How will it be destroyed?

Research data created by the project will be deposited at Nottingham University's Research Data Management Centre, <https://rdmc.nottingham.ac.uk/>. The University's data archive is supported by a commercial digital storage solution, which is audited twice-yearly for compliance with the necessary security standards of ISO 27001. There is no cost for data archiving for this project. We expect the amount of data generated for long-term retention will not exceed 50GB (the free capacity provided by the University).

## Access to the data

### List exactly who will have access to each data source.

We will make our dataset available via the University of Nottingham data archive under CC-BY license due to the absence of personally identifiable or commercially sensitive information. Keeping the data updated beyond the project period will not be necessary. All published outputs will include a Data Availability Statement, including the data citation and a link to the relevant data set. Data will be released simultaneously as any published output, underpinned by it or by one year from the end of the project.