

**U.S. Government Evidence Summit:
Enhancing Provision and Use of Maternal Health Services through
Financial Incentives**

April 24th & 25th, 2012 • Kaiser Family Foundation • 1330 G Street, NW, Washington, DC 20005

Literature Search and Screening Process

TABLE OF CONTENTS

Overview..... 1

Literature Search Process..... 2

Quality Review Process..... 4

Bibliography (Current as of April 18, 2012)..... 5

Appendix: Search Terms 18

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LITERATURE SEARCH AND SCREENING PROCESS

Overview

In January 2012, a systematic literature review was undertaken to provide the foundation of literature for the Evidence Summit. A collaborative technical working group provided a list of search terms for financial incentives and maternal/neonatal health that were refined (see the appendix) and used in test searches and identified the most appropriate databases for this subject matter. Several search strategies were sampled with the final strategy selected (below) as the version that would bring in the most literature without being overly restrictive regarding the outcomes of the intervention.

The peer-reviewed literature obtained from the systematic review was augmented by papers – peer-reviewed and from the grey literature – recommended by the Evidence Review Team (ERT) members and were added to the bibliography. As the ERT members synthesized their evidence, additional papers were introduced into the process. This document summarizes the process and results from the literature search and additional evidence introduced on the basis of expert opinion. The documents in the bibliography form the basis for discussion of the Evidence Summit. The quality review process that these papers underwent is also presented

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Literature Search Process

Search terms: chosen by TWG members, based on keywords used in relevant articles and consultation with experts; list of terms tested and consolidated, where possible, into summary terms by KMS

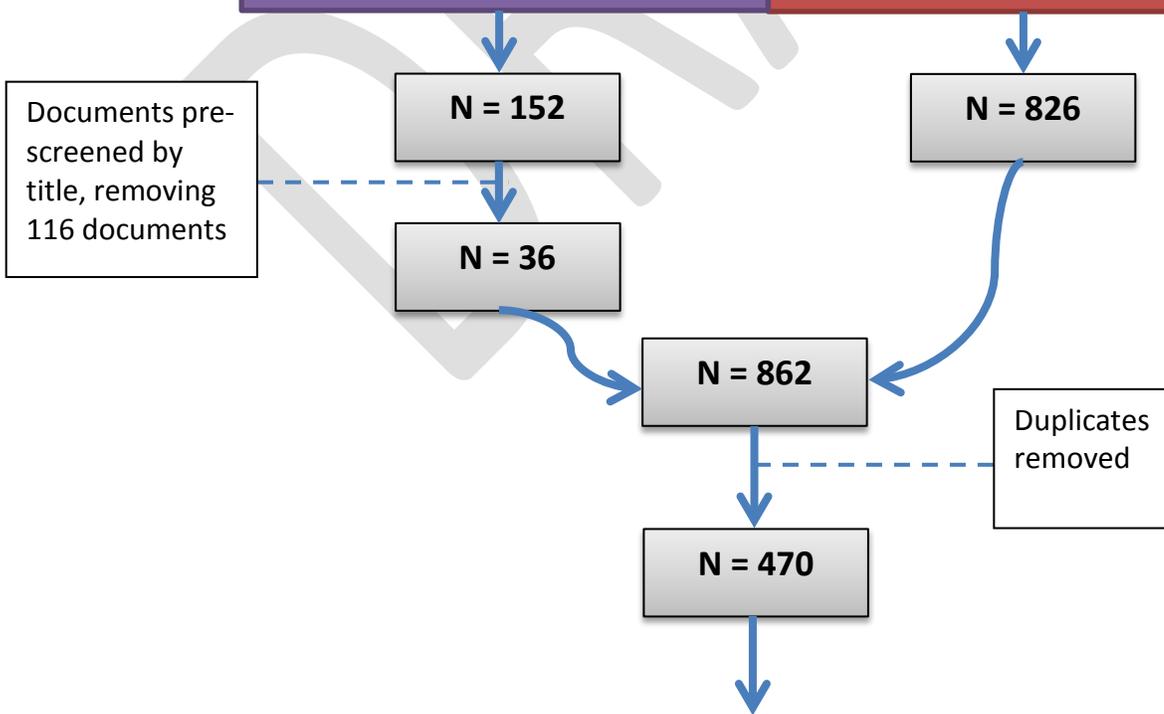
- Terms related to financial incentives + terms indicating maternal/neonatal as population + names of all lower/middle income countries and regions

Databases searched: chosen based on review of overlap between databases, identification of relevant, content specific databases and TWG input

Note: ABI Inform and the Cochrane database did not allow for comprehensive searches using the three-part search term; therefore, searches were not limited by country or region.

ABI inform and the Cochrane Collaboration

PubMed, SCOPUS, EconLit, Embase, SocioAbstracts, and CABI

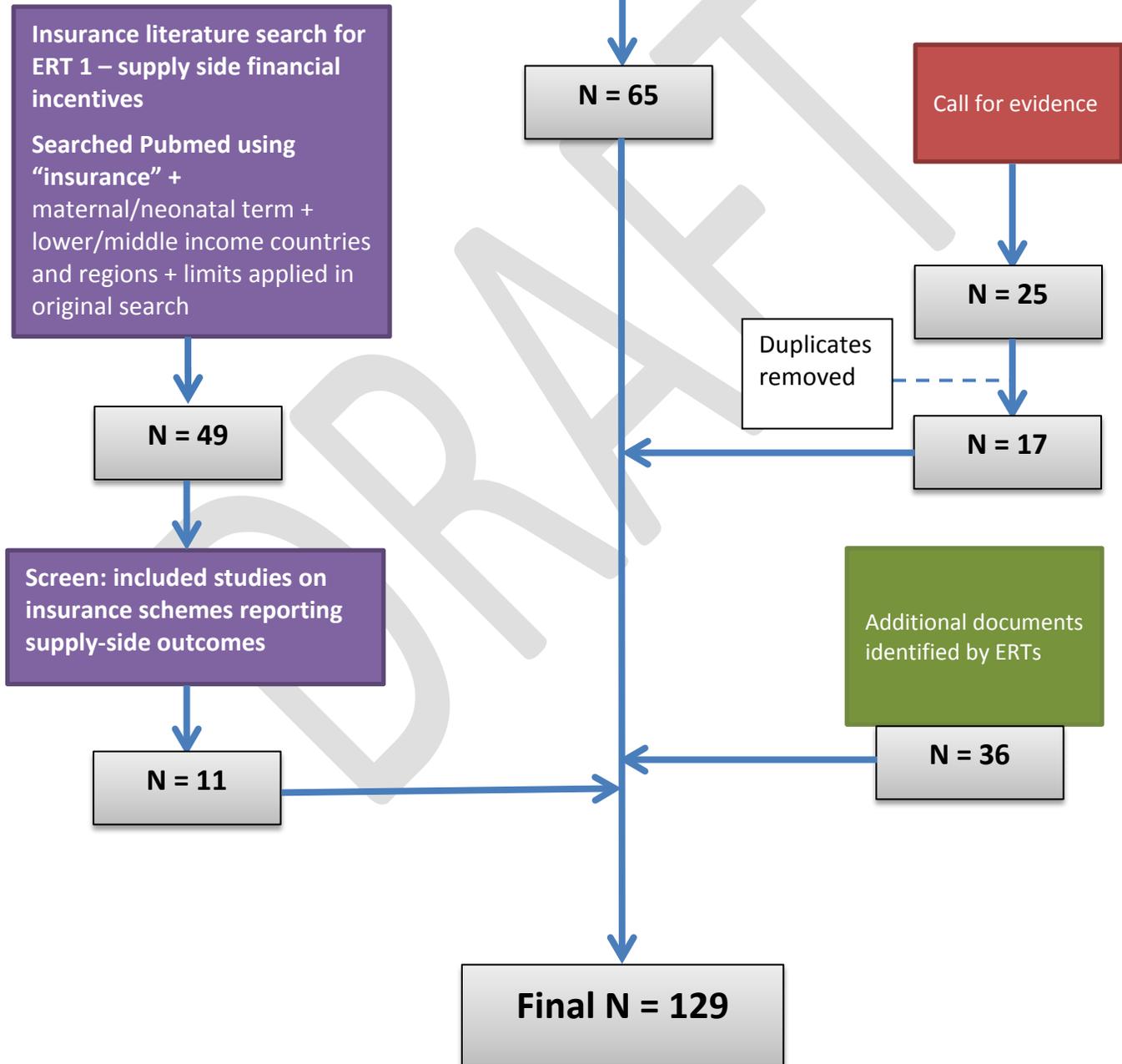


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Screen: included studies relevant to focal question #1 and had outcome data
 Inclusion criteria:

- English language
- Published on/after January 1, 1990
- From low, middle, or upper-middle income country
- Published in a peer-reviewed/scholarly journal
- Intervention using financial scheme(s) not including insurance and measured at least one outcome related to demand for health services, performance of staff providing maternal/neonatal care, or maternal/neonatal health outcomes



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Quality Review Process

A review process was used to evaluate the quality of the papers informing the Evidence Summit to provide a benchmark for considering the strength of the recommendations resulting from the review of the evidence. While each ERT adapted the quality review process based on their team needs, the original 65 papers from the literature search and the 19 papers from the Call for Evidence underwent this quality review.

The quality review consisted of six questions regarding the internal and external validity of the interventions described in the papers. A seventh question was included, regarding sustainability to encourage ERT members to think about this important element (see below).

Two ERT members reviewed each paper for quality. The responses to the six quality questions were transposed into dichotomous responses, 0 and 1 (1 being the highest quality, 0 being the lowest). For each paper, ERT members received a table that contained the responses to the quality questions and a summary score that averaged these responses. The summary score did not penalize reviewers who may have skipped out of a question.

Quality Review Questions

1. Is the study design appropriate for the hypothesis?
2. Please rate how well the study adhered to the research plan (e.g., was the intervention implemented with fidelity?).
3. Are the comparison groups equivalent?
4. Are the endpoints (e.g., service, health, or behavior) valid and relevant to the study objectives?
5. How appropriate was the data analysis?
6. Are the study results generalizable (that is, would the results of this study be relevant to a larger population)?
7. Are any elements of sustainability addressed in this paper (components of sustainability include scalability, replicability, cost effectiveness, local ownership/capacity, funding source [host country vs. donor funded], etc.)?

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Appendix: Search Terms

The maternal/neonatal and financial search terms (broken up by supply-side and demand-side) are as follows:

| Maternal/Neonatal | Supply | Demand |
|-------------------|--------------------------------|-----------------------------------|
| Matern* | Pay for performance | Conditional cash transfers |
| Antenatal | Results based financing | Cash transfer* |
| Prenatal | Performance based financing | Cash incentive* |
| Preconception | Performance based scheme* | Social cash transfers |
| Intrapartum | Results based incentive* | Financial incentive* |
| Perinatal | Performance based contracting | Incentive* |
| Postpartum | Results based contracting | Incentive scheme* |
| Postnatal | Paying for results | Token economy |
| Pregnan* | Contracting in | Reinforcement |
| Childbirth | Contracting out | Voucher* |
| Child birth | Performance based aid | Money to transport |
| Birth | Performance based disbursement | Transport fee* |
| Neonate | Output based aid | Subsidy |
| Newborn | Output based financing | Subsidies |
| Neonatal | Fee for service | Subsidized care (subsidised care) |
| | | Fee waiver* |
| | | Exemption* |
| | | Waiver* |
| | | User fee waivers |
| | | User fee* |
| | | (abolishing) user fees |
| | | User charge* |
| | | Out-of-pocket payment* |
| | | Coupon* |
| | | Free care |

- Search terms in **RED** are terms that were not searched as their term encompassed other terms already searched (i.e., it was not necessary to search for “fee waiver” as “waiver” was already a search term).
- The search term “**Incentive***” was only used in databases where it returned fewer than 300 results. All other combination terms using “incentive” were searched in every database.
- The asterisk (*) indicates the use of a wildcard in conjunction with Boolean operators.
- Indexed terms provided by Pubmed and Embase were used where appropriate.

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