**Taking Results Based Financing from Scheme to System: Methodological Innovations**

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**Background-** RBF approaches have been scaled-up and successfully integrated into the national health system in some countries. However, in others they have remained as pilot projects. Research on RBF has tended to focus on impact evaluation to examine program effectiveness. Relatively little attention has been paid to understanding processes and factors that have enabled or hindered program scale-up and integration into national health systems.

Filling this gap, the AHPSR supported the development of a multi-country research program to examine RBF scale up and health system integration. This paper discusses lessons learnt from a methodological perspective and how this work has advanced the understanding of scale up dimensions and processes relevant to RBF and health policies in LMICs more generally.

**Methods and Results**- Based on an examination of the scale up literature and on RBF programs we developed two methodological innovations: a) a multi-dimensional framework to capture the relevant dimensions on which to assess RBF scale up and integration, b) a model examining the stages of scale up in the movement of RBF programs from standalone projects to being fully integrated into the health system.

The multi-dimensional framework analyzes RBF scale-up along five dimensions, namely-population coverage, service coverage, health system integration (further analyzed in terms of areas of integration and the depth of this integration). Additionally, the model looks at the diffusion of RBF from health to other development sectors, or cross-sectoral diffusion. The story of RBF is intrinsically linked to the diffusion of ideas and knowledge across countries and continents. Hence the growth and development of RBF knowledge is the final dimension along which we examine scale up. We provide definitions and indicators for each of these dimensions.

Our stages of scale up model examines the movement of RBF from project introduction to being fully integrated into the health system in four stages- generation of the idea, its adoption, institutionalization and perpetuation/diffusion. We believe that there are specific enablers and barriers that are most relevant to each stage, knowledge of which can inform the successful design and implementation of programs.

**Conclusion-** In addition to making a unique methodological contribution to the scale up literature, this paper provides a framework to analyze the empirical data both from the individual country cases as well as carry out cross-country analysis across the 11 project sites.