Project funded by the European Union

PRIMARY HEALTHCARE SERVICES

BUDGET PROGRAMME EVALUATION

INCREASING CIVIL SOCIETY PARTICIPATION IN NATIONAL POLICY DIALOGUE IN ARMENIA, ENPI/2013/334643

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ABOUT THE INITIATIVE

The project is funding by the European Union.

The project is implemented in cooperation with OXFAM.

Within the framework of the project, EDRC makes:

- **Simplifications of state budgets of agriculture, healthcare and social protection sectors,**
- **Policy framework analysis,**
- **Monitoring and evaluation of selected budgetary programmes,**
- **Activities aimed at increasing budget literacy and building analytical capacity of CSOs.**

ABOUT THE INITIATIVE

The selected budgetary programmes are.

1. **Family Living Standards Enhancement Benefits Programme**
2. **Social Services At Home to Single Elderlies**
3. **Medical Services to the Socially Vulnerable and Special Groups**
4. **Primary Healthcare Services (PHCS)**
5. **Agricultural Consulting Services**
6. **State Support to Agricultural Land Users**

EVALUATION OF "PRIMARY HEALTHCARE SERVICES" BUDGET PROGRAMME

- THE METHODOLOGY
- PHCS BUDGET PROGRAMME
- EVALUATION RESULTS OF THE PROGRAMME
  - A. Use Of Medical Assistance Services
  - B. Beneficiaries and Inclusion
  - C. Provision of Medicaments
  - D. Family Doctors Institute
- BUDGET FORMULATION AND MONITORING
- CONCLUSIONS AND RECOMMENDATIONS

THE METHODOLOGY

- Study and examination of policy documents,
- Review of related studies and reports,
- Key Informant Interviews,
- Focus Group Discussions,
- Study and interviews with service providers and beneficiaries,
- Analysis of statistical data,
- Household survey (EDRC, HHSS-2016).

QUANTITATIVE AND QUALITATIVE RESEARCHS

EDRC, HOUSEHOLD SURVEY – 2016.

- **Face-to-face interviews in HHs based on the Survey Questionnaire**
- **Stratified, multi-stage random sampling model**
- **The sample size: 2300 HHs.**

FGDs AND KIIs

- **The interviews with the professional management staff and managers of 19 medical institutions in Yerevan and 4 Marzes,**
- **Focus group discussions in Yerevan and 8 Marz communities.**

SAMPLE-BASED STATISTICAL SURVEY

General Population and Margin of Error of the EDRC HHSS-2016

	General Population		Sample Population	Margin of Error,
	HH	Structure	HH	%
Capital City	285,097	37.3	859	+/-3.3
Other Urban areas	225,917	29.6	681	+/-3.8
Rural areas	252,440	33.1	761	+/-3.6
Total	**763,454**	**100.0**	**2,300**	**+/-2.0**

PRIMARY HEALTHCARE SERVICES PROGRAMME

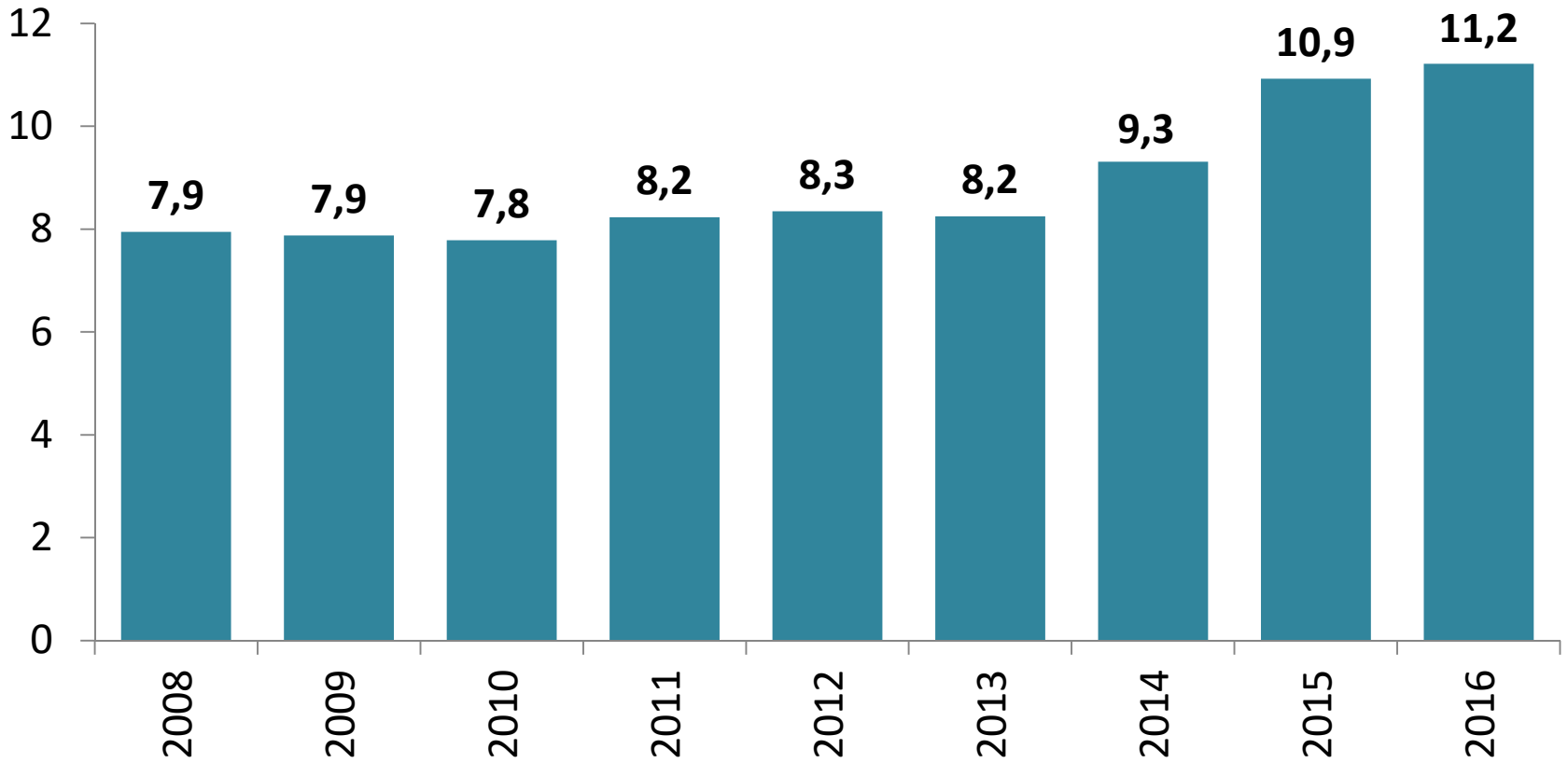
ABOUT PHCS PROGRAMME

- PHCS programme is a continuous progamme in health sector implemented by the government. it is the largest programme in the sector: in terms of volumes, it is **the largest programme in the sector**: AMD 11.2 bln (12.7%).
- The programme provides **the entire population** of the country with general outpatient services.
- Implementation of the PHCS programme through early diagnosis and prevention aims
  - Reducing disability and mortality rates from non-contagious diseases
  - Decreaseing the loads of hospital medical assistance
  - Strengthening of Family Doctors' Institute.
- PHCS programme includes the following measures:
  - Primary health care by family doctors and district therapists (pediatricians),
  - Provision of medical assistance and services to children at schools,
  - Provision of medicaments to patients entitled to receiving them free of charge and at discount.

ABOUT PHCS PROGRAMME

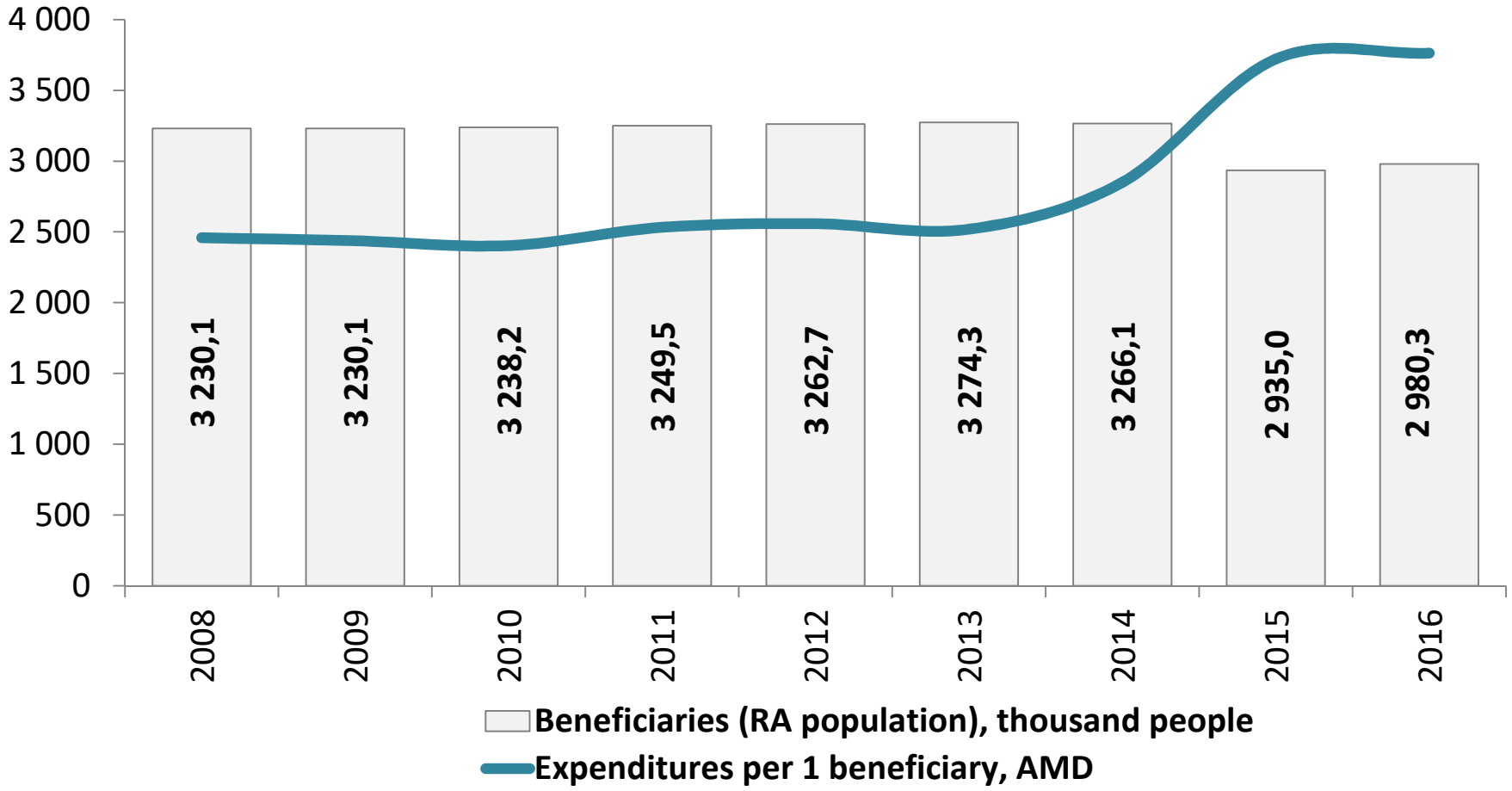
- The groups of patients entitled to receiving medicaments free of charge or at discount are **Socially Vulnerable and Special groups (SSP)** and **Groups of Special Diseases of Social Significance (SDG)**
  - Medicaments are provided to SDG free of charge.
  - SSP groups include three categories, accordingly medicaments are provided (1) free of charge, (2) at 50% discount or (3) at 30% discount.
- Medical assistance in ambulatories and polyclinics is carried out by a primary healthcare doctor chosen by the patient.
- Analyses proved that the programme corresponds to the policy priorities and strategic targets, as well as actual needs of the society and beneficiaries.
- Despite the low coverage rates of total population in the Programme, it has a huge importance from the perspective of primary healthcare and prevention.
- The programme efficiency needs to be improved.

EXPENDITURES OF PHCS PROGRAMME IN 2008-2016, AMD bln



*Note. 2015 and 2016 figures are planned indicators.
Source: 2015-2016 Annual Budget Law, 2005-2014 Budget Implementation Reports, EDRC calculations

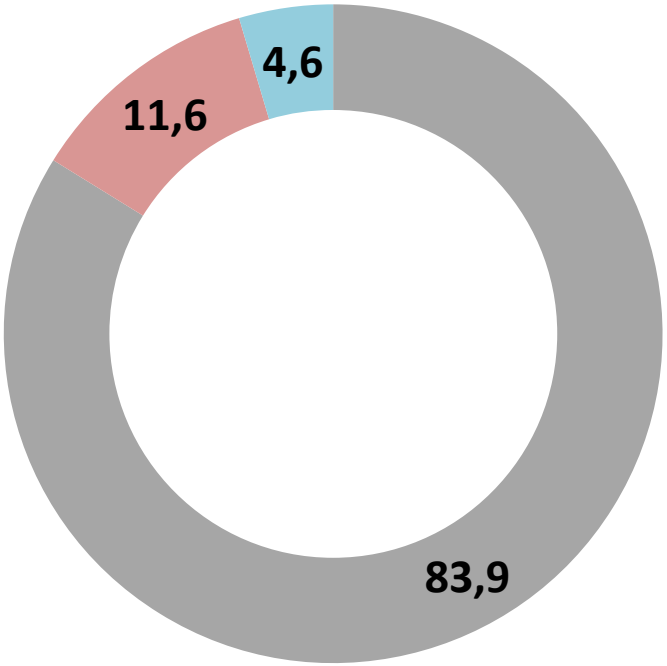
BENEFICIARIES OF PHCS PROGRAMME AND EXPENDITURES PER 1 BENEFICIARY IN 2008-2016



*Note. 2015 and 2016 figures are planned indicators.

Source: 2015-2016 Annual Budget Law, 2005-2014 Budget Implementation Reports, EDRC calculations

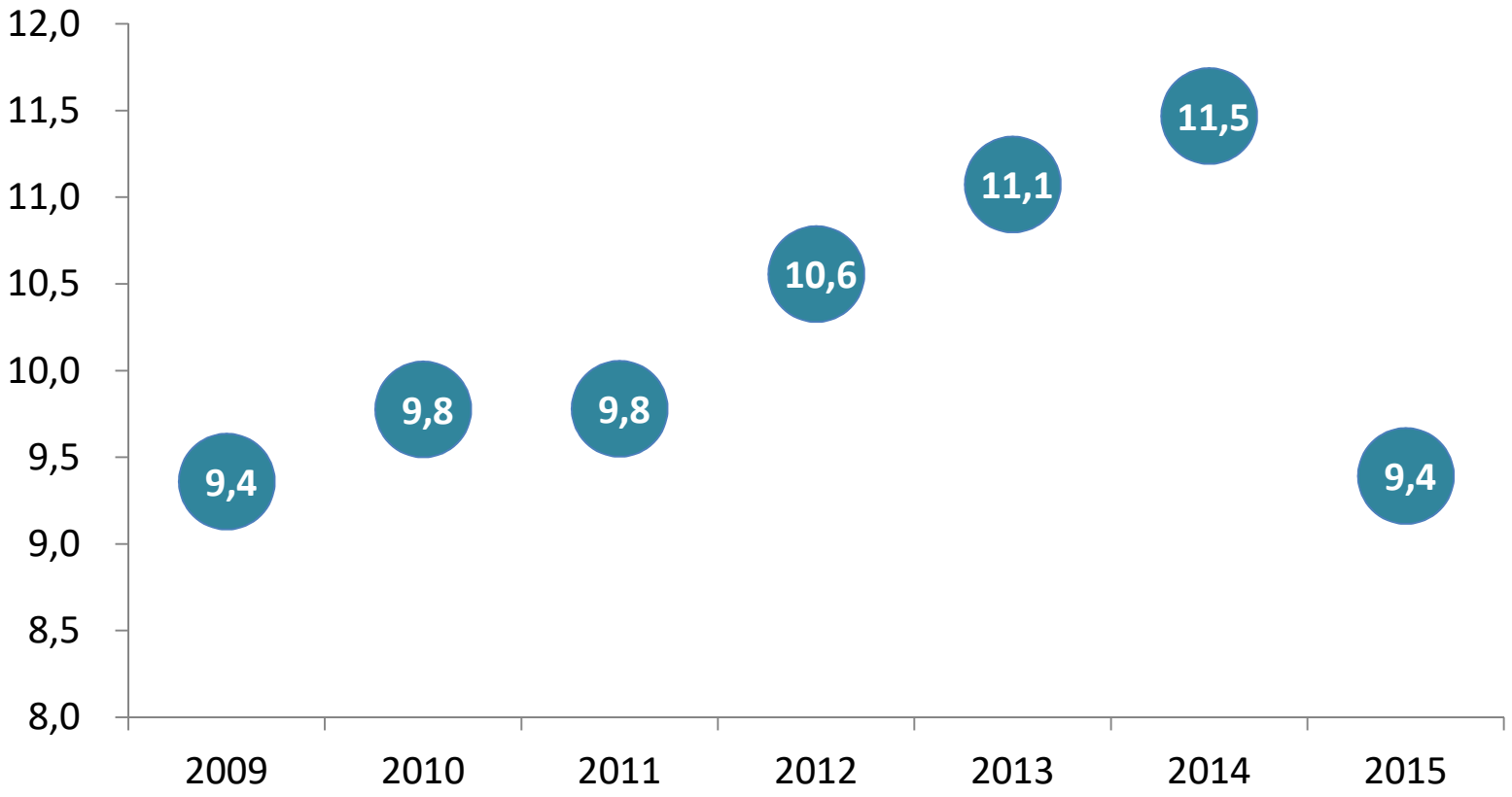
PHCS PROGRAMME FINANCING BREAKDOWN PER COMPONENTS, %



- Provision of districts' operation (Salaries, economic and medicament expenditures)
- Provision of medicaments to those entitled receiving them free of charge or at discount
- Medical assistance and services by nurses at schools

Source: 2016 Annual Budget Message, EDRC calculations

NUMBER OF PETIENTS SERVED BY 1 DOCTOR OF PHC INSTITUTIONS, men/day

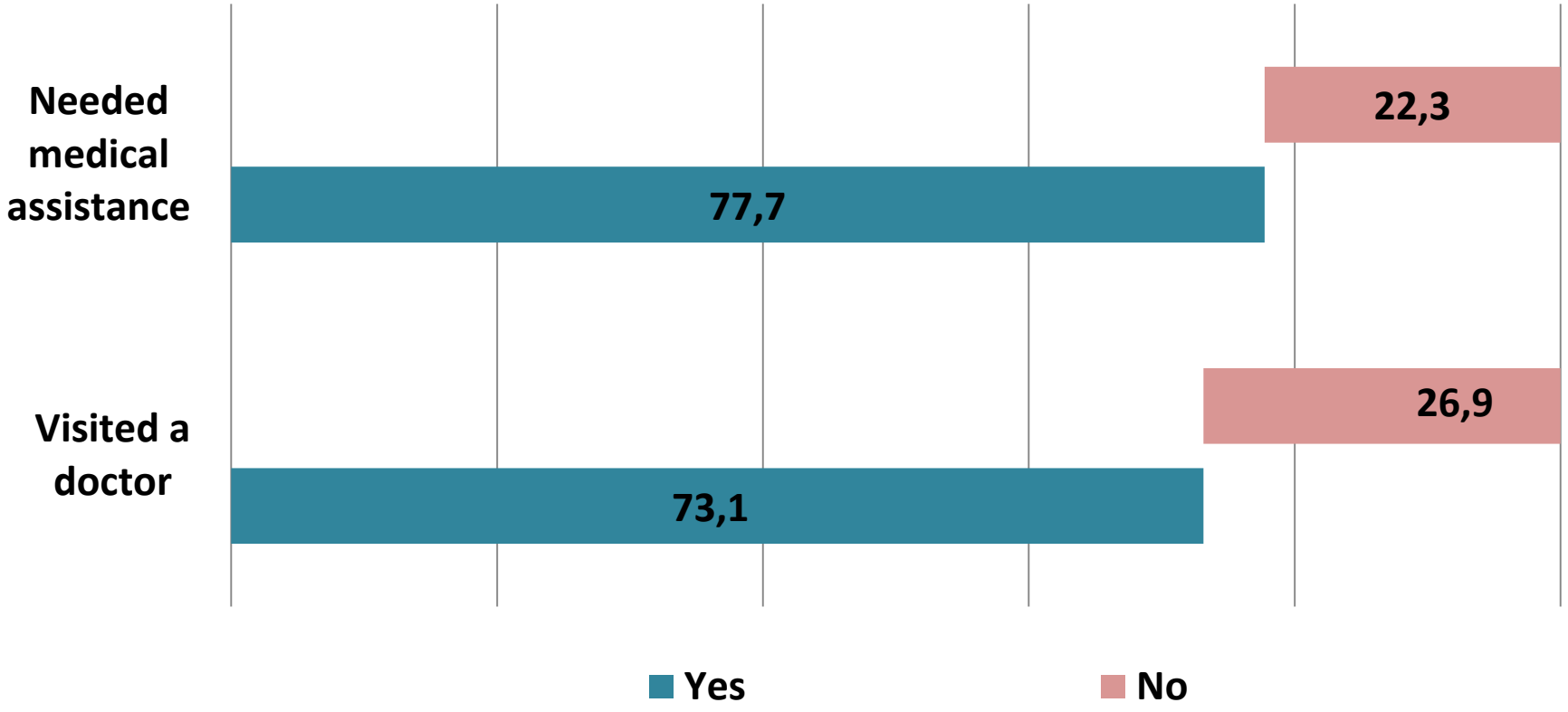


Sourcel: NSS of RA, EDRC calculations

EVALUATION RESULTS OF THE PROGRAMME

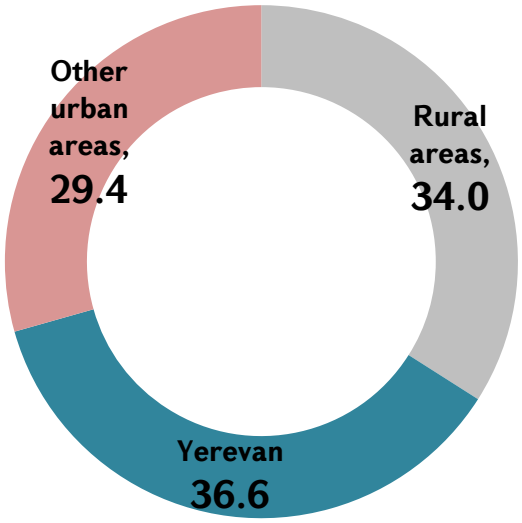
A. Use of Medical Assistance Services: Health Behavior

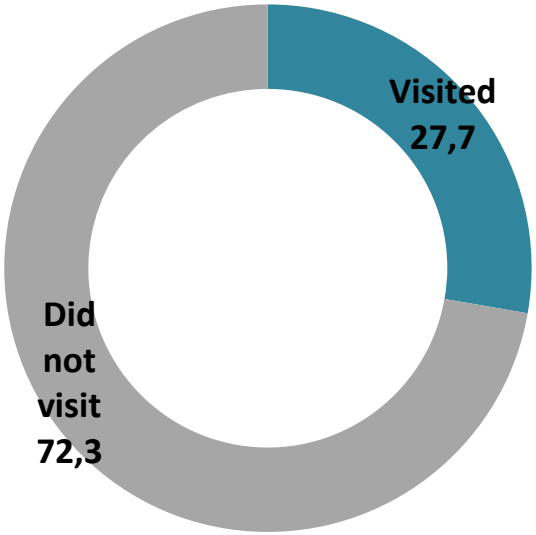
NEED FOR MEDICAL ASSISTANCE AND RATES OF VISITING A DOCTOR, % in total number of HHs

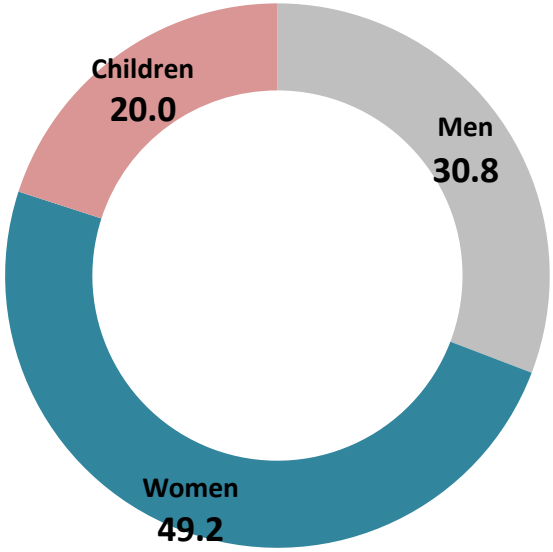


Source: HHS-2016, EDRC

RATES OF VISITING A DOCTOR,% in total population







% of HHs

Source: HHS-2016, EDRC

VISITING RATE TO MEDICAL INSTITUTIONS, %

%, in total population

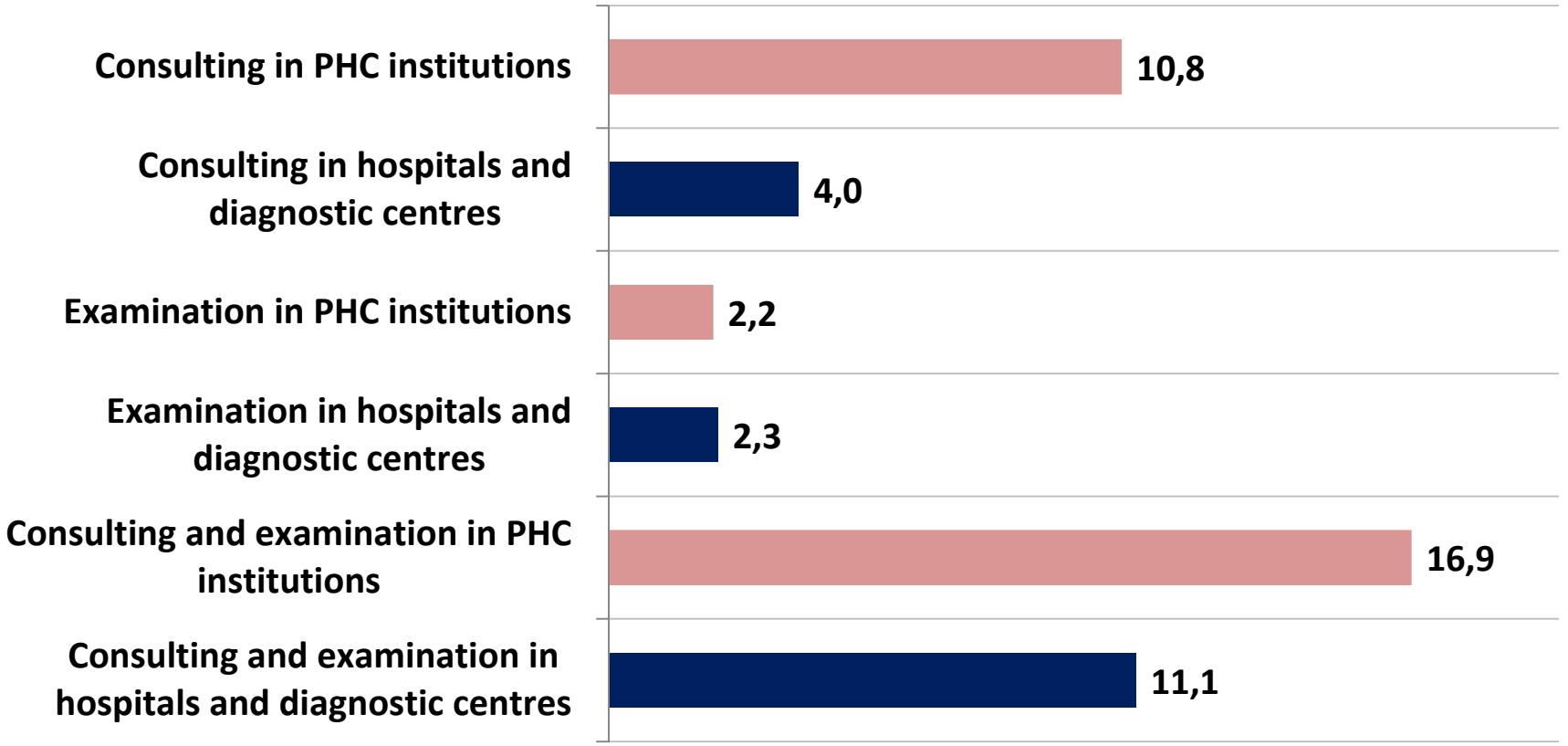
		(1)	(2)	(3)	Total
PHC institutions	**(1)**	11.0	9.1	0.1	20.2
Hospitals and diagnostic centres	**(2)**	9.1	7.0	0.1	16.2
Other medical institutions	**(3)**	0.1	0.1	0.4	0.6

%, in total visited

	(1)	(2)	(3)	Total
(1)	39.8	32.8	0.4	73.0
(2)	32.8	25.3	0.2	58.3
(3)	0.4	0.2	1.5	2.1

Source: HHS-2016, EDRC

“PURE” CONSULTING AND “PURE” EXAMINATION SERVICES PER MEDICAL INSTITUTIONS, % in numbers of visited patients



Source: HHS-2016, EDRC

HHS' BEHAVIOUR WHEN A MEMBER IS ILL, %

	STEP 1		STEP 2		STEP 3	
	Adult*	Child**	Adult	Child	Adult	Child
Apply for traditional methods	**46.9**	**38.6**	2.3	2.2	0.2	0.8
Visit a PHC institution	**19.9**	**29.5**	**19.7**	**23.8**	2.8	3.2
Call the family doctor	**14.2**	**15.8**	8.4	7.2	0.4	0.8
Call a doctor they know	8.3	9.1	8.7	6.7	0.6	0.5
Visit a hospital	5.8	4.1	10.7	8.6	**10.8**	**8.5**
Call friends/relatives or go to a doctor they know for guidance	0.8	1.1	3.7	1.6	0.7	0.6
Visit a diagnostic centre or a private doctor	0.7	0.6	4.1	3.3	4.3	3.0
Call an ambulance	0.0	0.2	0.2	0.2	0.0	0.0
Other	2.9	0.8	0.7	0.0	0.0	0.0
No answer	0.5	0.2	0.0	0.2	0.0	4.0
Total	**100.0**	**100.0**	**58.6**	**53.7**	**19.7**	**21.4**

Note * % in total HHs, ** % in HHs with children
Source: HHS-2016, EDRC

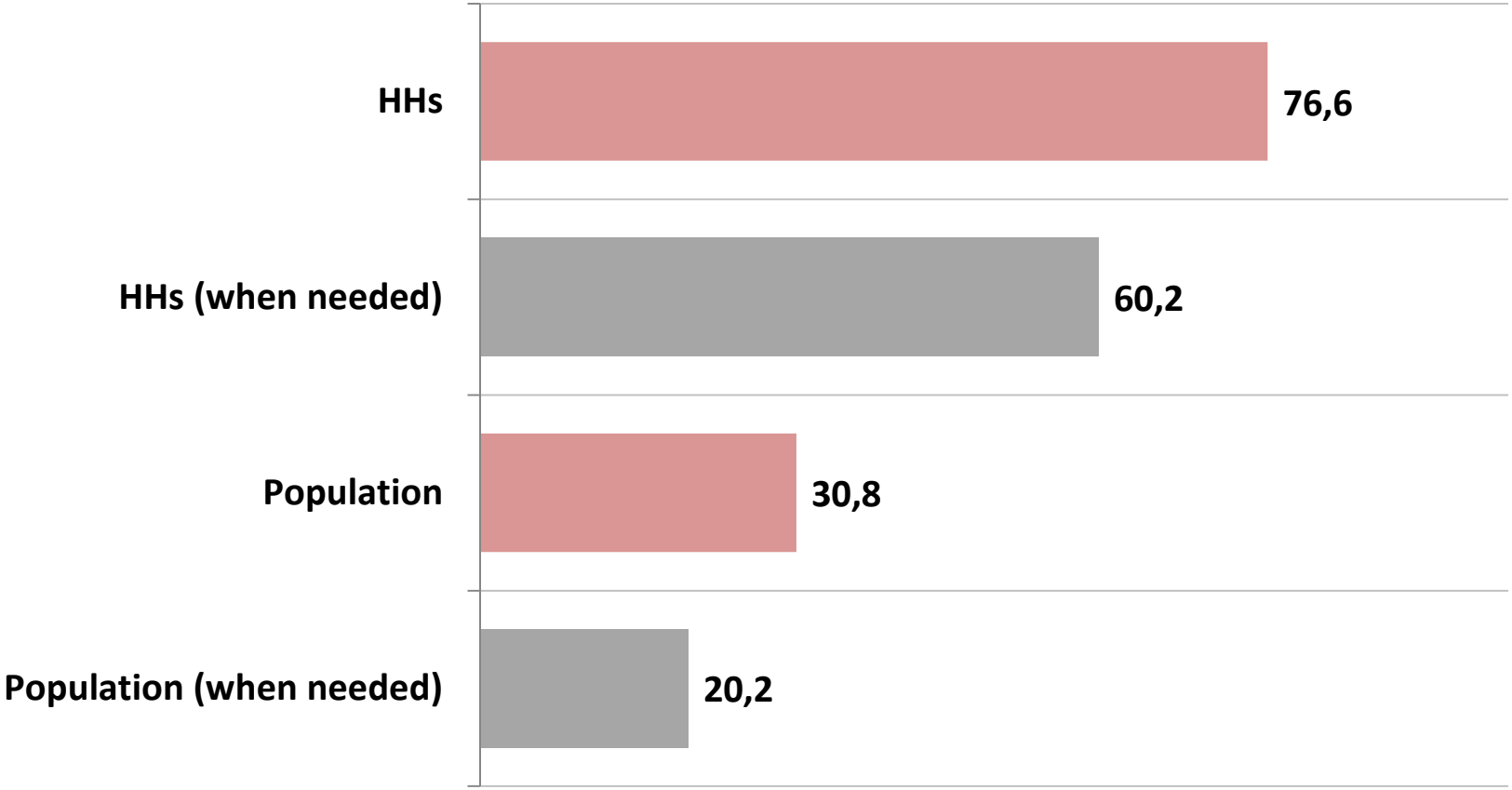
HHS' BEHAVIOUR WHEN A MEMBER IS ILL, %

	STEP 1		STEP 2		STEP 3	
	Adult*	Child**	Adult	Child	Adult	Child
Apply for traditional methods	**10.0**	**3.2**	0.0	0.0	0.0	0.0

Note * % in total HHs, ** % in HHs with children
Source: HHS-2016, EDRC

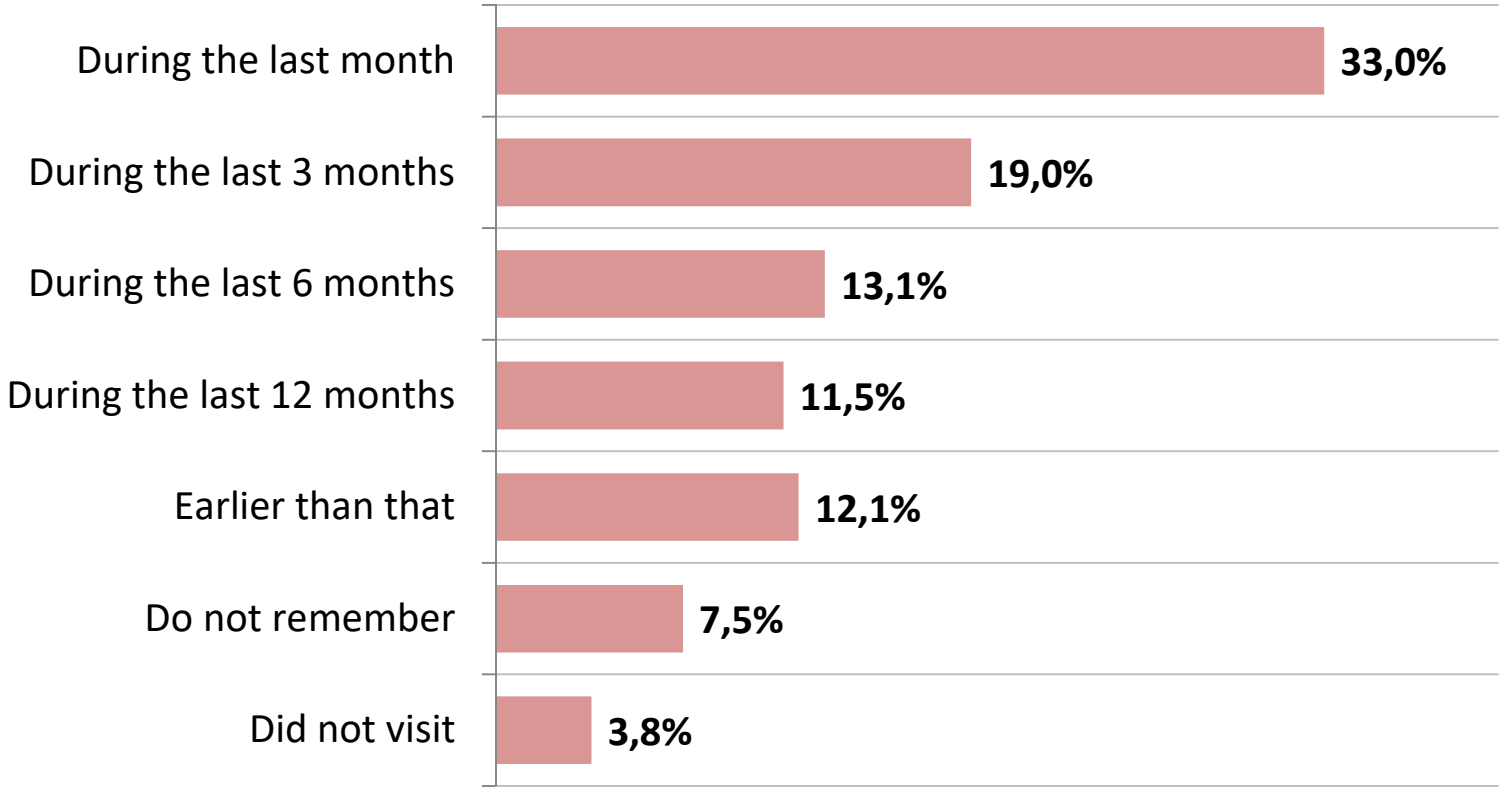
B. Beneficiaries and Inclusion

VISITING RATES TO PHC INSTITUTIONS, %



Source: HHS-2016, EDRC

TIMING OF HH VISITS TO PHC INSTITUTIONS, %



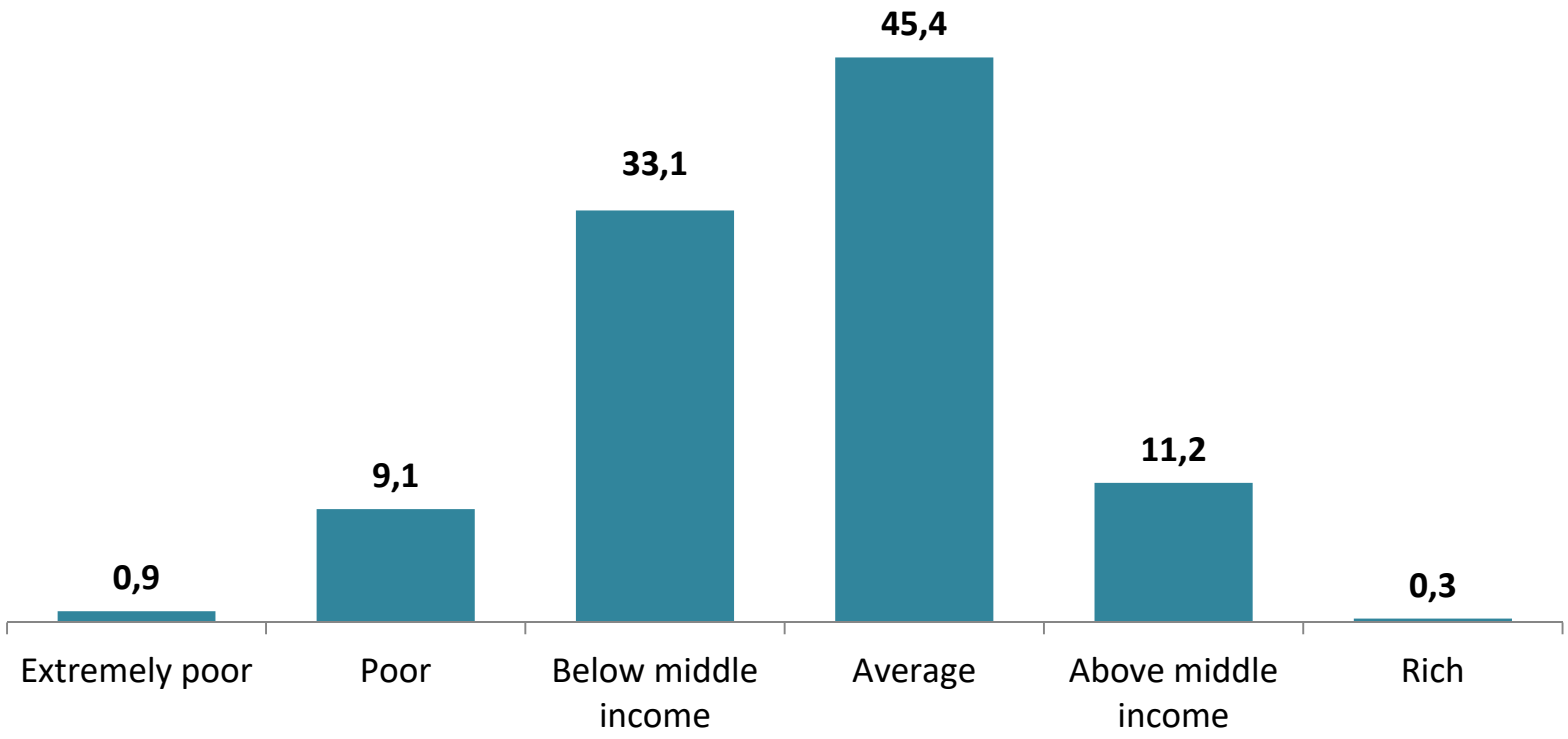
Source: HHS-2016, EDRC

BREAKDOWN OF THOSE WHO USED PHC INSTITUTIONS, %

	In total who visited PHC institutions	% in respective group
Special Social Groups	**50.9**	**53.6**
Special Disease Groups	**20.2**	**81.4**
Beneficiaries of Family Benefit System	**17.3**	**32.0**
Patients with Disabilities	**32.9**	**70.6**
1st group	1.8	70.0
2nd group	13.1	72.1
3rd group	17.2	70.4
Children with disabilities	0.8	54.5
Children 0-7 years	**40.6**	**56.9**
Women	**58.1**	**34.6**
Men	**41.9**	**26.6**
Total	**100.0**	**30.8**

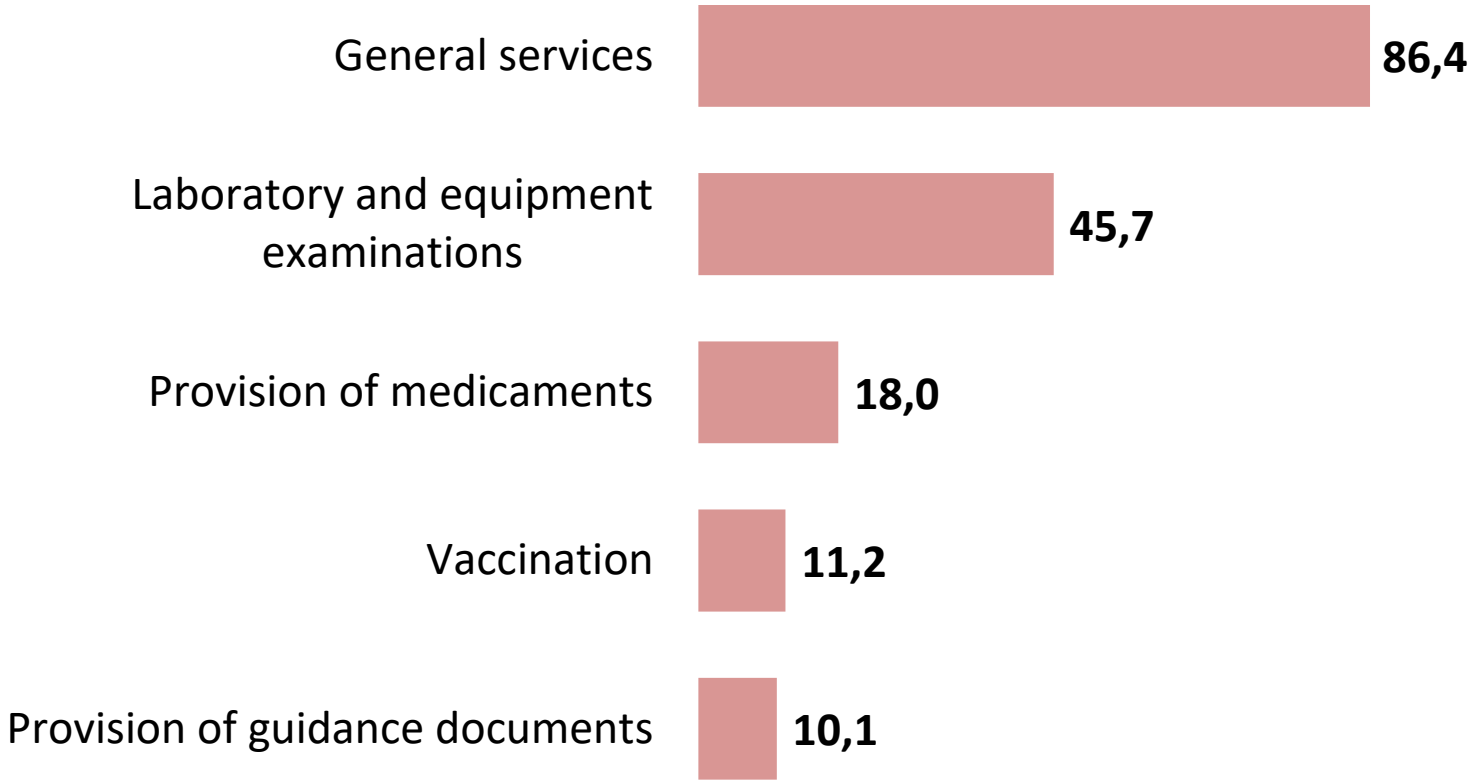
Source: HHS-2016, EDRC

BREAKDOWN OF POPULATION USING SERVICES OF PHC INSTITUTIONS PER WELFARE GROUPS, %



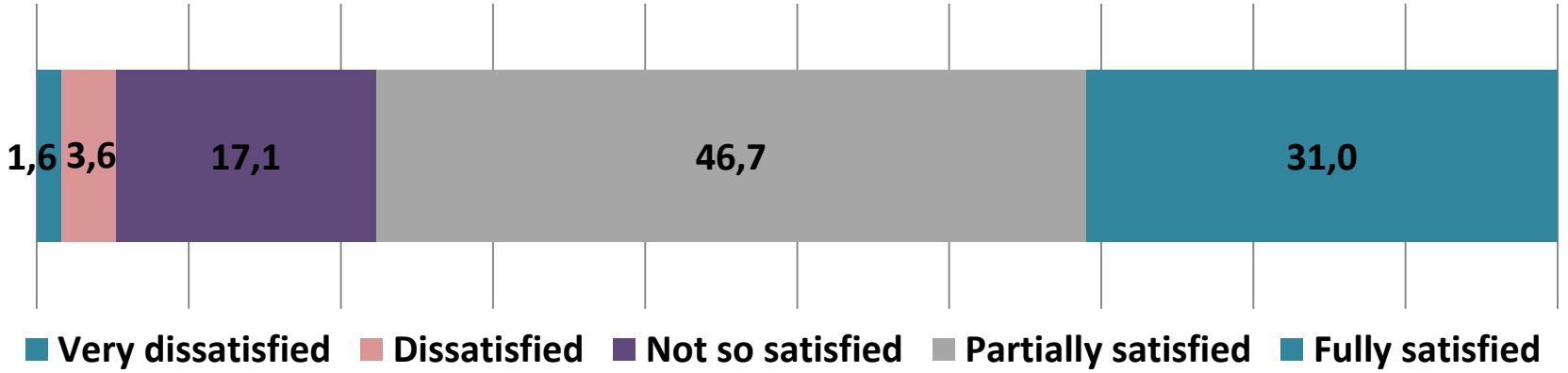
Source: HHS-2016, EDRC

SERVICES PROVIDED TO THE POPULATION IN PHC INSTITUTIONS, %



Source: HHS-2016, EDRC

HH SATISFACTION FROM SERVICES OF PHC INSTITUTIONS, %



Source: HHS-2016, EDRC

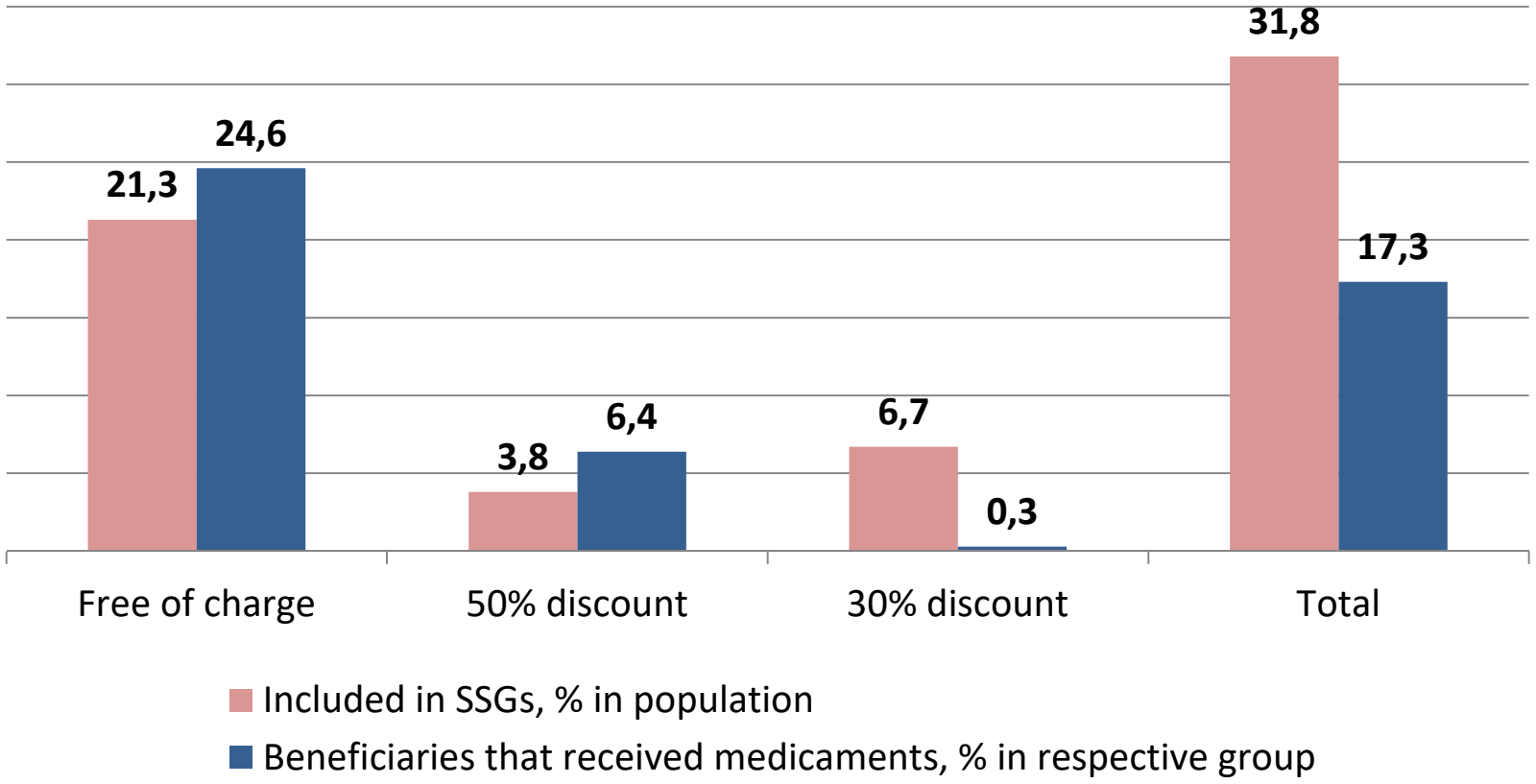
ASSESSMENTS OF KEY INFORMANTS

- All PHC institutions' heads artificially inflate the numbers of population served by 1 doctor by 2-3 times
- It is hard to estimate what share of beneficiaries registered in their institutions use outpatient services.
- They believe there is a lot of irrational paperwork required. They believe that directing system results in queues.
- They believe the introduction of listing/queuing and electronic management systems to be important.

- The posters on PHC services are not updated in time. The majority of posters on PHC services were developed under the USAID Armenia Primary Healthcare Reform programme, the most recent of them is dated 2010.

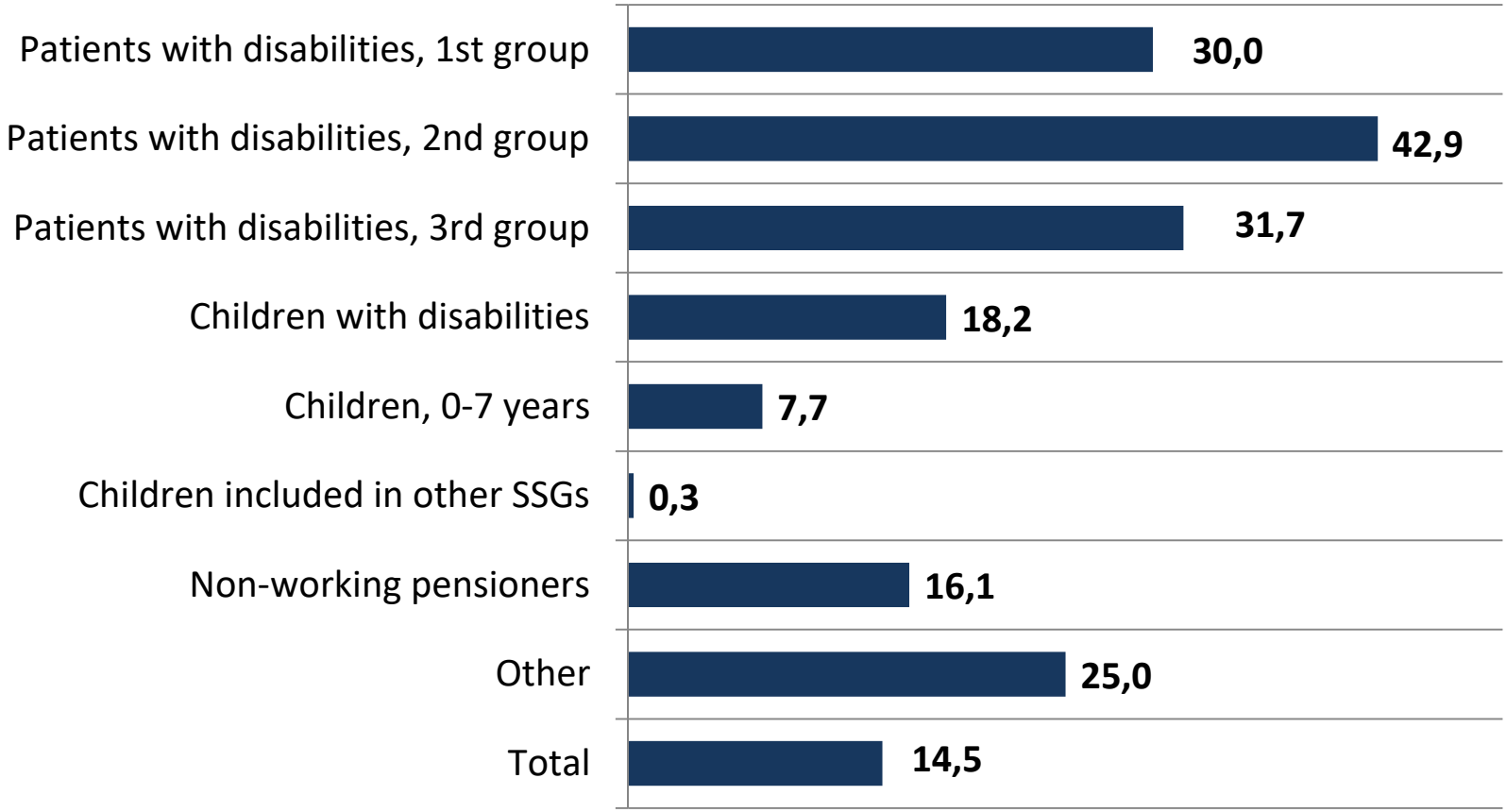
C. Provision of Medicaments

BREAKDOWN OF POPULATION PER ENTITLEMENT TO RECEIVING MEDICAMENTS AND REALIZATION OF THEIR RIGHTS, %



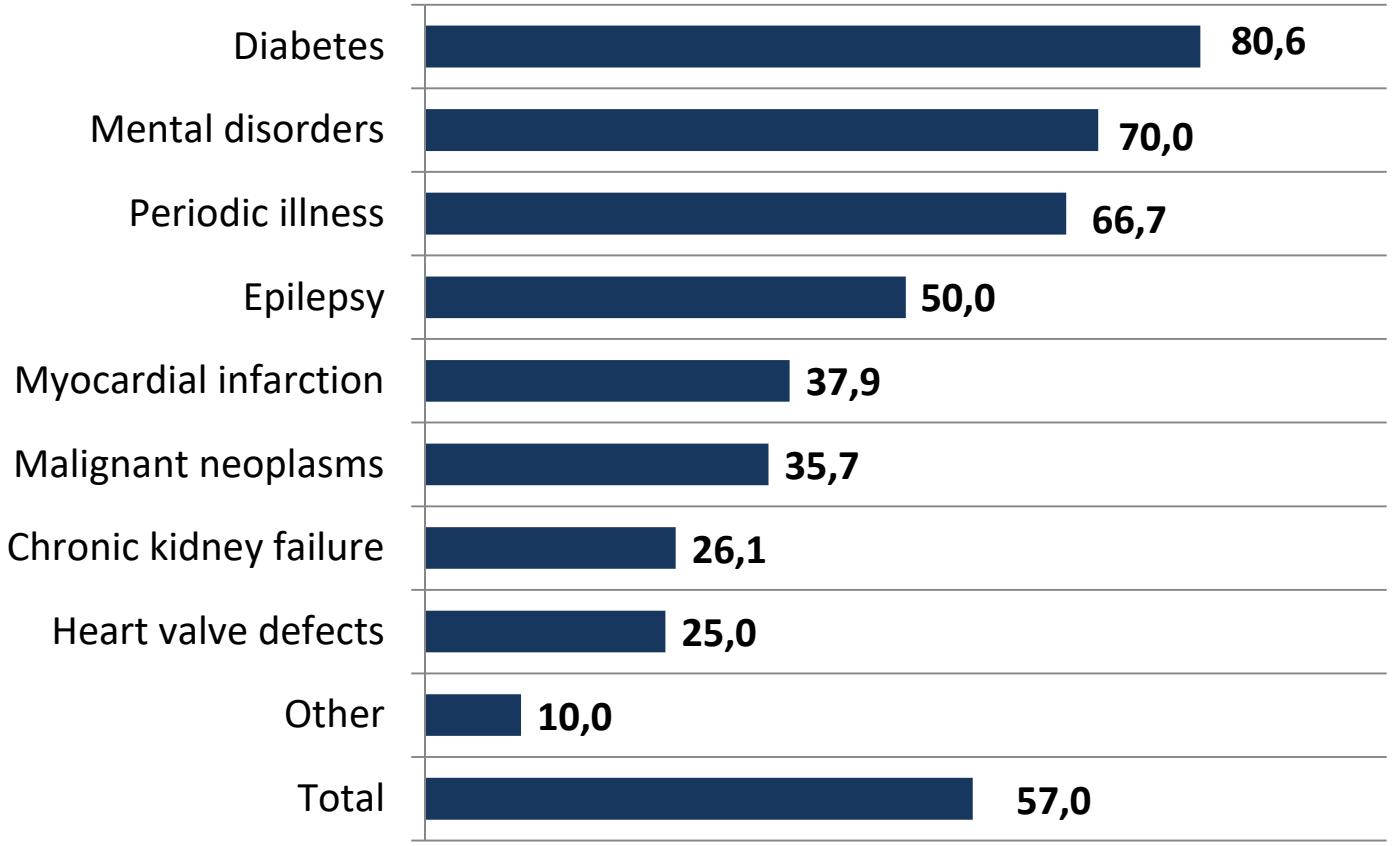
Source: HHS-2016, EDRC

CASES OF MEDICAMENTS PROVISION FREE OF CHARGE OR AT DISCOUNT, % in respective groups



Source: HHS-2016, EDRC

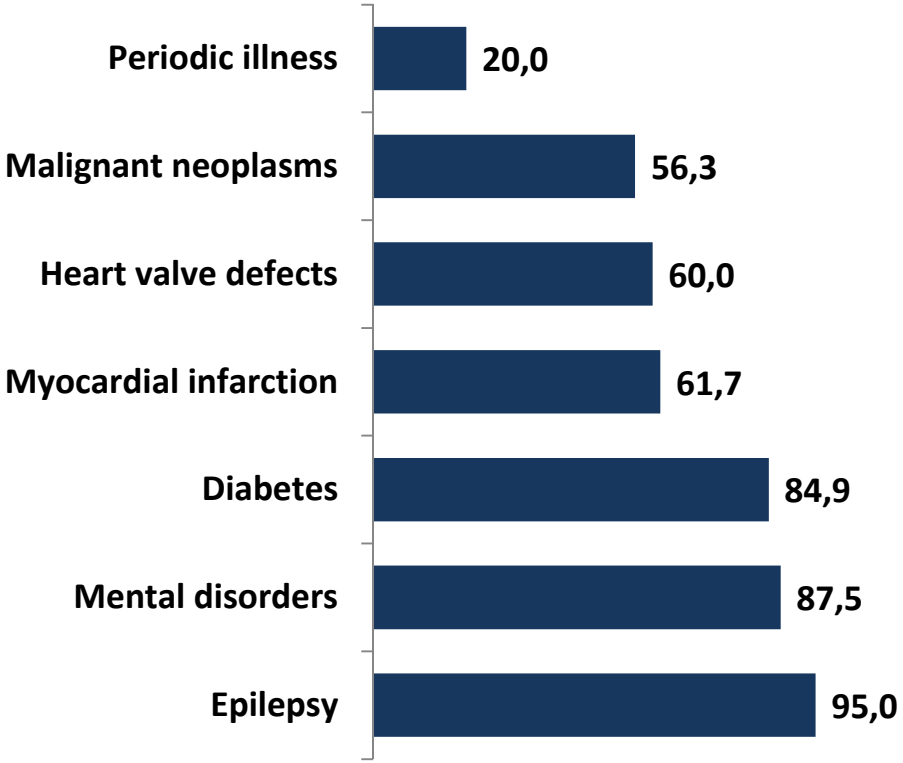
CASES OF MEDICAMENTS PROVISION FREE OF CHARGE OR AT DISCOUNT, % in respective groups



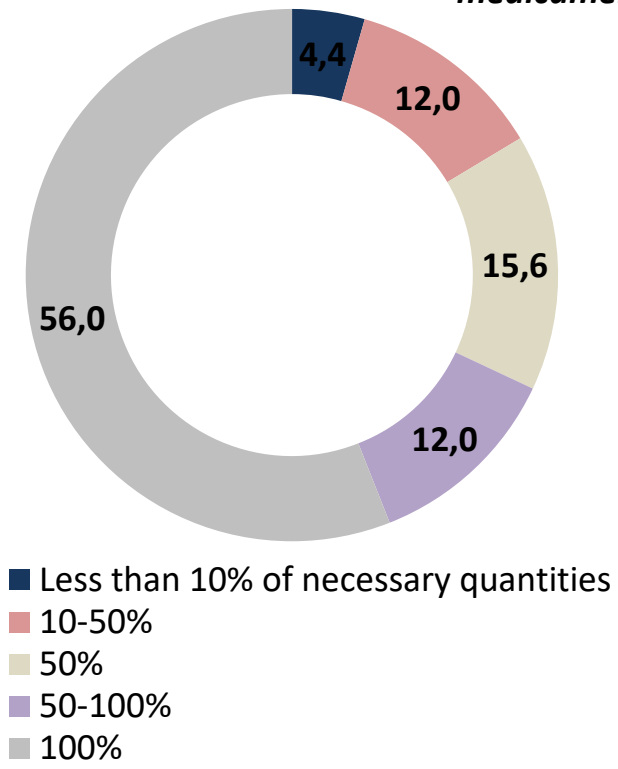
Source: HHS-2016, EDRC

DISTRIBUTED MEDICAMENTS FREE OF CHARGE AND AT DISCOUNT, %

% in required quantities of medicaments

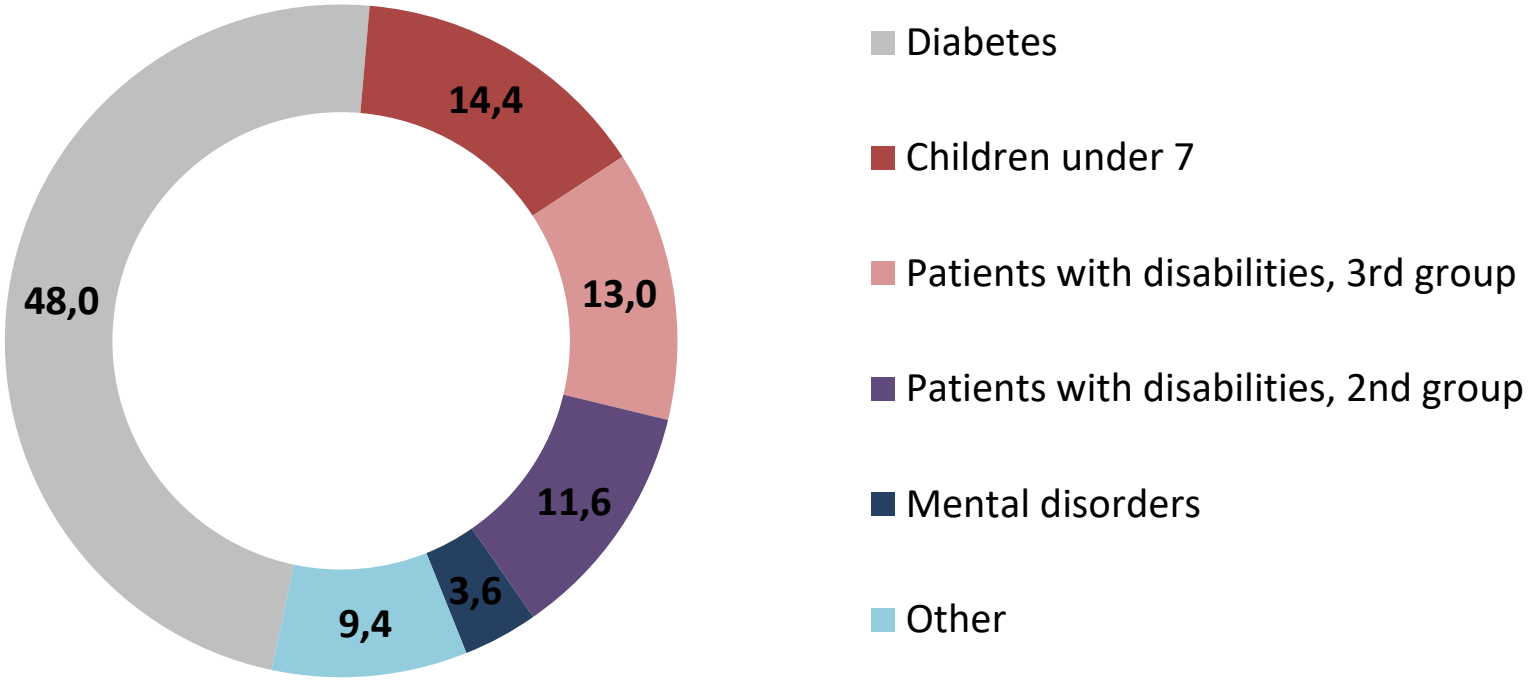


% in number of patients that received medicaments



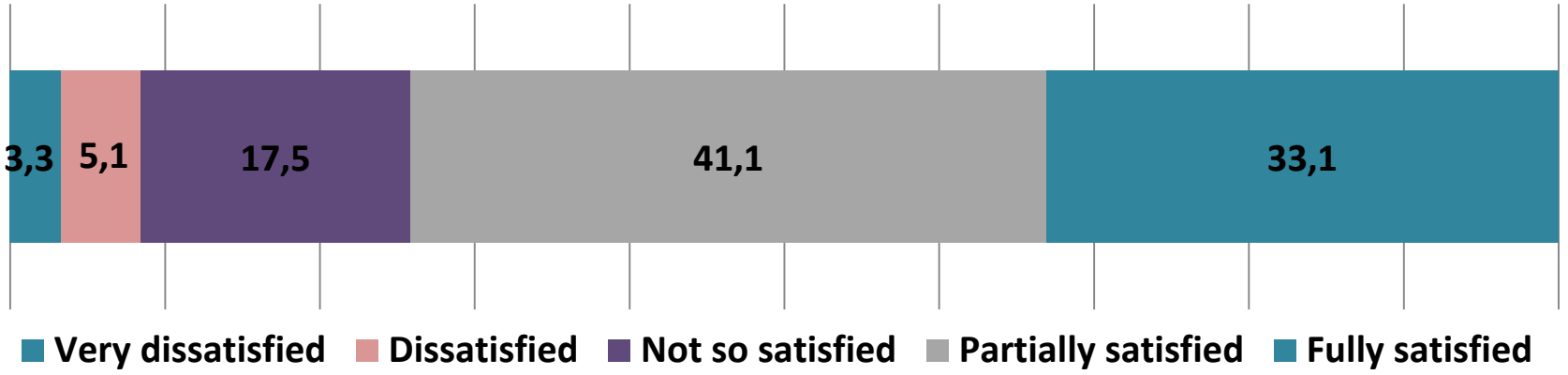
Source: HHS-2016, EDRC

BREAKDOWN OF MEDICAMENT PROVISION, %



Source: HHS-2016, EDRC

SATISFACTION OF PATIENTS THAT RECEIVED MEDICAMENTS FREE OF CHARGE OR AT DISCOUNT, %



Source: HHS-2016, EDRC

ASSESSMENTS OF KEY INFORMANTS

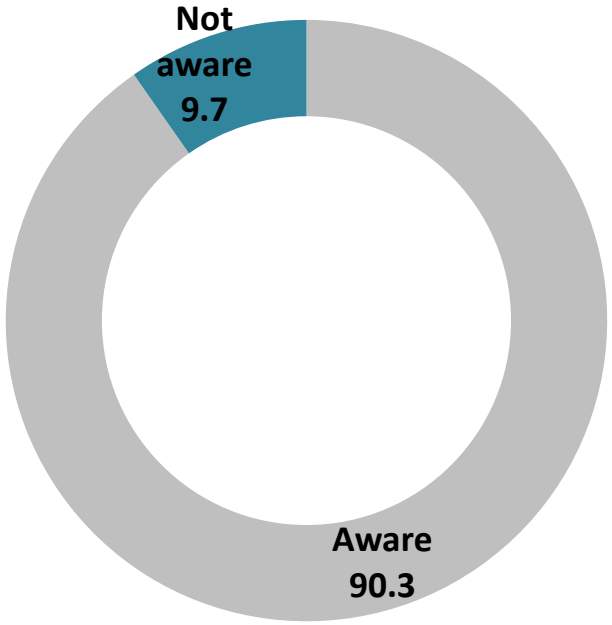
- Doctors often mentioned that the medicament is distributed to families with vulnerability score of 30 points and above; however, this group is not the beneficiary of the medicament provision component.
- They believe that the existing list needs to be improved: new and more efficient medicaments shall be added.
- They recommended creating a mechanism that will allow the patient taking a more preferred medicament at certain cost.
- They believe that distribution of medicaments shall be prohibited in ambulatories.

- In almost all studied cases, the list of main medicaments approved by a 2004 Order of the Minister of Health was available on information boards, whereas there have been two updates of that list (Order N 854-N in 2007 and Order N 17-N in 2013).

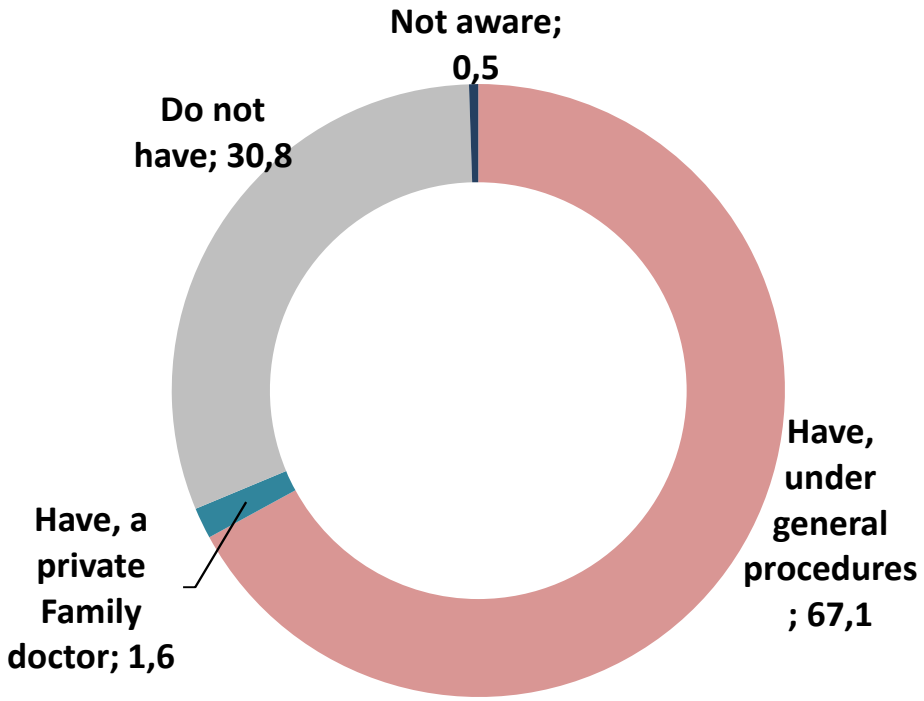
D. Family Doctors Institute: Perception of the Population

AWARENESS ON FAMILY DOCTORS INSTITUTE AND FACT OF HAVING A FAMILY DOCTOR, %

Awareness on Family Doctors Institute, % in HHs



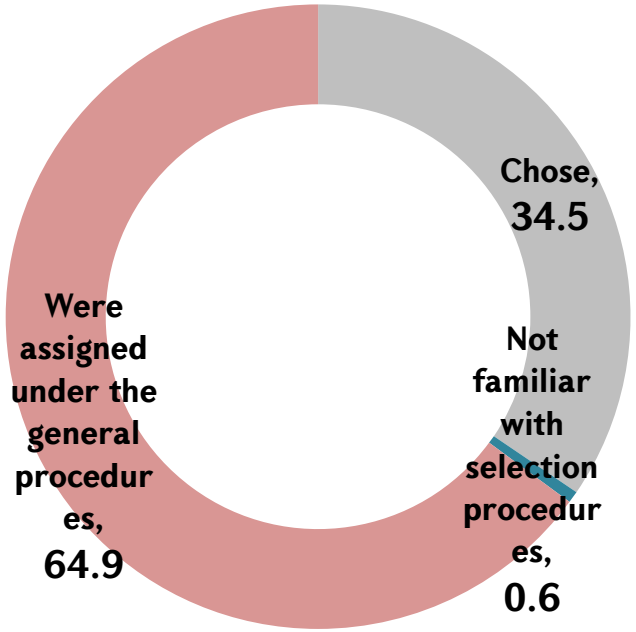
Fact of having a family doctor, % in HHs that are aware



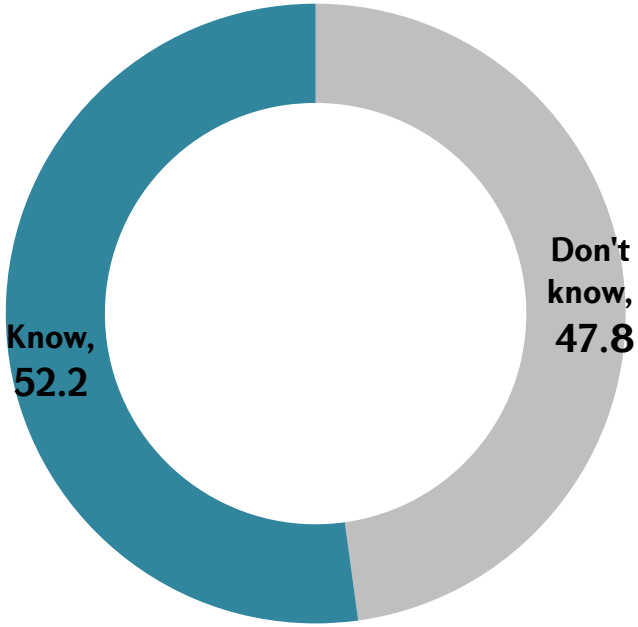
Source: HHS-2016, EDRC

SELECTION OF FAMILY DOCTOR, %

Selection of Family doctor,
% in HHs that have family doctors

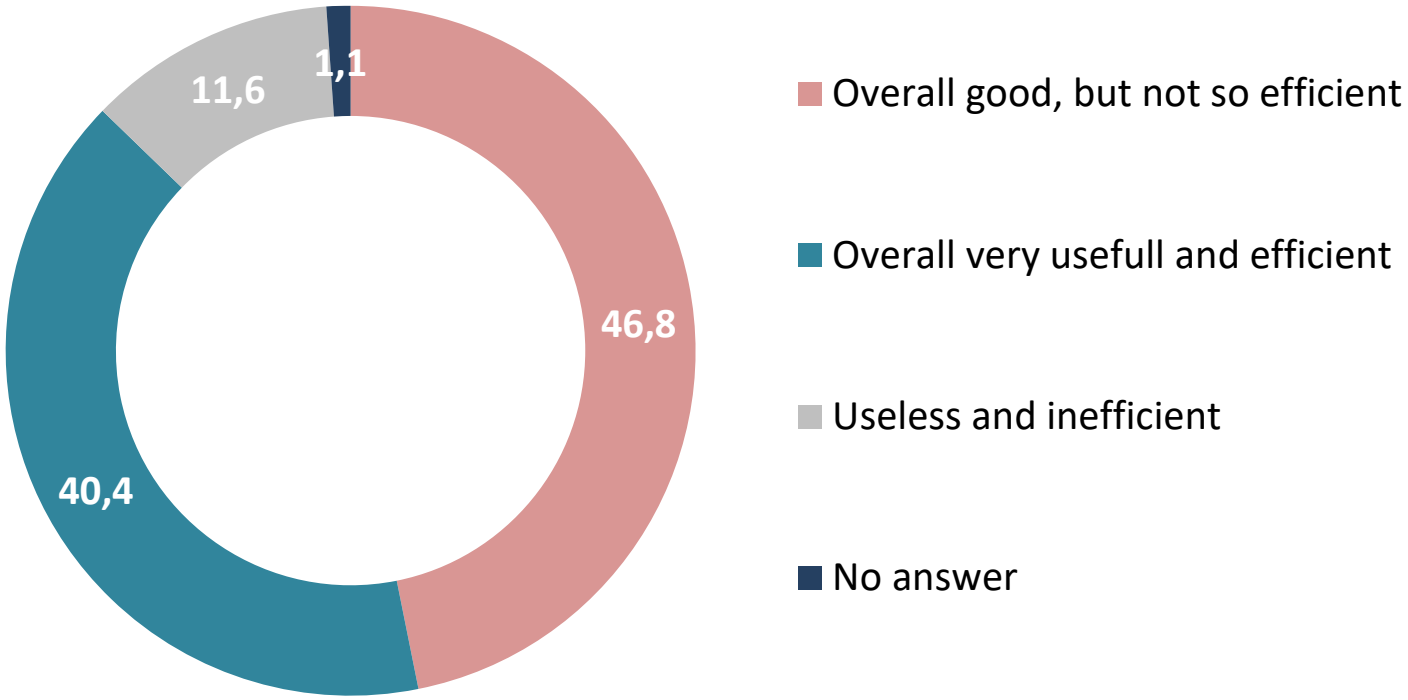


Knowing the phone number of their family doctor ,
% in HHs that have family doctors



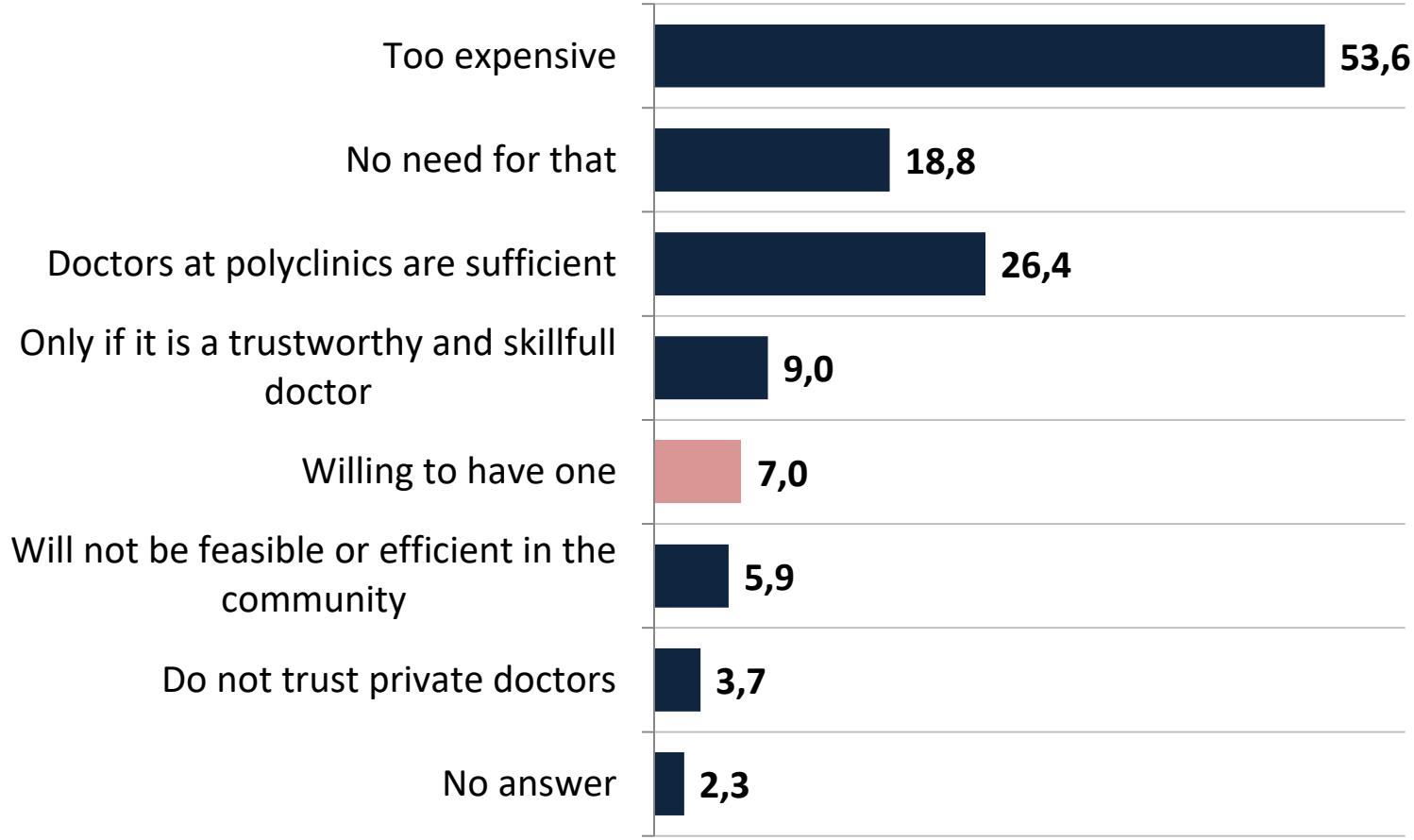
Source: HHS-2016, EDRC

OPINION OF HHs ON EFFICIENCY OF FAMILY DOCTORS INSTITUTE, % in HHs that have family doctors



Source: HHS-2016, EDRC

WILLINGNESS OF HHs TO HAVE PRIVATE FAMILY DOCTORS, % HHs, multiple responses



Source: HHS-2016, EDRC

ASSESSMENTS OF KEY INFORMANTS

- Family Doctors System does not work in reality.
- They think that trainings of medical personnel were a positive aspect.
- Another important factor affecting the implementation of the Family Doctors System is the perception of population, since patients avoid visiting family doctors in case of problems requiring narrow specialization.
- Self-assessment of doctors on family doctors acting in the sector is “good” or “sufficient”. They believe that family doctors do not have adequate university education.
- Both doctors and policy-makers mentioned that all beneficiaries are aware of the programme and individual contracts were signed with all of them.
- During the last 5 years, no new campaigns on public awareness were launched.

BUDGET FORMULATION AND MONITORING OF THE PROGRAMME

BUDGET FORMULATION AND MONITORING OF THE PROGRAMME PERFORMANCE INDICATORS

Outcome indicators

- Reduction in child mortality rates by reduction of the share of at-home mortality rates
- Screenings aimed at early diagnosis of most frequent non-contagious diseases
- Mortality rates from more widespread non-contageous diseases
- Increase in customer satisfaction levels (decrease in numbers of complaints compared to the previous year)

Output indicators

- Number of population 18+ that received medical assistance from district therapists or family doctors
- Number of population under 18 that received medical assistance from district pediatricians or family doctors (excluding (pre-)military age group)
- Number of population of (pre-)military age that received medical assistance from specialized teenagers' doctors or family doctors
- Number of schoolchildren that received medical assistance and services at schools
- Number of patients entitled to receiving medicaments free of charge and at discount
- Number of visits to district therapists and family doctors per 1 person
- Number of family doctors
- Total coverage of different age group children in vaccination measures in accordance with the national vaccination calendar
- Coverage of up to 12 weeks' pregnant women in registration and oversight with family doctors
- Effective coverage of patients with diabetes and provision of medicaments to them
- Reduction in numbers of hospitalization of patients in comatose state (per 1,000 people)
- Reduction in numbers of patients hospitalized with hypertonic crisis

BUDGET FORMULATION AND MONITORING OF THE PROGRAMME PERFORMANCE INDICATORS RECOMMENDATIONS

Outcome indicators (options)

- **Number of population using PHC institutions (% of total population of Armenia)**
- **Number of visits to PHC institutions by 1 beneficiary and its increase from the previous year**

Output indicators (options)

- **Number of patients that receive medicaments free of charge or at discount per special disease groups**
- **The share of medicaments provided free of charge or at discount in the total demand for such medicaments of respective patients per special disease group**
- **Participation of special social groups to the component of provision of medicaments free of charge or at discount per special social groups**

MAIN CONCLUSIONS AND RECOMMENDATIONS

MAIN CONCLUSIONS

PROGRAMME IMPACT AND COVERAGE

According to HHS-2016, 73% of Armenian HHs visited a doctor or some type of medical institution in case of a need of medical assistance during the 12 months preceeding the Survey.

If needed and in case of illnesses, visiting rates to PHC institutions totalled to 60% at HH level and 20% for the entire population.

Children in age group of 0-7, elderly, patients with disabilities and with cronic diseases mostly use PHC services.

31% of middle and below middle income groups of population use PHC services.

53.6% of population from defined special groups and 81.4% of population from special diseases group use PHC services.

MAIN CONCLUSIONS

PROGRAMME IMPACT AND COVERAGE (continuation)

70.6% pf patients with disabilities used PHC services

34.6% of Armenian female population and 26.6% of male population received PHC services.

Coverage of patients with diabetes and diabetes insipidus, mental disorders, periodic illness and epilepsy is high.

Medicaments provided free of charge or at discount is on average 75% of the needed quantities of respective patients. For 56% of beneficiaries, provided medicaments covered the entire necessary quantities.

31% of those who used services provided by PHC institutions noted that they were “fully satisfied”, while 22% - “not satisfied”.

MAIN CONCLUSIONS

EFFICIENCY

4% of HHs never used PHC services, while 7.5% of HHs do not remember when they last used PHC services.

In case of children PHC services, such as visits and/or calls to family doctors, are the first action to take (45%). Meanwhile, for adults, it is 34%.

In cases of problems, as the first prevention step, the majority of population use traditional treatment methods. In particular, the share of those who choose traditional treatment methods is 47% when an adult HH member is ill and 39% if it is a child.

In about 10% of HHs, treatment of an adult member is limited to traditional methods, while for children – only 3.2% do so.

6.5% of HHs in the case of health problems of adults and 4.7% of HHs in the case of health problems of children skip the outpatient services and directly go to hospitals and diagnostic centres.

MAIN CONCLUSIONS

EFFICIENCY (continuation)

4% of all patients that received “pure” consulting services at any medical institution directly go to hospitals, skipping the primary healthcare system.

Only 17% of those entitled to provision of medicaments free of charge or at discount actually used this opportunity.

Only 15% of those included in SSGs used their right to receive medicaments free of charge or at discount, together with 57% of those included in SDGs.

Only 33% of those who received medicaments free of charge or at discount were “fully satisfied”, while 26% had various complaints.

Participation of HHs in selecting their family doctor is low: only 35% of them selected the family doctor based on certain criteria. 33% of HHs with family doctors have contact details, namely the phone number.

Overall perception of efficiency of Family Doctors Institute is not high.

RECOMMENDATIONS

Implement mass measure which will result in:

- Increased information to population and awareness of their rights, increased visiting rates to PHC institutions,
- Increased trust towards PHC system among population, provision of feedback from beneficiaries.

Design reform packages for the improvement of registration mechanisms and introduction of queuing and electronic management systems in PHC institutions.

Design and develop effective mechanisms to protect the rights of beneficiaries.

Review the list of medicaments to be provided free of charge or at discount: medicaments with higher demand shall be added; in addition, the list shall be better publicized. At the same time, the medicaments information on boards in ambulatories shall be made more accessible and visible: names and quantities of medicaments for specific diseases shall be placed on boards.

RECOMMENDATIONS

Develop mechanisms to exclude purchases and distribution of medicaments from functions of ambulatories.

Diversify the list of patients entitled to provision of medicaments free of charge or at discount giving importance to covering all social groups amd special diseases. To that end, output indicators shall be included.

Public policy approaches in primary healthcare system, medical staff numbers in PHC system and their workloads shall be studied and analyzed. Workloads shall be made compliant to international standards.

Review performance (non-financial) indicators of this budget programme by including targeting and input-output efficiency indicators.

Enhance the role of independent monitoring and evaluation of the programme.

THANK YOU

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