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EVALUATION OF “MEDICAL SERVICES TO THE SOCIALLY VULNERABLE AND SPECIAL GROUPS” STATE BUDGET PROGRAMME

INCREASING CIVIL SOCIETY PARTICIPATION IN NATIONAL POLICY DIALOGUE IN ARMENIA,
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EVALUATION OF “MEDICAL SERVICES TO THE SOCIALLY VULNERABLE AND SPECIAL GROUPS” STATE BUDGET PROGRAMME

- Programme Objective and Beneficiaries
- Budget Financing and Targets
- Programme Coverage and Targeting
- Satisfaction and Awareness
- Conclusions
- Recommendations

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Medical Assistance Services to SVSG Programme

- Medical Assistance Services to SVSG is a continuous programme implemented by the government, which is the third largest programme in Health sector in terms of expenditures.
- The Programme implies free-of-charge hospital services to the socially vulnerable and special groups.
- Programme Beneficiaries are Members of HHs included in the Family Benefit system and Individuals, who are included in Special groups defining by the government (GoA Decree N 318-N).
- The Programme covers the all necessary means for the treatment (counselling, hospital room, diagnostics, surgeries, medicaments, treatment, care, etc.)

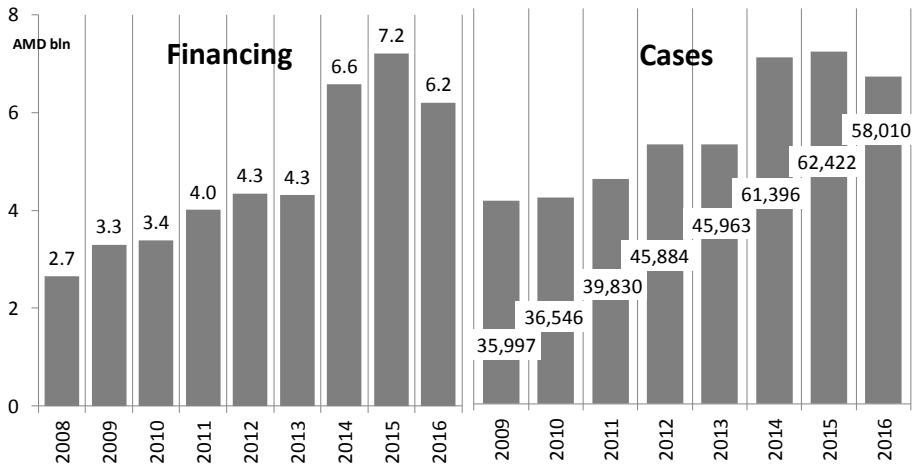
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Medical Assistance Services to SVSG Programme

- The budget of the Programme is 7.2 billion AMD (AMD 115 thousand per one case), which is about 8.6% of total Health sector budget.
- About 2% of the population will get free-of-charge hospital services (62 thousand cases).
- The Programme complies with policy priorities and strategic targets, as well as real needs of the society and beneficiaries.
- The Programme, in spite of targeting the poor and socially vulnerable, in practice, has poor targeting.
- The analyses shows that entirely free-of-charge hospital assistance cases are very few in practice.
- Programme efficiency needs to be improved considerably.

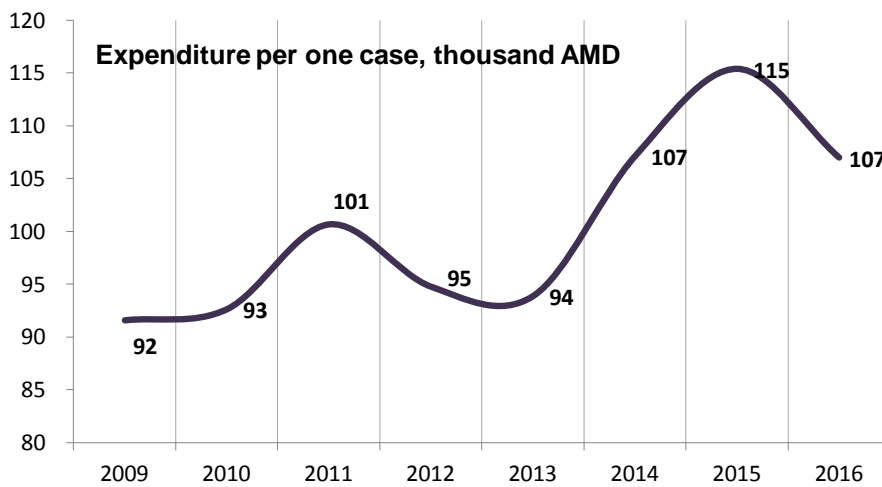
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Financing volumes and numbers of cases in 2008-2016



*Note: planned indicators for 2015 and 2016.
 Source: RA Laws on State Budgets 2015-2016, 2005-2014 Budget Implementation Reports, 2016 Budget Message, NSS OF RA, EDRC calculations

Per case funding in 2008-2016



Source: RA Laws on State Budgets, 2005-2014 Budget Implementation Reports, EDRC calculations

Projections of the Programme Mid-term Indicators, 2016–2018

	2016	2017	2018
	Budget Law	MTEF	
Output indicator			
Number of covered cases	58,010	-	-
Financial indicators			
Programme financing (budget, AMD mln)	6,206	7,419	7,419
Share of Programme budget in total Hospital services, %	15.6	18.4	18.4
Share of Programme budget in total Health sector expenditures, %	7.0	8.9	8.8
Share of Programme budget in GDP, %	0.11	0.14	0.13

Source: 2016 RA Laws on State Budget, 2016 Budget Message, 2016-18 MTEF, EDRC calculations

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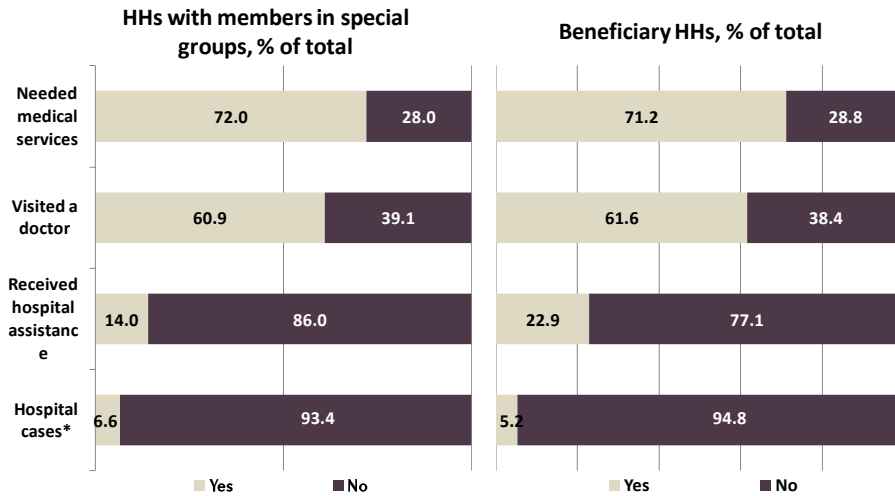
Population in socially vulnerable and special groups, %

	Total RA Population
Socially vulnerable (Beneficiary) population, as % of total population	16.4
Socially vulnerable (Beneficiary) population, as % of total number of HHs	14.0
Individuals in special groups, as share in total population	26.0
Special groups excluding children	13.6
Children	12.4
Children from families with many children	2.3
Including, under 7	1.2
Children under 7	11.2
Children in special groups	0.2
HHs with members in special groups, as % of total number of HHs	66.2

Source: HHSS-2015, EDRC

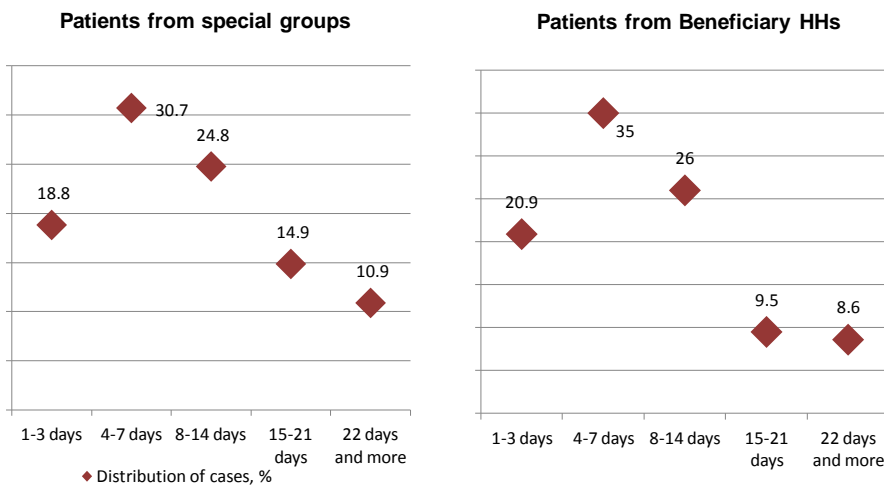
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The need for medical assistance and those who received hospital assistance services



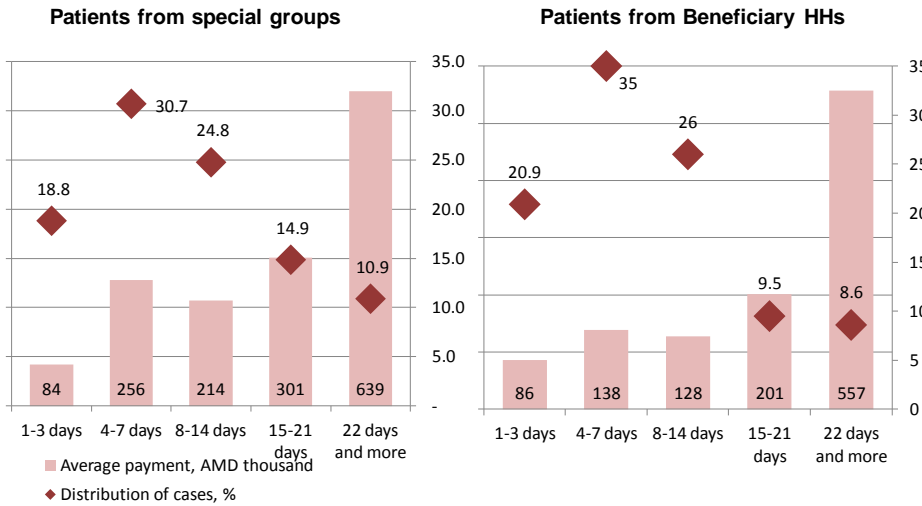
Source: HHSS-2015, EDRC

Cases with payments by patients for hospital services



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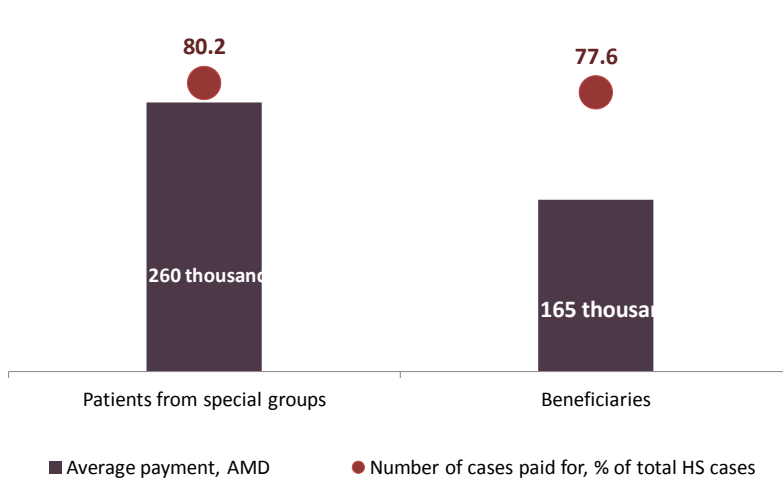
Cases with payments by patients for hospital services



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Cases with payments by patients for hospital services and average payment



Source: HHSS-2015, EDRC

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Maximum limits of payments

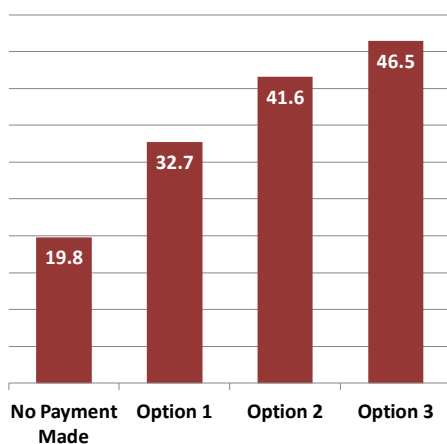
Duration of hospital stay	Inclusion limit, Option 1	Inclusion limit, Option 2	Inclusion limit, Option 3
1-3 days of treatment	20,000 AMD	30,000 AMD	45,000 AMD
4-7 days of treatment	25,000 AMD	40,000 AMD	60,000 AMD
8-14 days of treatment	35,000 AMD	55,000 AMD	80,000 AMD
15-21 days of treatment	45,000 AMD	70,000 AMD	100,000 AMD
22-30 days of treatment	55,000 AMD	80,000 AMD	120,000 AMD
More than 31 days of treatment	70,000 AMD	95,000 AMD	140,000 AMD

Source: EDRC

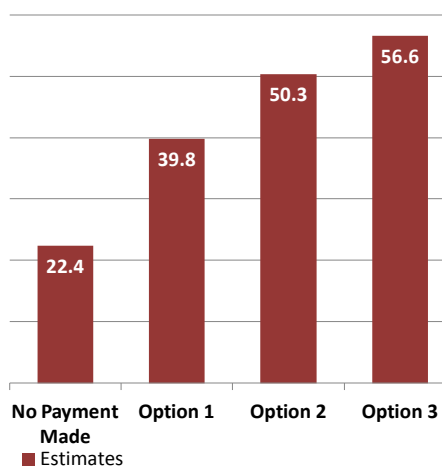
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Estimates of cases included in the Programme, %

Hospital cases of patients from special groups,
% of total cases



Beneficiaries, % of total cases



Source: HHSS-2015, EDRC

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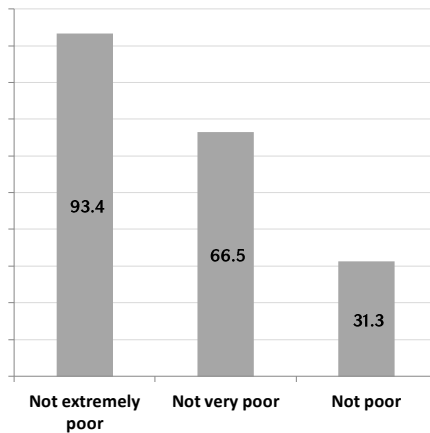
Programme Targeting: Inclusion and Exclusion errors

- **Inclusion error**
 - *The cases where some of the actual beneficiaries of the Programme are not the intended beneficiaries, i. e. those who received services were not included in socially vulnerable or special groups in reality.*
- **Exclusion error**
 - *Were not included in the Family Benefit system,*
 - *Do not have documents proving they belong to Special groups,*
 - *Even though they meet the above two requirements, they do not apply for hospital services or pay for received medical services.*

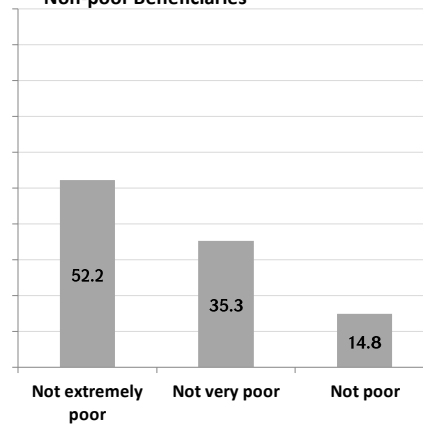
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Programme Targeting: inclusion error

Non-poor Beneficiaries* that received hospital assistance



Included in the Programme
(per Option 3 of maximum payments)
Non-poor Beneficiaries*

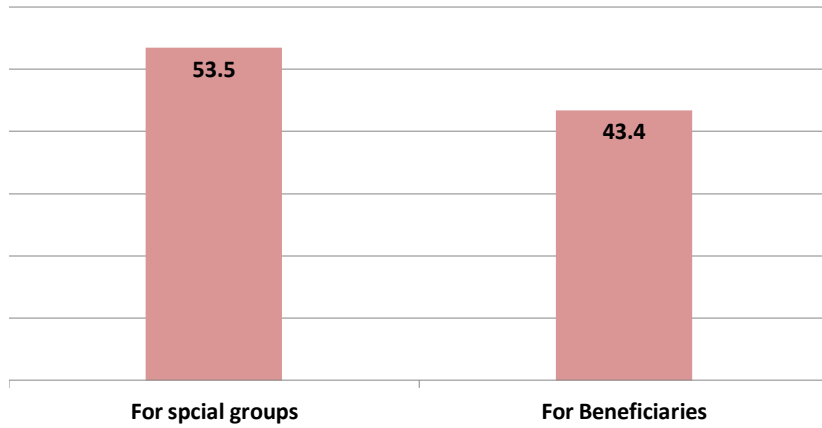


*-% of total Beneficiaries that received hospital assistance

Source: HHSS-2015, EDRC

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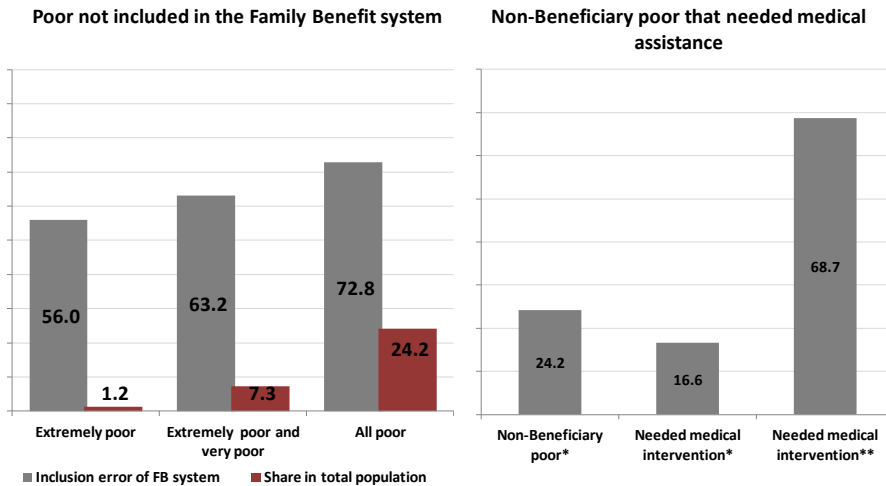
Programme Targeting: non-inclusion error



Source: HHSS-2015, EDRC

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Poor not included in the Family Benefit system and those who needed Medical assistance, %

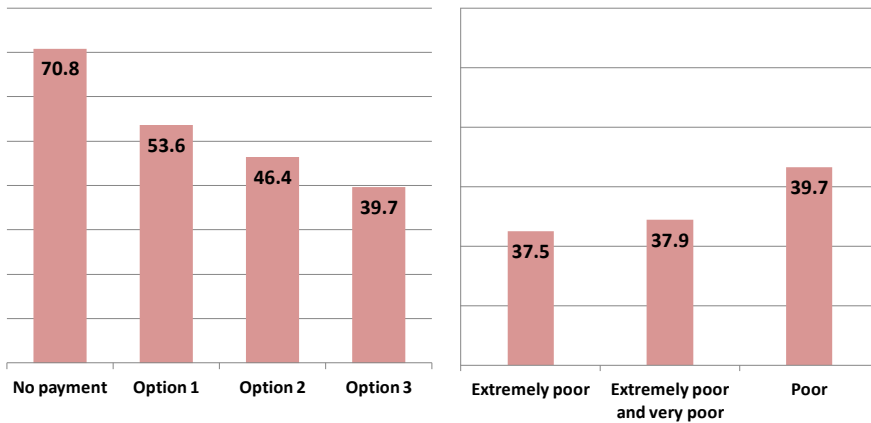


Notes: * calculates as share of total population, ** calculated as share of Non-Beneficiary poor
Source: HHSS-2015, EDRC

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Non-inclusion error of the Programme for poor Beneficiaries

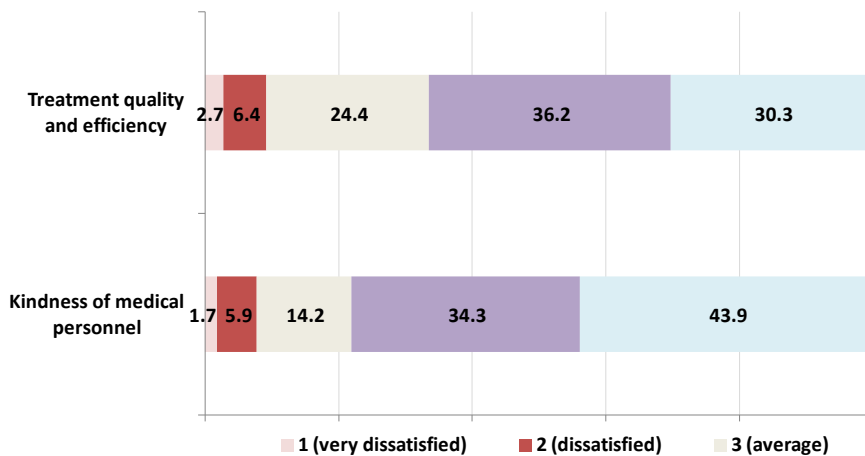
(per Option 3 of maximum payments)



Note: % of all hospital cases
Source: HHSS-2015, EDRC

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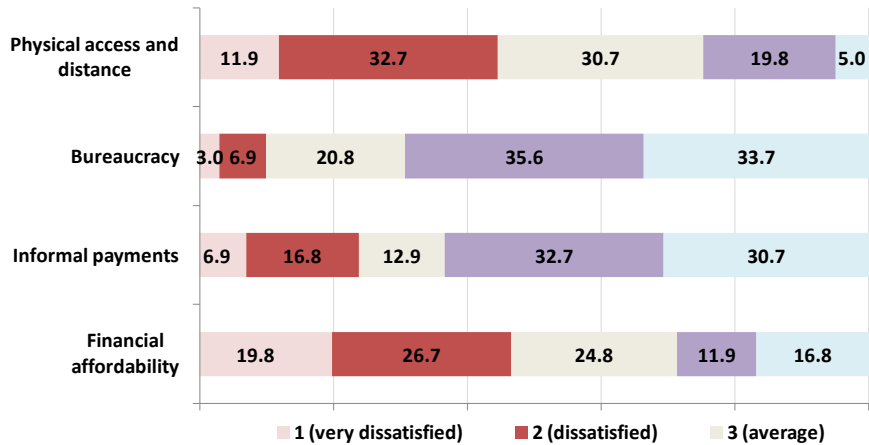
Estimates of treatment quality and efficiency, %



Source: HHSS-2015, EDRC

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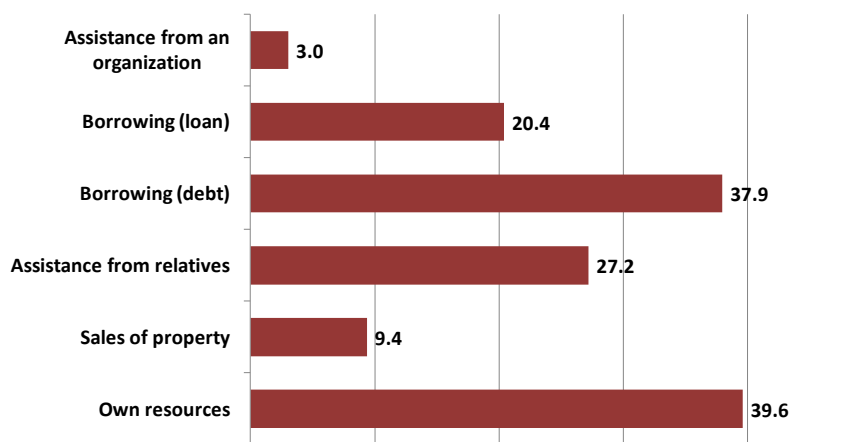
Beneficiary satisfaction: Programme affordability and access, %



Source: HHSS-2015, EDRC

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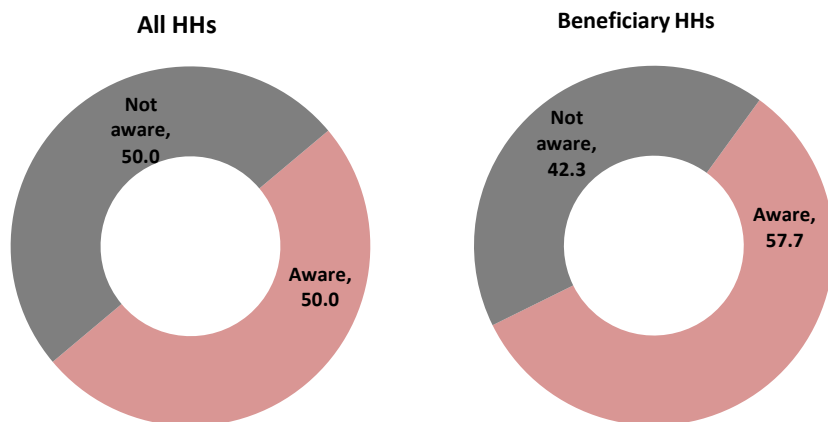
Sources of payments for hospital services, %



Source: HHSS-2015, EDRC

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Awareness on free of charge services under Medical Assistance Services to SVSG programme, %



Source: HHSS-2015, EDRC

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Main Results and Conclusions

- Medical Assistance Services to the SVSG play a serious role in healthcare of the population and, especially, in supporting the poor and vulnerable groups.
- The existence of the Programme resulted in increased visits to doctors/medical institutions. If on 55% of all HHs visit a doctor when necessary, 62% of Beneficiaries do so.
- 6.6% of individuals included in Special groups received hospital medical assistance (14% of HHs that has individuals in special groups), together with 5.2% of Beneficiary individuals (23% of Beneficiary HHs): about half of all those above did not pay at all or paid insignificant amounts only.
- 56% of individuals from Special groups that received hospital medical services were poor, 25% - extremely poor and very poor. 70% of Beneficiaries were poor, including 34% - extremely poor and very poor.
- Nevertheless, the main reason for not applying to a doctor – in 80% of all cases – is affordability problem.

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Main Results and Conclusions

- According to the findings of KIIs with doctors, overwhelming majority of beneficiaries that need hospital medical assistances are included in the public financing programme. Public financing of services is an important source of income for hospitals.
- Both the patient and the government pay for the same hospital service.
- In reality, the government does not cover medical assistance costs of all declared beneficiaries (or covers about half of them) resulting in distortions in the healthcare system, destroys the principle of beneficiary equality.

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Main Results and Conclusions

- The Programme efficiency needs significant improvement.
- Targeting of the Programme largely depends on the targeting level of Family Benefit system. Targeting level is low. About 30% of public funds under the Programme goes to non-poor, while 66% - to not very poor.
- 73% of all poor HHs, despite being poor, are not Beneficiaries, 69% of them needed medical intervention, however, were not included in the public healthcare programme, since they are not registered as a Beneficiary.
- The number of patients that pay for hospital services (80%) and the average payment size (165 thousand AMD) are quite high.
- Although about 70% of Beneficiaries that received medical hospital treatment were poor, 40% of them cannot be considered as covered by the Medical Assistance Services to SVSG because of their actual payments for such services.

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Recommendations to improve the efficiency of the Programme

- Increase the vulnerability score of HHs and individuals assigned by the Family Benefit system to be considered eligible for the inclusion in the Programme.
- Increase per case financing.
- Review the performance (non-financial) indicators of the budget programme and include targeting indicators, as well as cost-benefit efficiency indicators.
- Include indicators of Programme progress and outcome attainment non-financial monitoring indicators in the MTEF and long-term strategies in the sector.
- Enhance the role of M&E of the Programme, ensure increased accessibility of periodical Programme implementation and progress reports, internal and external evaluations, descriptive reports issued by official bodies.
- Put additional efforts towards raising awareness among the society, as well as on their rights.

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THANK YOU!



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