

# Structural changes from private to public expenditures – BBP program in Tajikistan



# A point on Tajikistan

- A poor country with limited budget resources: 15 USD/ inhabitant / year of public budget for health. Little prospect of increase in the next years.
- As a result: more than 2/3 of healthcare resources provided by patients either formally (pharmaceuticals especially) or informally (direct OoPP at the point of delivery).
- A second consequence: the low level of payment of medical workforce creates a strong incentive for informal payments.
- Necessity of optimizing the use of resources, and strong commitment of both MoH and DPs, for a start at pilot level.

# Main objective of the BBP

- One of the primary goal of the BBP was to reduce informal payments by establishing a predictable and transparent system of rights (entitlement list) and obligations (copayment) for patients.
- It was also expected that the BBP would reduce patient financial burden for specific population groups and cases such as exempt patients and deliveries

## Goals of our study

- To analyze the evolution of the financial burden of hospitalization after 15 months of implementation of the BBP (especially OoPP)
- To assess the level of knowledge of the population and their understanding of their new rights and obligations as part of the BBP.
- To determine the level of satisfaction of patients with the quality of medical services and payment mechanisms.

# The BBP survey

## *3 phases*

- Baseline – (May 2007)
- 3 months Follow-up – (October 2007)
- 15 months Follow-up – (June-August 2008)

## *Pilot rayons*

- Dangara
- Tursunzade
- Rasht
- Spitamen

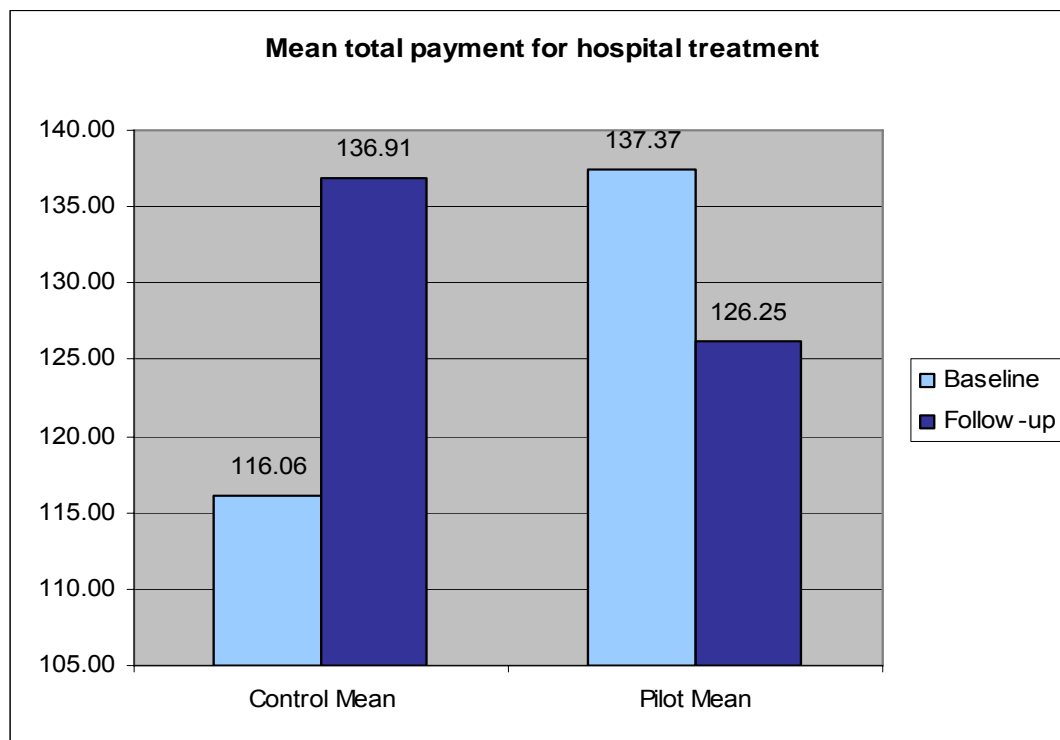


## *Control rayons*

- Gissar
- Aini
- Dj. Rasulov

# Evolution of the financial burden

*What are the trends in payment occurrence and in paid amount?*

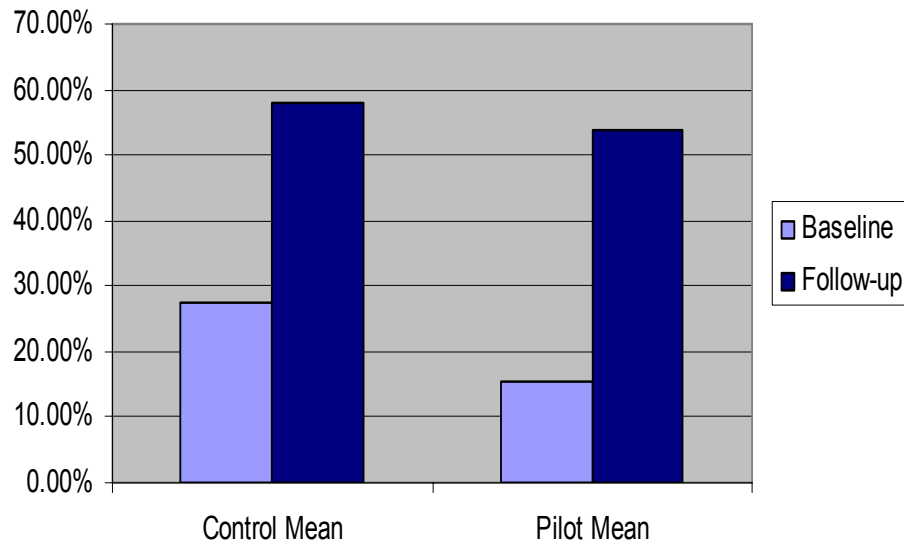


*Mean total payment in control rayons increased significantly while it slightly declined in pilot rayons, showing an impact of BBP on patient financial burden.*

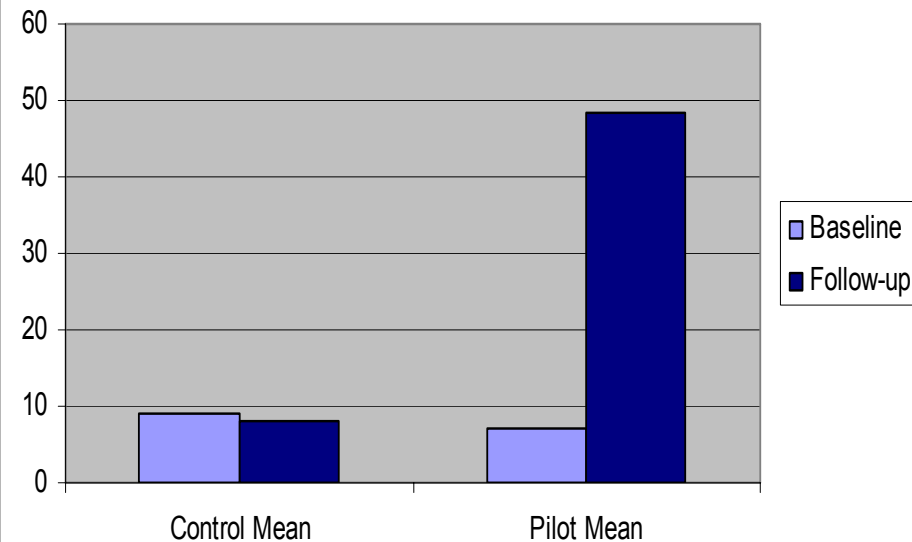
# Evolution of the financial burden

## *Admissions (i.e. formal payment in pilots)*

Frequency of payment for admission



Mean payment for admission

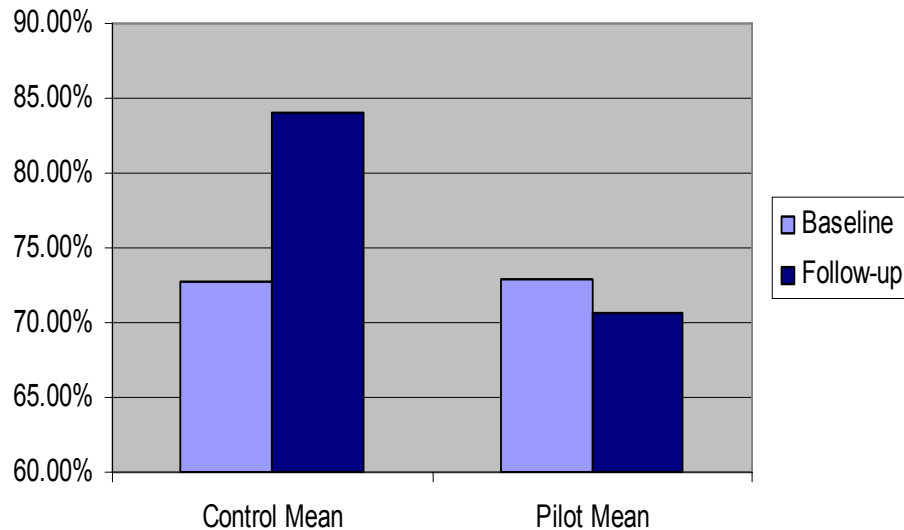


- Frequency of payment as well as mean payment for admission evolved as expected in pilot rayons due to formal co-payment.

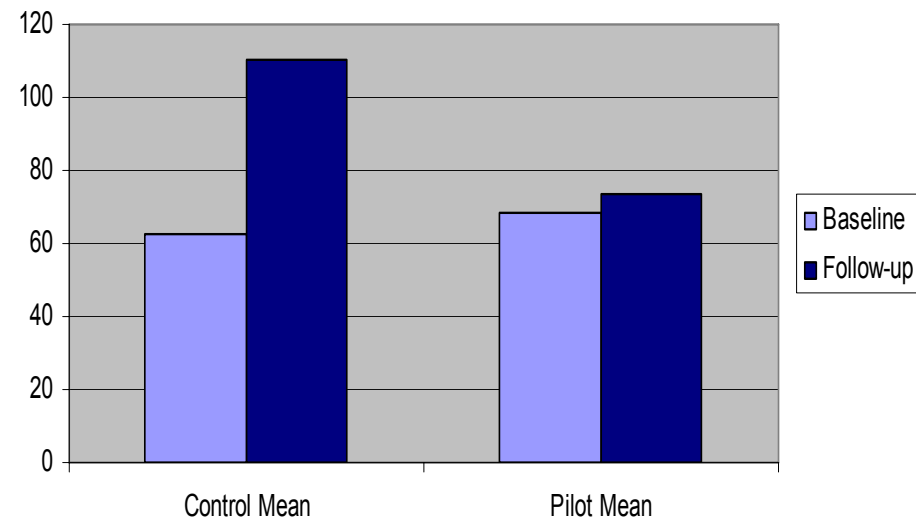
# Evolution of the financial burden

## *Personnel (i.e. informal payment)*

Frequency of payment to staff



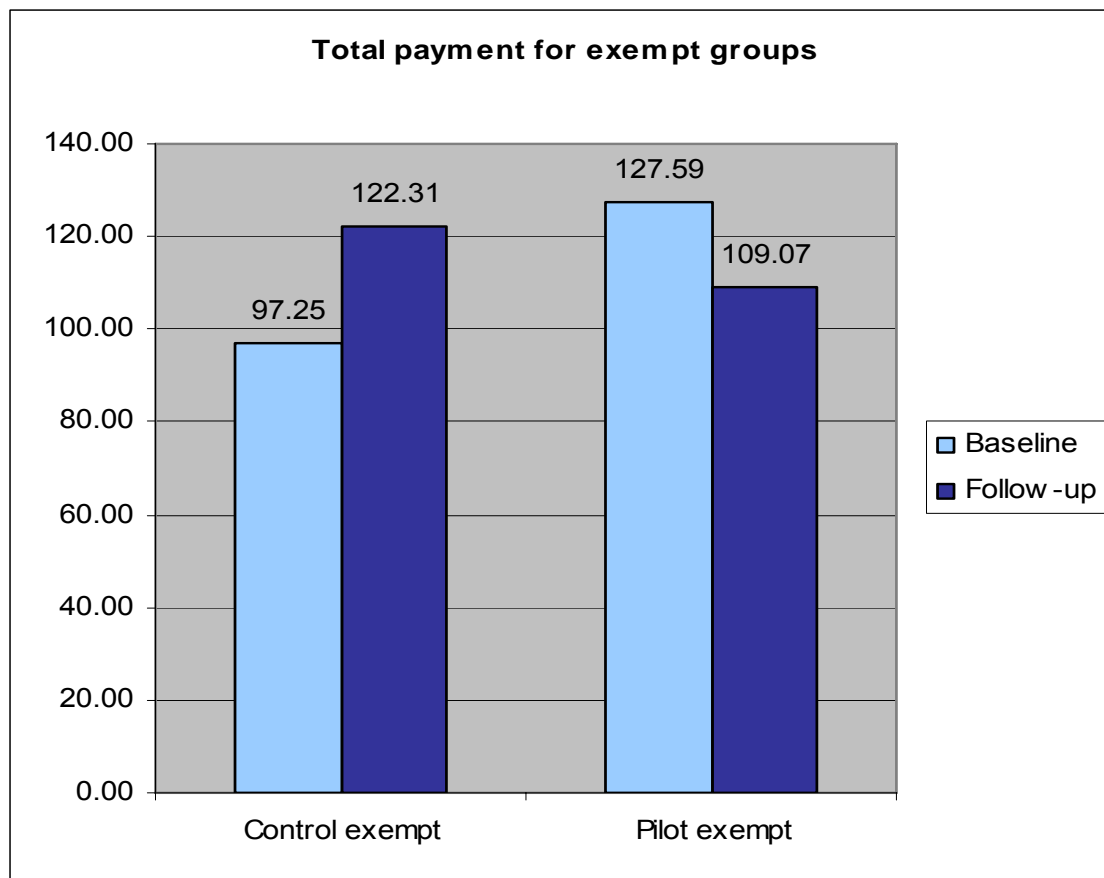
Mean payment to staff



- BBP slightly (positively) impacted upon frequency of payment, and limited the increase of informal payment to doctors. In pilot rayons, the % of patients paying is stable, with the amount paid slightly increasing. In contrast, in control rayons, we can observe a significant increase in both % paying and amount paid.

# Evolution of the financial burden

## *Situation of exempt patients*

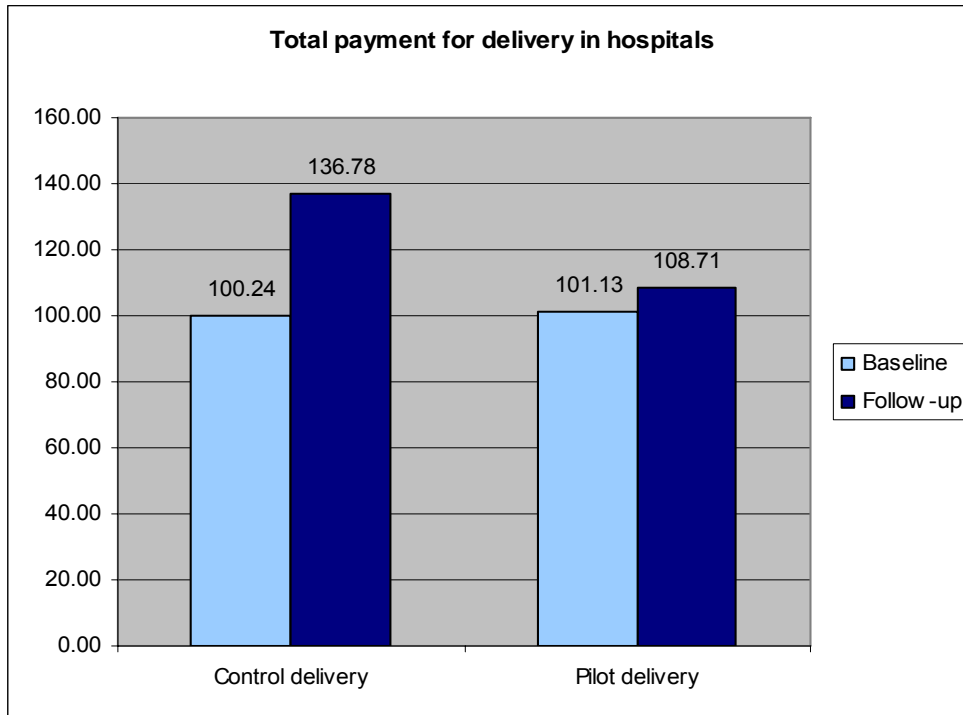


*The BBP has a positive impact on financial burden of hospitalization for exempt patients.*



# Evolution of the financial burden

## *Total payment for delivery in hospitals*

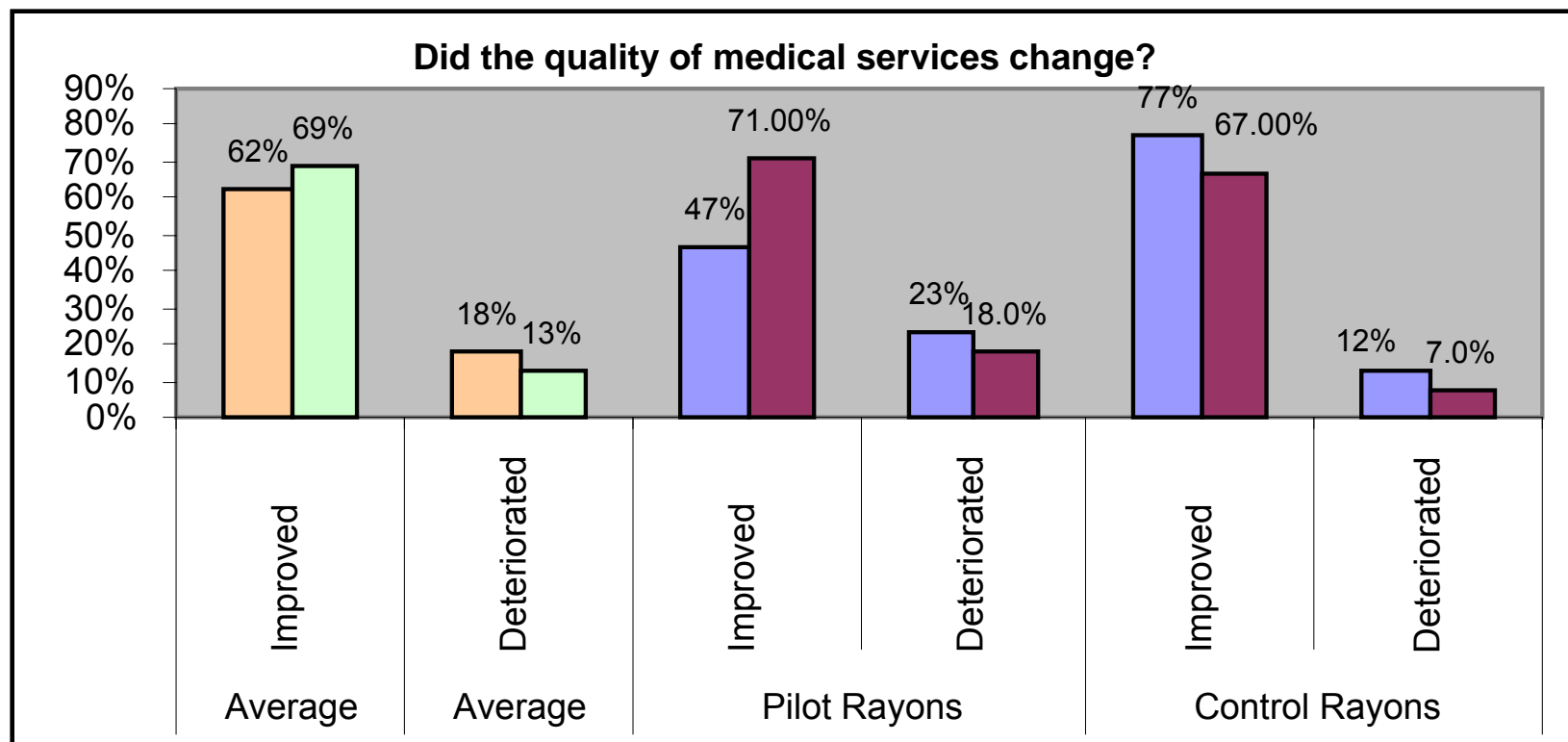


*The BBP has an effective and favorable impact on the financial burden of care during pregnancy and delivery.*

## ***Payments for antenatal Observation in PHC***

- On average, payments for antenatal observations was 40 som.: 28 som on average in pilot regions, 46 som. on average in control regions.

# How did the perception of the quality of medical services evolve ?

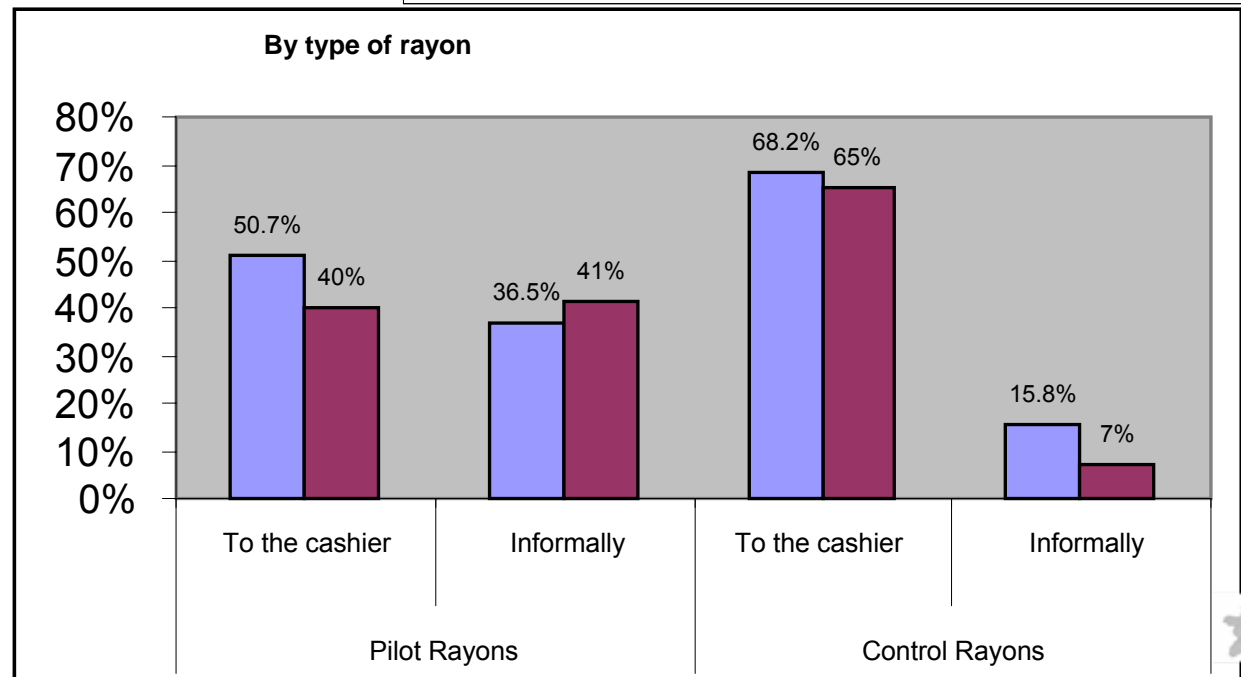
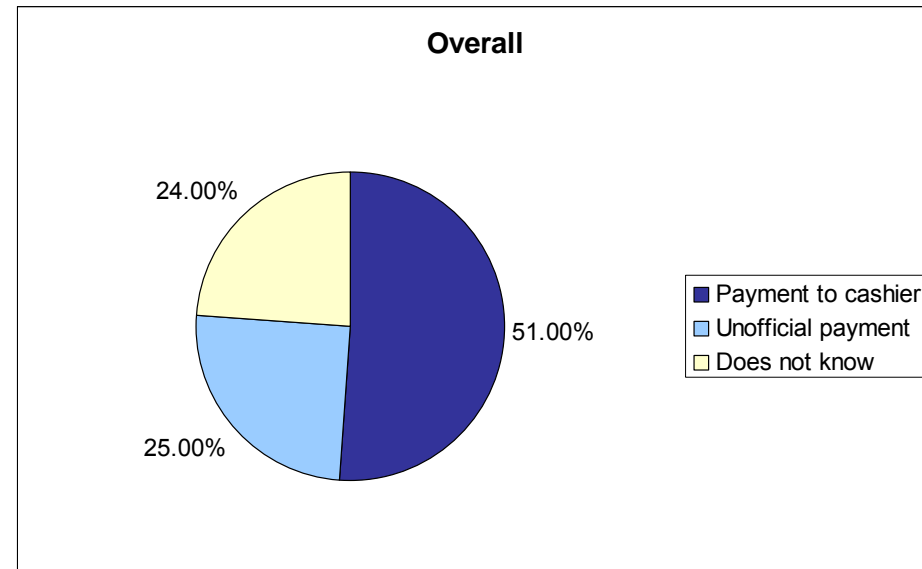


*Satisfaction about the quality of medical services increased massively in pilot rayons, while it tended to decline in control rayons.*

# Opinion of hospital patients: Where it is better to pay for medical services?

*Overall, patients seem to understand the interest of the cashier system, but...*

*... in pilot regions, the legitimacy of the official payment system seems to be affected by persisting informal payment.*



# Conclusions

- Patients are increasingly satisfied with the quality of care in BBP pilots.
- Overall financial burden diminished slightly in BBP pilots.
- BBP seems to succeed in the financial protection of vulnerable groups and pregnant women.
- Further measures could be taken to improve information and enforce patients rights in the BBP system.
- Positive effects would be strengthened by progresses in other healthcare reforms (pooling / restructuring of hospitals).