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Health Service Improvement Project

INTRODUCTION OF PER CAPITA FINANCING MECHANISM IN PHC FACILITIES OF THE REPUBLIC OF TAJIKISTAN

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CURRENT FINANCING FOR PRIMARY HEALTH CARE IN TAJIKISTAN

Before 2016

- The budget is formed on the basis of job standards.
- The changes in the budget can be done on the basis of historical data based on the income of district budgets.
- No separation of primary care budget and integrated health services
- Financing is based on cost estimates by the economic classification (salary, utility costs, etc)

Since 2016

- The budget is formed on the basis of job standards.
- The changes in the budget can be done on the basis of the approved basic per capita rates and the number of attached population
- Expenditures for the provision of integrated health care services are separated from the primary care budget
- Financing is based on cost estimates by the economic classification (salary, utility costs, etc)

REPUBLIC OF TAJIKISTAN PHC FACILITIES NET FOR 2018

Name of region/city and districts	CHC	DHC	RHC	HH	Total
Dushanbe	15				15
Sughd region	11	13	228	352	604
Khatlon region	6	22	348	712	1088
GBAO	1	7	50	166	224
RRS	4	9	207	491	711
Total	37	51	833	1721	2642

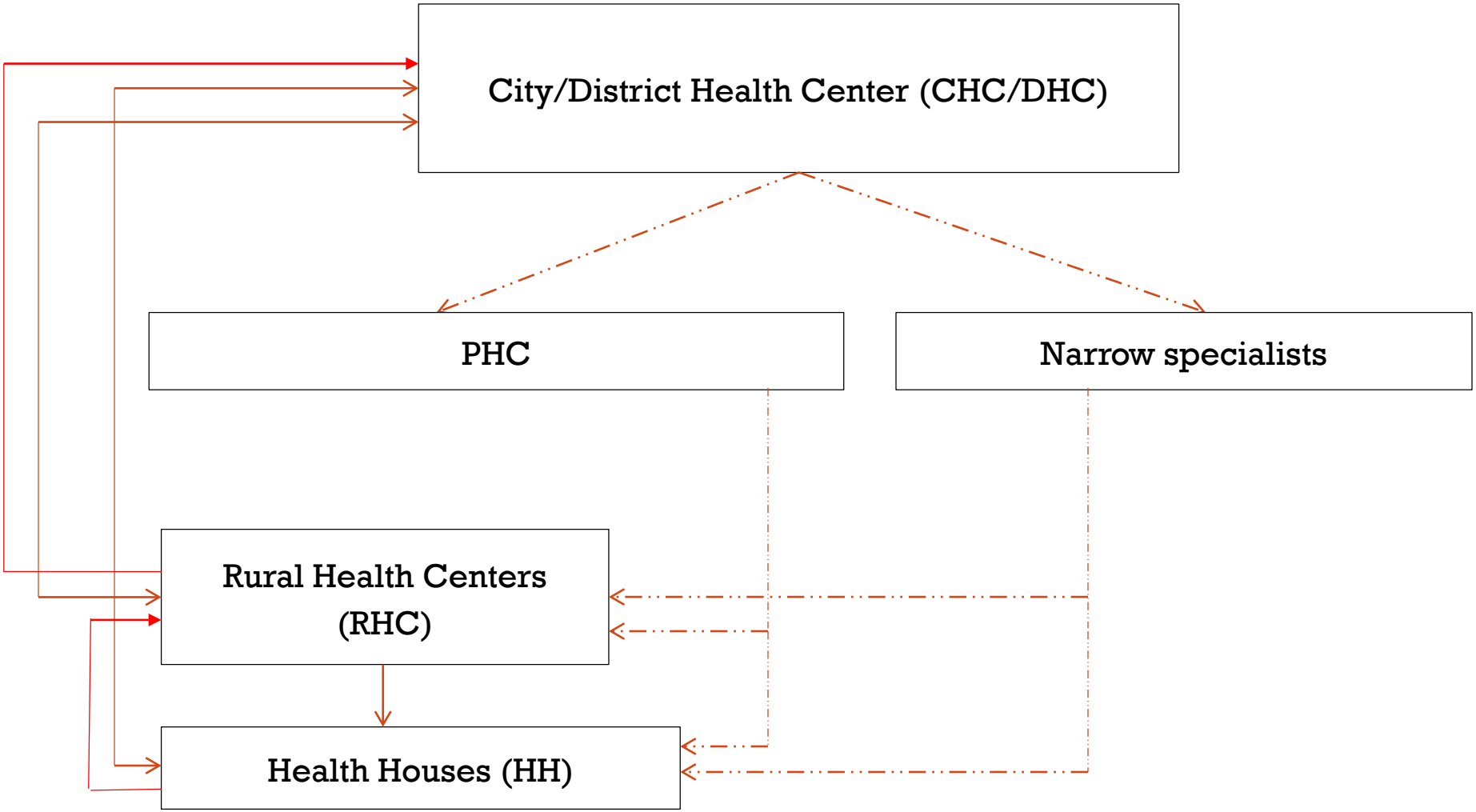
BUDGET ALLOCATION FOR PHC IN 2015 AND 2019 BY REGION AND TYPE OF FACILITIES

	CHC		DHC		RHC		HH	
	2015	2019	2015	2019	2015	2019	2015	2019
RT	57.79	55,96	70.58	45,54	30,01	38,30	24.54	25,47
Dushanbe	59,08	67,15						
Sughd region	53.94	55,96	61.07	45,54	29.17	38,30	29,12	25,47
Khatlon region	55.26	55,96	66.28	45,54	31.24	38,30	21.60	25,47
GBAO	62,06	74,99	162.02	60,11	59.48	50,56	54.28	33,62
RRS	63.97	55,96	89.62	45,54	27.78	38,30	21.93	25,47

PHC facilities Per Capita Financing Main Goals

- Per capita financing implies financing of primary health care facilities according to the basic normatives and number of attached population,
  - Improve access to health services at PHC level;
  - Providing a single package of primary health care services for the entire population
  - Provision of fair and adequate allocation of financial resources for PHC facilities
  - Improve the quality of health service delivery at primary health care (PHC) level;

PHC ORGANIZATIONAL STRUCTURE AND PER CAPITA FINANCING PRINCIPLE



Structural organization
Functional organization
Attached population formulation

PER CAPITA RATE CALCULATION: MAIN PRINCIPLES

- ELIGIBILITY – Used existing regulatory acts by which the number of attached population, tariff classification of salary calculation, salary rates, number of attached population of individual positions are regulated;

- EQUABILITY – rates are calculated for CHCs and DHC including the number of attached population of CHCs and DHCs as well as RHCs and HHs that are under the structure of these CHCs and DHCs.

- FAIRNESS – all health facilities (CHCs/DHCs) are financed based on single per capita rate, with consideration of adjustment coefficients of geographic location and the number of attached population.

- STANDARDIZATION – all health facilities have standard budget forms (Per capita financing)

ACHIEVED RESULTS

2015,

PCF methodology approved

2016

Reporting form N3 is introduced;

2016

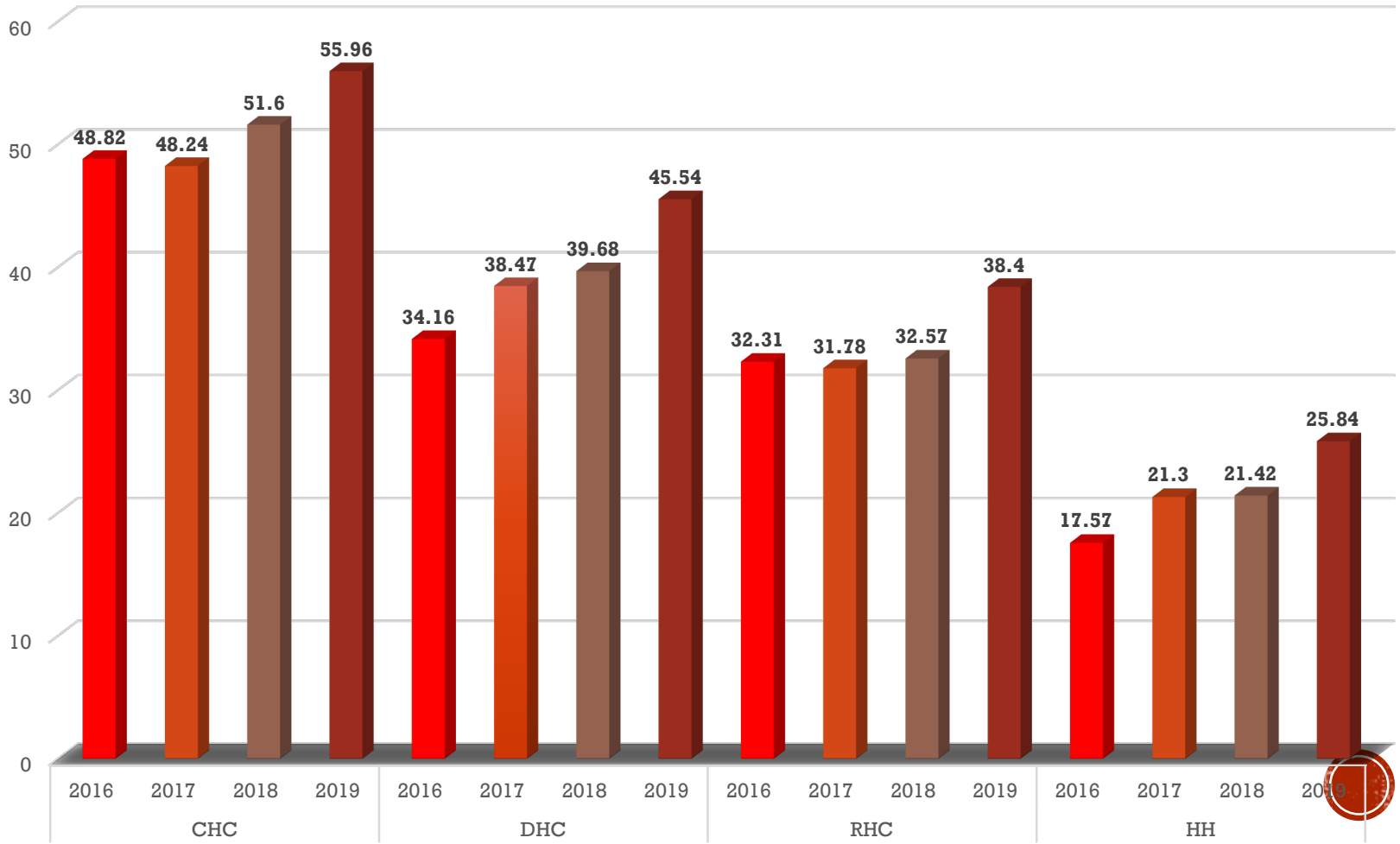
PC rates approved, budgets calculated, MOHSP together with MoF are making out a transition schedule for PHC per capita financing from 2016-2019;

2018

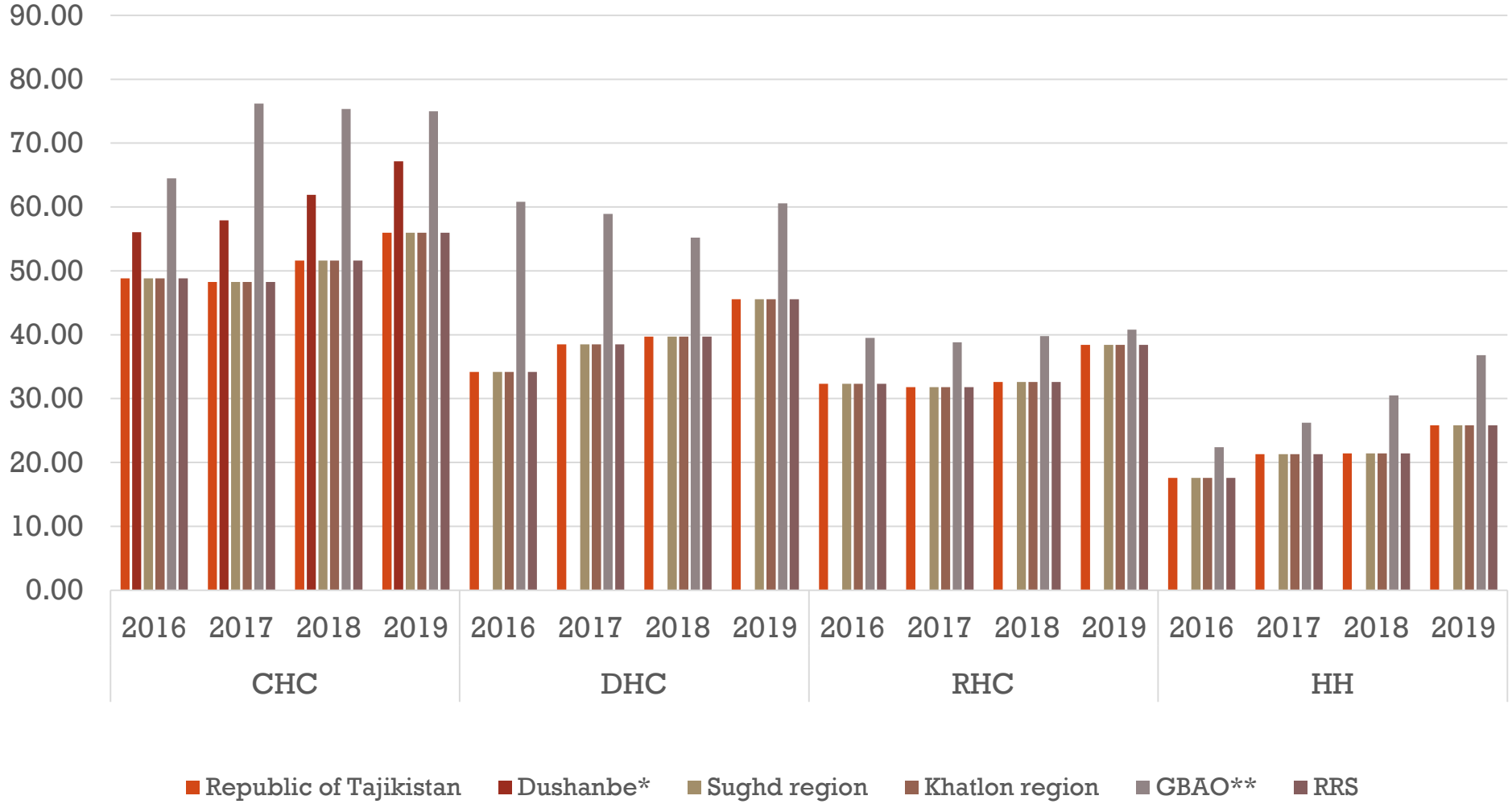
MOHSP together with MoF are making forecasts for 2019-2021 on calculation of per capita financing and introduction in all CHCs and DHCs;

PER CAPITA RATES FOR CHC/DHC FOR 2016-2019

Republic of Tajikistan

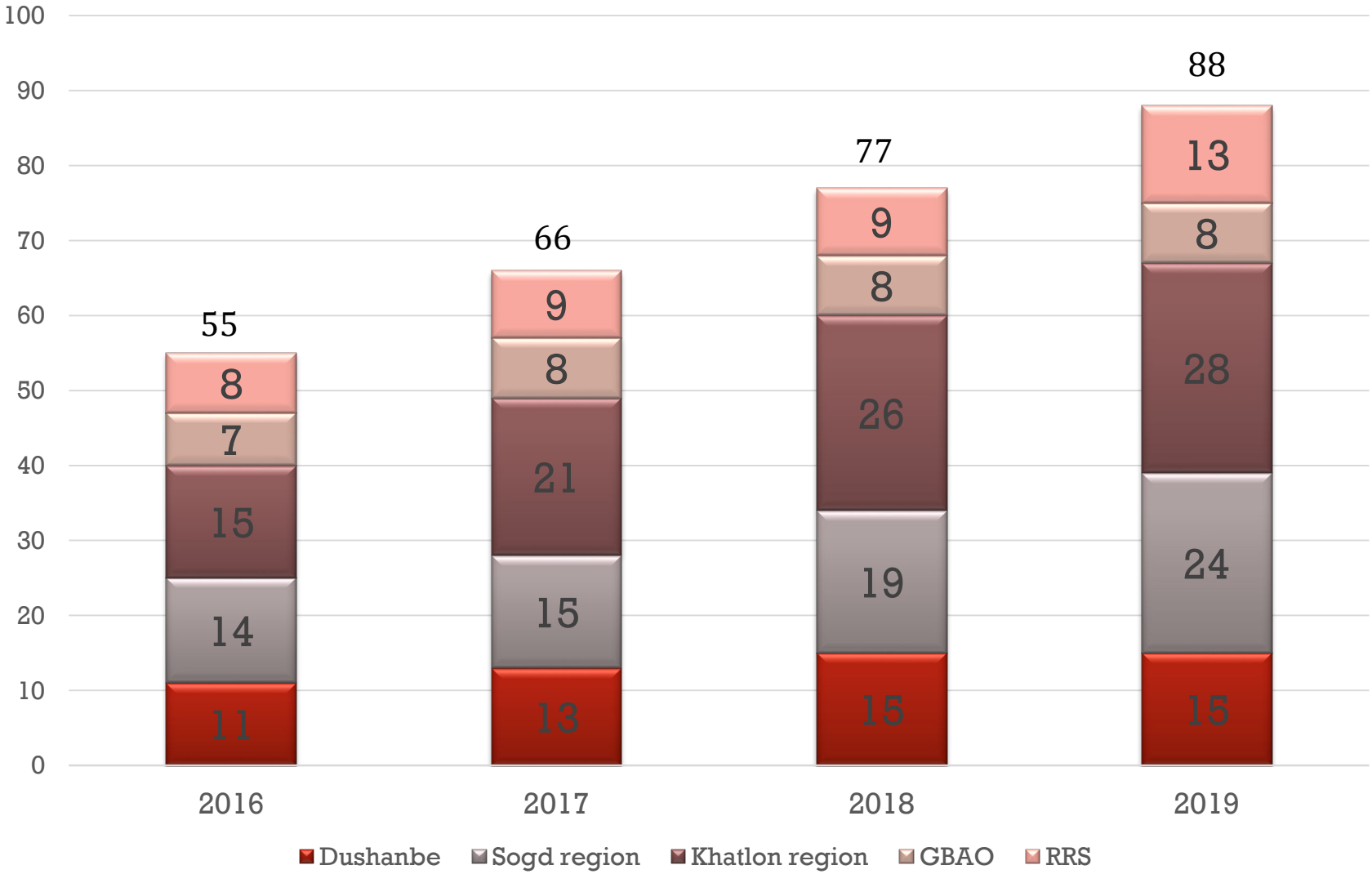


BUDGET ALLOCATION ON PER CAPITA FINANCING FOR 2016-2019



*- special adjustment coefficients is applied,
**- geographic and territorial adjustment coefficient is applied

INTRODUCTION OF PER CAPITA FINANCING BY TYPES OF FACILITIES (MHC/DHC) AND BY REGIONS **2016-2019**



IMPLEMENTED STEPS ON INTRODUCTION (1)

- Developed "Collection of the regulatory acts and methodological recommendations on per capita financing of the primary health care facilities net";
- Seminar held on introduction and capacity building of the local specialists with the elements of the per capita financing mechanism with participation of over 400 persons;
- Monitoring conducted on per capita financing introduction progress in the PHC facilities of Sughd region, Khatlon region and rayons of republican subordination (order of MOHSP dated on March 13, 2017, No.161 "On establishment of a working group");
- Work with local authorities for supporting introduction of per capita financing, particularly when approving the budgets of the facilities, approving cost estimates and their revision (order of MOHSP dated on May 17, 2017, No.111 "On establishment of a working group")

MONITORING AND EVALUATION

Monitoring of the introduction of PCF includes several key indicators;

- The budgets of institutions should be calculated on the basis of indicators of the number of attached population and the basic per capita ratio,
- The institution's budget may be less than the sum of the previous year, only if the calculation is made on a per capita basis.
- The budget calculated on a per capita basis should not include the cost items of vertical programs of functional classification

Evaluation of the introduction of PCF notes the importance of the following changes;

- the budgets of institutions are approved on the basis of the PCF rate and the number of attached population
- the difference in per capita budgets between institutions was reduced by 3-4 times, and in the RHC and HH to 17 times
- Current monitoring of the budget execution is performed using special reporting form N3

DIFFICULTIES IN INTRODUCTION OF PER CAPITA FINANCING

- PHC system restructuration issues;
- Staffing policy issues in the PHC system;
- Low level of expenses to primary care and accordingly low level of salaries and lack of motivation in doctors;
- Discredit of primary chain in conjunction with lack of medicaments and necessary diagnostic tests;
- Existing system of financial means planning and reallocation;
- Lack of automated system of financial reporting and analysis, which is based on primary data.

NEXT STEPS AND MAIN TASKS :

- Further supporting introduction of per capita financing and monitoring;
- Preparing budget and financing by separate budget line;
- Creation of information system of primary financial and non-financial date collection;
- Attraction of new financing sources:
- Restructuration and optimization of system, integration of vertical programs and family medicine strengthening;
- Improvement of technical and material provision, increasing the share of expenses on purchasing medicines and laboratory appliances;
- Modification of per capita financing rate with consideration of components of age-gender adjasment and RBF indicators,
- Implementation of per capita based salary calculation for PHC staff
- Constant monitoring and evaluation;

Thank you for attention!