

Classification by beneficiary/recipient characteristics: Kyrgyzstan perspective

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Definition of beneficiary/recipient

- Proposed SHA 2.0:
 - either an individual or a group of individuals;
 - categorized by a unique individual characteristic or a group of recipients who benefits from mutually exclusive types of expenditures that can be each assigned to individuals;
- We propose further categorization of groups:
 - children under 16
 - pensioners
 - those people who are eligible for benefits based on social status and disease
 - refugees etc.

Classification of beneficiaries

- SHA 2.0
 - Age and gender;
 - Type of disease or illness;
 - Socioeconomic status;
 - Geographical region;
 - Other demographic groups, such as ethnicity.
- We propose
 - Urban/rural ?????

Age and Gender

- Proposed in SHA 2.0
 - Ideally 5 year age group (0-5 (or 0-1, 1-4), 6-10...30-34...55-59...75-79...90-94, 95+)
 - Man and woman
- Kyrgyz NHA team propose:
 - International indicators of reporting: children >1, 1-5
 - Have an interval of 10 years

Policy application: age/gender/expenditures

- For OECD countries
 - Aging population
- For low and middle income countries
 - High mortality rate of children under 1;
 - High maternal mortality rate;

Type of disease

- Proposed in SHA 2.0
 - ICD 10
 - Classified according to the primary diagnosis
- Kyrgyz experience:
 - DRG is based on ICD 10
 - Classified according to the primary diagnosis
 - Only in-patient level (MHIF database)

Policy implication: type of disease/expenditures

- Which of the diseases are the most costly in the country?
- How much funds are spent for priority programmes, such as CVD, MCH, TB etc.?

Socioeconomic status

- Proposed in SHA 2.0
 - income, expenditure or consumption
- Kyrgyz experience:
 - Consumption
 - By quintiles

Policy implication: socioeconomic status

- Equity issue
 - How much funds are allocated for poor group of people?
 - Allocation of funds by types of diseases within the socioeconomic groups

Geographical region

- Kyrgyz NHA
 - By regions (oblast +2 biggest cities)
- Policy implication
 - Regional inequality analysis

Other demographic groups

- Ethnicity????
 - Whether it is needed or not?
 - What is the policy implication?

The health services should be provided to all population despite of ethnicity

We propose:

- Urban vs. Rural
- Policy implication:
 - Access to the health services in the urban and rural areas
 - Quality of the health services in the urban and rural areas

Data source

- The data for such analysis are collected by Kyrgyz NHA team from:
 - Official public financial reports
 - MHIF database, Treasury, etc.
 - Kyrgyz Integrated Household survey
 - Discharged patient survey
 - Donor survey

Conclusion

Classification by beneficiary/recipient characteristics is quite useful for policy decision making

BUT....

whether such data are feasible to collect

???

Thank you!