



THE WORLD BANK



Evaluating Impact: Turning Promises into Evidence

Reform of Primary Health System

Names of team members
Sarajevo, Bosnia and Herzegovina
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1. Background

- **-In primary care there are related to productivity and efficiency that reflect the weaknesses of the system at all levels. Overproduction of services in the primary protection did not result in better health, because over 60% of users make multiple levels: services, differentiated diagnostic results and hospital treatment, which is caused enormous cost pressure on these institutions. Excessive use of services is subject to incomplete health centers, staff for solving common problems and lack of appropriation for the user selected doctors.**
- **Reasons for the reform of the health system should be sought in the inefficient functioning of the health system and identified a series of problems, from inadequate health services organization, the manner of collection and allocation of resources, lack of adequate monitoring and control in various segments of the system and not enough good quality of provided health services.**

Problems in primary health care, pointing out that the quality and efficiency of primary health care is lagging behind in fulfilling their basic functions. Legal and program favored primary health care in the previous period had the basic role of the subject system, as instruments of development policy in health care, not adequate support for the promotion of primary health care.

- **Primary health care is not a strong enough role in prevention, diagnosis and treatment despite the fact that a large part of health professionals working in primary health care system. In terms of organization, primary health care is overlapped with hospital treatment. Employees in health care were badly paid and poorly motivated, because their earnings did not depend upon performance.**

The basis of the reform is to become a doctor selected guard the entrance to the health system (gate-keeper), both from the aspect of increasing the quality of health care is undoubtedly significantly higher when all the information about the health of each individual are selected by his doctors and the aspect of creating conditions for the sustainable functioning of the health system.

2. Results Chain



Inputs

Activities

Outputs

Outcomes

**Longterm
Outcomes**

- ...change of law on health care system, staff education, technical support, information system, increase of budget for PHS, investments in equipment, and facilities

- ...registration of patients, prevention promotion, change of financing capitation, defining of benefit packages, defining standards of care, linking PHS informatically, introduction of ICPC-2

- ...better prevention, lower sending to second level, scope of services in accordance with standards, percentage of registered patients, number of preventive exams,

- ...better efficiency of health care system, overall satisfaction of population, better protection of children, lower waiting time, longer examination

- ...longer expectancy of life, better quality of life for older population, lowering of costs for health protection

3. Primary Research Questions

- - How to increase use of preventive screening for women cost-effectively?

4. Outcome Indicators

- - **Percentage of increased of mammography**
- - Percentage of increased of pap smear
- - Percentage of increased preventive examination during pregnancy
- - Percentage of preventive examination six weeks after childbirth

Data...

5. Identification Strategy/Method

- ❑ -237 choosen doctors
- ❑ -Random assignment to 3 groups of 79 doctors
- ❑ -Groups are:
 - ❑ -A.Stimulation+Reminding
 - ❑ -B.Reminding
 - ❑ -C.Nothing
- ❑ -Bcs patient data alredy exists in IT PHC System, we speak of reminding
- ❑ -Stimulation mean additional money grant for each women which receive mamography during the evaluation period.

6. Sample and data

- -237 doctors
- -Data from the chosen doctors
- -40.000 women for examination
- -10.000 high risk need to do every year

7. Time Frame/Work Plan

- -Program begins 1 oct 2009
- -Evaluation every 3 months from 1. october 2009 to 1 october 2010
- -Baseline for data is 1 october

8. Sources of Financing

- - Health Insurance Fund
- - Donation
- - Loan from World Bank

