

# **Study on Evaluation of the Fairness of the Effects of Rural Health Insurance Program in Yunnan, China**

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# Background

- **Chinese health care system—Health service mainly provided by public hospitals and health care institutions which have 4 levels: provincial hospitals, district hospitals, county hospitals and township health centers**
- **The provincial, district and county hospitals which account for two-third of health resources mainly provide service for urban population which account for one-third of China's population. It means only one-third of health resources serve for two-third of population who are rural people.**

# Background

- China's health care reform: driven by the transition of the economy from a state-planned to a market oriented one, Chinese health care reform began in the early of 1990s, which focused on dealing with problems in health care system: inefficiencies of management, unaccountability of personnel and lack of universal coverage at least at level of basic health service.

# Background

- **Chinese health care reform**
  - In 1997, the central government made decision on health care reform and development including health insurance reform in urban areas.
- **Rural health insurance reform**
  - In 2002, the central government made a decision on strengthening rural health work and took an initiative on establishing the New Rural cooperative Medical Scheme (NRCMS) which would be matching-funded by central and local governments, farmer enrollee would share a part.

# Background

- Yunnan, as one of 4 pilot provinces, tried out the NRCMS in 2003.
  - Yunnan had 43.36 million population (2002) ,among which the minority population including 25 ethnic groups accounts for 36.22%, and rural population accounts for 76%.
  - Yunnan government decided to put the NRCMS into practice in 2003 in 20 counties, 3 of which are ethnic autonomous counties and 10 of which scattered in different ethnic autonomous districts.

# Background

- **Rationale of the study**
  - The Benchmarks of Fairness for Health Reform (Daniels, et al, 2002, 2005) as ethical framework of the research project.
  - Benchmarks of Fairness for health sector reform are a policy tool for evaluating the overall fairness of health sector reform. The concept of fairness includes three central elements—equity, efficiency and accountability—that are integrated in the nine benchmarks. The nine benchmarks cover main goals of a fair health reform. Each benchmark then contains criteria to achieve these main goals.

# Purpose of the study

- To use benchmarks of fairness approach (Daniels 2000, 2005) to assess equity, efficiency and governance of the implementation of the New Rural Cooperative Medical Scheme (NRCMS) in minority areas of Yunnan, China
- To inform policy-makers about the results of using the tool in order to improve deliberation about rural health care reform and equitable healthcare for ethnic minorities.

# Methodology of the study

- **Adapting the generic benchmarking criteria to assess the goals and outcomes of the NRCMS**
  - **Collecting evidence about the expected effects of the implementation of the NRCMS on indicators**
  - Refining the generic benchmarking criteria and specifying indicators appropriate to local conditions**
  - Making a pilot effort at evaluating implementation of the NRCMS by using the evidence-based indicators within 2 minority counties of Yunnan province**

## **Main points of the study**

- **The NRCMS needs to be evaluated and monitored in order to achieve the scheme's aim toward improving rural health delivery and rural populations' health level**
- **The benchmarking methodology offers an evidence-based approach to evaluating and monitoring the implementation of the NRCMS by adapting benchmarks to local conditions and specific goals**

# Main point of the study

- **Developed evidence-based indicators are used to evaluate and improve the implementation of the NRCMS at aspects of**
  - equity, involving financing, having access to health care, benefit for rural population enrolling the NRCMS;**
  - efficiency, including improving rural health services and strengthening rural medical staff's capacity;**
  - governance, concerning democratic and public surveillance on performance of the NRCMS**

# Results

- **Developed 50 indicators**
  - Taking field surveys in 3 counties
  - Interviewing health administrators, performers of the NRCMS and medical staffs and professionals,
  - Consulting experts
  - Holding a workshop

# Results

- **17 indicators (Equity)**
  - Health Demographics
  - Financial Barriers to Care
  - Non-financial Barriers to Care
- **33 indicators (Efficiency )**
  - Clinical Efficiency and Quality
  - Administrative Efficiency
- **8 indicators (Accountability)**
  - Audit Reports
  - Grievance
  - Patient Satisfaction

# Conclusion

- **Results of this study piloting within 2 minority counties of Yunnan, a province with diversity of ethnic groups, can be applied to other counties of the province for conducting ongoing monitoring and evaluation of the performance of the NRCMS**
  - Expansion of the NRCMS in Yunnan**
    - 2003—20 counties**
    - 2006—increasing 32 counties**
    - 2007—increasing 26 counties**
    - 2008—increasing 24 counties**
    - 2009—all 129 counties**

# Conclusion

- The study by using evidence–based indicators to evaluate and monitor the effects of the NRCMS provides an approach for policy developers to improve deliberation about rural health care reform and equitable healthcare for rural populations.
  - Policy developers involving this project
  - Policy performers giving comments on indicators construction
  - Results of the study will submit to health bureau for improving the NRCMS

# Conclusion

- Investigators' capacity building of research on health policy and systems goes along with this study, which will contribute to research and practice of creating health and enhancing equity in health.
  - Capacity building of research on health equity in theory
  - Capacity building of research on health equity in practice

***Thank you !***