TERMS OF REFERENCE

Support MoHSD/MHIF to develop a new PHC financing system to strengthen the PHC system in Kyrgyzstan

1. Background (Please briefly describe why the work is needed)

Despite important efforts to promote a Family Medicine Model in Kyrgyzstan, the prestige of family doctors has remained low, leading medical graduates not to consider Family Medicine as an specialization and fully trained family doctors to emigrate. Low salaries of family medicine doctors are one determinant of this low prestige. This has prompted the Ministry of Health of the Kyrgyz Republic to increase the financial incentives for family doctors and family nurses, in an attempt to improve performance their performance and elevate their status, as well as to attract family medicine specialists in health organizations including rural health organizations.

In October 1, 2018 incentive payments were introduced for family doctors and general practitioners based on their performance results and indicators in compliance with the KR Government Resolution #451 as of 28.09.2018. The base salary of family doctors remained at the same level and additional payments were made based on the performance indicators. Indicators to assess performance of family doctors and general practitioners in PHC organizations were developed considering priority health care areas, such as mother and child health, prevention and management of cardiovascular diseases and diabetes mellitus. The indicators reflected daily work of family doctors in delivering health care to the population and were aimed at improving its quality. Sizes of payments depended on the contribution of each family doctor, since their performance was assessed based on the indicators achieved.

On April 1, 2021, this payment method was terminated and all supplementary payments based on the performance assessment results according to indicators were canceled. A new measure was introduced to increase the base salary of family doctors and general practitioners. In particular, the base salary of family doctors and general practitioners delivering primary health care is set in a size of 10 thousand soms (or increased by 100%), while all wage premiums and compensation payments (length of service, category, KTU (Index of Labor Distribution and etc.) are preserved.

This assessment is aimed to explore the efficiency of the incentive payment system for family doctors in accordance with performance indicators; and to develop a new payment system for PHC specialists.

2. Objectives, outputs, and indicators of the work assignment, including technical report and financial statement

In order to support MoHSD/MHIF with development of new PHC payment system the following objectives and tasks should be completed:

<u>Objectives:</u>

1) Support MHIF with assessment of the 2018 Family doctor's salary incentive linked to performance indicators with a focus on the impact of the 2018-2021 incentive payment at
   1.1 the health outcomes of FMC/FGP catchment areas;
   1.2 staffing level of family doctors in rural areas;
   1.3 assessment of Family doctors' satisfactory level with the incentive payment management system;
   1.4 assessment of FMC/FGP other-than-family doctor staff' satisfactory level with the incentive payment management system, its impact on the overall health organization

performance;

1.5 assessment of patient's satisfactory level (from the FMC/FGP catchment area) with family doctors' performance before 2018 and after

2) Support MHIF in assessment of family doctor's performance indicator management system, with particular attention to the following components:

2.1 Assessment of indicator types and applies scales (results depends on individual or group performance; routine or result indicators; short-or long-term effects, level of implication for health outcomes)

2.2 Assessment of scenario of highest performance level and its potential implication for health outcomes, average and poor performance (based on provider level data)

2.3 Assessment of information flow from moment of indicators card completion to the payment:

- Information flow and institutional arrangement
- Verification system and its efficiency
- Timeline

3) Review, assess and conduct analysis of the PHC payments system including incentive payments

3.1) Collecting and presenting data of PHC provider structure, data on health services budget breakdown (PHC, secondary care, emergency care, pharmaceuticals etc) from 2017 to 2021 including PHC budget breakdown (different cost components including salary, laboratory tests, incentive payments, specialist care services etc if available) from 2017 to 2021.

3.2) Assessment of the PHC funding model. Methodology of capitation payment calculations and renewal. Description of the requirements for the payments (incl minimum requirements), expenditure standards and budget items incl assessments process of budget implementation. Description of the capitation payment design (incl how, how often and when are instalments made based on what data).

3.3) Assessment of funding the performance indicator system based on national and provider level data incl budget composition, share of overall PHC funding. Assessment of the payment design and score to payment calculations.

4) Based on all assessment to conduct analysis and develop recommendations

4.1 overall payment system for PHC strengthening and improving the performance

4.2 incentive payment management system with recommendations for all components

5) Suggest the legal framework, set of documenst and the road map/action points to be taken to amend the PHC payment system for increased quality.

Expected results:

1. The research methodology with research plan, design of qualitative interview with key informants, data collection methods, tools and sampling, ensuring the regional representation, questionnaire, type of interviews, timetable proposal submitted and agreed by the WHO int consultant, WHO technical unit and CO by 30 June 2021
2. Desk review by reviewing literature and analyzing existing legislation regulating PHC payment system by 30 June 2021
3. Collecting and presenting national level data on PHC provider structure and health services, including PHC budget by 30 July 2021
4. Field trips to interview key informants as per the agreed research plan, by 31 August 2021
5. Focus group discussions of main findings and first analysis quantitative provider level data, study results conducted by 15 September 2021
6. The first draft of study report and recommendations developed and submitted for

comments by 15 October 2021
7. The final draft of report with all comments reviewed and accommodated by 15 November 2021
8. The main findings presented at the Round table/policy dialogue by 15 November 2021

Deliverables

1. The research methodology papers by 30 June 2021
2. List of documents collected and reviewed for the desk review by 30 June 2021
3. Data presented on PHC provider structure and health services budget by 30 June 2021
4. List of people interviewed, completed questionnaires, aligned with the agreed research plan by 15 September 2021
5. Main findings and first analysis in format of PPT for the focus group discussions by 15 September 2021
6. The first draft by 15 October 2021
7. The final draft by 15 November 2021
8. The PPT with main findings for Round table/policy dialogue by 15 November 2021

Financial statement: financial statement is required and shall be submitted upon completion of the work.

3. Contract duration

Contract start date: 7 June 2021
Contract end date: 30 November 2021

4. Disbursements (# of disbursements is based on tasks, first tranche is always 0, exceptionally might be up to 25%, but for this separate justification is needed):

Tranche	**Amount from total budget (in % or amounts)**	**Deliverable #**
1st tranche	0%	Countersigned contract
2nd trance	25%	*Deliverable 1,2,3*
3rd tranche	25%	*Deliverable 4, 5*
4th tranche	25%	*Deliverable 6*
5th tranche	20%	*Deliverable 7,8*
Last tranche	5%	Signed financial statement

5. Definition of technical guidance arrangements, namely who would provide such guidance and frequency of performance reviews

The technical supervision is with WHO Technical Unit and WHO international consultant, the overall coordination is under WHO CO in Kyrgyzstan