

Strengthening Social Insurance in Developing Countries

**The World Bank's Forums on
Government Sponsored Health Insurance Schemes in India**

Daniel Maceira, Ph.D.¹

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¹ Ph.D. in Economics. Senior Researcher at the Center for the Study of State and Society (CEDES), Argentina. The author acknowledges the support of Leonardo Cubillos-Turriago and Somil Nagpal, as well as the information and opinions provided by Indian public officials participating at the Government Sponsored Health Insurance Schemes Forum at Chennai, India. Opinions belong to the author and do not necessarily represent those of The World Bank or other institutions included in this document. Correspondence to danielmaceira.arg@gmail.com

1- Introduction

Expanding health care coverage in developing countries constitutes one of the biggest challenges in public policy design and implementation. Reviving the universal coverage agenda calls for more equitable and effective strategies to improve health conditions, especially in those countries with limited resources and enormous gaps in income distribution.

In many countries, social health insurance schemes have been seen as an adequate instrument to expand health care coverage. Implementing such schemes requires decisions on how to address a given population, to identify and to update the set of services to be provided, to ensure the right to these services in a cost-effective way.

The implementation of any social protection scheme requires decision-making at five specific health systems functions financing, insurance, management, provision and regulation (the vertical dimension of health care systems, according to Maceira, 2001; control knobs as defined by Hsiao, 2008).

While the financial function defines the amount of resources available and the level of progressivity in revenue collection, the insurance function plays the role of determining what, to whom and under what conditions services will be covered.

The third function of any social protection scheme is management. The managerial level is responsible of investing cost-effectively available resources to cover population needs, based on the defined insurance strategy. This responsibility over service delivery requires the use of a wide range of actions and instruments including provider payment mechanisms and contracting, the design of referral and counter-referral systems; defining and implementing quality assurance criteria, bargaining for prices and providing guidance for data collection to be used in the monitoring and evaluation of health care outcomes and outputs.

Ability in addressing health care management has strong effects over the delivery of services, as well as provides tools for improving the system's regulatory capacities.

Therefore, articulating social protection priorities and its funding with results at the facility level relates to a wide challenging area where decision-making show the system's institutional capacity to effectively guarantee the right to health.

Although consistent efforts have been invested in finding systematic rules to apply at the managerial level, they are not easy to replicate from one setup to another. Best practices are not necessarily translatable across health care systems organizations. A combination of conceptual frameworks' analysis and on-the-field-experiences is needed to improve health management. This is particularly important in developing nations, where the productivity of each dollar is higher (because limited resources are devoted to cover more urgent needs), which provide more exposure to the political debate.

How to help in enriching managerial capacities in middle income countries constitutes a relevant challenge, not only for public officials and politicians, but also for international and multilateral organizations, as well as for civil society representatives.

There is a consensus that the approach to be considered should receive the contributions of a variety of disciplines and methodological paradigms. External experts' opinions are extremely relevant in order to provide perspective to the analysis. Nevertheless, insiders' perceptions are essential they are directly in contact with population needs, and are clearly the most exposed to the achievements and failures of the social health protection strategy.

Supporting decision-making process at the local level by clearly addressing the challenges at the managerial level constitutes the bottom-line of movement towards quality in the definition of priorities and the effective use of available resources. The best response to this challenge is to provide a space of learning and discussion.

The understanding of these challenges led The World Bank to organize a series of Forums to support public officials of the group of Government Sponsored Health Insurance Schemes (GSHISs) in India. Each of the Forum brought together a group of representatives from these institutions, some of them operating at the central level and others working at the state level; each of them with different backgrounds, target population and institutional scale and age. At the end of each Forum participants agree on the topics that have been addressed and decide on the agenda for the next Forum. Resource persons are introduced to participants, based on their experience on topics selection. The Forums prioritized South-to-South knowledge exchange, allowing debate and exchange of experiences not only within the country –as a particular space for cross-fertilization across insurance schemes-, but also between countries and continents.

This paper focuses on the need to review the Forums' experience, specifically identifying the lessons learned and the challenges to the Forum process. The review analyzes the observations and data collected at a consultation with participants of the Fifth Forum in December 2012, as well as survey data collected in prior encounters.

The analysis summarizes GSHISs' perceptions of the Forums, collecting opinions and elaborating conclusions and recommendations from those inputs.

The next section briefly summarizes the characteristics of social insurance schemes in India, by introducing some of the issues brought by La Forgia and Nagpal, and published as a World Bank book during 2012. The third section proposes a methodological framework to address the Consultation, and describing the instruments used to reach that purpose.

Sections four to nine summarizes the results of the analysis. The fourth section introduces GSHIS's as well as participants' characteristics; the fifth and sixth sections describe the participants' perceived needs in terms of managerial skills to be developed, and the main motivations for their participation in the Forums.

Section seven describes the participants' opinions on the main contents of the meetings and provides an analysis of results achieved by the overall exchange experience, in terms of process and product indicators.

The final section summarizes conclusions of the analysis and opens the debate for a future agenda.

2- Antecedents of GSHIS in India

Prior to 2007 there were three main Government Sponsored Health Insurance Schemes in India (GSHIS). By 2010 approximately 62 million were covered by an insurance scheme. Today, an array of new institutional insurance models was developed, increasing the number of persons covered by insurance schemes to 240 million, which represents close to 19% of the total Indian population, according to La Forgia and Nagpal (2012).

In general, these schemes target population groups with low income, although their nature and reach, in terms of services covered and per capita spending varies greatly between schemes. As La Forgia and Nagpal (2012) describe:

“The newer schemes target populations living below the poverty line, and the informal sector, but the way BPL lists are defined varies across schemes. Rashtriya Swasthya Bima Yojana, as well as state schemes in Himachal Pradesh and Delhi, uses the BPL lists based on central government Planning Commission criteria, the states of Andhra Pradesh and Tamil Nadu use the more extensive state BPL lists for their respective schemes. In effect, these latter states have extended coverage to the vulnerable poor, covering (in theory) nearly 80 percent and 50 percent of their respective populations. The Employees’ State Insurance Scheme (ESIS) covers formal private employees earning up to Rs. 15,000 per month and their dependents; Central Government Health Scheme (CGHS) covers central-level civil servants residing in 25 notified cities”

As in many other countries, GSHISs in India aim to provide financial protection to their beneficiaries against financially catastrophic health shocks. The economic literature on catastrophic health expenditures has experienced a strong surge over the last twenty years. Beginning with the World Development Report 1993, general agreement that priority setting in public health care investments should be based on cost-effective, externality-driven interventions have grown. Primary health care policies have often been at the center of health care reforms, allowing wider and more equity access to health services. Nevertheless, financial protection in health care requires additional efforts in order to reduce the probability of a household falling below the poverty line due to ill health.

Becker et al. (1972) and Lustig (2001), among other authors, remark on the need to understand how families protect themselves from catastrophic health shocks. Different alternatives are considered, from healthy habits seen as health investments –keeping or enhancing health as stock of human capital, as well as insurance enrollment or personal savings.

Clearly, health shocks are not necessarily related to the so-called catastrophic illnesses (those related to high-costs and low-prevalence). Many individuals and families face financial catastrophic shocks because of lack of inter-temporal financial protection against more common interventions.

Particularly, insurance enrollment implies the opportunity of relying on financial protection as an individual or social strategy to deal with the probability of being sick. In some cases, that strategy implies the willingness and the ability to buy an insurance plan. In other cases, social insurance models allow solidarity in contributions to guarantee the right to access certain (and sometimes defined) set of services.

In some countries and/or health subsystems within a country, social insurance schemes are based on compulsory contributions from formal employees and employers to a common fund, allowing same access independently of each one’s contribution. In other cases, social insurance schemes rely on direct or indirect tax contributions supporting public or subcontracted-private providers, or paying those providers on the basis of the use requested by specific population groups.

In summary, each country has its particular path to lead with financial health needs. In some cases, universal health protection mechanisms allow equitable access with low out of pocket expenditures. On the other extreme, lack of social protection mechanisms trigger individual responses from households, leaving to families the definition of their way to deal with health prevention, health care and expenses. In that case, ability to pay plays a significant role, affecting equitable results.

Methodological contributions allow the possibility of measuring catastrophic health expenditures and impoverishing expenditures in health care (Van Doorslaer, et al, 2005; Xu et al 2003), followed by a wide literature which analyzed, measured and discussed empirical applications to different settings (Baeza and Packard (2006), for Latin America, Wagstaff et al (2002), for Vietnam, among others).

Building social insurance schemes always request specific developments in terms of who is the population covered, what is the package of services designed to be guaranteed and how to define the right structure of (monetary and non-monetary) incentives and networks' organization to provide an effective implementation to the social protection strategy. Specific literature (Maceira, 2001; Hsiao, 2008, among others) offers complementary taxonomies to identify areas of intervention in financing, insurance, management, provision and regulation on health systems.

Clearly, institutional arrangements about how to provide health protection widely differ among countries. These differences are based on the available sources of funding, the institutional capacities to develop insurance mechanisms, the ability to identify and to apply sound managerial initiatives to orient utilization and care. Knowledge about needs, public priorities and strengths in a national strategy of health protection help in identifying effective areas for policy intervention.

As La Forgia and Nagpal (2012) analyze, Indian GSHISs provide financial protection to the poor against catastrophic health shocks, where "catastrophic" is invariably defined in terms of inpatient care. Rashtriya Swasthya Bima Yojana focuses mostly on secondary care; most state schemes emphasize tertiary care, while newer schemes demonstrate a strong emphasis on surgical procedures." The authors show that "ambulatory care is largely uncovered except for limited coverage as part of an inpatient episode. Nevertheless, significant variations in the depth of benefit coverage exist as evidenced by the wide range of inpatient treatment packages covered by the schemes". Overall, insurance schemes involved in La Forgia and Nagpal's study account for about 8 percent of total public health expenses, representing "additional spending to supply-side subsidies, (...) reflecting strong political support for these schemes and a correspondent budgetary commitment."

La Forgia and Nagpal's study also shows the main challenges GSHISs have to deal with, in terms of selection of providers, payment mechanisms, adverse selection and bargaining strategies in different settings with a wide array of stakeholders.

Following their recommendations, this paper brings particular evidence on the perception of GSHISs participants about the series of Forums organized by the World Bank to support public officials in managing their insurance institutions, looking for the contributions reached by the initiative, as well as collecting inputs for a future agenda.

3- Conceptual Framework and Implementation

The Consultation implemented during the Fifth Forum on GSHISs highlights the importance of measuring and documenting collective learning experiences and institutional capacity building. The ultimate goal of the Consultation is to identify the strengths and challenges of the, finding new directions for the future in terms of development of managerial capabilities as well as project orientation.

Conceptually, there is an institutional and socio-economic framework where health programs are introduced (GSHIS in this case). These basic conditions have a strong influence on the structure of the health care system, shaping priorities, incentives and relations within the current settings. In turn, stakeholders' goals, actions and perceptions about the system and those of other stakeholders, define the organization of the health care sector, leading to health results, not only in terms of health outcomes, but also in intermediate health care outputs.

Governments design and implement public policies recognizing the need to change performance indicators. They build their plan of action based on their own priorities and capabilities, affecting stakeholders' actions, mechanisms of resource allocation, and

planning. Tools like the Forums aim to enhance the effectiveness of these interventions.

The Consultation aims to identify criteria to define process and output indicators that measure the effectiveness of interventions. In order to do so, the Consultation proposes to link public officials' perception of health care needs –as well as their own requirements as policy makers- and relate them to the evaluation of the Forums. Specifically, topics covered include quality and utility as instruments for capacity building. In order to link the approach of this exercise with a more general conceptual framework, we rely on concepts and definitions already used by the World Bank Institute on Capacity Development.

WBI's approach to results calls for defining "institutional capacity changes as targeted in three broad areas: (i) inclusiveness of stakeholder ownership; (ii) efficiency of policy instruments; and (iii) effectiveness of organizational arrangements. The change can involve either alleviation of constraints as well taking as advantage of opportunities to build on existing capacity." From this perspective "intermediate capacity outcomes (as the ones the Consultation is trying to capture) are improvements in the ability or disposition of stakeholders (or change agents) to take actions. These improvements are considered intermediate, because the expectation is that the stakeholders—thanks to the improved ability or disposition—will act to effect institutional changes that advance a development goal." (WBI, 2011c)

Particularly, WBI defines "an intermediate capacity outcome is the result of one or several steps (or deliverables) in the capacity development intervention (or initiative). These steps can involve different instruments (or learning approaches), including learning- by-doing" (WBI, 2011b). These outcomes rest in the possibility of raising awareness and to enhance knowledge or skills. The next step is to facilitate the implementation phase, based on the know-how generated along the development process.

Finally, "how efficient are policy instruments in guiding stakeholder behavior toward achieving the development goal? The efficiency of policy instruments comprises the administrative rules, laws, regulations, standards, and other formal incentives that a society uses to guide stakeholder actions to achieve its development goals. The institutional characteristics listed contribute to the efficiency of policy instruments and are used for institutional diagnostics, program design and results management." (WBI, 2011a)

In this particular case, the specific goal of this research is to identify to what extent Forums were perceived as relevant tools for institutional capacity building.

The methodology consisted in the design, distribution and analysis of a multiple-choice questionnaire among the thirty-five public officials and GSHIS related personnel who attended to the Fifth Forum.

The consultation also included the selection of a sample of twelve representatives of the different insurance schemes who attended to the meeting, in order to allow in-depth discussions over the main topics included in the questionnaire. The Consultation also benefited from the collection and analysis of an evaluation form distributed during previous Forums.

The questionnaire (attached as an Annex) has four main groups of questions.

The first group collects information on participants' characteristics, as well as those of the GSHIS represented in the Fifth Forum, such as geographic setting (central or local government), age and number of public officials working in the GSHIS, as well as availability of data, a map of stakeholders and his/her tenure within the institution. This section will contribute to know which are the main characteristics of Forums' participants, some background information about the structure of GSHISs as well as

explore the map of actors who contribute to define GSHISs' objectives, strategies and perceived needs.

A second group of questions collects information on the needs and priorities of each participant based on their own perceptions and expectations about the Forums.

The third group of questions collects information on participants' value judgments on topics covered the Forums, quality of presentations and materials distributed.

The last group of questions collects information about changes in behavior in the decision-making process. These questions aim to guide the development of intermediate output indicators. For these questions, participants were required to comment on how Forums contributed in terms of awareness of new or revisited topics, design and implementation of policies, measurement and evaluation, and the implementation of changes in norms and procedures.

The following sections show the main results found from this Consultation. They combine charts and tables reflecting the findings from the questionnaires, complemented with opinions and comments originated in the in-depth interviews.

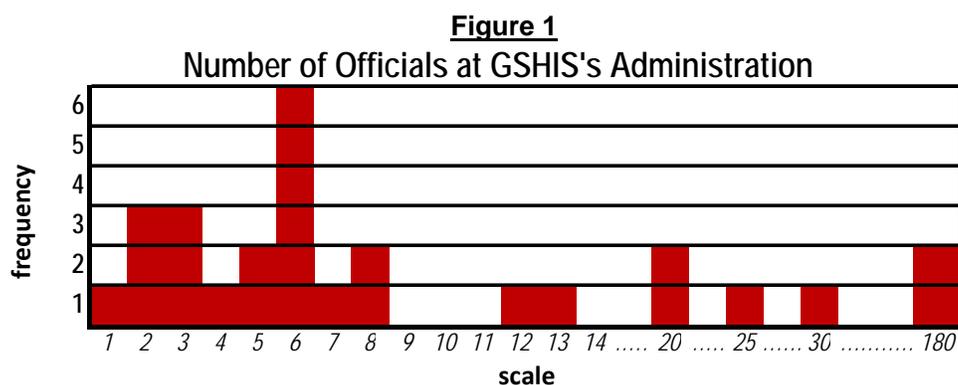
4-Forums' Audience

Participants' Characteristics

Forum participants belong either to Central Government Sponsored Health Insurance Schemes (GSHIS) or State related Insurance modes. They also vary in age and years in office, as well as perceived needs and expectations. This section provides information about these characteristics and those of the environment where GSHIS are applied.

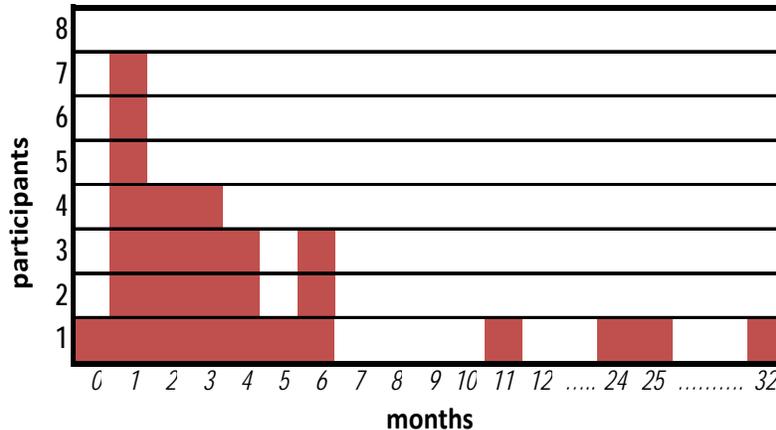
In general, Forums has had limited participation of external visitors, with the exception of resource personnel and speakers. According to the questionnaire distributed among participants in the Fourth Forum, three out of four attendants belong to State related health insurance institutions; meanwhile one fourth belongs to Central Insurance institutions.

Beyond geographical affiliation to local institutions, GSHISs show to be extremely heterogeneous in terms of number of staff members (scale). Figure 1 shows the array of alternatives found in the consultation: with a mean value of 22 staff members working per Insurance Scheme, and a mode of five, the range among them is extremely wide, with a minimum of 2 reported members and a maximum of 180.



In terms of tenure of the staff who participated in the Forums, information collected suggests a bias against seniority: one third of the respondents claim to have one month in a GSHIS institution, and only four have been working in Insurance schemes a span of time longer than a year old. Data available do not discern if this profile is linked either to the perception of Forums' objectives (which leads to send junior representatives) or to high rotation of personnel within these institutions.

Figure 2
GSHISs' Participants: Months in Service
 Tenure (in months) - n=27



The responses along the analysis of the database -built from the multiple choice questionnaires-, as well as out of the in-depth interviews reach two key findings related to such structure of the audience.

On one hand, the main interest of participants on Forums' organization is the need to develop a shared place to discuss and exchange experiences related to managerial issues in different local scenarios. This interest is driven by the demand of general frameworks and mainly of tools and methodologies to implement actions at the state level.

On the other hand, although the interaction with stakeholders seems to be a significant issue to address and to analyze, Forums are seen particularly as a "closed" space of public officials with similar interests and challenges. Mostly all interviews reveal the intention to protect and enhance the Forums' space, beyond the possibilities of finding new arenas of interaction with non-GSHISs actors.

GSHISs' Context

Context variables relates to the institutional and stakeholder environment where GSHISs develop their coverage plan. They are relevant to understand the objectives defined by each scheme, as well as the strategies develop to reach those objectives, and their perception about population needs, managerial challenges and success indicators.

Not only in health care, but in any system stakeholders play a relevant role in defining plans of action. In this case, the inclusion of GSHISs in developing countries implies the need to identify who are the actors involved in the process of implementing public policy, and the bargaining power of each of them. Well defined interventions many

times fail at the implementation stage when they did not consider in advance others' responses to own actions.

In that direction, supporting GSHISs' development through initiatives as the Forums are proposing requires acknowledging the map of actors involved, and –at least- how public officials perceive their presence and level of alignment.

The Consultation incorporated the analysis of stakeholders' context in the instrument developed for the Fifth Forum in Chennai, India. Forum's participants were asked about their perceptions about the importance of a defined list of stakeholders, as well as the alignment of each of them with the goals of GSHISs. Respondents had the choice of defining the level of involvement of each actor as "low", "middle" and "high" as a mechanism to identify relevant health system participants and their perceived bargaining power in the sector. In addition, each Forum's participant was requested to provide his/her believes about each actor's alignment or sympathy to the objectives of GSHISs. In this case, options were "in favor", "neutral" or "against" the goals of social insurance schemes.²

The list of actors involves institutional authorities, such as the National Government, Governors, and Municipalities, as well as the Legislative power and the Ministry of Finance. In addition the questionnaire includes health sector incumbent actors: public and private hospitals, physicians, private insurance companies and own GSHISs' bureaucracy. A third set of relevant actors includes social leaders, NGOs, religious groups and the media, as well as international organizations.

For each case (alignment and involvement) weighted sums for each actor across Forum's participants provided the possibility of defining a ranking of alignments and involvements of every actor, according to participants' believes.

Figures 3 and 4 below introduce the results of this analysis. The first Figure provides the ranking of stakeholders in order of relative power in the sector, according to the perceptions of Forum's participants. The horizontal axis reflects the result of the weighted sum across respondents.

On the other hand, Figure 4 provides the ranking of perceived alignment with GSHISs, from the perspective of those schemes' staff participating in the questionnaire. Some learning about the relation between contexts, perceived needs, and Forums' contributions are discussed further along next sections.

In both Figures the simple mean is presented, in order to identify relative alignments and involvements (below or above the mean value)

Results show that health sector's incumbents, such as private and public hospitals, physicians and internal bureaucracy are ranked within the five-most influential actors from the perspective of social insurance's officials. The only exception identified belongs to private insurance companies, a potential competitor in the capture of patients and the negotiation of contracts with providers. Their location in the ranking, below the mean value in the Figure of actors' involvement, suggests that the space for competition between social insurances schemes (GSHISs) and private companies is narrow, with reduced chances for competing for affiliates.

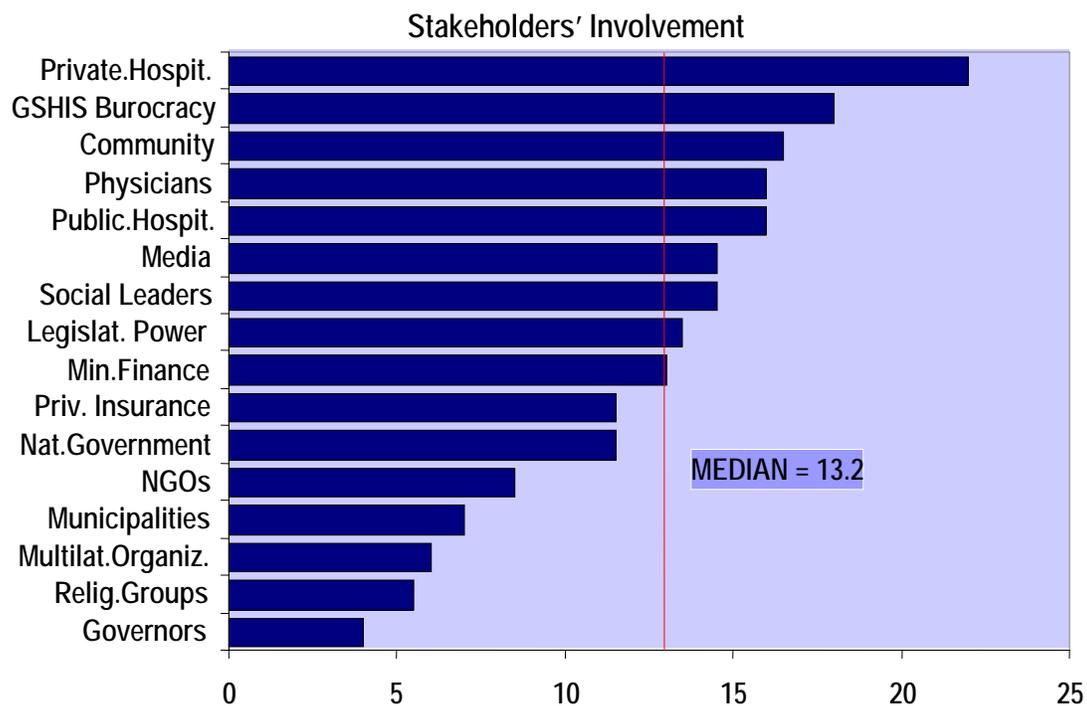
The participation of private providers as main actors in the GSHISs structure of stakeholders clearly shows their role as key counterparts in expanding social health protection in India. This same conclusion arises from the interviews. At the moment of

² Responses were weighted as follows: when involvement was considered "high" it was ranked with 1.5 points; in the case when a particular stakeholder's involvement was punctuated as "middle" the rank was 1 point and 0.5 in the case of "low" involvement. In the case of measuring alignment with GSHISs' goals, "in favor" received 1 point, "against" received -1 points, and "neutrality" obtained 0 points.

identifying the most significant actors at the local level, private hospitals reveal as a main source of attention, in terms of designing contractual mechanisms, reaching quality assurance and expand coverage by developing networks of suppliers.

Community, social leaders and the media constitute a second group of local actors heavily involved with social insurance initiatives, according to their official's perceptions. On the other hand, political actors and governmental executive powers at national, provincial and municipal levels show limited involvement. Completing the map of GSHISs, collective institutions (civil society, religious, as well as multilaterals) are not perceived by public officials as main actors in the process of implementing social insurance schemes in India.

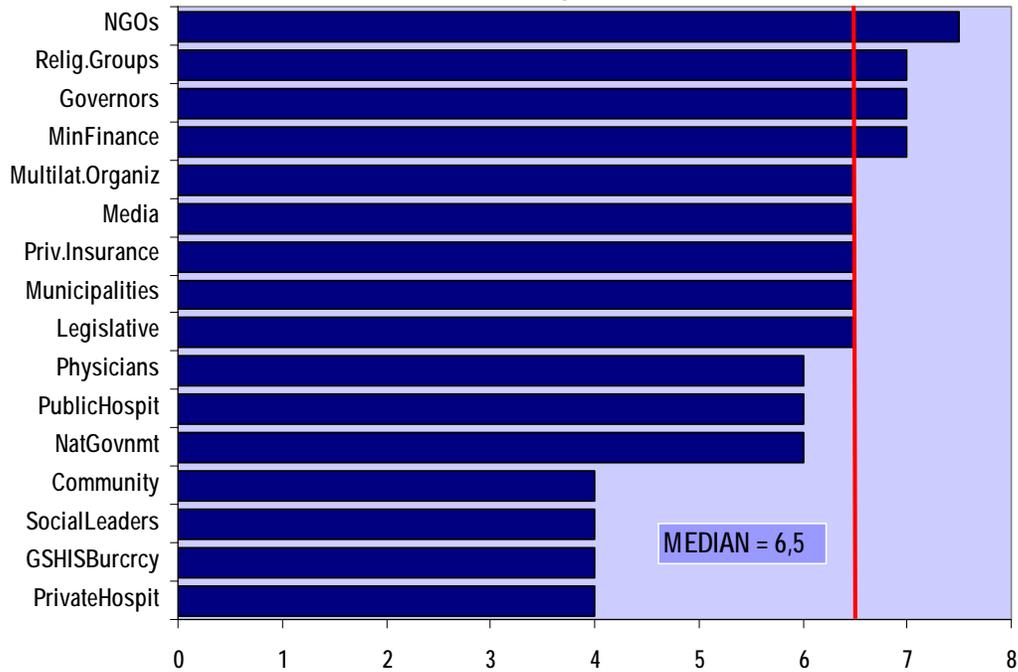
Figure 3



Clearly, the analysis of stakeholders' involvement relates to their importance in the policy making process, but it does not mean alignment. Higher involvement, in order to facilitate public policy implementation, preferably requires agreement about main objectives, sharing timing and strategies.

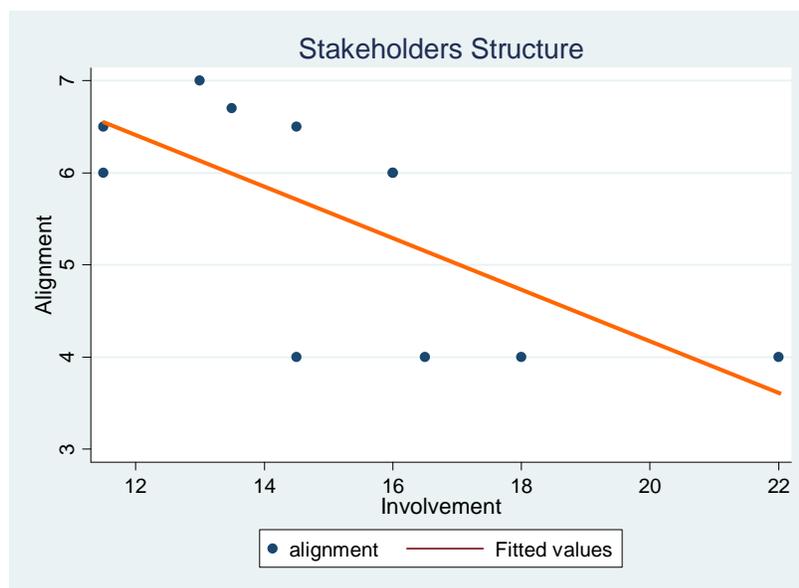
However, as Figure 4 shows, strong Forum participants are relatively more distant stakeholders with GSHISs. On the other hand, institutional actors with lower involvement are perceived as the closest in terms of priorities. Only two exceptions seem to be breaking the pattern. Media shows as a strong actor with relevant alignment with the GSHISs' plan, while the National Government keeps low both, involvement and alignment.

Figure 4
Stakeolders Alignment



As a result, Figure 5 summarizes the inverse relation between stakeholder alignment and their involvement with GSHISs' objectives. It imposes an additional challenge to GSHISs' officials: to develop a strategy of interventions which main actors who are not necessarily the ones with the closer shared objectives.

Figure 5



5- Perceived Needs

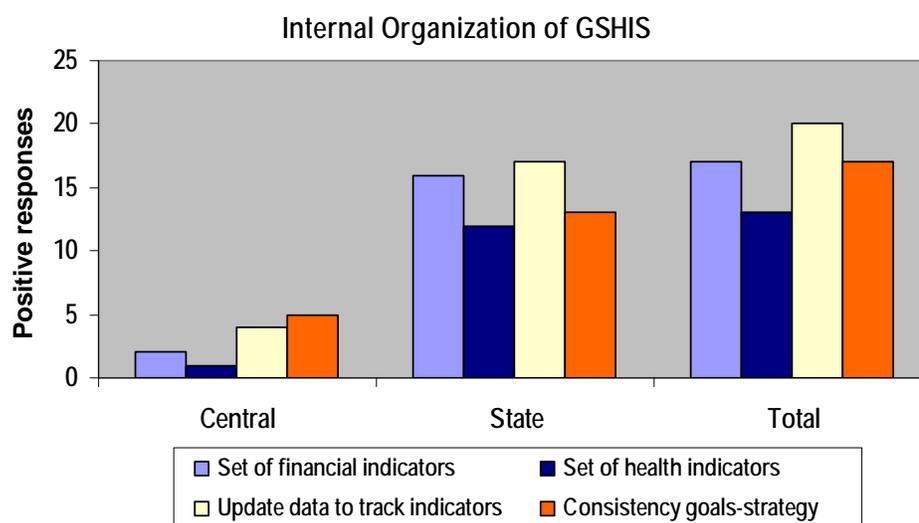
In order to evaluate how effective the Forums Initiative has been in assisting GSHISs' officials, a series of questions were included in the Consultation questionnaire about current organizational capacity of the insurance schemes to manage and monitor particular indicators, and to identify perceived needs and challenges.

In the following sections those perceived needs and challenges related to organizational capacity and monitoring of key indicators will be presented. These results are important for understanding the relevance of Forum activities and how they were capitalized by their participants.

About two-thirds of participants consider that their institutions have been able to align their strategies with planned goals, and twenty out of twenty-five respondents suggested that their organizations are usually able to update data to track their indicators.

Nevertheless, information analyzed, and presented in Figure 6, suggests that the definition and collection of health indicators is more challenging the collection of than financial indicators in both State and Central GSHISs. Data availability is relatively more available in local insurance schemes than at the central level. Moreover, participants' opinions agree on the need to develop systematic methods to analyze collected data to improve their decision-making process. All officials interviewed perceived that the implementation of GSHISs has created the opportunity of building more consistent databases. However, its effective utilization is still a pending issue.

Figure 6



Next, Forums' participants were asked to rank a series of proposed topics in order to organize a priority setting structure to be contrasted against Forums' activities. The list of themes relates to a broad array of activities linked with usual GSHISs tasks. They include six dimensions: financing, insurance, management, provision, regulation and monitoring.

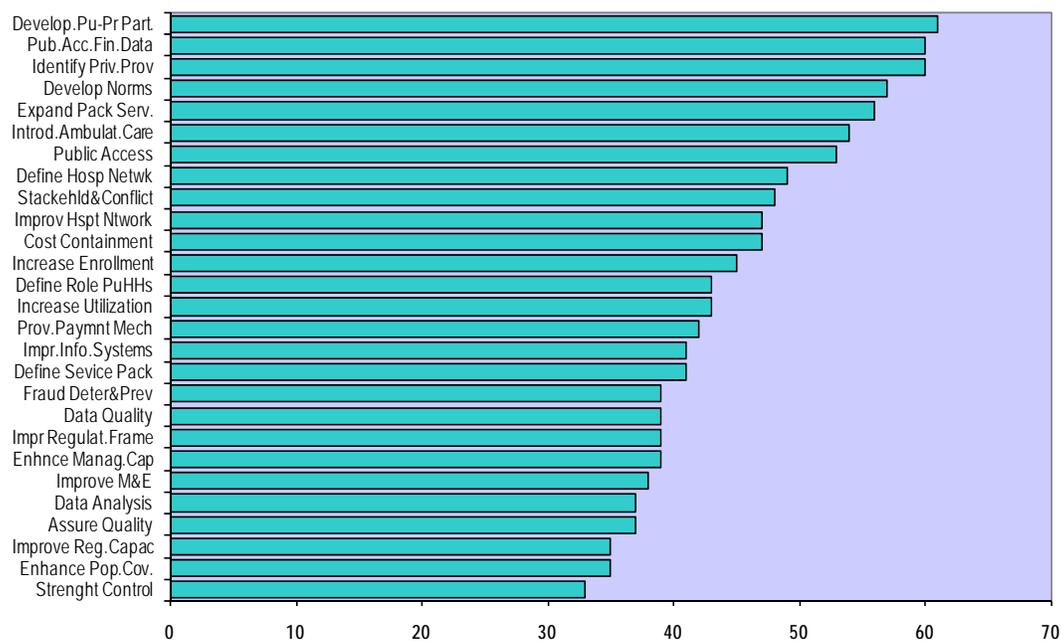
Positive responses in each field were aggregated defining a ranking of perceived needs at the overall GSHIS level. Figure 7 presents these results, which were consistent with the opinions collected through in-depth interviews³.

Responses show that activities related to developing health care networks are priority topics for public officials at India's social insurance schemes. Considering the most voted responses, challenges are associated with developing public-private partnerships, identification of providers, either public or private, definition and/or improvement of health care networks, ensuring assure access to public facilities and introduction of ambulatory practices in the set of services provided to their beneficiaries.

A second set of priorities are linked with the governance and regulation of the GSHISs. It considers the definition of norms, the creation of mechanism to deal with conflicts with stakeholders, as well as the expansion of their packages of services, and enhancing enrollment and utilization.

On the other hand, managerial and monitoring-and-evaluation topics were not considered as perceived emerging issues by Forums' participants, and relegated to the bottom of the chart. Examples of them are: ensure quality, enhance management capacity and cover fraud deterrence, within the managerial brunch of activities; and improve information systems, definition of data quality and data analysis, all tasks related to M&E.

Figure 7
Emerging Issues



Not surprisingly, some differences arise when responses are separated between different types of institutions.

³ Questionnaires requested to rank each topic from 1 (most important) to 4 (less important). Based on valid (non-empty) responses, each vote takes value 4 in the case the topic was considered as "most important", 3 if important, 2 if relevant and 1 if "less important". Individual weighted perceptions were added across responses. Horizontal axis on Figure 7 shows the weighted sum for each option for all respondents.

Figure 8 (a-b)
Emerging Issues by type and scale (staff) of GSHIS

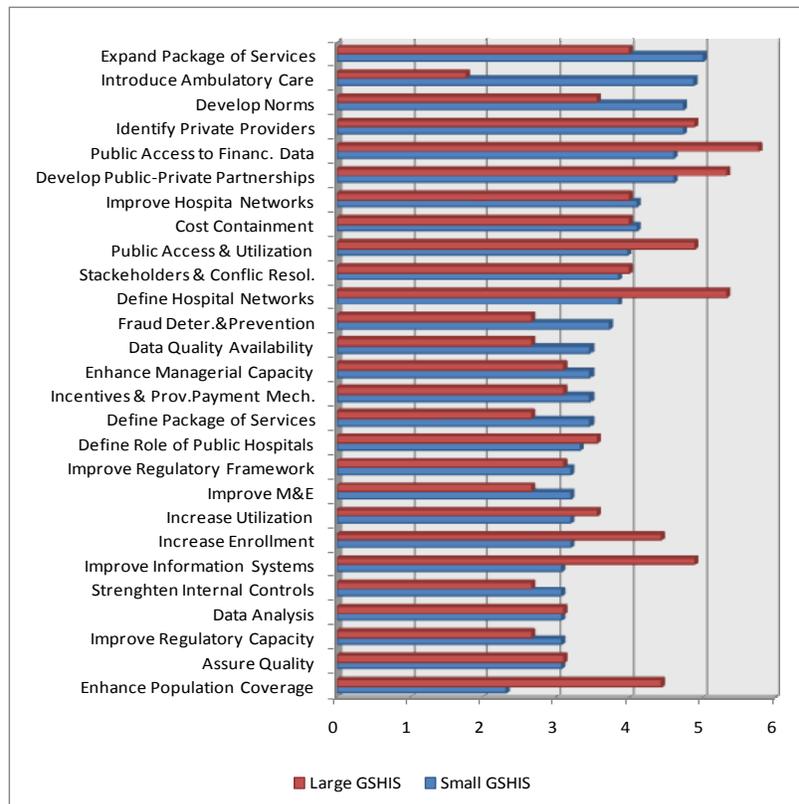
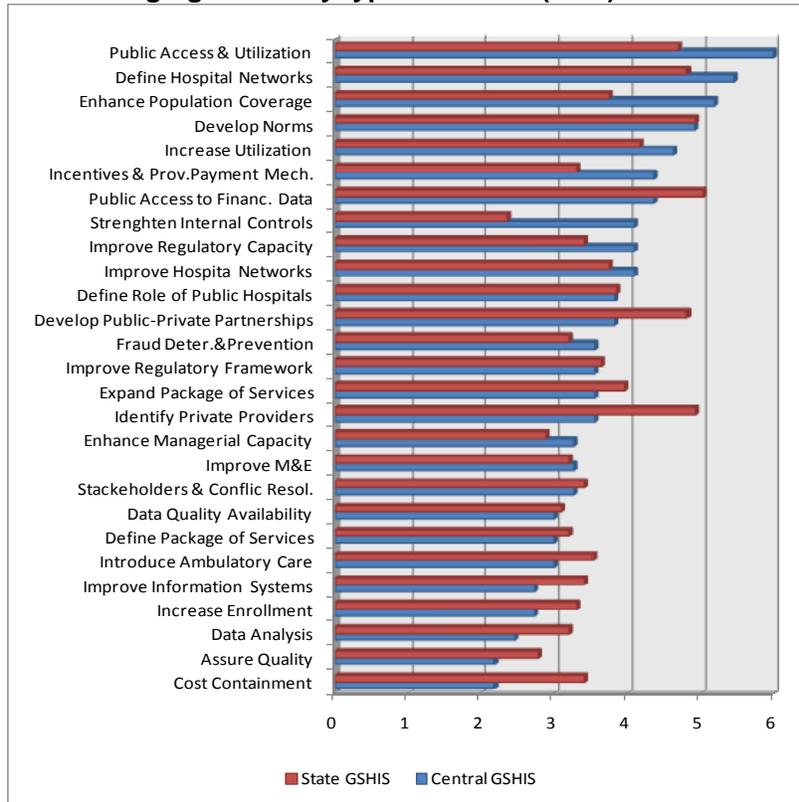


Figure 8 shows the same answers to the list of emerging issues, opening them in terms of geographical nature of GSHISs (central v state controlled, in Figure 8a), and according to scale (based of participants' definition of number of public officials working in them, in Figure 8b). Both Figures were built based on the same weighted sum criteria than Figure 7. In these cases, and per group, each item was expressed as percentage of total.

The definition of steps towards covering ambulatory care, as well as the improvement of normative issues does not seem to be as relevant in large insurance schemes as in smaller ones. On the other hand, the identification and development of private providers is a shared problem across institutions. In addition, large scale insurance schemes give more importance to increase enrollment and population coverage than smaller ones. Same bias occurs with the need to improve information systems.

6- Motivation

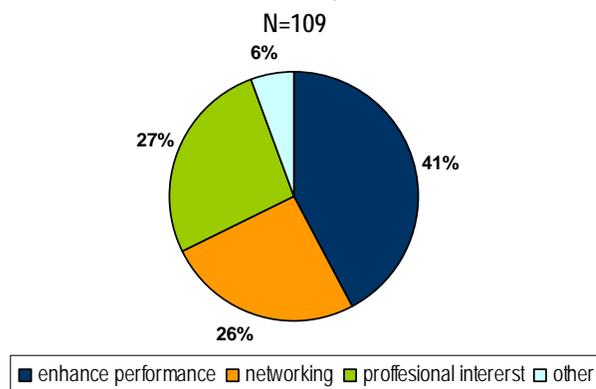
What do GSHISs participants expect from the Forums? Participants were asked to rank three alternatives: "enhance performance", "networking" and "professional interest", which results are shown in the Figure 9 below.

Responses show that "enhance performance" was the highest-ranked alternative, following by the two remaining options with same relative importance. Nevertheless, in-depth interviews coincide with the argument that participating in the Forums is related to "bring people together, exchange experiences and discuss topics that everybody needs to address," as suggested by one GSHIS's staff interviewed.

According to GSHISs' officials, in the past there were different events organized by the Indian Government that brought to GSHISs' staff the opportunity to meet and connect with each other. Although, these particular Forums provide the opportunity of interact within a smaller group and allow a new format where methodological framework and capacity building are combined to facilitate interaction. In addition, recurrent events over time increase incentives to define and pursue a joint agenda. In that direction Forums fill a vacant space in empowering public social insurance institutions.

Figure 9

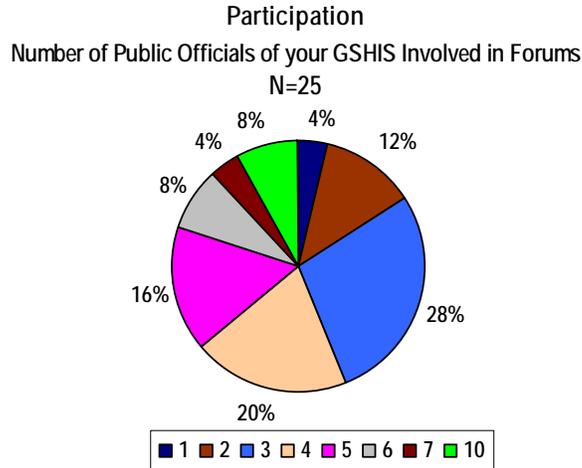
Main Reason for Participating in Forum



GSHISs participants in the Fifth Forum were asked about the number of public officials working in their institutions who attended in the current or prior Forums. Responses vary across GSHISs. Three members per GSHIS attending to the meetings is the

most-frequent answer (29% of respondents, 7 individuals), followed by four members by scheme. Nevertheless, consultation shows strong dispersion between ten assisting members (two cases) and only one case attending to just one Forum.

Figure 19



In addition, 42% of participants attended to four out of five meetings, only one respondent claimed to have assisted to all five workshops, and eight of them were present in the last meeting at their first time. Personal interviews with public officials clarified that staff selection depends on Forums' agenda and location. According to them, this approach opens the possibility of involving a broader group of people, although reducing the chances of following up on future interactions with other social-insurances' staff, and having consistent participation of a core set of officials.

Figure 11

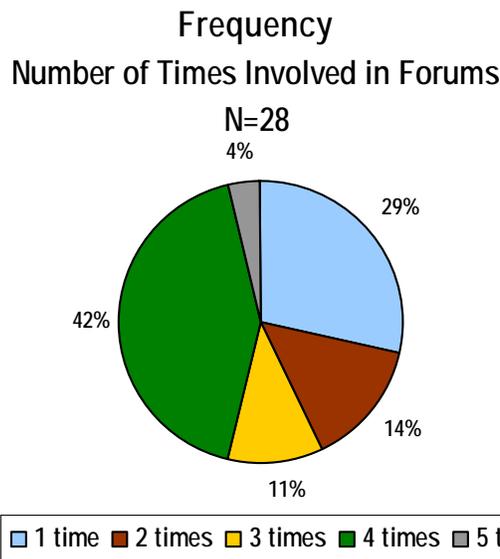


Table 1 summarizes the information received from respondents to the Consultation in terms of frequency (number of times participated in the Forums), number of participants per insurance scheme, and scales (number of public employees involved in GSHIS), considering separately Central and State institutions.

Table 1
Insurance Schemes' Scale and Participation to Forums

		GSHIH							
		Central				State			
		N° obs.	Mean	Min	Max	N° obs.	Mean	Min	Max
Frequency		7	1.28	0	4	22	1.35	0	5
Participants		5	3.6	3	5	23	4.32	1	10
Scale		5	44.2	3	180	23	15.61	0	180

Note: not all participants fully responded all three questions. Because of that, no.of observations differ.

7- Forums Contents

Forums Coverage of Perceived Emerging Issues

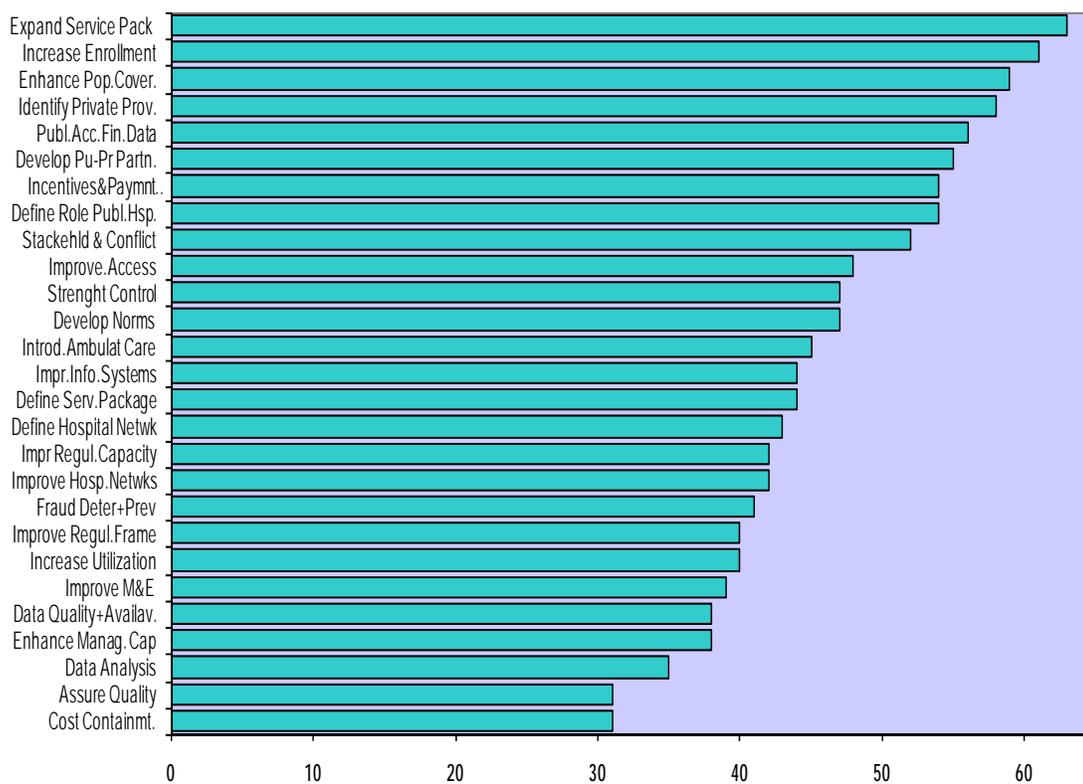
As part of the topics covered by the Consultation to public officials who attended to the Forums, the designed instrument inquired about the main topics covered by the workshops. The list of topics were the same as those proposed at the moment of requiring information about perceived needs of GSHISs, allowing comparisons between social insurance's perceived requirements and Forums' agenda.

As in Figure 7, questionnaires requested to rank each topic from 1 (most important) to 4 (less important). Based on valid (non-empty) responses, each vote takes value 4 in the case the topic was considered as "most important", 3 if important, 2 if relevant and 1 if "less important". Individual weighted perceptions were added across responses. Horizontal axis on Figure 12 shows the weighted sum for each option for all respondents.

Figure 12 shows how participants in the Fifth Forum ranked the topics addressed by the workshops, suggesting that issues such as "expansion of the package of services" financed by GSHISs and "mechanisms to increase enrollment and enhance coverage" were those with higher presence in the Forums' agenda, followed by issues related to the organization of health care networks of providers and normative design.

Figure 12

Forums' Coverage of Emerging Issues



Ideally, the higher the interest shown by public officials in the discussion of identified key issues the more intense their coverage within the Forums' agendas should have been. Similarly, non-important issues should not be included in the plan of activities designed by the World Bank in India.

If this were not the case, it would be possible to see under-coverage of important topics -as they were perceived in the field-, or excess of coverage of non-relevant issues. Figure 13 summarizes this argument by using a simple matrix with two entries: importance of a given issue, and its coverage within the agenda developed by the Forums. The combination of both arguments gives room for four potential scenarios to analyze.

As part of this exercise, Figure 14 presents how perceived needs and perceived coverage were seen by public officials. The line depicted shows the correlation between both variables, where each point represent the pair of responses (needs and coverage perceived) of GSHISs' participants. The graph relates needs with Forums' strategy to improve public officials' knowledge about those issues, suggesting a positive relation between both of them.

In general, under the perception of public officials who participated in the Consultation, Forums seem to be a useful and effective way to deal with capacity building.

Figure 13
Consistency between perceived needs and Forums' coverage

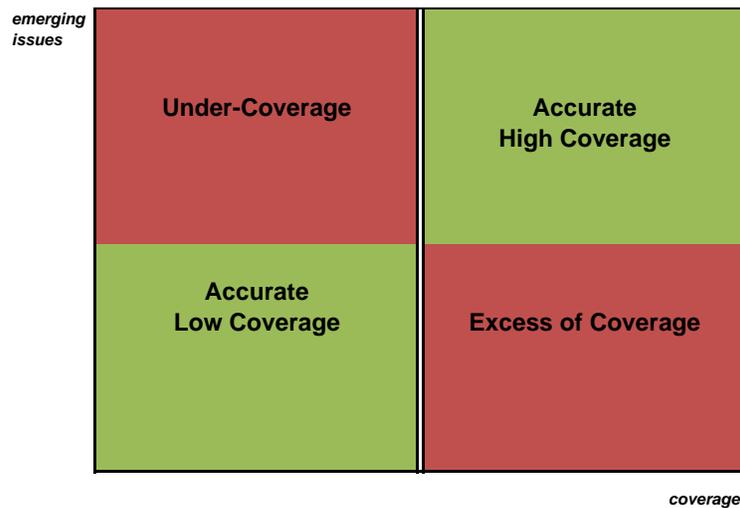
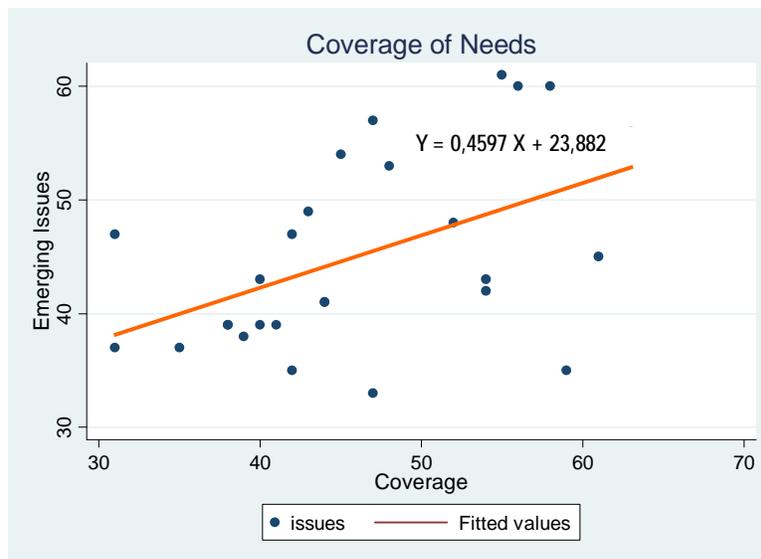


Figure 14



Finally, Figure 15 uses the framework proposed in Figure 13 with the information presented in Figure 14, where emerging issues and Forums' coverage were defined by GSHISs participants. In other words, the new Figure summarizes the argument by identifying which are the topics included in each combination of perceived needs-Forums' coverage shown in Figure 14. The mean value of each axis was considered as the threshold of under/over coverage and relevance, according to the information originated in the questionnaires.

Results confirm that public officials are interested in addressing the organization of health care networks and related topics, requiring additional assistance from the Forum. Nevertheless, a broad array of topics is properly addressed by peer-encounters, from identification of private providers and public-private partnerships until

stakeholder analysis and normative development. On the other hand, coverage enlargement and enrollment is not perceived as a main strategic issue by public officials according to their responses, being perceived as over-covered by the Forums.

Figure 15
Priority Topics and Forums' coverage

<i>emerging issues</i>	<p>Cost Containment Improve Hospital Network Define Hospital Network</p>	<p>Development of Normative Public Access and Hospital Utilization Stakeholder Analysis and Conflict Develop Public-Private Partnerships Public Access to Financial Data Identify Private Providers Expand Package of Services</p>
	<p>Quality Assurance Data Analysis Enhance Management Data Quality and Availability Improve M&E Increase Utilization Improve Regulatory Framework Fraud Deterrance Improve Regulatory Capacity Define Package of Services Improve Information Systems</p>	<p>Define Role of Public Hospitals Define Provider Payment Mechanisms Enhance Population Coverage Increase Enrollment</p>
		<i>coverage</i>

Emerging Issues and Stakeholders' Involvement

As it was presented before, perceived needs and consistency between managerial needs and Forums' contents find some variation among social insurance officials, based on scale characteristics, such as number of public officials per scheme and central/state level insurance. Beyond that, as we will discuss in this section, stakeholders also affect priorities and perceptions of those who participate in the governance of social insurance schemes.

Population characteristics in terms of income and health-care needs influence on priorities defined by GSHISs, as well as the presence of strong social leaders will become a strong incentive to improve performance. On the other hand, limited supply of health providers will trigger efforts to improve identification of suppliers and impose higher efforts to build a proper network.

These arguments need to develop a mechanism to capture how social context affect priorities and strategies at GSHIS's level. The Consultation brings some inputs to perform preliminary steps in this direction, through the analysis of stakeholders introduced in the prior section. Next Table summarizes an interception of identified priorities and main stakeholder involvement in social insurance schemes' activities. The intention is to provide methodological tools that help in systematizing these interactions.

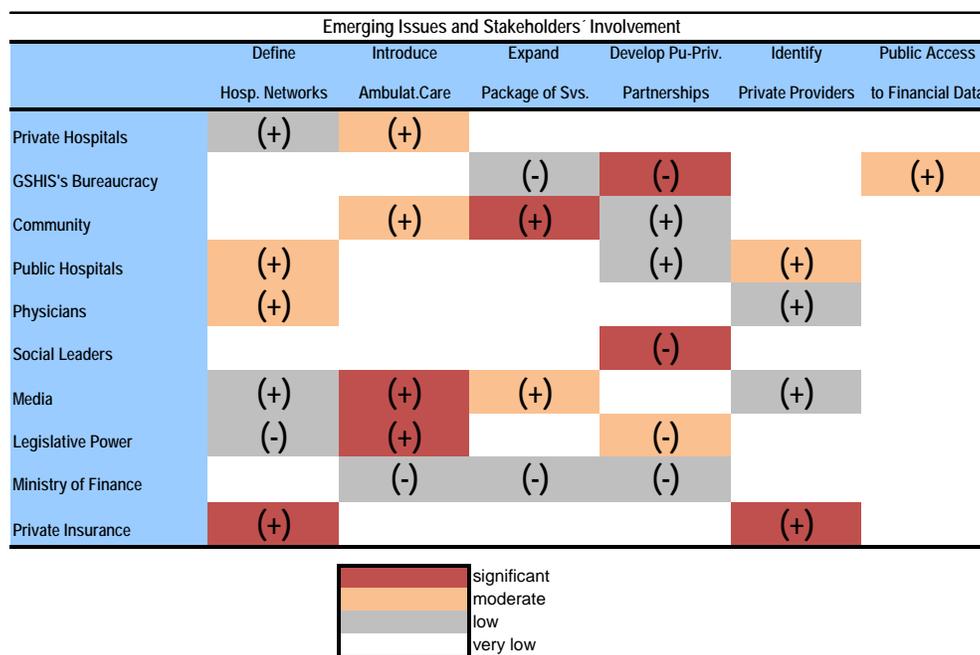
The next Figure 16 introduces some preliminary results to include in a broader agenda on health systems' reforms and governance. The matrix shows the correspondence between the relevance of selected actors, as discussed in section 4 before (and depicted in Figure 3), with the main emerging issues that arose from the Consultation (shown in Figure 7). Both Figures actually summarizes responses from participants to

the Fifth Forum in Chennai. Therefore, it is possible to build a dataset identifying for each of them their opinions about both issues (stakeholders' relevance and emerging issues), and calculating a correlation matrix between both sets of variables.

Each entry of the matrix in Figure 16 shows the direction and relative significance of each correlation ratio between two variables (emerging issue-stakeholder). To simplify its understanding, each entry shows the sign and the relevance of the correspondence. For instance, a positive sign represents alignment between one actor's relevance and a specific topic. In addition four levels of statistical relevance were identified: significant, moderate, low and insignificant, based on correlation rates.

Presented as an example, the definition of Hospital Networks to enhance coverage is seen as a relevant policy intervention for GSHIS in those cases where providers' involvement (private hospital, and specially physicians and public hospitals) is relatively significant. On the other hand, developing public-private partnerships have negative correlations with bureaucracy and social leaders (generally an ideological issue is found in developing countries associated to the privatization of health care), although the measure seems to be in the same direction than community and public hospital involvement. In all cases, reforms related to increasing expenditures see a weak correlation with Ministry of Finance participation.

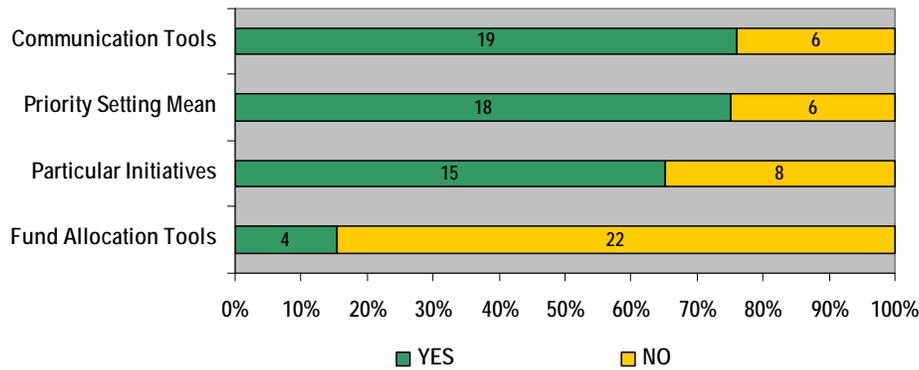
Figure 16



Finally, Figure 17 summarizes the information collected from routine questionnaires distributed during the Forums. These instruments requested information about main topics where Forums provide technical assistance. Although Forums did not distribute specific communication tools, participants perceive an impact on their ability to use Forums' material as part of a dissemination strategy. Beyond that, allocation of resources shows to be a topic to address in more detail in future editions of the Forum. Four out of 26 respondents perceived Forums as a useful space to discuss financial and purchasing issues. In the same direction, Figure 15 had shown the need to improve the study of cost containment mechanisms.

Figure 17

Forums' Assistance on Key Issues

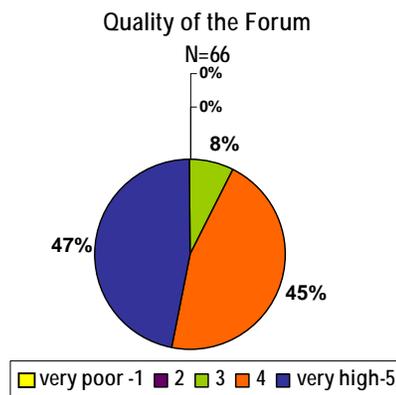


8- Results Achieved. Process Indicators

Information collected during the Consultation at the Fifth Forum in Chennai, India combined with satisfaction forms obtained from a sample of participants along the prior meetings, shows very promising results in the organization of these types of events. The five Figures presented below provide insights about the participants' perception of the Workshops' quality, the relevance of the topics addressed along the series of meetings, and the performance of the guests speakers invited to them.

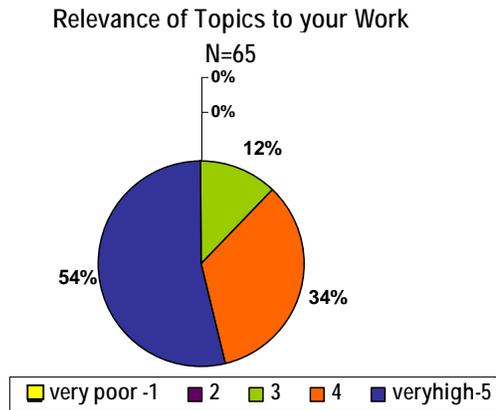
Specifically, ranked from 5 (very high) to 1 (very poor), the quality of the meetings received the maximum score in 45% of the cases, with 66 valid responses (including opinions from four out of five Forums). Between "very high" and "high", it is possible to include 92% of total responses. Individual interviews support these results. A frequent argument collected from interviews is that managing social insurance schemes in India requires substantial efforts for public officials, sometimes with limited time for technical discussion and exchange of opinions. Forums allow enhancing these ties among participants proposing relevant and well defined topics for the debate.

Figure 18



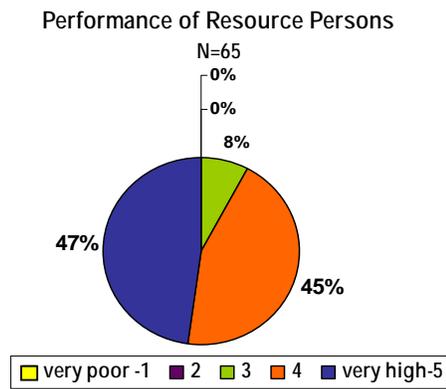
Similarly, 54% of respondents (N=65) agrees that the relevance of the topics covered is “very high”, while 34% ranked them as “high”. Only 12% of the Forum’s participants introduced an intermediate perception of the discussed agenda.

Figure 19



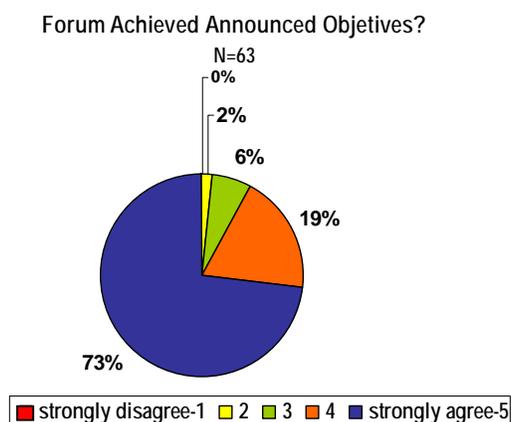
Participants also have a high perception of the relevance of topic covered in the Forum. The share of participants who keeps a high consideration about the relevance of topics covered is greater, reaching 54% of collected opinions

Figure 20



In addition, an overwhelming 73% of the public officials involved in the consultation strongly agreed about reaching the announced objectives of the Forums, as a process indicator. This percentage plus the one reporting those participants who claimed to “agree” with such statement leaves 92% of respondents fully satisfied with the Forums’ format. Just five out of sixty-three respondents weakly agree with the effectiveness of the initiative.

Figure 21



Also, in every Forum, beyond the information collected during the Consultation-, the World Bank representatives circulated an evaluation form, with participants' feedback. This information was summarized in Table 3 below, supporting the results obtained later on. About a hundred opinions were collected from participants of the first four Forums, providing a very satisfactory feedback.

Nine out of ten participants valued the Forums as "high" or "very high", with no one labeling their evaluation as "very poor" or "poor". Information reveals that the evaluation was also very homogeneous between Forums. This homogeneity across Forums is also consistent across attendants with different reasons for participating in the workshops. Composite data reveal that in all cases (looking for performance enhancement, networking or pure professional interests) "high" and "very high" answers account for more than two-thirds of valid responses.

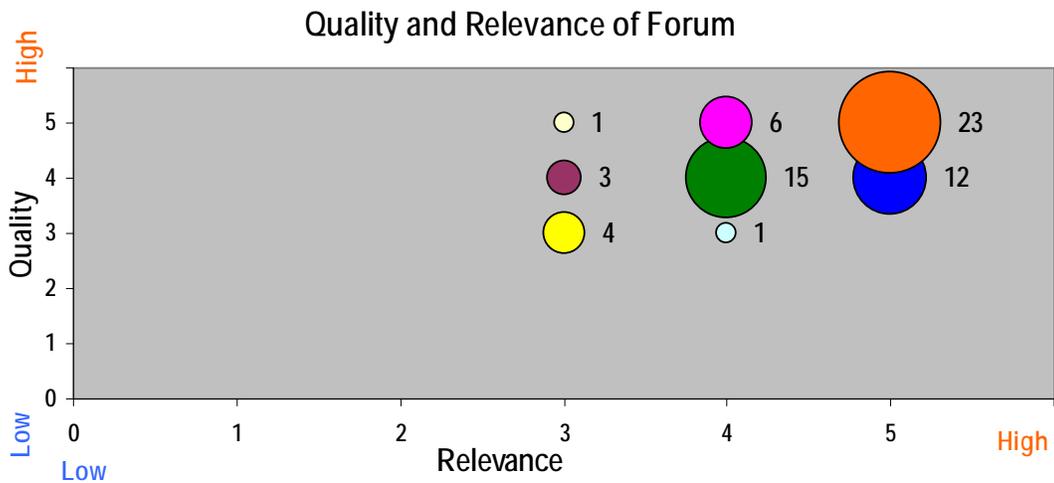
Table 3
Forum Evaluation by Type of Participant (All Forums)

Main Reason for Participating in Forum	Quality of the Forum				
	V. poor 1	2	3	4	V. High 5
Enhance Performance	0	0	3	22	22
Networking	0	0	3	10	10
Professional Interest	0	0	4	11	11
Other	0	0	0	2	2
Total	0	0	10	45	45

Note: Each participant may vote on more than one line

In general, participants to the Forums perceive both, quality of presentations and relevance of topics covered as main characteristics of the workshops, as it was separately presented in Figures 18 and 19 below. In addition, Figure 22 shows that there is a strong correlation between both indicators: 41% of opinions associates high perceived quality of the meetings with a high relevance of the topics involved. Meanwhile, the relation between high quality and very high relevance finds twelve responses (18.46%). Overall, fifty six out of sixty five votes suggest Forums' contents as high/very high quality and relevance of topics addressed.

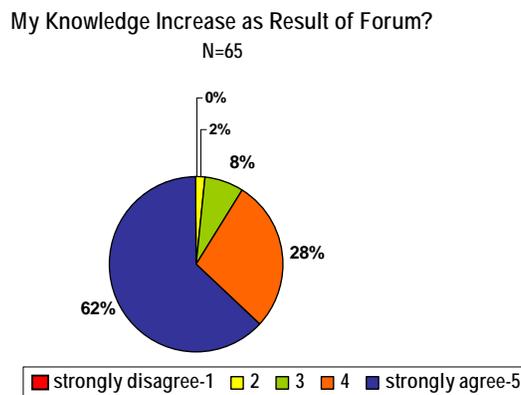
Figure 22



9-Results Achieved. Product Indicators

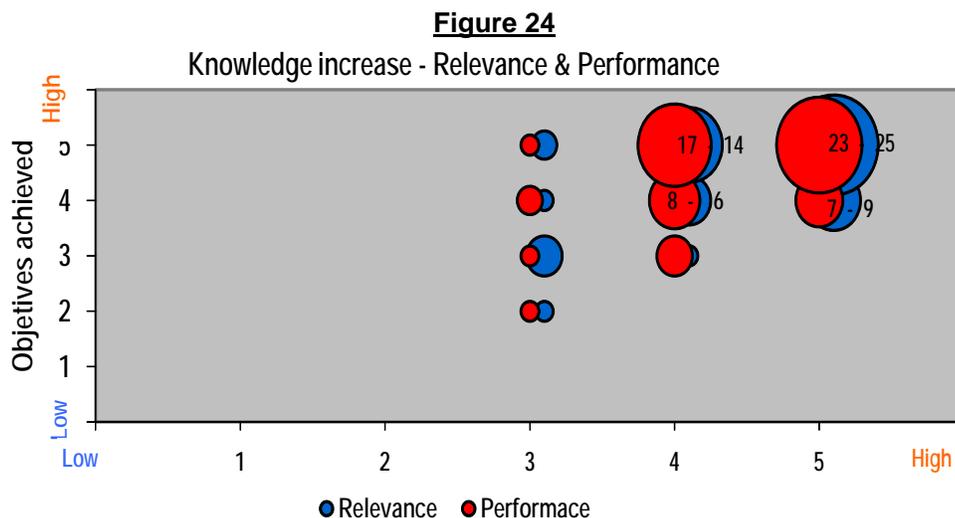
Finally, this section summarizes how participants perceive achievements of the Forums in terms of related output indicators. Results obtained from the multiple choice questionnaire show in Figure 23 that about 62% of opinions (41 votes) strongly agree about the capacity of GSHISs' workshops to enhance knowledge. These perceptions are also related to the correlation between perceived needs, their inclusion as main discussion topics in Forums' agenda, and the quality they were addressed. Only 6 out of 65 opinions consider that there is a weak impact of Forums on their managerial knowledge.

Figure 23



Similarly, participants clearly relate objectives achieved by the Forums with their relevance and the quality of their resource persons. Figure 24 allows us to see a correlation between these variables. Out of sixty three valid opinions, red circles show the association between Forums' objectives achieved and Forums' performance, based on participants' perceptions. Blue circles present the same analysis between objectives reached and relevance of topics covered along the Forums. 36.5% of participants considers there is a strong relation between very high performance and also very high

satisfaction about the objectives achieved. This number increases to 25 (almost 40%) when the relation relevance-objectives is observed.



Nevertheless, in-depth interviews show that there is still room for improvements. This perception is linked with specific topics that are required to be developed, as well as with the possibility of enhancing technical capacity in designing and implementing specific tools to improve key policy instruments. As an example, several of the voices representing twelve of the GSHISs participating in the Fifth Forum mention the need to analyze moral hazard, reducing incentives for patients and providers of by-passing primary care facilities and redirect their consultation towards higher-level providers, already included in current social insurance plans.

A more in-detail analysis of such actions can be understood by considering the information collected in Figures 25 to 30 below. Each of them shows GSHISs' perception about how Forums were able to impact in an array of six different groups of activities, where the horizontal axis shows the number of positive responses for each topic by Fifth Forum's participants. They are: (i) awareness of health care challenges in social insurance schemes, (ii) design of policies, (iii) implementation, (iv) measurement of results, (v) performance evaluation, and (vi) production of norms, protocols and procedures.

In each case, the same set of topics was asked to rank in terms of how Forums were able to impact in the performance of each one of those activities. As can be observed, rankings change from one activity to another. As an example, participants believe that the Forums become a valuable vehicle to improve their awareness on quality assurance, cost containment and the need to enhance population coverage. None of them were considered as priority in Figure 15. On the other hand, perceptions may imply that the initiative helped in the design of policies related to other topics, such as the definition and expansion of the package of services, as well as in the analysis of fraud deterrence and prevention.

Some topics are included in the top positions in almost every chart. That is the case for quality assurance and cost containment, with wide variability across functions. In addition, this family of Figures also shows the pending challenges that Forums will face in the future: responses related to "awareness" collected more positive opinions, with a mean variable relatively higher than those of design, implementation and measuring

and evaluation. Particularly, tasks related to data analysis and production of normative, protocols and procedures seems to be the ones with the lowest Forums' impact.

Figure 25

Forums' Impact on Awareness

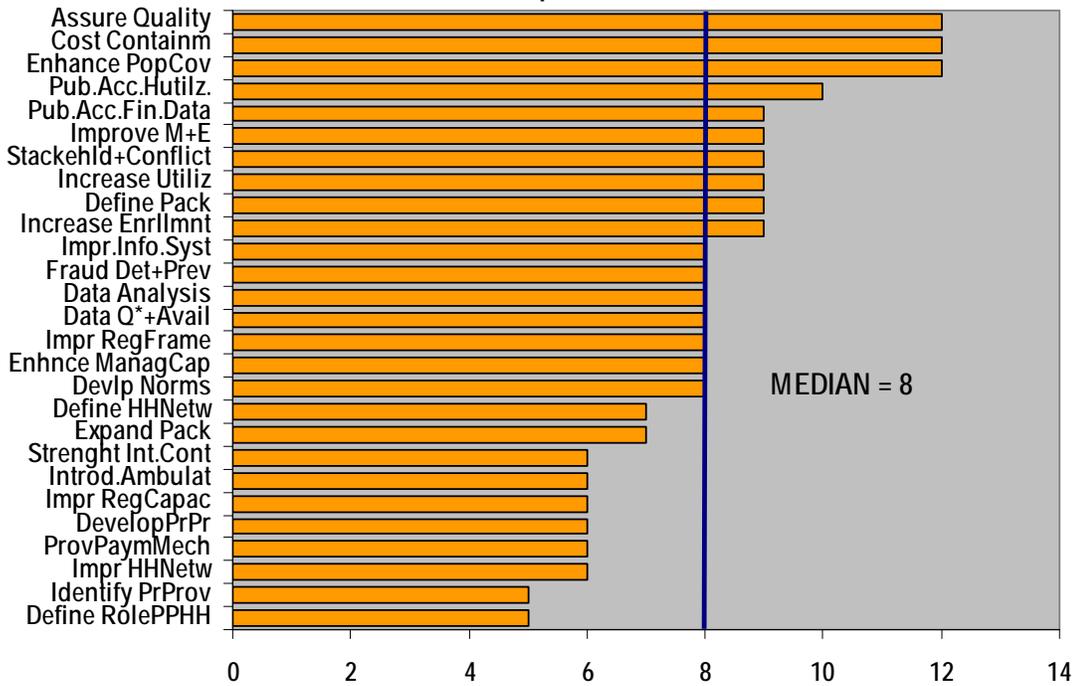


Figure 26

Forums' Impact on Desing

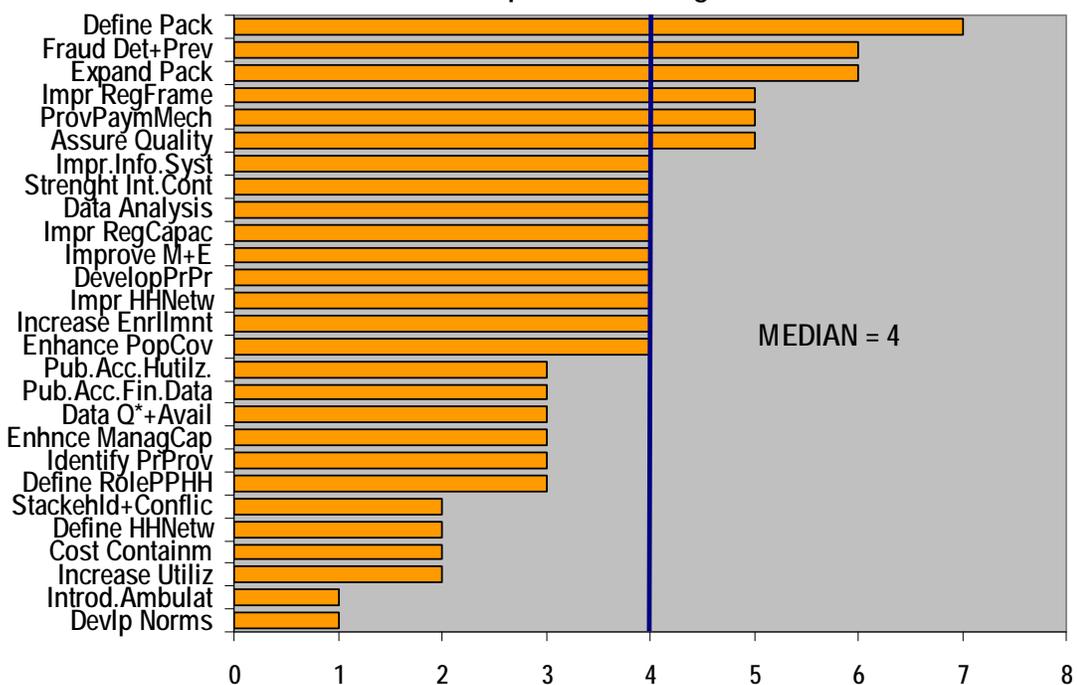


Figure 27

Forums' Impact on Implementation

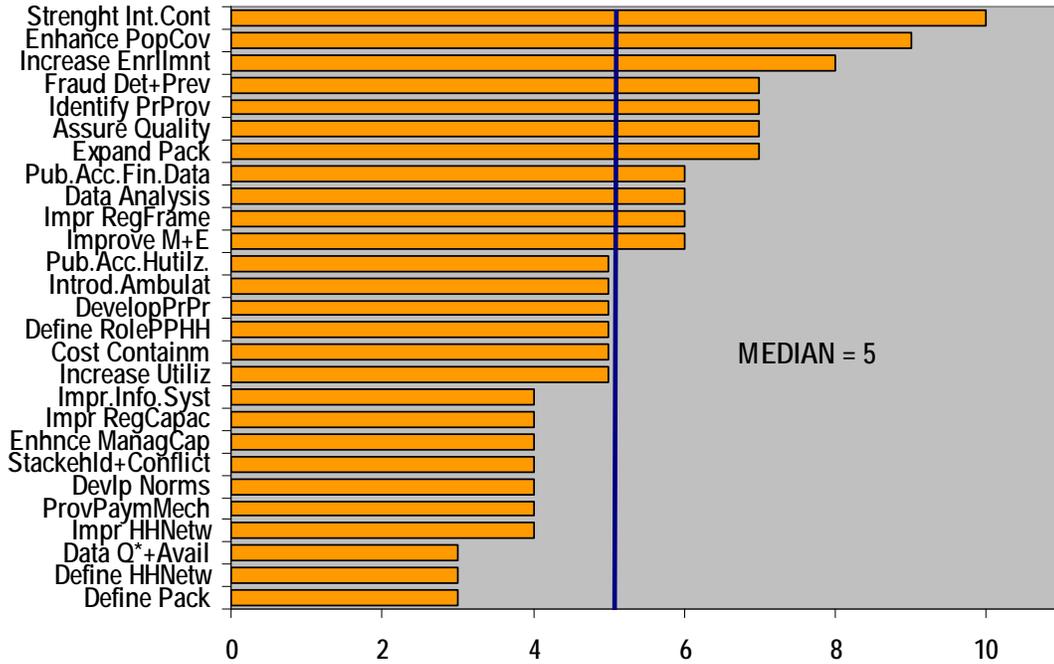


Figure 28

Forums' Impact on Measurement

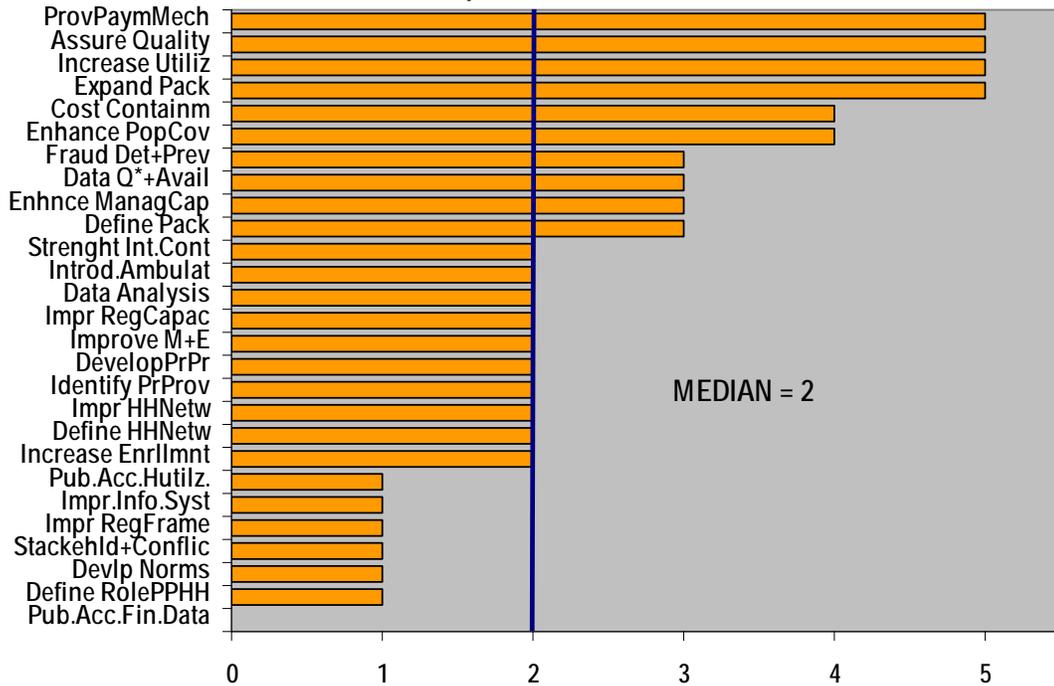


Figure 29

Forums' Impact on Evaluation

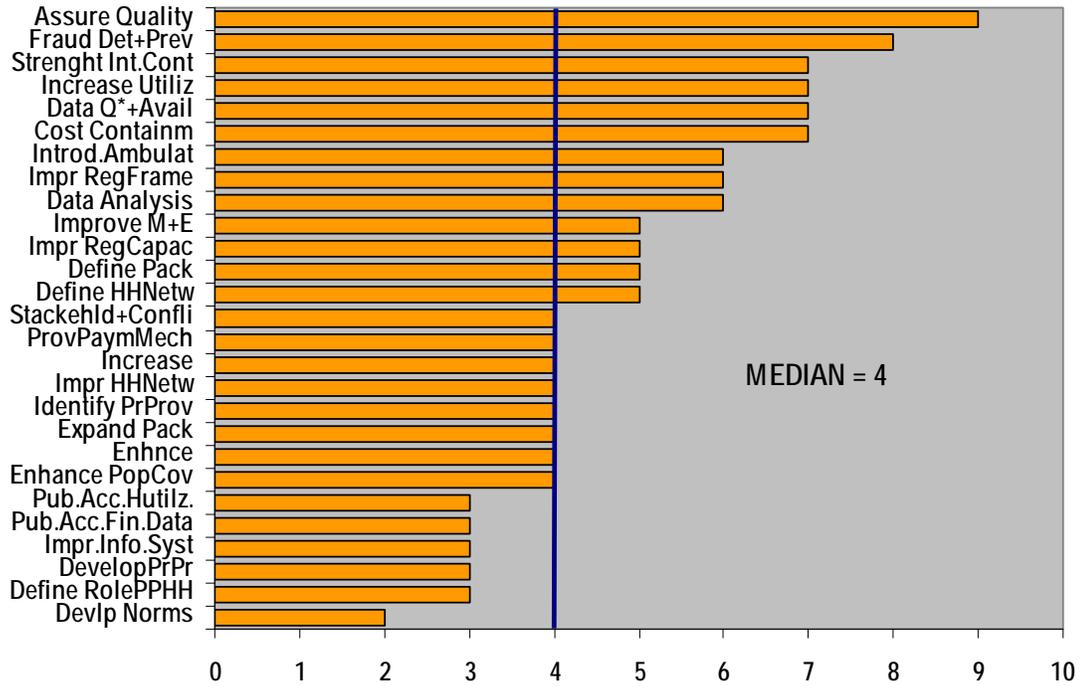
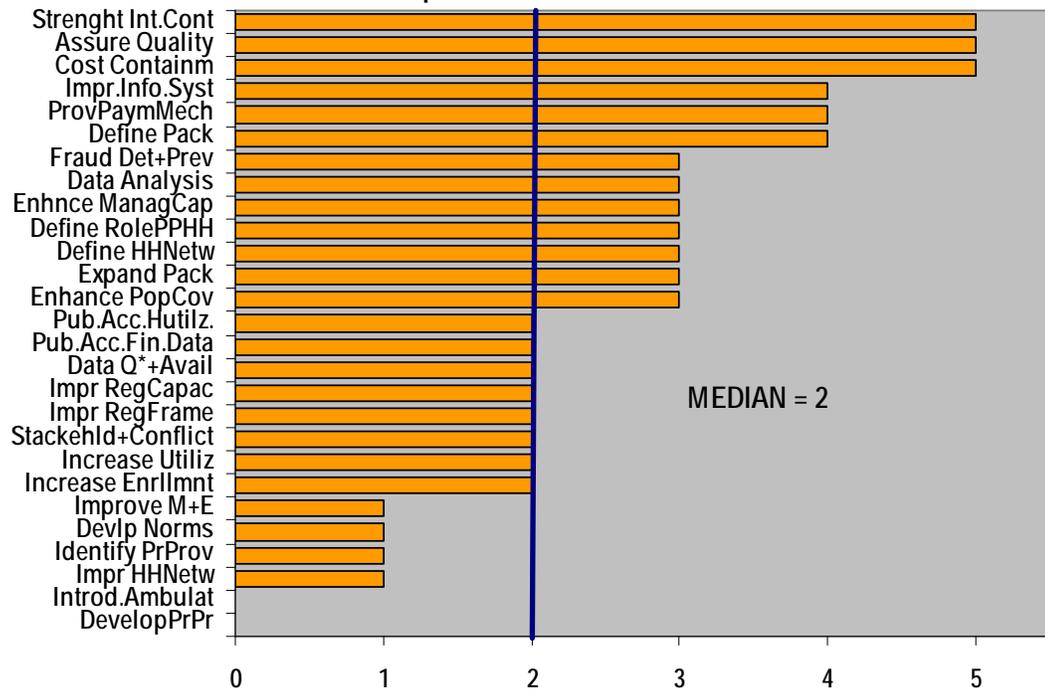


Figure30

Forums' Impact on Norms, Protocols and Procedures



Taking as a parameter the conceptual framework introduced from the WB Institute, these charts offer a relevant source of analysis in terms of intermediate output indicators and the effectiveness of the Forums. Comparing the median values in each type of intervention, the impact of organized workshops on awareness is twice larger than in the cases of design and evaluation. Additionally, the average impact on awareness seems to be four times more relevant than in measurement and development of norms and protocols, independently of the order that different topics were ranked.

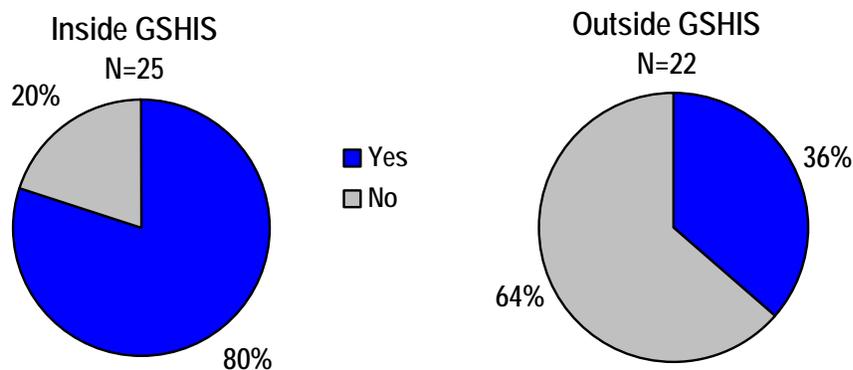
The difference of Forums' relevance on each intervention clearly shows the degree of difficulty associated to each one of them, opening the debate about the main goals specifically set by the organizers, and the additional instruments, tools and involvement required to reach deeper impact.

The discussion of relevant topics and their debate within a group of peers enrich knowledge and provide insights for social insurance management. However, translating those learnings into a concrete policy intervention demands additional planning efforts, according to opinions collected along the interviews.

Participants acknowledge relevant differences in institutional development (in human resources and internal organization) and patient-provider-insurance relationships across insurance schemes. These differences recognize whether coverage and adverse selection; instead of moral hazard become key issues to address. Nevertheless, data analysis and the definition of rules, protocols and norms generally impose significant challenges across institutions.

Finally, about 80% of participants claim that the materials received in the Forums is disseminated within the GSHIS. This constitutes one of the main goals of the workshops, reaching a multiplier effect of the discussions and references introduced along the meetings. Nonetheless, reduced knowledge transmission occurs outside of the schemes. Among the references and support materials most widely distributed inside GSHISs, public officials mentioned those of fraud detection, monitoring and prevention, and in lower extent are those of Costing and Quality topics.

Figure 31
Dissemination



10- Conclusions and Recommendations

Improving health care systems through social insurance schemes constitutes one of the main strategies used in many developing nations. Their design and implementation requires the assistance of specific managerial skills, which need to be enhanced and improved along time. The investment in human capital, therefore, constitutes one of the most challenging issues to be addressed by countries under health care reforms. Building local capacity facilitates a learning-by-doing process, where exchange of experiences, debate about methodological tools and implementation specificities cannot be absent.

The World Bank, acknowledging these challenges, decided to implement a series of workshops in order to facilitate the development of a network of public officials working on Government Sponsored Health Insurance Schemes in India. Five Forums took place during the last two years, each of them addressing a set of priority topics, as defined by the same group of participants. Resource persons from other countries allow South-South collaboration, sharing experiences, tools and results.

The initiative needs to be evaluated in order to identify strengths and challenges of the methodology chosen, as well as learning about the convenience and the possibility of replicating the same framework in other nations.

The characteristics of the initiative do not necessarily allow the implementation of standard evaluation techniques. Because of that, the Bank decided to introduce a Consultation to those policy makers attending to the Fifth Forum, looking not only for learnings, but also identifying a methodological framework that captures public officials' needs, perceptions about the meetings, and results. In addition, the definition of outputs and products in this type of initiatives relates to process indicators rather than outcomes. Therefore, perceived needs fulfilled, and translation of learnings into managerial decisions constitutes the main performance indicators.

This document responds to those requirements, systematizing the information collected through a multiple-choice questionnaire performed during the last Forum in Chennai, as well as analyzing the opinions received during in-depth interviews with twelve key representatives of GSHISs. Both instruments rely on officials' perceptions and opinions, which may bring a particular bias to the evaluation. Nevertheless, these perceptions are the ones currently used to identify population needs and implementing social insurance actions based on which Forums' evaluation are performed.

In general, the Consultation brings strong support to the initiative, reporting high levels of perceived quality, relevance of the topics addressed and significant correlation between emerging issues (needs) and Forums' agenda. About 47% of participants considers Forums' quality as very high, and 45% as high, and 88% positively evaluates the topics addressed along the workshops (as very high or high). As a measure of process indicators, it is satisfactory to find that 73% of participants considers that the Forums' objectives were achieved.

Specifically, respondents evaluated as particularly relevant the coverage of issues such as normative development, public access and utilization of services, development of public-private partnerships and package expansion. In addition, the Consultation brings insights about the need for additional in-depth treatment of topics as cost containment analysis and measurement, as well as the definition and improvement of hospital networks.

The analysis of Forums' participants provides additional considerations for future initiatives. Audience shows a bias against seniority: junior members constitute the core of GSHISs' attendants, which suggests the use of these meetings as a training process. In addition, the Consultation found that there is a high rotation of representatives from each GSHISs. In-depth interviews confirm these results,

suggesting alignments between topics covered in each Forum and tasks developed by staff members attending to each particular meeting.

Differences across GSHISs are identified also according to the topics prioritized as emerging issues in the Consultation. Although there is a general consensus across schemes about the need to improve the development of public-private partnerships, normative development and package definition, some particularities emerge when opinions are analyzed based on GSHISs' scale and type. As an example, state schemes' representatives point the need for defining criteria for providers' selection, while central scheme officials suggest the relevance of enhancing coverage and improve hospital networks.

The definition of steps towards covering ambulatory care, as well as the improvement of normative issues does not seem to be as relevant in large insurance schemes as in smaller ones. On the other hand, the identification and development of private providers is a shared problem across institutions. Moreover, large scale insurance schemes give more importance to increase enrollment and population coverage than smaller ones. Same bias occurs with the need to improve information systems.

These findings suggest that the possibility of scaling up Forums developments requires being associated to specific designs, focusing on common areas or targeting activities to different groups of participants.

GSHISs, either national or locally, are characterized by particularities in the decentralized decision making process. Specificities in providers' characteristics and idiosyncratic demands from their target population require interventions identified with their own environment. Stakeholders' involvement in GSHISs context provides valuable information for future initiatives.

At the moment of identifying the most significant actors at the local level, private hospitals reveal as a main source of attention, in terms of designing contractual mechanisms, reaching quality assurance and expand coverage by developing networks of suppliers. This is useful to know at the moment of selecting topics to be presented in the Forums, as well as for identifying particular managerial skills that need to be built.

In addition, participants identify community and its social leaders as principal actors in GSHISs' initiatives. It suggests the need for including tools and methodologies for consensus building, social leaders' participation as a mechanism for improving accountability, and standardized criteria to identify patients' perceived wellbeing. Publicity of results on consumer satisfaction and achieved goals along implementation might reinforce the alignment between financiers and users.

In the same direction, perception of media's involvement suggests the relevance of investing in communication, probably as part of a toolkit of supportive activities provided by Forums' next editions.

Although enhancing performance was claimed as the main reason for participating in the Forums, with 41% of the opinions, the idea of "bringing people together" from institutions with similar goals but different scale, age, development and experiences is extremely satisfactory, according to opinions. Lack of systematic meetings with these characteristics implies that the Forums fill a gap in terms of capacity building and networking, which constitutes an additional proxy of process output of the Forums' initiative.

In some cases, interviews show the need to go further in the organization of the workshops' activity plan, improving knowledge transmission by developing specific tools, designing managerial kits (in costing, monitoring, quality evaluation), and facilitating in-advance references and bibliographical support.

The Consultation has not found an agreement about the possibility of inviting to the meetings other stakeholders. In some cases, there were positive responses in order to improve the dynamic of negotiation and objective definition. Nevertheless, other participants suggest keeping Forums just for debates within GSHIS's bureaucracy, leaving to the local level the celebration of broader meetings.

About two-thirds of participants strongly agree (and 28% agreed) with the statement that their knowledge increased as result of the Forums. Nevertheless, when they are requested to specifically consider knowledge in different areas, responses are heterogeneous. Participants heavily agree about improving awareness on the topics covered during the Forums, and their spillovers on implementation. However, there are still areas of improvement, particularly on measuring and evaluation, as well as in the design of norms and protocols.

Finally, the study provides insights about how to identify perceived needs and Forums' performance from GSHISs' officials, and use them to design process indicators to evaluate the initiative. Eventually, the repetition of this study in the future may provide inputs for comparative statics, showing changes in perceptions, effects on schemes' management, and identifying challenges for future interventions. In addition, the general framework design for this particularly case may be refined in order to be translated to other similar experiences beyond India, allowing comparisons.

Moreover, future developments may imply the application of the same framework before and after the implementation of the Forums or any other mechanism of human resources capacity development, allowing a before-after evaluation. The inclusion of other human resources not participating in the first phase of the designed activity might also provide information to develop a particular program-and-control evaluation program, increasing the possibility of formalizing these types of policy oriented capacity building interventions.

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ANNEX



Consultation
Forums on Government-Sponsored
Health Insurance Schemes in India

We would like your feedback on your experience with the five Forums on Government Sponsored Health Insurance Schemes in India over the last two years. Please answer the following questions to the best of your ability. Your answers will be anonymous. Information will be collected, processed and analyzed with no identification of respondents.

1-The scheme and state that you represent is:

Central GSHIS

State GSHIS

12-How many times have you attended Forums on GSHIS? times

13-How many officials belonging to your GSHIS have participated in at least one Forum?

14-Approximately, how many officials are responsible for the administration of your GSHIS?

15-For how many years have you been working in your current GSHIS.....

16-Your designation and the nature of your duties are:

.....
.....

17-How long has your GSHIS been established?years

18-In terms of emerging issues to be addressed by your GSHIS, please rank on a scale of 1 (most important) to 4 (less important) the following topics:

	most important			less important
	1	2	3	4
enhance population coverage				
increase enrollment.....				
expand package of benefits.....				
define package of benefits.....				
increase utilization of services.....				
costs containment.....				
assure quality and achieve patient satisfaction.....				
define hospital networks				
improve hospital networks				
define role of public hospitals.....				
rate setting and provider payments.....				
identify private providers.....				
develop private providers.....				
develop normative arrangements.....				
stakeholders and conflict resolution.....				
enhance managerial capacity.....				
improve monitoring and evaluation.....				
improve regulatory framework.....				
improve regulatory capacity.....				
quality of the data and information available for decision making....				
data analysis.....				
introducing ambulatory coverage.....				
strengthening monitoring and internal controls.....				
fraud detection and prevention.....				
improving information systems.....				
public access to financial data.....				
public access to health utilization data				
other (specify).....				

19-Does your GSHIS have a core set of key financial indicators?
Yes **No**

20-Does your GSHIS have a core set of key health indicators?
Yes **No**

21-Is the data of your GSHIS up to date in order to track these key set of indicators? **Yes** **No**

22-Do you feel that the GSHIS has defined goals that are consistent with its current strategy? **Yes** **No**

23-What are the main challenges of the GSHIS' current strategy and of its implementation?

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24-In your opinion, are the following issues relevant in the decision making process of your GSHIS? Please answer Yes or No

- Moral hazard Yes No
- Risk selection of providers against patients Yes No
- Accreditation of health care institutions Yes No
- Reaching rural and/or disperse population Yes No
- Definition of package of service Yes No

25-For each one of the following actors, please identify with an "X" their level of participation in the GSHIS (low-medium-high), as well as their alignment (in favor-neutral-against) with GSHIS' goals and strategy.

Stakeholder	Involvement				Alignment		
	low	middle	high		in favor	neutral	against
National Government							
Ministry of Finance							
Governors							
Legislative Chambers							
Municipalities							
Public Hospitals							
Private Hospitals							
Physicians							
Private Insurance							
GSHIS' Bureaucracy							
Social Leaders							
Community							
NGOs							
Media							
Multilateral Organizations							
Religious Groups							
Other.....							
Other							

26-Would have you included other stakeholders in GSHIS' Forums?

Yes No

If yes, who?

Why?.....

.....

27-Please rank from 1 (most important) to 4 (less important) the coverage devoted by the Forums on GSHIS to these issues, according to your viewpoint:

	most important 1	2	3	less important 4
enhance population coverage				
increase enrollment.....				
expand package of benefits.....				
define package of benefits.....				
increase utilization of services.....				
costs containment.....				
assure quality and achieve patient satisfaction.....				
define hospital networks				
improve hospital networks				
define role of public hospitals.....				
rate setting and provider payments.....				
identify private providers.....				
develop private providers.....				
develop normative arrangements.....				
stakeholders and conflict resolution.....				
enhance managerial capacity.....				
improve monitoring and evaluation.....				
improve regulatory framework.....				
improve regulatory capacity.....				
quality of the data and information available for decision making...				
data analysis.....				
introducing ambulatory coverage.....				
strengthening monitoring and internal controls.....				
fraud detection and prevention.....				
improving information systems.....				
public access to financial data.....				
public access to health utilization data				
other (specify).....				

28-Have you shared the discussions and materials introduced by the Forums with your colleagues who did not participate in the event?
Yes **No**

If yes, which topic?

With whom did you share information and materials?

.....

29-Did you share information or materials with people outside your GSHIS?
Yes **No**

If yes, which topic?

With whom did you share information and materials?

.....

30-As a result of your participation in the Forums, have you modified/improved your work in your GSHIS, in terms of:
 Awareness (A),

Design (D),
 Implementation (I),
 Measurement (M),
 Evaluation (E), or
 Norms, protocols and procedures (N)?

Please marks with "X" as many as are applicable.

	A	D	I	M	E	N
enhance population coverage						
increase enrollment.....						
expand package of benefits.....						
define package of benefits.....						
increase utilization of services.....						
costs containment.....						
assure quality and achieve patient satisfaction.....						
define hospital networks						
improve hospital networks						
define role of public hospitals.....						
rate setting and provider payments.....						
identify private providers.....						
develop private providers.....						
develop normative arrangements.....						
stakeholders and conflict resolution.....						
enhance managerial capacity.....						
improve monitoring and evaluation.....						
improve regulatory framework.....						
improve regulatory capacity.....						
quality of the data and information available for decision making....						
data analysis.....						
introducing ambulatory coverage.....						
strengthening monitoring and internal controls.....						
fraud detection and prevention.....						
improving information systems.....						
public access to financial data.....						
public access to health utilization data						
other (specify).....						

31-Are there any new particular initiatives that your GSHIS has decided to implement as a result of the discussions developed during the series of Forums?

Yes No

If yes, please provide example/s:

.....

32-Did the Forums provide tools / communication techniques /examples to apply in your GSHIS?

Yes No

If yes, please provide example/s:

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.....
.....

33-Did the Forums provide information that affected priority setting mechanisms in your GSHIS?

Yes No

If **yes**, please provide example/s:

.....
.....

34-Did the Forums provide information that affected the allocation of funding or the budgetary process more generally?

Yes No

If **yes**, please provide example/s:

.....
.....

35-What useful lessons have you learned from other GSHIS? Please provide an example:

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.....
.....

36-What useful lessons have you shared with other GSHIS? Please provide an example:

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.....
.....

37-Outside of the Forums, have you maintained contact with or reached out to peers from other GSHIS to exchange lessons and information? Please provide an example:

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.....

38-Do you have any suggestions on how we might improve the Forum series to better meet your needs and expectations?

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