Bolivia, Vietnam and Bangladesh

Health Referral System

Study period: from February 2007 to September 2007

Summary of the Evaluation

The thematic evaluation systematically and comprehensively examined past cooperation projects which dealt with the development of "health referral system*" in Bolivia, Vietnam and Bangladesh. The evaluation looked at (1) the patient referral system, (2) the improvement of accessibility to medical services for people in remote areas, and (3) the transfer of information, knowledge and technology. A cross-cutting analysis of the three countries was conducted from these three evaluation points. The study also analyzed the processes of cooperation for the development of a referral system. Through the multilateral analysis, the study identified important points for implementing cooperation projects in this field. The study also demonstrated the importance of identifying methods which meet the priorities of subject countries and regions, in order to select and focus on the appropriate targets based on the characteristics of the country/region while using limited aid money. Regarding the analysis of cooperation processes, the cooperation processes were categorized into the urban center type and the rural deployment type, based on the differences between urban areas and rural areas, the population density and the accessibility of medical services.

Evaluation Results

Background and Objectives of the Evaluation

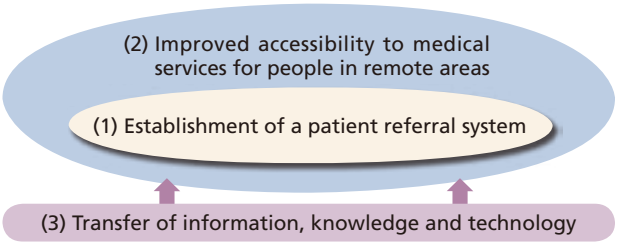
Due to continuous improvements in maternal-and-health services and the strengthening of infection control, JICA has established the improvement of health systems that provide health services as an important issue. Since referral systems that connect tertiary, secondary and primary medical facilities are an important pillar for health-service delivery from central to distant rural areas, JICA implements projects that maintain referral systems connected to rural areas where the health services cannot easily be extended from hospitals, and that contain elements to improve referral systems through the functional enhancement of each medical facility. Since there are diverse states of referral systems according to the context of the politics, economy, geographical conditions, etc., in the recipient countries, JICA has also been providing cooperation via various means of deployment based on the situation in each country. Against this background, this evaluation survey examined the track record of cooperation concerning referral system improvements. It also aimed at systematically and comprehensively extracting lessons to be learned, and then considered the recommendations and the lessons learned for effective and efficient project implementation in the future.

The Framework and the Policy for Evaluation

The study selected groups of cooperation projects in the health sector in Bolivia, Vietnam and Bangladesh, which are typical examples of JICA's cooperation for referral system development. The study then conducted surveys in Japan and in the partner countries.

The evaluation study defined a referral system as described below and used the definition as a criterion for the evaluation. Generally, a referral system is defined as (1) the transfer and care of patients from a primary medical facility to a tertiary care facility for serious cases, and from a tertiary care facility to a rehabilitation facility in cases of convalescence. In addition to this general definition, the study added (2) the enhancement of accessibility to health services through the extension of coordination among health facilities to remote areas. And as a factor supporting the connection between medical facilities and remote areas, (3) the transference of information, knowledge, and technology concerning the improvement of referral systems is an indispensable element and considers the referral system in the broad sense of this evaluation.

Diagram Showing the Definition of a Referral System



* A health referral system generally means a cooperation system between hospitals where the patients who cannot be treated at lower-level medical facilities (such as primary healthcare facilities) are referred to higher-level medical facilities (secondary- and tertiary healthcare facilities).

Evaluation Results, Lesson Learned and Recommendations

[Results of a cross-cutting analysis based on the viewpoints of the evaluation]

Based on the three evaluation points explained in the definition of a referral system, the study conducted cross-cutting analyses for the three countries that were examined as case studies. In addition, the study analyzed the cooperation processes concerning referral system development.

a) Results of the Evaluation of the Points Shown in the Definition of a Referral System

(1) Patient Referral Systems

- The introduction of referral forms and the establishment of trusting relationships among hospitals and related organizations are the keys to strengthening referral systems. Coordination between hospitals and patient transport systems also helps smooth acceptance by the referred patients.
- Granting medical equipment appropriate to the level of the facilities and conducting training for medical personnel on clinical and testing techniques, thus making it possible to provide medical / health services at each level.
- Removing mental barriers is an important factor for improving the users' access to medical services, such as improving the attitude of medical personnel towards patients. Concerning the patients' selection of the first place to consult when they have a medical problem, having medical facilities in easy-to-access locations is an important factor as well as having the right type of medical facilities.

(2) Improvement of Accessibility to Medical Services for People in Remote Areas

- Strengthening primary-care facilities and mobile clinics as the community's first contact with health care services helps ensure people's access to health care services in remote areas. It is also beneficial to encourage community participation in health promotion as a disease prevention measure at the community level.
- Facilitating resident participation is an effective way to promote disease prevention in the entire community.
- The introduction and improvement of medical insurance plays an important role in securing people's financial accessibility to medical / health care services.

(3) Transfer of Information, Knowledge and Technology

- Establishing training systems from upper to lower-level medical facilities helps establish trusting relationships among medical personnel, and it helps strengthen patients' referral between facilities. Training, guidelines and manuals are effective tools for transferring skills and knowledge.

b) Evaluation Results on Cooperation Processes

In cities, where the population is concentrated, strengthening upper-level hospitals is the first priority. After this is completed, these strengthened hospitals then transfer medical skills to the lower levels. This top-down approach ultimately establishes a referral system. In rural areas, where the population is scattered, the first priority is to secure people's access to health services in remote areas. In the process of upgrading health services for all, coordination with upper-level hospitals is inevitable. Establishing such coordination ultimately develops into a referral system.

[Lessons Learned]

Based on the results of the cross-cutting analysis, the study identified important components in cooperation projects working on referral systems development, as shown below.

Evaluation point	Important components
(1) Patient referral system	a. Coordination among the stakeholders b. Means of transferring patient information c. Coordination with emergency systems d. Sufficient medical facilities and equipment e. Support to secure operational costs f. Strengthening of diagnostic skills g. Appropriate deployment of primary-care facilities and infrastructure
(2) Improvement of accessibility to medical services for people in remote areas	a. Establishment of a primary-care facility as the first point of contact b. Service delivery to remote areas c. Community participation d. Health insurance
(3) Transfer of information, knowledge and technology	a. Case conference and feedback system b. Guidelines and manuals c. Technical transfer of clinical practices

It is important to discuss how support should be provided for the identified components mentioned above, in order to select and focus on the appropriate targets from a long-term perspective, using the limited aid budget and based on the characteristics of the partner country / region. The results of the cross-cutting analysis classified the cooperation processes into two types, namely a) the urban center type and b) the rural deployment type. They are classified based on the differences between urban areas and rural areas, the population density and the accessibility of medical services.

a) Urban Center Type

In urban areas where the population is concentrated, infrastructure and transportation are generally well-developed and therefore people's physical access to health services is most likely secured. In such cases, the first step to be taken is to strengthen upper-level hospitals. When the demand for medical service increases as a result of economic development or population expansion in the urban areas, the appropriate allocation of health / medical resources and expansion of the capacity of lower-level hospitals must be considered.

The key point for cooperation in urban areas is the implementation of some form of measure that can decrease the number of patients bypassing lower-level facilities to go to upper-level hospitals. One example is the utilization of referral forms for fee exemption for first-time visits, and another is the utilization of health insurance. Strengthening lower-level facilities with such measures helps establish or improve the referral system as a whole.

b) Rural Deployment Type

The key for cooperation in rural areas is to secure people's access to basic health services. Existing medical resources, such as village doctors, traditional healers, and traditional birth attendants, are effective because they are trusted by the community. After securing people's access to primary-care facilities, coordination with upper-level facilities will be needed to provide higher-level services. In this process, establishing coordination meetings and introducing referral forms will build coordination between hospitals and ultimately establish the referral system.