

## 2. Methodology

The study was done in close cooperation with the contractor and counterparts. After a first briefing by the representative of the Ministry of Public Health and Population (MoPH&P) a team of Yemeni partners was attached to the international study team. This “twinning” approach for each of the international experts was intended to

- help understanding the social and cultural context in Yemen
  - translate, if necessary, the interviews from English to Arabic and back
  - provide a permanent reinforcement and discussion on lessons learned
  - give a full immersion of the Yemeni counterparts in international reasoning on health insurance.
- The chosen approach had an “eye-opening” impact for both parties involved.

### 2.1 Literature review

The contractor and counterpart provided at the beginning of the consultancy softcopies of many important documents on health sector reform, district health systems, health care financing, cooperation projects, etc. More documents were retrieved from cooperating international experts and agencies. Furthermore, an intensive internet search on relevant documents had been done beforehand. Altogether there are close to 300 documents that were reviewed and excerpted. Chapter 8 shows the list of documents consulted. Chapter 2 of part 3 of our study report presents the content of a CD handed over to the contractor. A number of important documents had to be translated from Arabic to English

- The health insurance law proposal by the MoPH&P
- The health insurance authority law proposal
- The health insurance law proposal for the armed forces
- A letter exchange on the health insurance law proposal
- Comments of the Al Shura Council on the health insurance law proposal
- Comments by the workers union on the health insurance law proposal
- The regulations for treatment abroad
- Medical care regulations of the Cement Corporation
- Occupational health in Yemen

These documents are included in part 3 of our study report.

### 2.2 Interviews

A main source of data, information and knowledge was the meeting and interviewing of various partners and stakeholders in the centre or in the context of health insurance. Based on requests of the consultants and stimulated by their partners various institutions were contacted and granted time for interviews. A listing of the institutions contacted is given in chapter 30 of part 3 of our study report, especially:

- all relevant ministries
- health committees of parliament and Al-Shura council
- political parties
- employers and workers organizations
- non-governmental organizations
- public and private health care providers
- local and regional governments
- local and regional health authorities
- private health insurances
- health insurances of private and public companies
- most of the pension funds
- opinion makers

- bilateral and multilateral agencies and donors
- research and training institutions.

The interviews were done together with the Yemeni study partners.

The most important knowledge gained during interviews and document reviews was condensed into so-called knowledge items and circulated among the consultants. Chapter 29 of part 3 of our study report presents nine of altogether 1.297 short descriptions of such knowledge items. All knowledge items were and screened according to their value for inclusion in decision making and report writing.

### 2.3 Questionnaires

Some issues deserved a more intensive collection of data and information. In the terms of reference an opinion survey was asked for on health insurance. Originally it was foreseen to conduct such a survey based on a guideline interview form, that had been prepared beforehand and that was based on some experiences of the consultants in gathering information on perceived needs on health insurance advise by programme managers in Asia, Latin America and Africa. This form was used implicitly in many of the interviews conducted. It is given in chapter 11 of part 3 of our study report. During the first discussions the opportunity was mentioned to get a more comprehensive opinion survey financially supported by a programme co-financed by the European Union. This was happily accepted and a survey form was drafted and discussed with the counterparts. After some pilot-testing the form was translated into Arabic. It should be applied to at least 5 representatives of 24 groups of opinion leaders in Yemen. Table 2 shows the listing of groups of opinion leaders interviewed by a team of interviewers recruited from the most knowledgeable staff of the Ministry of Health. The survey form is given in chapter 12 of part 3 of our study report.

Table 2 Opinion leaders' groups for survey on health insurance preferences	
1.	Ministry of Health officials
2.	Ministry of Social Affairs officials
3.	Ministry of Finance officials
4.	Ministry of Civil Service officials
5.	Health politicians
6.	General politicians
7.	Islamic leaders
8.	Local council members
9.	Other local government representatives
10.	Mullahs
11.	Nurses
12.	Private physicians
13.	Public health specialists
14.	Employers of large private companies
15.	Employers of larger mixed companies
16.	Syndicate and worker leaders
17.	Medical association
18.	Dentists association
19.	Pharmacists association
20.	Tribal leaders
21.	Public health specialists of donor agencies
22.	International donors / agencies
23.	Insurance companies
24.	Non-governmental organization
25.	Other persons interviewed

The opinion survey was started in the last week of August and done until end of September 2005. The opinions of 110 leaders will be quoted throughout this report. Table 3 shows the basic issues dealt with in the survey.

Table 3		Main topics of opinion leaders' opinion survey on health insurance	
1:	Basic data	18:	Benefit package
2:	Knowledge on solidarity schemes	19:	Government responsibility
3:	Knowledge on health insurances	19:	Health insurance responsibility
4:	Should people pay for health care?	20:	Exempted diseases
5:	People too poor to pay?	21:	Pension fund as model?
6:	Good cost-sharing organization?	22:	Health insurance agent
7:	Is cost-sharing fair?	23:	Trust in HI fund
8:	Frequency of informal payments	24:	Specifics of social HI
9:	Amount of informal payments	25:	Good services in HI
10:	Postponement of treatments	26:	Levels of health insurance funds
11:	Needed exemption shares	27:	Number of health insurances
12:	Mandatory health insurance?	28:	Best avoidance of misuse
13:	End of interview in case of lack of understanding	29:	Gov health care better?
14:	Groups to be covered first	30:	Which providers?
15:	Groups not to be covered	31:	Real need for HI?
16:	Family members to be covered	32:	Start of implementation
17:	Groups without contributions	33:	Justification for health insurance
		34:	HI for your family?

During the interviews the variety and richness of company health benefit or insurance schemes was discovered. Public companies like

- public productive companies, e.g. Telecommunication Corporation
- public service companies, e.g. Al-Thawra Hospital and Al-Saba'in-Hospital
- mixed companies, e.g. Yemenia Airlines and Central Bank

were therefore asked about the benefit packages of their schemes and the costs or expenditures for these benefit schemes. A questionnaire was prepared and interviews were conducted until end of September 2005. The questionnaire is given in chapter 13 of part 3 of our study report. The main topics are shown in Table 4.

Table 4		Main topics of survey of health benefit schemes of public companies	
1.	Setting up the scheme. Set-up period. History and motivation		
2.	Membership. How is membership constituted? How many members? Exclusivity of membership.		
3.	Definition of family members benefiting from scheme.		
4.	Financing. Sources of finance: company, contributions or donations?		
5.	Benefits provided by the insurance scheme. Definition of benefits. Access to benefits		
6.	Benefit package: Primary care		
7.	Preventive services		
8.	Specialist outpatient care		
9.	Laboratory services		
10.	Diagnostic services		
11.	Hospital care (boarding & lodging)		
12.	Hospital care (medical treatment)		
13.	Minor operations		

Table 4		Main topics of survey of health benefit schemes of public companies
14.	Major operations	
15.	Treatment abroad	
16.	Maternity	
17.	Drugs for acute conditions	
18.	Drugs for chronic diseases	
19.	Transport	
20.	Other benefits	
21.	Excluded benefits	
22.	Financial arrangements. How are the benefits paid? Reimbursement rules. Practical problems	
23.	How much did the company spent last year for the whole medical benefit package?	
24.	Services. Other products offered by the insurance scheme	
25.	Legal issues, constitution	
26.	Administration. Administrative tasks. Administrative methods	
27.	Healthcare provision. General situation. Availability of healthcare provision	
28.	Provider payment. Method	
29.	Health authorities – role of the state. Which authority is responsible for supervision of the insurance scheme. Regulation of the activity of the health insurance scheme	
30.	Plans for the coming years	
31.	Further comments of interviewee	

Results are included in part 3 of our study report. Further analysis is recommendable, since some of these schemes are best practices which might deserve replication and expansion.

A fast and easy survey finally was done in the MoPH&P. It was based on the knowledge that in view of the small salaries in the government sector many employees try to have a second or even third job in the afternoons, especially among the professional cadre. This situation may rise the question if health insurance should be based on pay-roll deductions from the salaries or if it should be based on income. Questionnaire and results are given in chapter 14 of part 3 of our study report. Table 5 gives just two results of the survey that was also addressing the question if employees of the ministry were willing to join a public health insurance.

Table 5			Salaries versus income of Ministry of Health employees and willingness to join health insurance
Average monthly salary in Ministry in YR			22.417
Average monthly income of employees in YR			30.281
Average monthly income of professionals in YR			66.656
Interested in joining health insurance	58	95 %	
Not interested in joining health insurance	3	5 %	
Source: Own rapid survey			

This survey is not representative but it was intended to give first hints at two important issues. It might be replicated on a larger scale.

## 2.4 Workshops

Several workshops were conducted for sharing information and knowledge. Various smaller workshops dealt with planning, briefing, reviewing, debriefing. Two larger workshops were realised

- A two-days technical workshop on alternative health insurance options with more than 70 participants on September 11 and 12, 2005, and with participation of international consultants from GTZ, WHO and ILO

- A political workshop for Al-Shura Council, Parliamentarians and political parties on October 3, 2005
- A high ranking meeting with the most important members of the Cabinet (planned).

The workshops were intended mainly to achieve gradually a consensus of the team and all relevant stakeholders and partners on possible futures of health insurance in Yemen.

## 2.5 Other methods

Many visits of public and private health care providers and field trips to the Governorates of Aden, Amran, Dhahran and Taiz were done together with Yemeni professionals and partners.

## 2.6 Comparative assessment

All these sources of information were important to shape the understanding of international and national study partners. Yet, even with all these sources of information main uncertainties remain as well as many doubts regarding the value of the evidences gathered. It seems to be very difficult to get reliable and valid and updated statistical data. It was tremendously difficult to find such simple data as a listing of all diagnoses in one hospital that matches with the total number of cases in a given period of time. Furthermore, many statistics show an excessively high proportion of round numbers, indicating that the figures were not taken seriously or were invented.<sup>4</sup> It was nearly impossible to find updated data on the employment situation in Yemen as well as on the number of employees in government service. Therefore educated guesses had to be used where data were missing or seemed to be wrong or invented. Uncertainties prevail. Health systems research needs strengthening and empowerment in Yemen.

## 3. Baseline assessment of context

### 3.1 Society and economy

#### 3.1.1 Basic features

After the unification of two Yemeni states in 1990, after a civil war in 1994 and after difficult economic adjustment policies Yemen is now enjoying peace, democracy and a free market economy. Even before, Yemen experienced noticeable improvements, as shown in the following table.

Year	1980es	2003	Change (%)
<b>Health status</b>			
Access to basic health care	30 % (1986)	42 %	40
Life expectancy at birth in years	46 years (1986)	59	28
Infant mortality rate per 1000 live births	130 (1989/90)	82	37
Births attended by trained personnel	12% (1984)	27 %	125
Maternal mortality ratio (per 100000)	1000 (1987)	570	43

Sources: World Bank 1990, WHO 2005a, World Bank 2005a, World Bank 2005b, Fairbank 2005, MoPH&P 2005a

<sup>4</sup> For instance, in the statistical data about outpatient treatment in Al-Thawra Hospital in 2004, almost half of the monthly production numbers (46,57 %) are multiples of 10, more than one third (35,29 %) end with round 50es or 100s, and a quarter (24,75 %) of all statistical numbers end with even hundreds (RoY 2005, p. 14). See chapter 18 of Part 3 of our study reports.