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Background

There are over 300 000 internally displaced persons (IDPs) currently residing on the territory of Georgia, which comprises over 15% of total population. Starting from 2008, Georgia launched targeted health insurance (THI) coverage for a selected group of IDPs. Health insurance covered essential primary healthcare services, selected hospital care and essential drugs.

Purpose

Objective of the research is to study health expenditures, utilization and status among IDPs with THI and without THI and analyse factors, such as urbanization, compact settlement or integration and their impact on health utilization and expenditures.

Significance

Internationally, evidence on the impact of provision of health insurance to individuals affected by humanitarian crisis is very scarce. Furthermore, impact of THI as one of the key health financing policies in Georgia has not been evaluated in IDP population, despite the fact that the program had been in place for over 5-years.

This study is measuring the effect of targeted intervention versus untargeted approach to health financing that will also contribute to the debate over the type of intervention that best fits the healthcare needs of humans in crisis. Study results will be applicable to the settings where crisis resilience spans over significant time period.

Methods

This research is using Health Utilization and Expenditure Survey (HUES) tool. The study is carried out in capital city Tbilisi and selected settlements from Western and Eastern Georgia. IDPs residing in compact settlements (specifically built accommodation or administrative building allocated by the Municipal Government) are included in the study.



Retrospective cohort study design is used with two groups of IDPs with different exposure to health insurance: IDPs having THI and not having THI.

In addition, the survey results will be compared with findings of HUES in general population of Georgia, which had been completed in 2014. The impact of THI on health service utilization, health care expenditures, health status and satisfaction will be estimated.



Expected outcomes

The study is on data collection phase. After data analysis, we will have improved understanding of the potential of THI to address healthcare needs of individuals in a long-term crisis, which can greatly contribute towards improved planning of sustainable health programs for persistent humanitarian crisis setting. As the survey tool HUES is widely accepted method in many low and middle-income countries, technical feasibility of its replication is high.

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