

# **InfoSure –A Tool for Systematic Evaluation of Health Insurance Schemes**

*Jens Holst*

Almost half of the world's population is currently excluded from adequate access to health care services. This counts especially for the poor, people living in remote rural areas or men and women working in the informal sector. They are not only often excluded from adequate health services but exposed to a higher than average risk of illness as well. The costs connected to ill health are one of the main reasons for poverty. Without any kind of risk sharing arrangement, like in traditional solidarity networks or modern insurances, a vicious circle is created perpetuating the cycle of illness, poverty, illness.

Traditional social protection networks and mechanisms are often collapsing as a consequence of population growth, internal and external migration or a burden exceeding their capacity. Social and healthcare budgets often face tight financial constraints. In many countries, resources are not allocated efficiently and public funds cannot ensure regular payment of the health care staff and supplying necessary drugs and treatments. Thus, in most developing countries an obvious demand for accessible quality healthcare exists, which guarantees reasonable coverage for all socio-economic groups.

Health insurance can help making health care accessible. But health insurance is usually designed for rich segments of the population. Tackling this problem more and more communities and companies are developing and testing health insurance products for the poor as well. The evidence base on this experience however is weak and the success achieved barely documented. Those insurances – often small field experiments – need to be evaluated and analyzed in order to make good experience available for replication and up-scaling. A sector project of the German Technical Cooperation (GTZ) responds to this challenge: the project "Elaboration and Introduction of Social Health Insurance Systems in Developing Countries".

Together with the Institute for Tropical Medicine (ITG) in Antwerp, Belgium, AOK consult and a number of experts in the field of health system development, the project has designed a health insurance evaluation methodology and information system named *InfoSure*. *InfoSure* is more a whole product family rather a single product. It consists of

- The InfoSure Offline Data Entry Tool, which offers a guideline for evaluation of health insurance schemes and helps structuring the data gathered. The structured data results in a case study;
- The InfoSure Quality Management Tool for quality checking the case studies. The Quality Management Tool also enables translations;
- The InfoSure Report and Analysis Tool. This tool is designed for comparing the features of different health insurance schemes. It offers selected aspects of the case studies in a clearly arranged style.
- Furthermore, the central knot of InfoSure: the internet-based database for sharing case studies and lessons learned. Case studies and experiences made in health insurance are shared in the public section of the website; the private section of the website helps evaluators and analysts to organize and share their work.

This interlinked product family makes *InfoSure* one of the most comprehensive evaluation tools for health insurance.

## **Supporting the Evaluation Process: The *InfoSure* Offline Data Entry Tool**

InfoSure was initially designed to evaluate and advise small community-based health insurance schemes in developing countries. But due to its open approach and comprehensive character it resulted to be perfectly suitable for all types of health insurance schemes, including nation or region wide systems, for-profit health insurance companies and informal insurance schemes. The method relies on processing the one-off case results in the structured information system of the *InfoSure* Offline Data Entry Tool software. This facilitates analysis and evaluation of a variety of

aspects of the health insurance systems and international comparability of the results or single aspects at a later stage of the workflow. The information system is capable of providing timely statistical data. The question catalogue is an excellent tool for conducting a structured analysis of health insurance systems and providing advice regarding various aspects of their operation.

The *InfoSure* Offline Data Entry Tool consists of a list of qualitative questions, coded multiple-choice-questions and a statistical part, and it contains relevant information about stakeholders, organisations and institutions. The 17-point-catalogue serves the evaluators in the field as guideline and orientation for the survey, and allows for a detailed coverage of essential aspects and interdependencies of various types of health insurance systems. But InfoSure is no questionnaire! It is not the intention of InfoSure that the responses of single interviewees are directly typed in the system. The opposite is true. It is inherent to the logic of InfoSure to discuss with different stakeholders before answering single aspects. The questions offered by the catalogue should be used as a well-structured list of ideas, themes and topics that determine the performance and thus the outcome of an insurance scheme. An experienced evaluator is needed to weigh the information collected. The list of topics covered in the InfoSure Offline Data Entry Tool is provided as a hardcopy as well to serve the evaluator as a guideline in discussions. The software package is offered in English, French and Spanish. The *InfoSure* methodology is applicable to and qualified for the evaluation and consulting of all types of health insurance schemes. With its detailed and comprehensive structure it supports planning and self-evaluation as well.

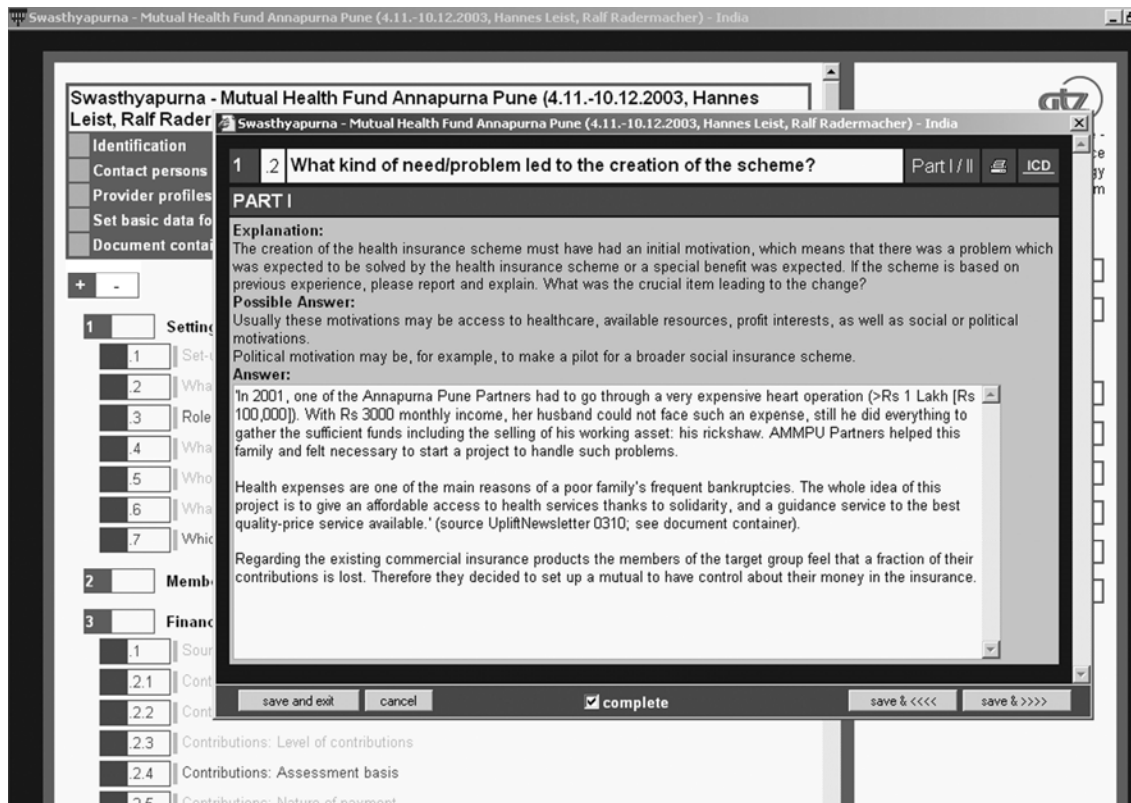
The evaluation methodology consists of three main parts:

- A qualitative questionnaire
- A coded multiple-choice questionnaire
- A statistical questionnaire for quantitative values.

The outcome of the evaluation procedure is a case study. This case study is made up of fragments of text which are the answers to a specific aspect

covered in the qualitative part of the tool. There will be no case study in continuous text format.

**Figure 1:** The InfoSure Offline Data Entry Tool



The qualitative and the multiple choice-based questions cover the same issues. On the one hand, this allows to use the open interviews to reveal new aspects and, on the other, to make a rough categorisation of the projects, what is particularly useful given the database's electronic form (search functions, etc.). The multiple-choice part helps to classify the health insurance scheme: either the predefined categories can be used or new categories can be created. The statistical part contains information on statistical values characterising the health insurance scheme.

The main topics covered by the qualitative, multiple choice-based part are the following:

- Set up period of the scheme covering the reasons for initiating the insurance scheme and the technical preparations;

- All relevant stakeholders and persons involved in planning and implementation and in providing the necessary support;
- Characterisation of the target group, characteristics of the insurance members, recruitment procedure, definition of membership, actual benefits;
- Financial aspects of a health insurance scheme, contribution calculation, payment methods, payment processing, co-payments, support from other organisations and risk management;
- Definition of the benefits covered, benefits which are excluded, reasons for the extent of coverage decided in specific cases;
- Legal status of the insurance scheme and the extent local insurance schemes are integrated into the national health financing concept as well as some general data on the population's health status
- The administrative routines;
- The scheme's interaction with health care providers and
- Regulatory issues invoked by the state.

The broad and comprehensive list of topics covered allows to record hard and soft facts which make the insurance function. The case study provides the results of an in-depth evaluation and is able to record the insight generated accordingly.

All additional information obtained can be included in InfoSure's extensive list of topics. This allows including the results of quantitative studies conducted along with InfoSure but also electronic documents can be attached to each case study. InfoSure offers a document container which registers electronic documents and saves a brief description to them. This ensures that electronic copies of membership cards, claim documents, statistics or photos will not be lost.

As the *InfoSure* methodology was designed mainly to provide a semi-  
The complexity and size of the tool is intended to cover all possible aspects and to allow a complete study of any kind of health insurance scheme. On

the other hand, the impressive number of questions listed in the *InfoSure* methodology tends to raise the desire to limit the extent of the tool and thus the time and resources that have to be investigated in the evaluation. *InfoSure* appliers, however, should be aware that reducing the scope always reduces the depth of the analysis. And the more limited the initial approach, the narrower the possible findings and results.

The *InfoSure* methodology offers the advantage of realising an internal quality control by cross checking several topics. What may appear as a repetition on the first look turns out to be an excellent method to analyse some aspects from various points of view and to discover backgrounds which might remain undiscovered otherwise. Undoubtedly, the quality of *InfoSure* case studies depends on the expertise and the investigative empathy of the evaluators. It is therefore advisable to organize training sessions for evaluators.

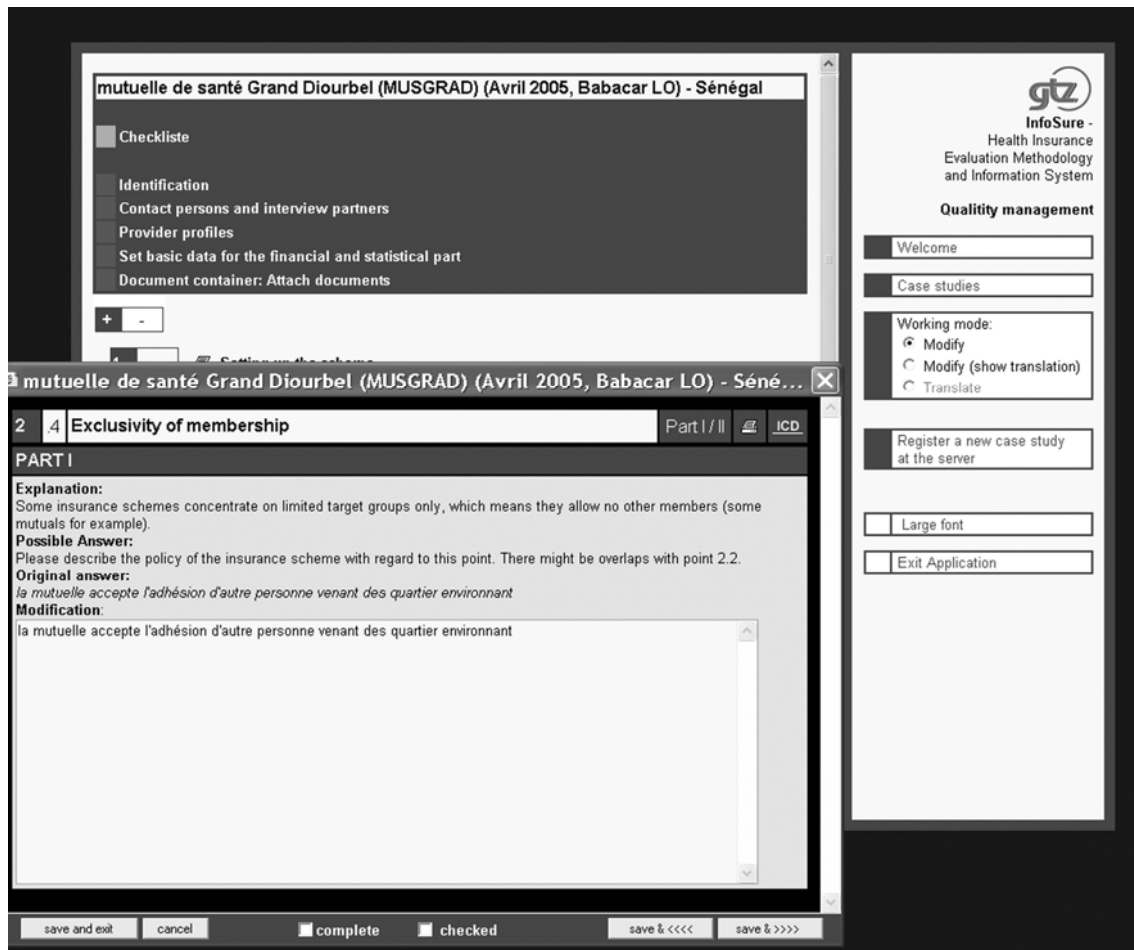
## **Ensuring Quality: The InfoSure Quality Management Tool**

The InfoSure system is administered by some regional and supra-regional administrators. Regional administrators are responsible for all case studies conducted in their respective area, normally one country. They are usually installed to overlook a series of evaluations.

When an evaluator has finished a case study, it is send to an administrator

electronically. It is the administrators' responsibilities to support the evaluator and to cross check the case studies in order to ensure that only quality studies will be shared with the public. InfoSure provides separate software for this quality check. This software can also be used for translation of case studies. The software allows for translation and quality checking questionwise. The quality management tool is also needed for registering and uploading case studies to the central server.

**Figure 2:** The InfoSure Quality Management Tool



## **A Plattform for Exchange: [www.infosure.org](http://www.infosure.org)**

InfoSure's product family is organized around a central server system. This server is used for exchange of data and knowledge as well as sharing the case studies. Case studies created with InfoSure are sent to an administrator who conducts the quality check as described and uploads the study to the server. Now the case study can be shared with others; either it is accessible for all through the public part of the website or it is kept for working purpose in the private section of the website. The number of case studies in the database is therefore usually bigger than the number of studies set public as some are still work in progress. Some confidential information, which is always part of a case study, is not published.

Although the InfoSure product family is organised around a central server it is designed to be suitable for regions with bad internet connections as well. It is never necessary to be connected to the internet for long and there is normally no need to transfer big amounts of data. This central server system is the basis for InfoSure's key strength: comparing case studies and extracting lessons learned.

## Comparing Case Studies and Drawing Lessons

InfoSure's strengths and advantage compared to other evaluation tools culminates in the Report and Analysis Tool. As InfoSure case studies follow a strict structure it is possible to compare specific features and practices between different insurance schemes easily without having to screen some hundred pages of case studies.

**Figure 3:** The InfoSure Report and Analysis Tool

Health Insurance Evaluation Methodology and Information System

1.1 - Set-up period print

- United India Insurance Company

**Part 1:**  
As an organisation dealing with various aspects of the livelihood of rural families in different states of India, BAIIF successively added a focus on health care (esp. reproductive and child health) and tied it up with GTZ Basic Health Programme in 1998. Although BAIIF had no experience with health insurance before, they decided to set up their own community-based scheme. It came into operation in June 2001 but one year later (in June 2002) BAIIF stopped the project due to the high financial risks. They decided to transfer the financial risk to an official insurance company and to act as a mediator/broker between the insurance company and the beneficiaries by offering group insurance policies. In the period from June 2002 to November 2002 the expectations of the prospective beneficiaries and the existing (market) insurance products were balanced and modifications have been negotiated with different governmental controlled insurance companies. In November 2002 BAIIF collected the first contributions and passed them over to the insurance company so that the first policies were handed over in December 2002.

Hide Part2

**Part 2:**

Time of decision	June 2002
Start of contribution collection	November 2002
First benefits granted	---

- AOK

**Part 1:**  
The training is in Köln.

Font: [ ] Size: [ ]  View HTML Source

**Dies ist ein Test Report**

Genossenschaftliche Selbsthilfe nimmt in der praktischen Entwicklungs-zusammenarbeit eine bedeutende Stellung ein. Vielen Praktikern und politischen Entscheidungsträgern ist die Genossenschaftlichkeit vieler dieser Projekte jedoch unbewusst. Ihrem Image nach gelten vielen Praktikern Genossenschaften als veraltet, anderen sind Genossenschaften durch frühere Offizialisierungen in schlechter Erinnerung. Diese Tagung möchte ein Forum bieten, in dem über Potentiale und Grenzen genossenschaftlicher Selbsthilfe informiert und diskutiert werden kann. Sie richtet sich an entwicklungspolitische Praktiker, politische Entscheidungsträger sowie genossenschaftliche

- o Praktiker und
- o Theoretiker.



Aspects to be included in an analysis can simply be added to a template. This report template can then be linked to a number of case studies. The relevant aspects of the selected case studies are downloaded from the central server to the computer of the user of the InfoSure Report and Analysis Tool. In the tool the all case studies are grouped according to the aspects selected for analysis. The case studies can be simply compared as no long scrolling or searching is necessary. Short notes can be added to the information taken from the respective case studies. There is no need to switch between a programme where the case studies' information is contained and a programme to write the report as a report writing facility is directly included in the tool. These reports can be formatted in the InfoSure Report and Analysis Tool and exported to MS Word. This easy work routine allows the analyst to focus on analysis rather than switching between software applications or browsing several documents for the information required. Reports created can of course be shared with interested stakeholders through the central server of InfoSure – either in the public or the private section.

## **Conclusion**

InfoSure has a very clear objective: making information on health insurance available in a structured manner in order to present it in a comparable format. This allows to extract lessons learned and to share them with interested stakeholders. The experience of an individual health insurance scheme does not need to be seen alone any longer but can be compared with the performance and experience of other schemes. This increases the quality of insight generated and possible recommendations. No other evaluation tool for health insurance offers this comprehensive approach so far. This is one reason why the number of case studies keeps growing but for making best use of InfoSure's capabilities a big amount of quality case studies is needed. Evaluators, researchers, international agencies and insurance schemes are always welcome to initiate cooperation with the GTZ sector project.

## References

Böhrt, Roberto; Holst, Jens (2001): Infosure: Evaluationsmethodologie für Krankenversicherungssysteme in Entwicklungsländern. Eine Anwendung in Bolivien. Available online: [www.gtz.de/health-insurance](http://www.gtz.de/health-insurance).

Gini, Gustavo; Holst, Jens (2003): Evaluación del Seguro Integral de Caazapá en base a la metodología InfoSure. Informe Final. Available online: <http://www.gtz.de/health-insurance>.

Hohmann, Jürgen; Herzog, Christian (2000): InfoSure - an Evaluation Methodology and Web-based Information System for Community-based Health Insurances in Developing Countries. Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Eschborn.

Hohmann, Jürgen; Weber, Axel; Herzog, Christian; Criel, Bart (2001): InfoSure – Health Insurance Evaluation Methodology and Information System. Part 0-4. GTZ, Eschborn.

Holst, Jens (2004): Evaluación del Bienestar Magisterial (BM) en El Salvador con la Metodología *InfoSure*. GTZ, Eschborn/San Salvador. Available online: <http://www2.gtz.de/health-insurance>.

Rödel, Karin; Holst, Jens (2002): Evaluación del Seguro Materno Infantil (SMI) en el Perú con la Metodología *InfoSure*. GTZ, Eschborn/Lima. Available online: <http://www2.gtz.de/health-insurance>.