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## Equity impact of community-based health insurance (2004-2008)

### Conference Item

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# Equity impact of community-based health insurance *(2004-2008)*

Divya Parmar, Manuela de Allegri, Aurélia Souares,  
Germain Savadogo, Rainer Sauerborn

# Equity in health financing

- Equity is an ethical principle
- Health care should be:
  1. financed according to *ability-to-pay*
    - **Horizontal Equity:** those who have the same ability-to-pay should pay the same
    - **Vertical Equity:** those with greater ability-to-pay should pay more
  2. accessed according to *need*

# The study

**Data source:** Household panel survey 2004-2008 (n=4695 individuals)

## Equity focus:

- SES (poor vs. non-poor):

*Asset-based SES index was created by Principal Components Analysis (PCA). Data on ownership of household assets (durable goods and livestock) and housing conditions were used. Quartile 1 (Q1) was considered as 'poor'.*

- Gender (women vs. men)
- Age (children vs. adults)

## Equity at 2 levels:

1. Equity in enrolment: Are the vulnerable groups enrolling into CBHI?
2. Equity in utilization: Are the vulnerable groups utilizing healthcare?

# CBHI design & equity

- **Poor:** Premium subsidies for poor (Q1) households in every village, since 2007
- **Women:** No specific benefits.
  - Deliveries not covered by CBHI
  - Government: ANC free and since 2007, 80% subsidy on deliveries at public facilities
- **Children:** Premium subsidies, since the beginning (2004)
  - Government: Essential immunizations, malaria treatment & consultations

# Equity in enrolment

Variable	OR	SE
Male	0.886	0.187
Child	0.456	0.132***
Poor	0.274	0.090***
Near	0.985	0.197
Household Size	1.027	0.011**
Ethnicity_Bwaba	0.961	0.235
Literate	1.974	0.403***
Year2005	1.792	0.436**
Year2006	0.890	0.216
Year2007	2.775	0.644***
Year2008	1.524	0.366*

- No gender effect
- Children less likely to enroll
- Poor less likely to enroll

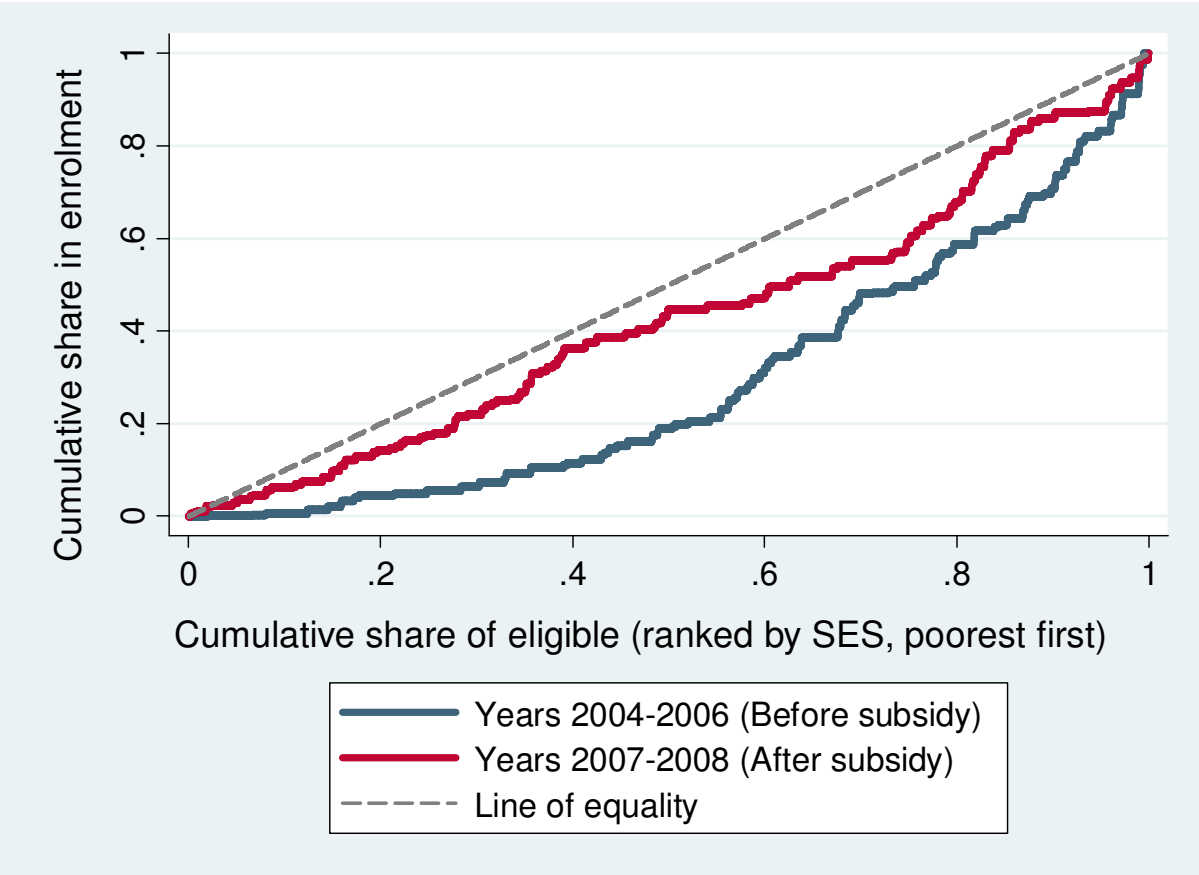
Dependent variable: CHI (0,1)

\*\*\* p<0.01, \*\* p<0.05, \* p<0.1

Only those individuals who were offered CBHI were included (n=4695)

# Equity in enrolment: *impact of subsidies*

## Concentration curves: Before & after subsidy



**Equity improved**  
Poor enrolling more after subsidy

# Equity in utilization

Variable	OR	SE
Male	0.876	0.130
Child	0.565	0.175*
Poor	0.499	0.115***
<b>CHI</b>	<b>2.182</b>	<b>0.531***</b>
Near	1.454	0.212**
Household Size	1.016	0.009*
Ethnicity_Bwaba	1.155	0.183
Literate	1.545	0.230***
Year2005	1.904	0.231
Year2006	0.723	0.181
Year2007	0.826	0.212
Year2008	0.733	0.185

- No gender effect
- Children less likely to utilize
- Poor less likely to utilize

Dependent variable: Facility care (0,1)  
 \*\*\* p<0.01, \*\* p<0.05, \* p<0.1

Only those individuals who reported being sick in the previous month at the time of the survey were included (n=1710)



# Equity in utilization

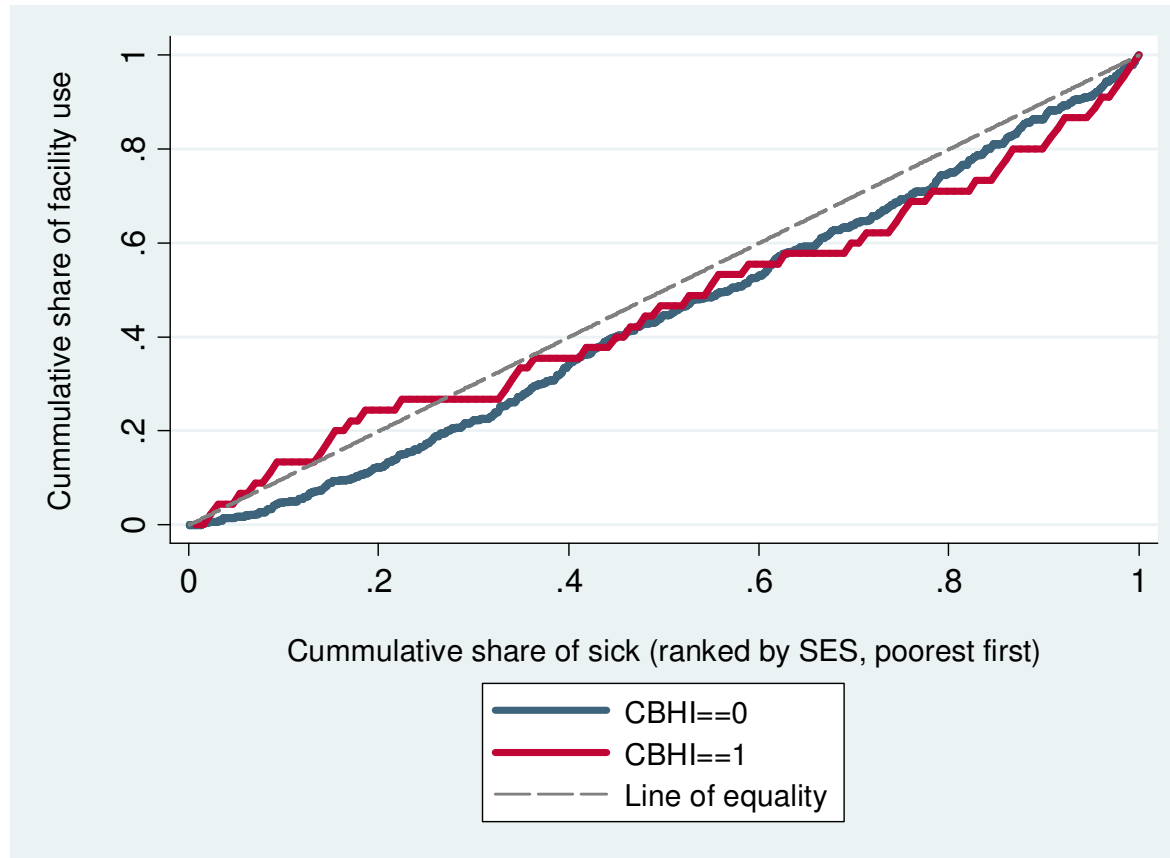
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- No gender effect
- Children less likely to utilize
- Poor less likely to utilize

***But, are enrolled poor women and children utilizing care more than the non-enrolled?***

# Equity in utilization: *SES*

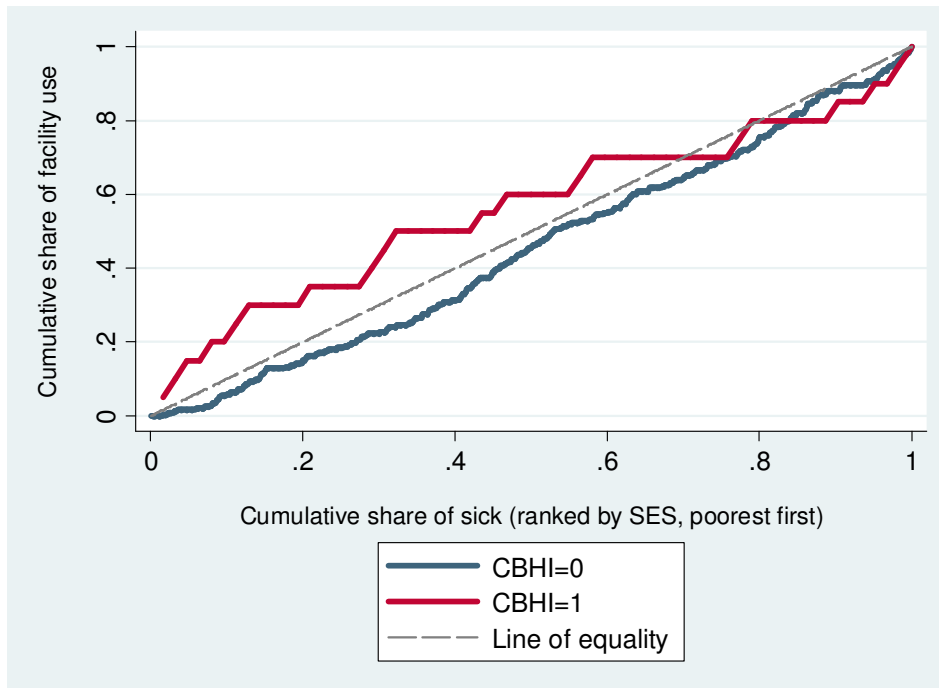
## Utilization by enrolment status



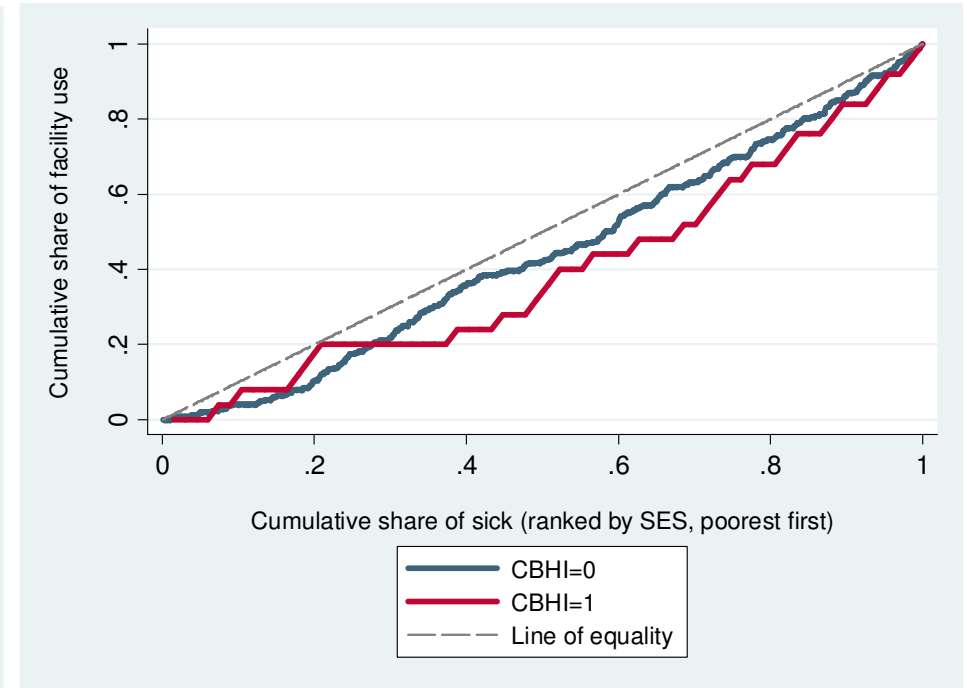
**Utilization slightly more among poor who enrolled  
(CC above line of equality for poorest)**

# Equity in utilization: *gender*

## Women, by enrolment status



## Men, by enrolment status

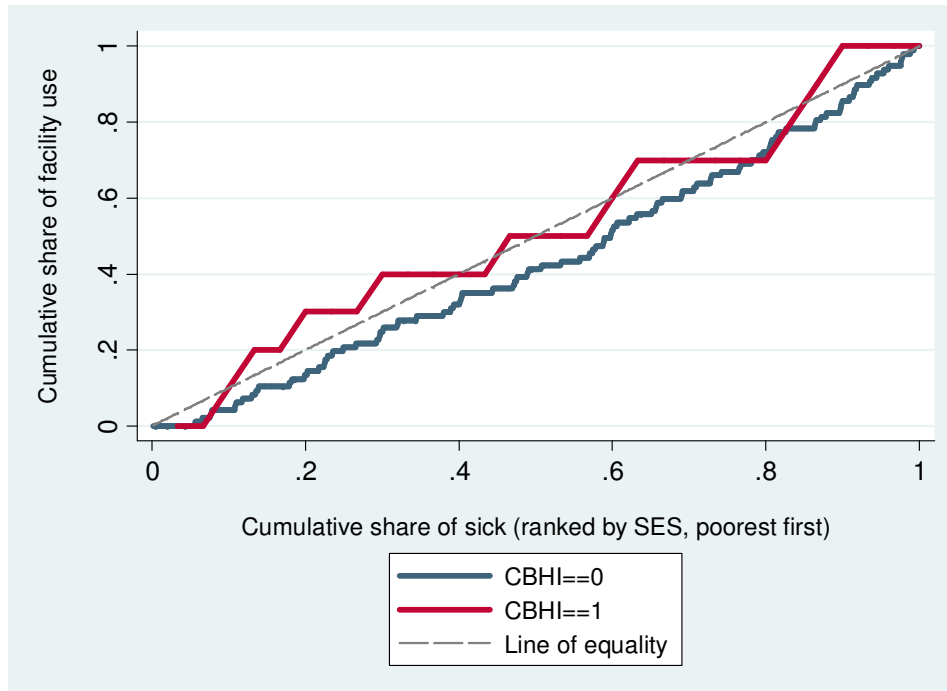


**Among women: utilization more among poor women who enrolled  
(CC above line of equality)**

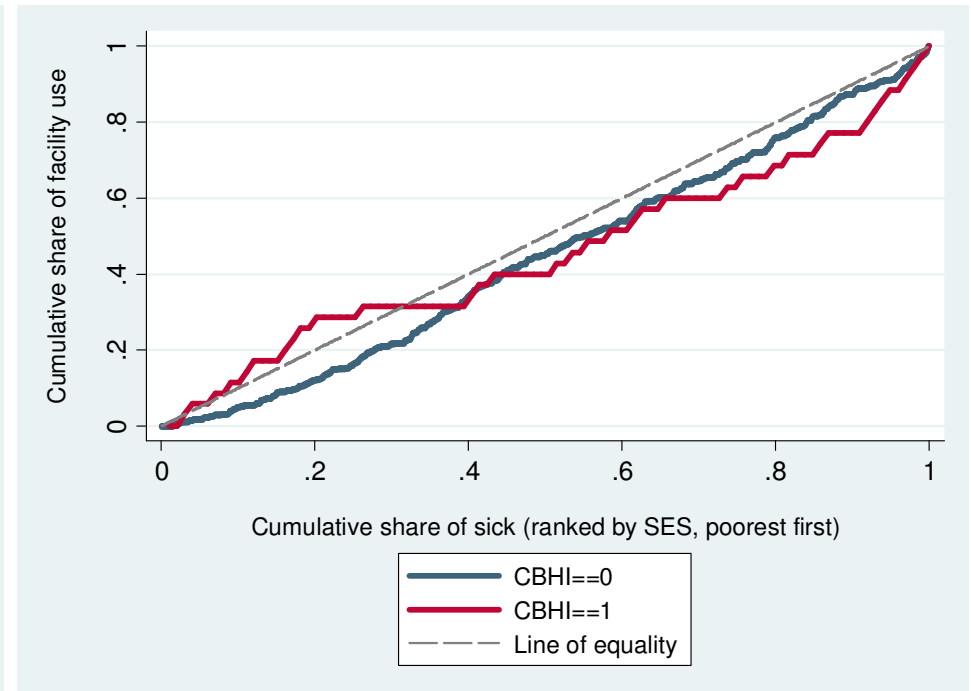
**Among men: no difference in utilization for poor  
(For non-poor, utilization slightly less for enrolled)**

# Equity in utilization: *age*

## Children, by enrolment status



## Adults, by enrolment status



**Among children: utilization more among poor children who enrolled  
(CC above line of equality)**

**Among adults: utilization more among poor adults who enrolled  
(CC above line of equality for poor)**

# Results

## 1. Equity in enrolment

- Poor: enrolment increased after subsidy (still pro-rich)
- Children less likely to enroll
- No gender effect

## 2. Equity in utilization

- Poor: slight increase in utilization for those that enrolled
- Women: pro-poor effect for those that enrolled
- Children: pro-poor effect for those that enrolled

*Note: Shows the status with and without CBHI; but does not mean that CBHI caused changes in utilization*

# Implications for National Health Insurance

- **Poor: Premium subsidy essential but not enough**
  - Less likely to enroll. Even after enrolling less likely to utilize care
  - Other costs, health awareness, behavior at health facilities, sensitization....
- **Children: Premium subsidy essential but not enough**
  - Less likely to enroll. However, once enrolled utilize care
  - Continue free/subsidized services for children at health facilities
  - Sensitization to increase enrolment
- **Women: Premium subsidies not essential**
  - Continue free/subsidized maternal care at health facilities

***Thank you***

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