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Insurance As A Means to Improve Access to Care: A Silver-Plated Bullet?

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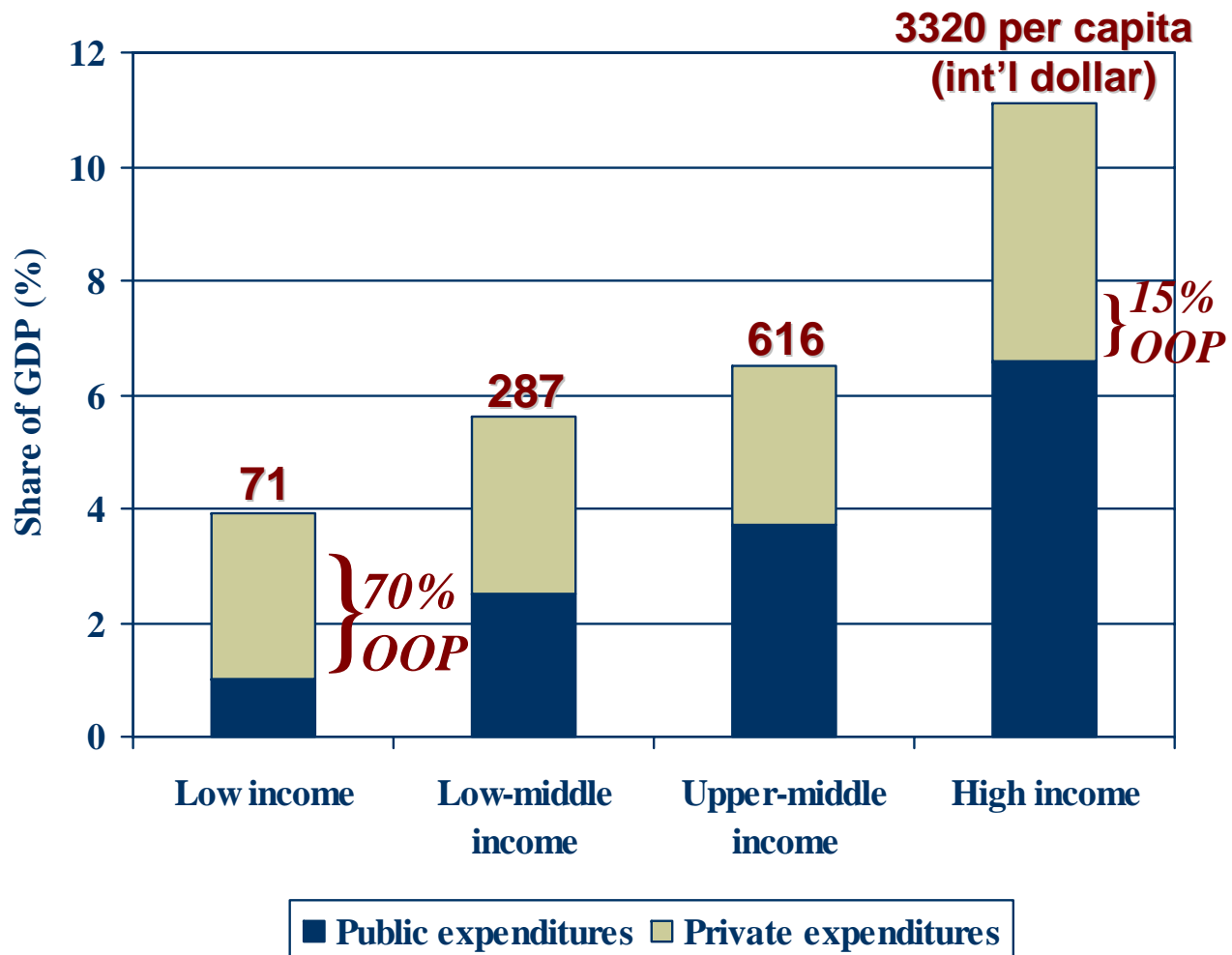
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Outline of presentation

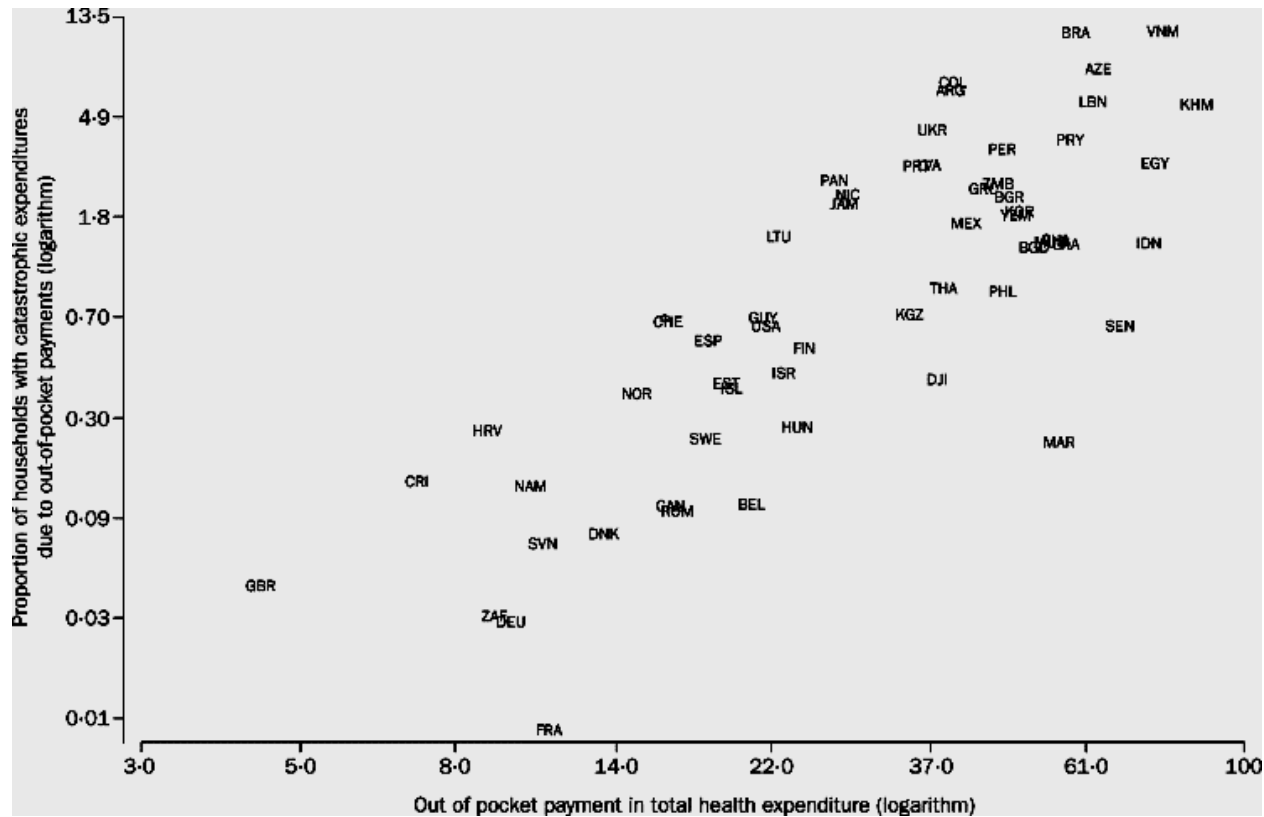
- Why insurance?
- Benefits of insurance
- Types of insurance
- Results: equity? utilization?
- Concluding remarks

How is health financed?



Implications of point-of-service payments: high proportion of HH with catastrophic expenditures

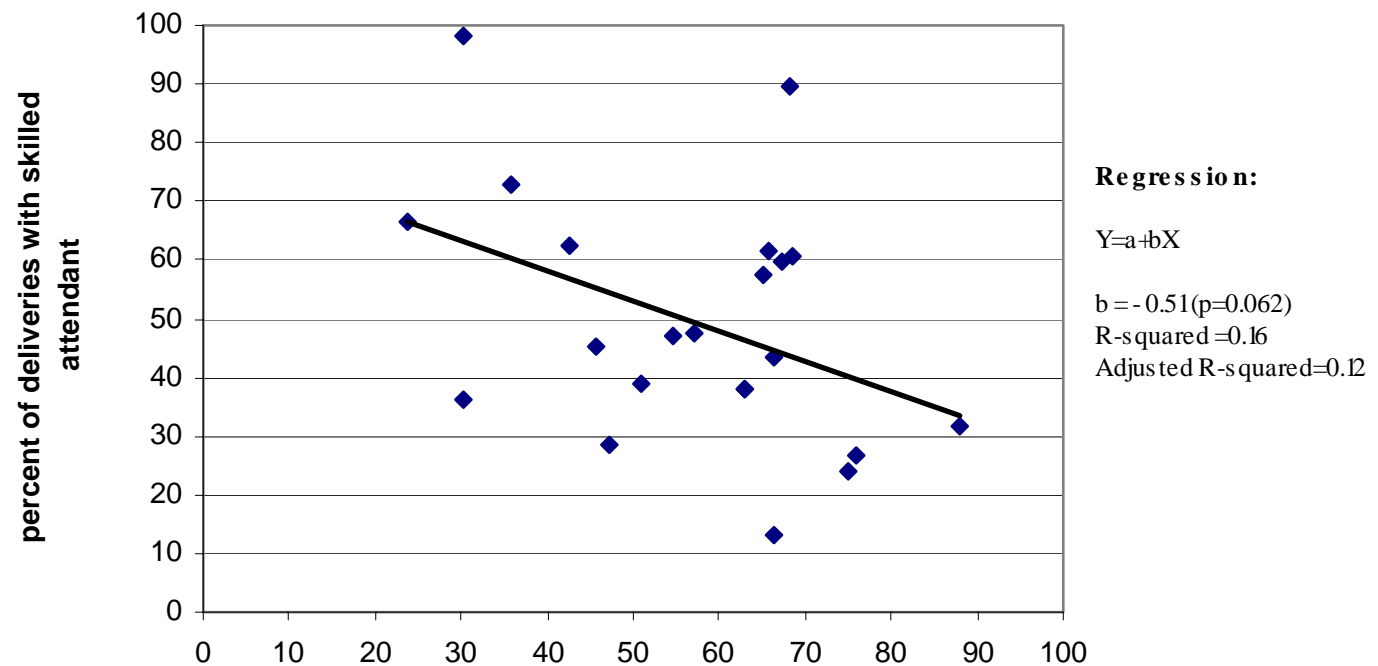
Proportion of households with catastrophic expenditures versus share of OOP in total health expenditures



Source: Xu K, Evans D, Kawabara K, Zeramdini R, Klavus J, Murray C. *Lancet* 2003; **362**: 111-17

Implications of point-of-service payments: a barrier to accessing care

Proportion of Deliveries with Skilled Attendance versus Proportion of Women Reporting 'Lack of Money' As Most Frequently Cited Problem for Accessing Care*

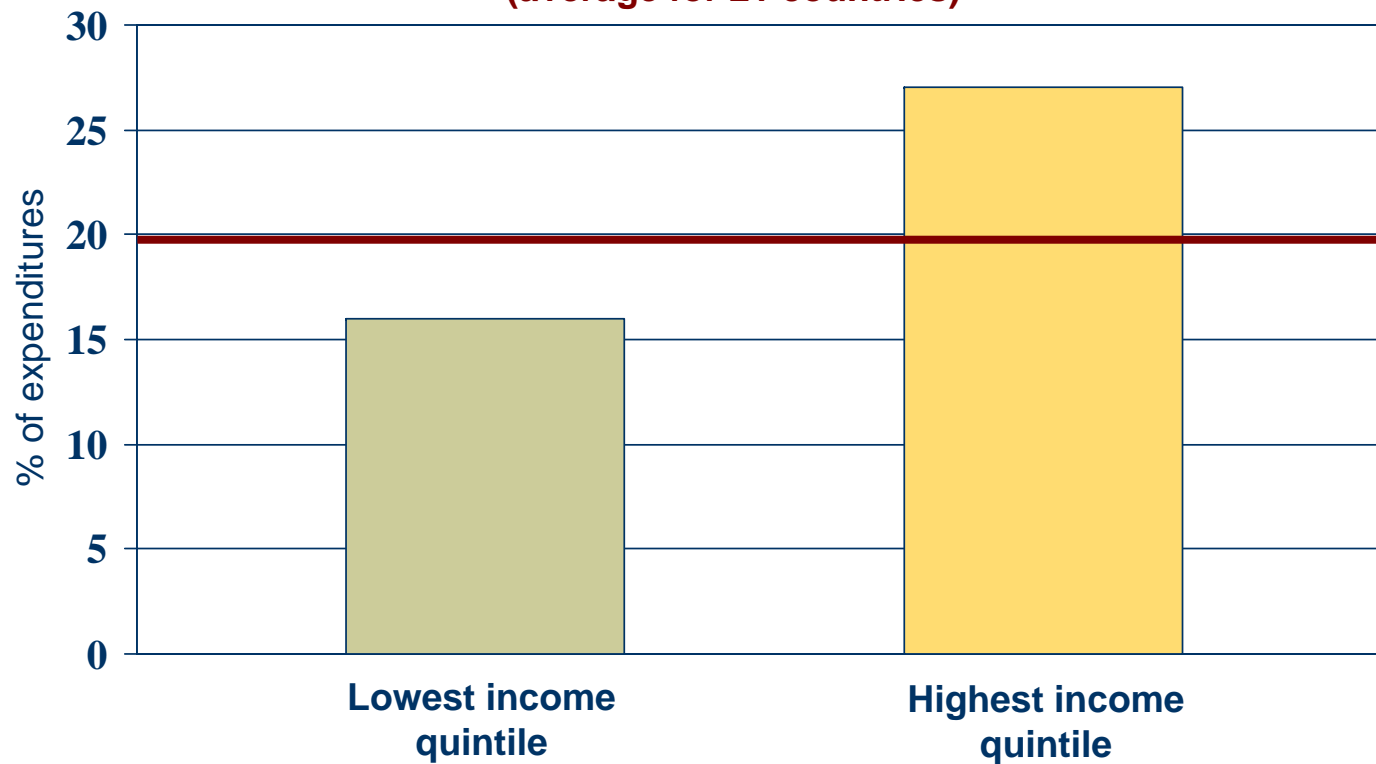


Benefits of risk-pooling and prepayment

- Ensures predictability of risk
- Spreads risk across individuals
- Potential for cross-subsidization
 - Life-cycle
 - High- and low-risk individuals
 - Rich and poor
- Types of risk-pooling
 - National health services (general revenues)
 - Social health insurance (mandatory contributions)
 - Private health insurance (voluntary contributions)

How have national health services fared on improving access for the poor?

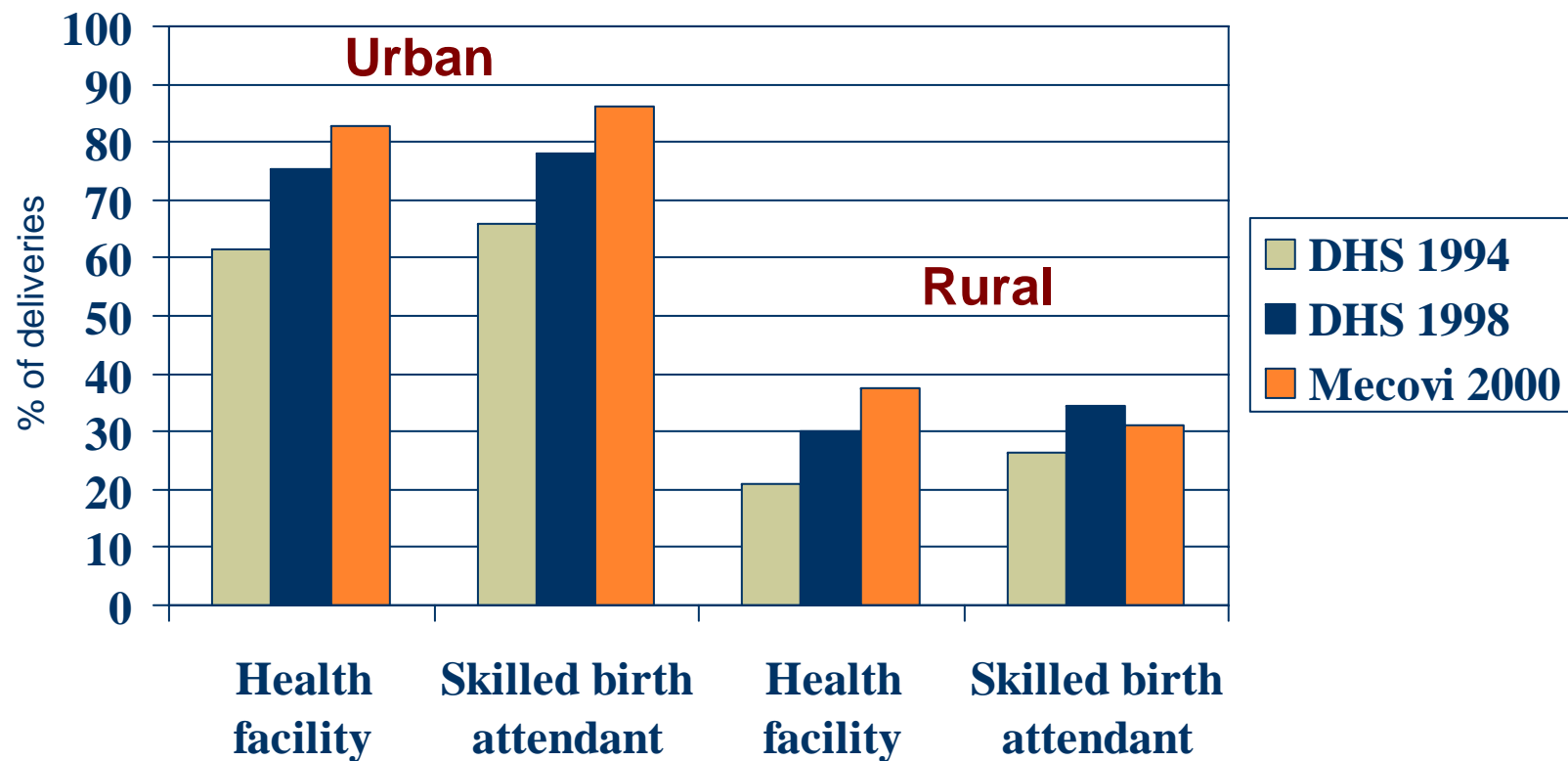
Share of NHS expenditure benefiting lowest and highest quintiles
(average for 21 countries)



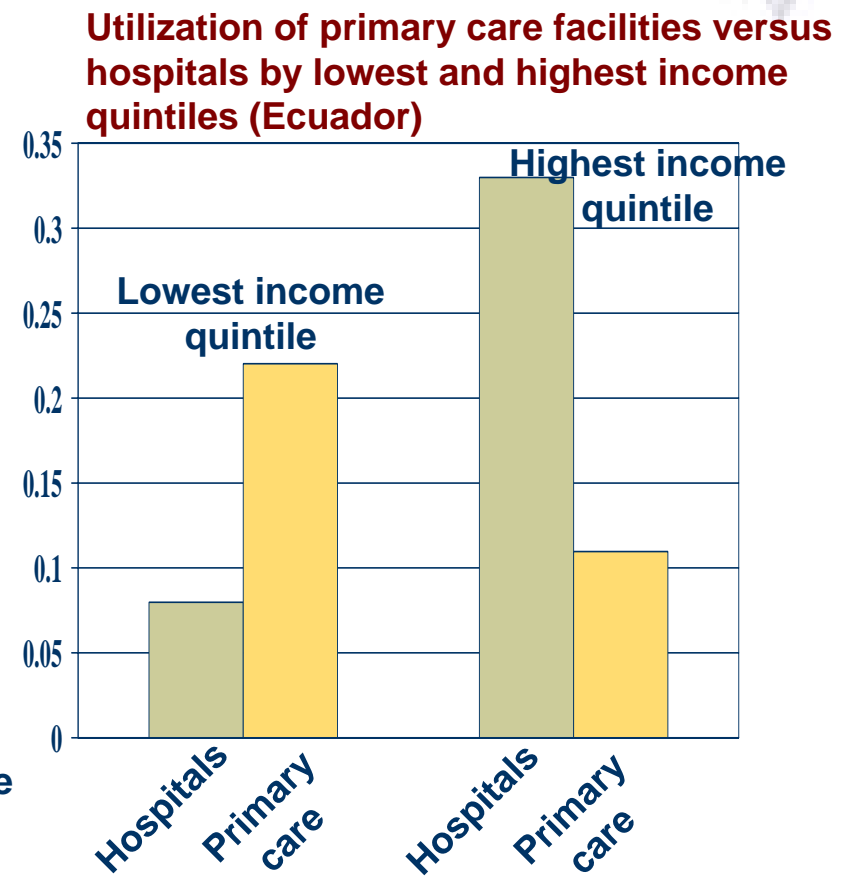
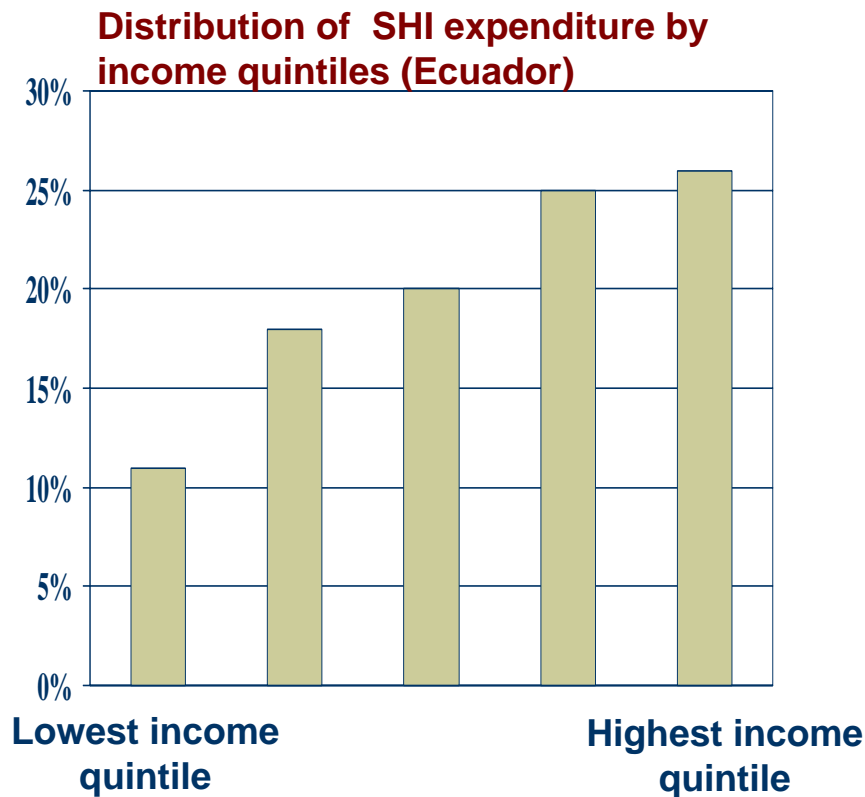
Source: Yazbeck A, Gwatkin D, Wagstaff A. *Why Were the Reaching the Poor Studies Undertaken?*

Some success in targeting vulnerable populations

Share of deliveries in health facilities and by skilled birth attendants in urban and rural areas in Bolivia, 1994-2000



How has social health insurance faired on improving access for the poor?



Source: Ministry of Health of Ecuador. National Health Accounts.

Some success in improving access and utilization

Colombia

- 62% of population insured, coverage among poor up from 9 to 48%
- Out of pocket payments for outpatient services down by 50-60%
- Physician-assisted deliveries up by 66%, use of prenatal care up 49%
- 65% of insured used preventive care compared to 35% of uninsured
- Insured 95% more likely to deliver in a health facility
- Significantly lower infant mortality rate among user of key maternal health services

Private voluntary insurance

- Diverse set of arrangements
 - Local government or communities, professional associations, providers, micro finance institutions
 - *Mostly voluntary, mostly private*
- Small risk pools
- Differential access to care
- Cost escalation
- Limited coverage of preventive care, public health priorities

How has private health insurance fared on improving access for the poor?

	Rwanda 2000	Senegal 2004	Mali 2004	Ghana 2004
Outpatient curative care	Orange	White	Orange	Orange
Inpatient care	N/A	Orange	N/A	Orange
Prenatal care	White	White	Yellow	Orange
Assistance at delivery	Orange	Orange	White	Orange

Challenges for risk-pooling (1)

- Inclusion of poor in national schemes requires political will, substantial public subsidies and well-designed targeting
- Private voluntary insurance remains small
- PVI draws on existing service delivery networks
 - Service quality depends on quality of service delivery networks

Challenges for risk-pooling (2)

- Promotion of public health priorities remains a public policy responsibility
 - Need for demand creation activities for preventive care
- Does mobilize additional resources
- *Can* reach poor segments of the population
- Not a panacea, but part of the solution



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