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Community-based health insurance: improving household economic indicators?

Conference Item

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Community-based health insurance: improving household economic indicators?

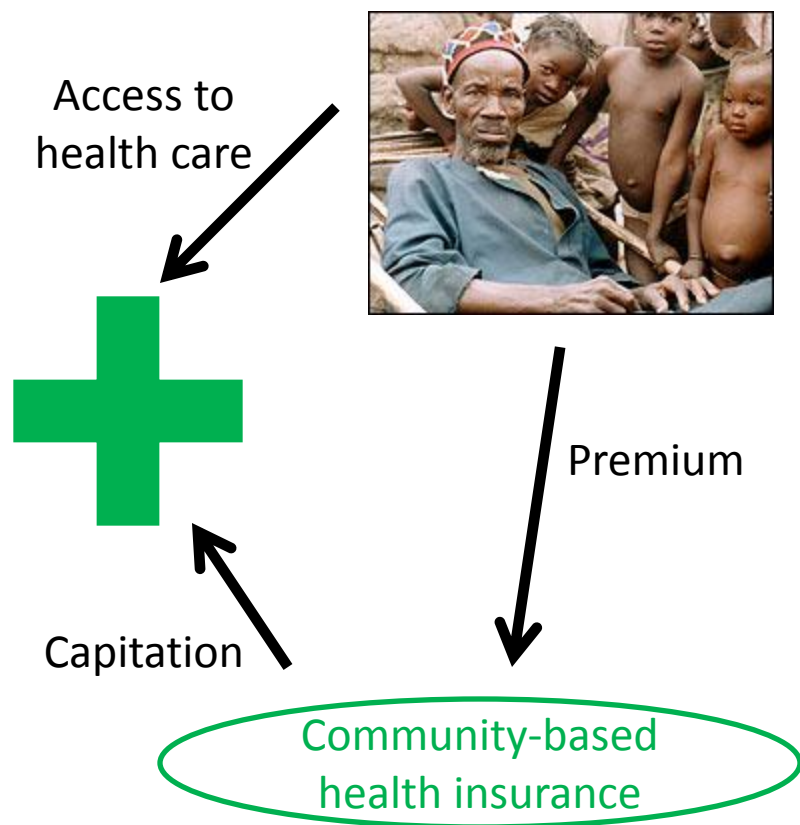
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Community-based health insurance (CBI)



Enrolment modalities:

- Unit of enrolment is the household
- Premium: 1500 CFA (2.29€) adult 500 CFA (0.76€) child
- Enrolment is yearly

Research Question

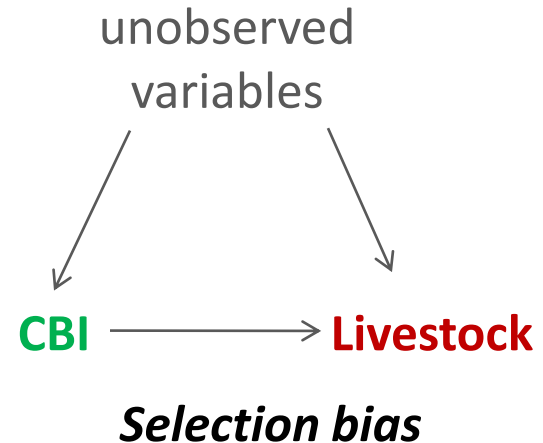
Is there a **causal** relationship between community-based health Insurance (CBI) and household economic indicators in the Nouna Health District?

- Is there an improvement in the household livestock, assets and/or income for the insured overtime

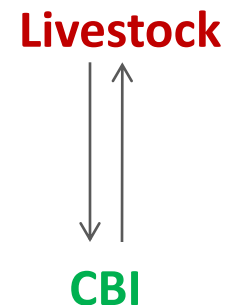


Observational data

Unlike randomized trials,
in observational studies
the intervention (CBI) is
not randomized...



Enrolment for CBI is
voluntary: we cannot
assume that the insured
(cases) and uninsured
(controls) are similar



Reverse (2-way) causation

Model

$$\text{Livestock}_{it} = Z_i \cdot \beta_1 + X_{it} \cdot \beta_2 + \text{CBI}_{it} \cdot \beta_3 + u_i + \varepsilon_{it} + \delta_t$$

Livestock_{it} : Household ownership of livestock

Z_i : observable time-invariant factors e.g. religion, education

X_{it} : observable time varying factors e.g. age, household size

CBI_{it} : insured household

u_i : unobservable time-invariant factors e.g. ability, preference

ε_{it} : household-specific time shock e.g. death in the household

δ_t : sample-specific time shock e.g. drought that effects everyone

Data sources

1. Nouna Health District Household Survey (NHDHS)
 - DSS region: 41 villages & Nouna town
 - 15% of the population (Total population:67,262)
 - Panel survey (same households interviewed every year)
 - Conducted every year since 2000

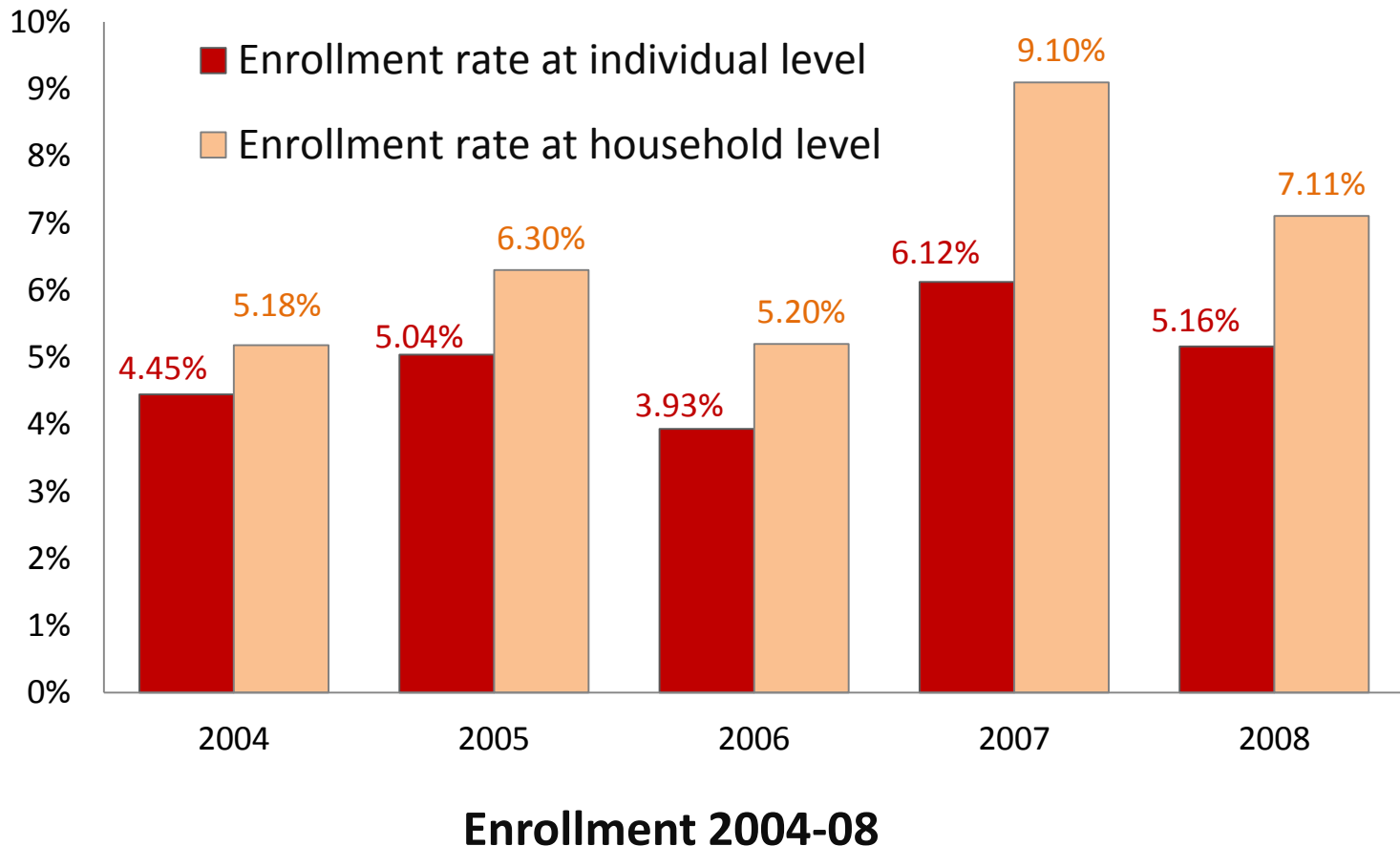


- (0) Socio-demographic: ethnicity, religion, housing conditions, education...*
- (1) Socio-economic: assets, livestock, monetary income, expenditures...*
- (2) Self-reported morbidity: illness episodes, health-seeking behaviour...*
- (3) Preventive care*
- (4) Risk-sharing & perceptions on quality of health care*
- (5) CBI: enrolment decisions, reasons for enrolling...*

Data sources

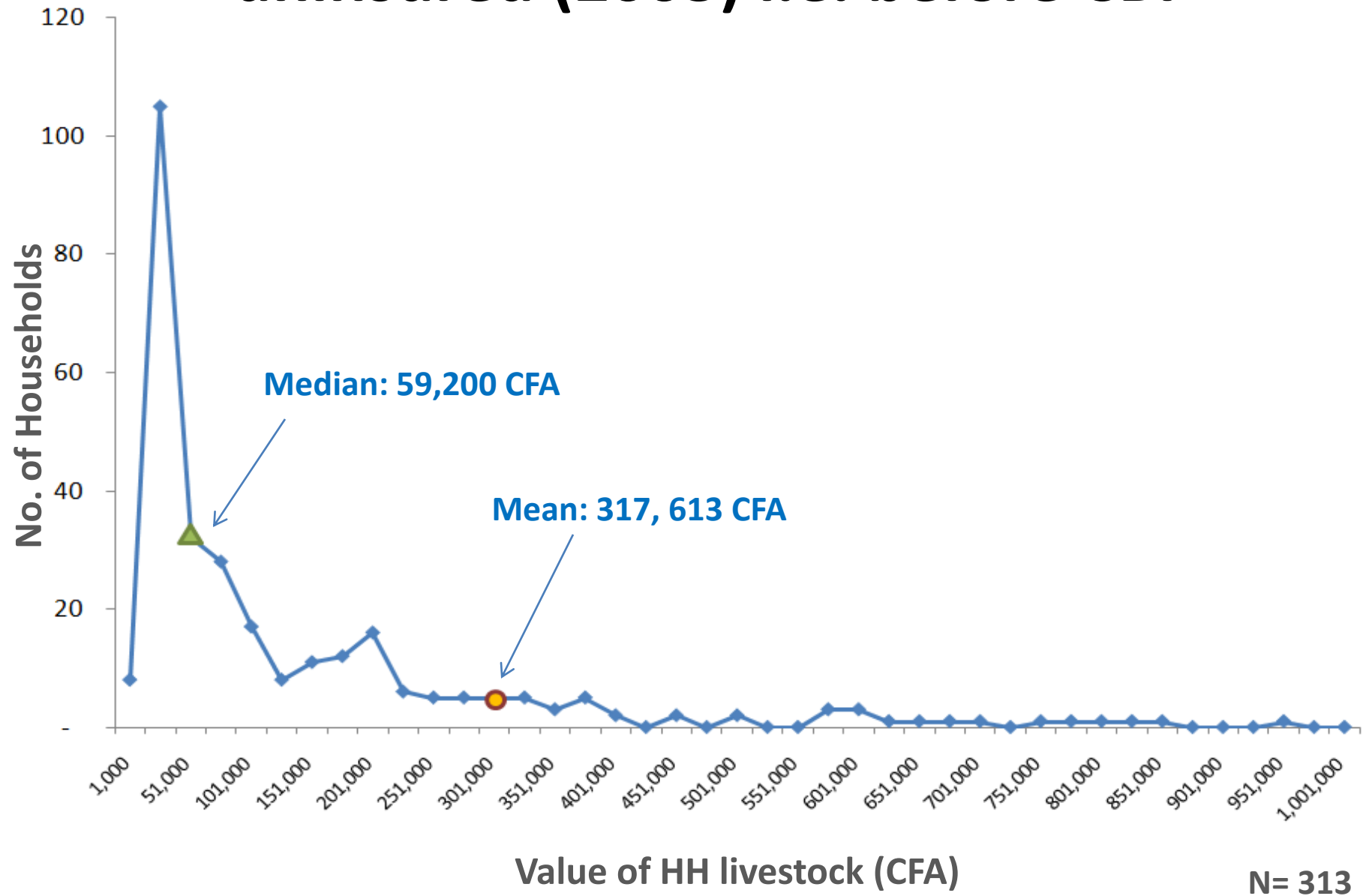
2. Community-based health insurance register

- List of households and individuals enrolled every year
- Can be linked to NHD household survey



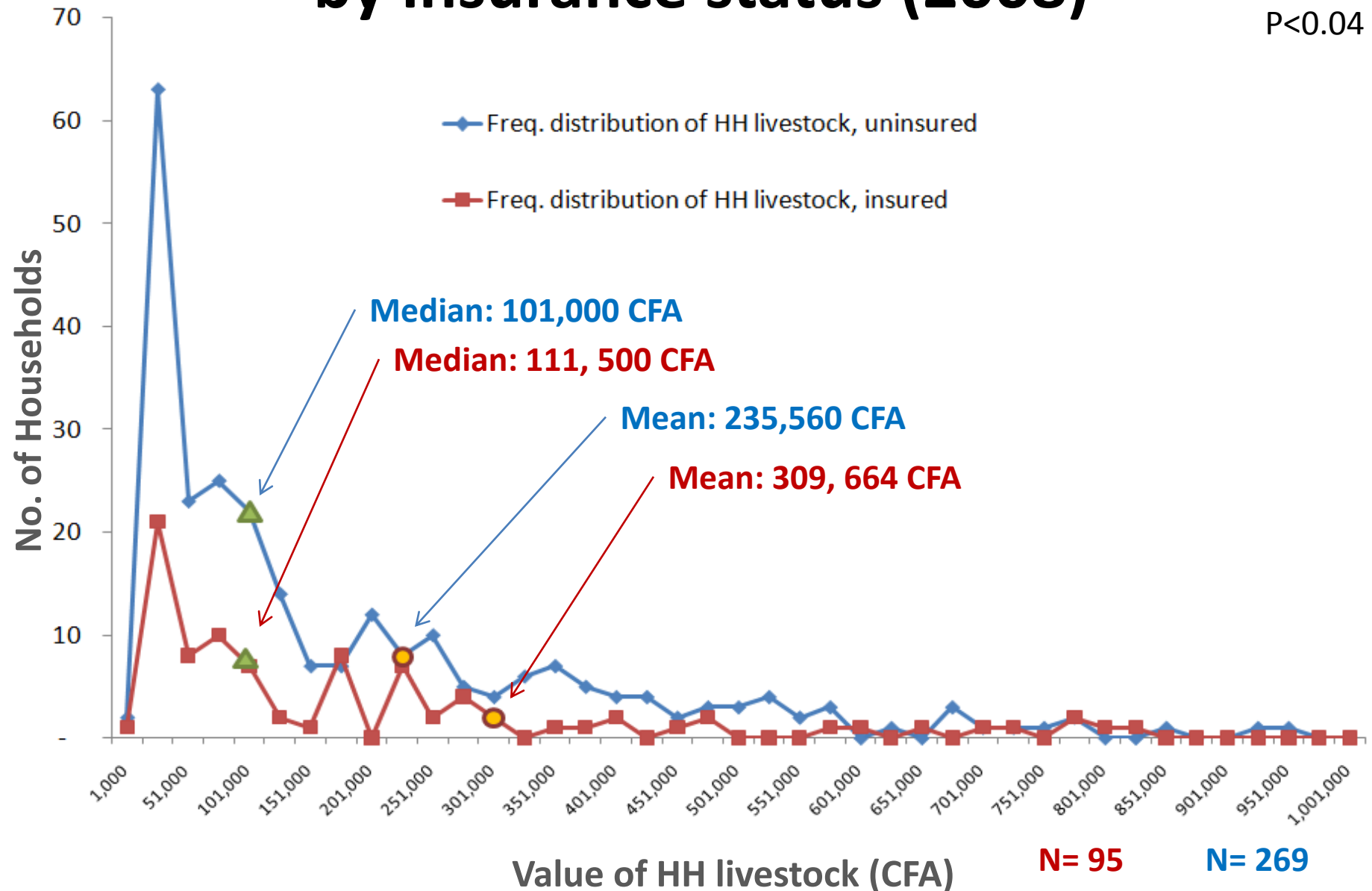
Preliminary Results

Freq. distribution of HH livestock, uninsured (2003) i.e. before CBI

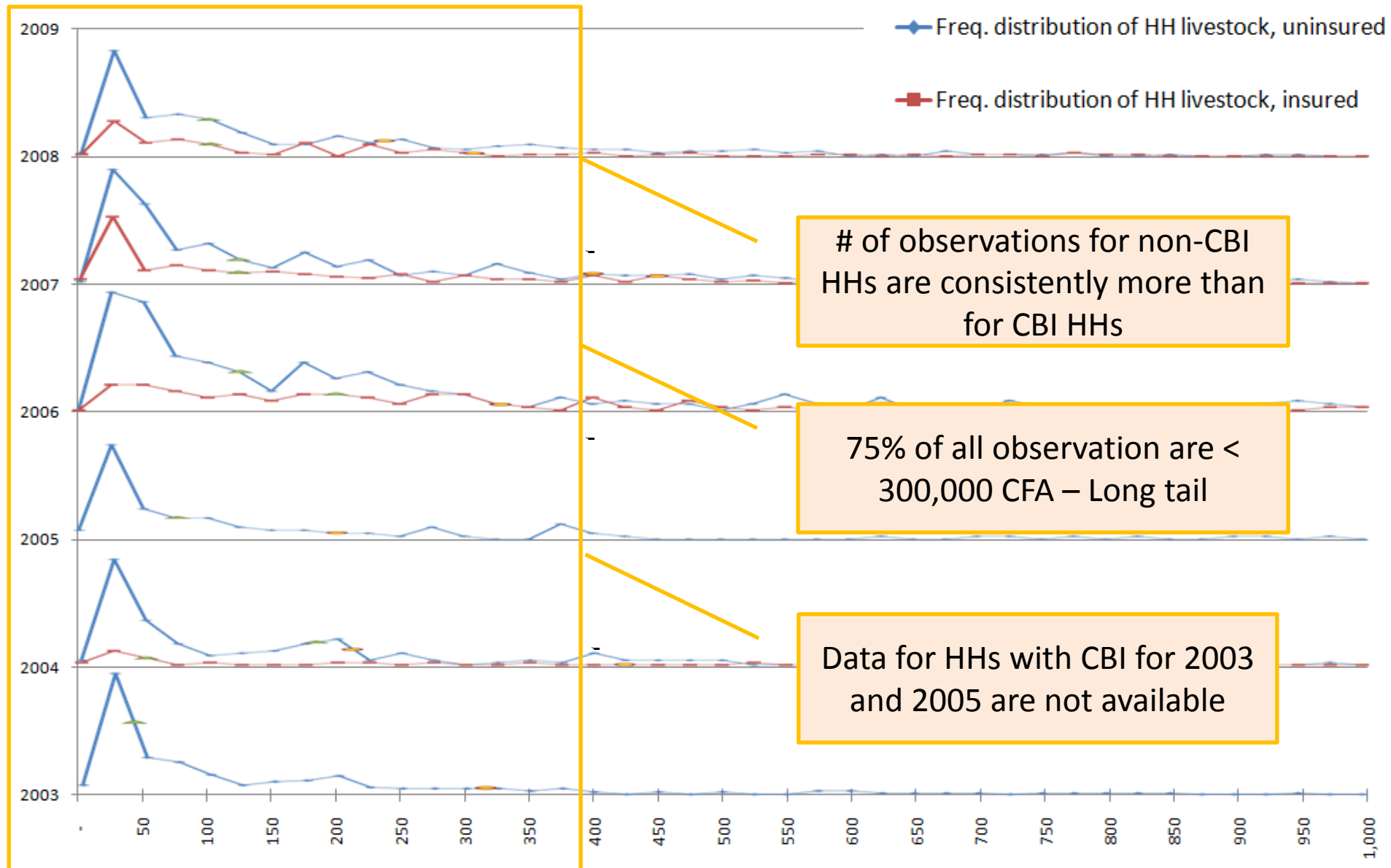


Freq. distribution of HH livestock, by insurance status (2008)

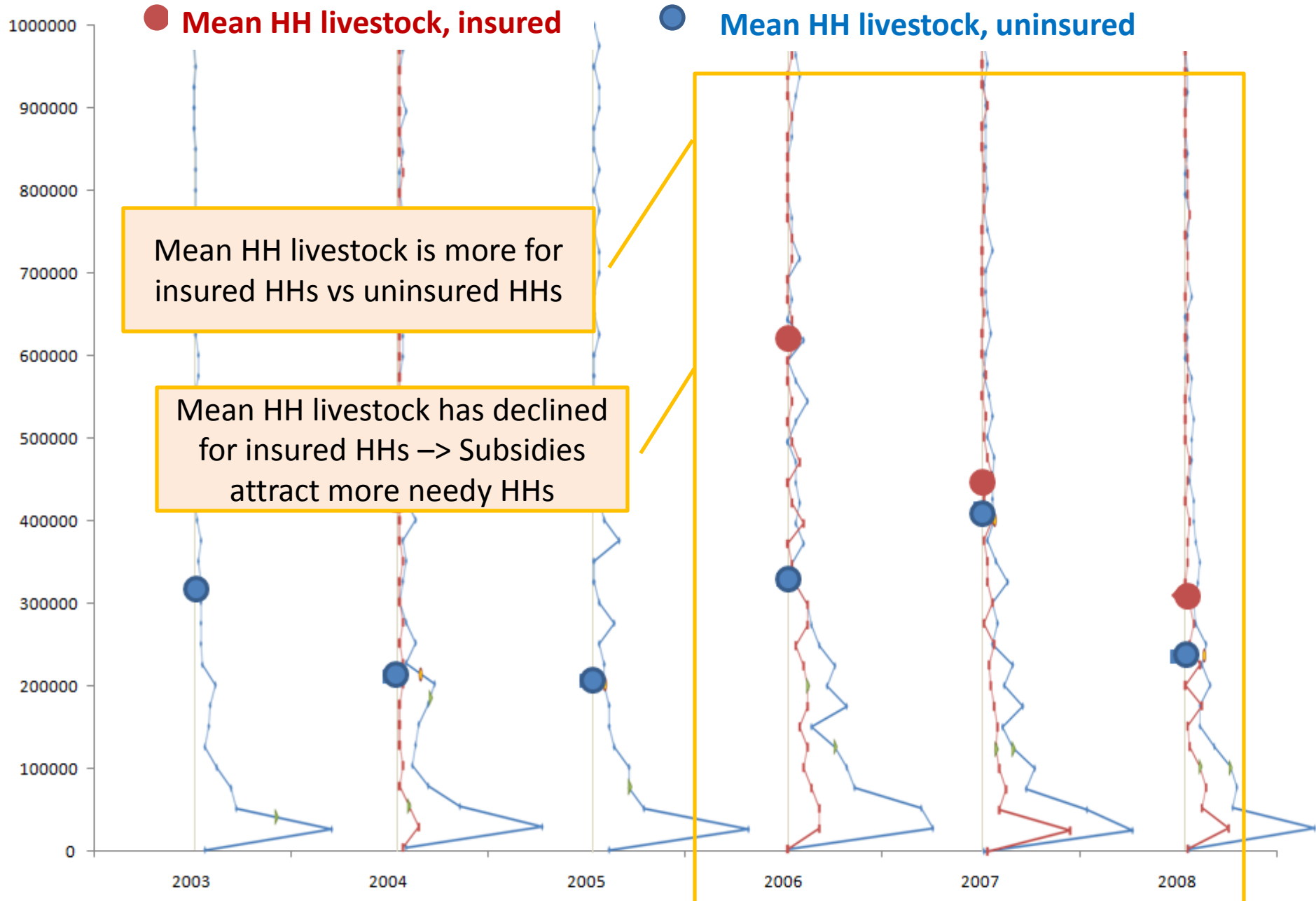
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Freq. distribution of HH livestock, by insurance status (2003-08)



Analysis of mean HH livestock , by insurance status (2003 -08)



To conclude,

- There appears to be significant difference in the value of HH livestock between the insured and the uninsured.
- Insured HHs have relatively more HH livestock than uninsured HHs.
 1. This could be due to the fact that richer households are enrolling (Subsidies in 2007)
 2. Part of this could also be explained due to an improvement in HH livestock for the insured due to CBI

Thank you
Any questions, comments ...

