Estimating the distributional incidence of healthcare spending in sub-Saharan Africa: Benefit Incidence Analyses in Burkina Faso, Malawi, and Zambia

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Project description:

For many decades, Sub-Saharan African countries have been experiencing a persistent high level of inequality in access to healthcare services. Following the global call to eliminate health inequalities worldwide, many Sub-Saharan African countries have put in place several health financing reforms aimed at fostering progress towards universal health coverage. For instance, in Burkina Faso, Malawi and Zambia, user fees at the point of care have been removed nationwide (Malawi and Zambia) or for specific health services or groups of the population (Burkina Faso).

However, evidence on the distributional incidence of health spending on these recent UHC-specific reforms is still limited. Our study aims at closing this gap in knowledge by conducting a quasi-longitudinal benefit incidence analysis to assess equality of both public and overall health spending on curative health services and institutional delivery across socioeconomic groups in three Sub-Saharan African countries: Burkina Faso, Malawi and Zambia. The study relies on healthcare utilization data derived from different nation-level household surveys (including Living Condition and Monitoring Survey, Performance-based Financing Survey, and Zambia Household Health and Expenditure Survey) and health expenditure data derived from National Health Accounts. The findings demonstrate increasing equality in the distributional incidence of both public and overall health spending over time, but also considerable level of heterogeneity across health facility typologies and geographical

locations (provinces/regions/districts). The distribution of both public and overall spending is more egalitarian at lower levels of care (i.e. health centres) than at higher ones (i.e. hospitals), but overall spending is less equitable than public spending. Comparing the three countries, less health financing inequality is observed in Malawi than in the other two countries. These findings suggest that the implementation of UHC-specific reforms has been effective in increasing equality in the distributional incidence of health spending, meaning that more financial resources have reached the poorest segments of society, but was not yet sufficient to remove differences across provinces/regions/districts. Further research is needed to investigate sources of heterogeneity within countries and identify strategies to overcome it.

Project-related links:

To access the Working Papers, please follow the links below.

https://www.afd.fr/en/ressources/estimating-distributional-incidence-healthcare-spending-curative-health-services-sub-saharan-africa-benefit-incidence-analysis-burkina-faso-malawi-and-zambia

https://www.afd.fr/en/ressources/estimating-distributional-incidence-healthcare-spending-maternal-health-services-sub-saharan-africa-benefit-incidence-analysis-burkina-faso-malawi-and-zambia

Links to the policy briefs will be available soon.

To access more information on the EU-AFD Research Facility on Inequalities please consult https://www.afd.fr/en/research-facility-better-understand-inequalities, including a link to our own project on health spending in Sub-Saharan-Africa https://www.afd.fr/en/carte-des-projets/assessing-equity-health-spending-sub-saharan-africa

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