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## **Impact of Community-Based Health Insurance on Households' Expenditures and Poverty In Nouna-Burkina Faso**

Promotionsfach: Hygiene  
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When assessing a health insurance scheme designed to reach the community, the assessment should cover the level of financial protection provided to its members. Financial protection is measured by the extent of protection a household gets if subjected to catastrophic health expenditures. Health expenditures are considered "catastrophic" if they exceed a certain proportion of the household income or total expenditures in a period of time (WHO 2000), and are considered "impoverishing" if the household falls below the poverty line. Out-of-pocket expenditure on medical care is predominantly used in assessing financial protection.

Against this background, the main objective of this research was to assess the effect of a community based health Insurance (CBHI) introduced in 2004 in Nouna, Burkina Faso on providing financial protection to its members. The study benefited from several household health surveys that were administrated by the CRSN in Burkina since the year 2000. This allowed the study to adopt a quantitative approach in assessing the impact of CBHI at the individual and the households' level.

Within the framework of the main objective mentioned above, this study sets out to:

1. Analyze households health expenditures.
2. Examine the impact of CBHI on household catastrophic health expenditures.
3. Investigate to what extent CBHI can protect households from impoverishment due to health care expenditures.

The setting of this study was in the Nouna Health District of Burkina. Enrolment in the CBHI scheme is voluntary and the unit of enrolment is set at the household level. The study was based on the Nouna Health District Household Survey (NHDHS) data from 2007. The study population consisted of 1616 households and 13,875 individuals. The analysis used additional information from the CBHI registers for the years 2006, 2007 and 2008.

The study used econometric analysis in measuring the incidence and intensity of catastrophic payments. The incidence of catastrophic health payments was estimated from the fraction of the sample with health costs as a share of non-food expenditure or total expenditures, exceeding a chosen threshold.

The study estimated as well, the poverty impact and the depth of poverty measured by calculating average poverty gap, which is the average distance below the poverty line. Finally, it measured financial protection through assessing the changes in poverty gaps.

The study yielded several interesting results such as the percentage of households facing catastrophic health expenditures at every threshold by wealth quintiles. In the poorest quintile in the insured group, the head count decreased with higher thresholds. While for the uninsured the poorest quintiles had a higher head count on high thresholds such as, 15%, 20% and up to 25%. This means that the poor, when uninsured, pay more than they can afford and are subjected to more catastrophic events, which entail a higher level of expenditure. From a CBHI perspective, it was an important and positive finding that insurance reduces significantly out-of-pocket expenditures for households in the lower wealth quintiles compared to those in higher wealth quintile.

In conclusion, CBHI protects the insured poor from catastrophic expenditures for consultations and hospitalization but increases households expenditures for drugs and material and other non-medical expenditures. At the same time, it decreases poverty head count but increases poverty gap. CBHI can provide a partial protection for those insured regarding certain medical expenditures. Yet, because their utilization of the services increases, as documented previously (Gnawali, Pokhrel et al. 2009), all related expenditures, such as transportation and accommodation, will increase. This eventually leads to an increase in the total health related expenditures. Moreover, CBHI does not cover chronic conditions or related medications, consequently those suffering from chronic illnesses will still pay for their expenses, even if insured.

Very few people in developing countries are covered by a social health insurance scheme. Community based insurance can be regarded only as a supplement and not a substitute to a social health system. It can be a start to a more comprehensive universal insurance. (Barnighausen and Sauerborn 2002).