Germain Savadogo
Dr.sc.hum.

**Targeting the poorest households for subsidizing their premium for community health insurance in Nouna, Burkina Faso**

Promotionsfach: Public Health
Doktorvater: Prof. Dr. med. Rainer Sauerborn

The lack of access of poor people to health care, due mainly to financial barriers, led to the promotion of risk-sharing mechanisms such as Community-Based Health Insurance (CBHI); (i) to provide insurance coverage for rural communities unlikely to benefit immediately from either a social or private health insurance scheme; (ii) to increase equity in access and; (iii) to protect households financially from external shocks due to the "catastrophic cost of illness". A CBHI was in 2004, established in Nouna Health District (NHD) in Burkina Faso with the household as enrolment unit. Unfortunately, poorest households were excluded from the insurance scheme due to financial inability to enroll; which suggested an equity problem in enrolment in CBHI.

Targeting enrolment subsidies to the poorest households appeared to be a necessity to bring them into such insurances schemes. The Nouna CBHI steering committee decided in 2006, to offer enrolment subsidies of 50% of the premium fees, to the 20% poorest Head of Household (HHHs). The Community Wealth Ranking (CWR) to identify those poorest HHHs was therefore used and tested.

The overall hypothesis underlying my study is that, subsidizing enrolment premium in Nouna CBHI for the poorest households could help joining the insurance scheme and will result in more likely use of modern health care. Five specific research questions were addressed: How is poverty defined by community members in NHD? How to target the poorest HHHs for enrolment subsidies? Is the CWR method accepted by community members? Is the CWR method valid? And, what are the spillover effects of being targeted for enrolment subsidies in CWR?

The main objective of the study was to target the poorest households for health insurance premium subsidies.

The specific objectives were:

1. To use community wealth ranking to target 20% of poorest households

2. To define poverty by using community views and concepts

3. To assess the acceptability of community wealth ranking by community members

4.      To assess the validity of community wealth ranking

5.      To measure the spillover effects of being targeted for subsidies for enrolment by community wealth ranking

The study used both qualitative and quantitative methods. The qualitative analysis was used to define perceived poverty and to rank the HHHs. The manual coding was used to label data from the transcripts of the Focus Groups Discussions (FGDs) in Nvivo 9.2 to find the free and tree nodes. Some verbatim direct quotations were also used within the text to enlighten some emerging themes.

The types of consensus from the ranking done by three representatives of the community in each village and sub-sector, were used to retain the 20% poorest HHHs.

For the quantitative analysis, a cross-table analysis of the selected HHHs in 2007 and those selected in 2009 was performed using STATA 12 to see whether there was a link between the fact of being selected in 2007 and in 2009.

The proportion θ of acceptability of CWR by community members was determined by the number of participants who accepted the method out of all the participants. A test of significant difference of CWR's acceptability between selected and unselected HHHs was used to capture the effect of selection status on the acceptability of CWR. A logistic regression model to see how may vary that acceptability in presence of some predictors was performed. The spillovers effects of targeted subsidies, focused on everyday life and the enrolment in CBHI of targeted HHHs in the community. To measure the internal validity of CWR, the Cohen's kappa has been calculated in each village and sub-sector of Nouna considering the three key-informants in pairs. The mean of the three coefficients obtained by pairing the key-people was then calculated to get an estimation of the kappa coefficient in the village or sub-sector of Nouna town. The researches setting was NHD in Burkina Faso in 41 villages and 7 sectors of Nouna town representing the implementation area of the CBHI.

The study achieved several interesting results such as a set of criteria and perceptions provided by community members to define poverty in their setting. The definition of poverty was mostly associated to the geographical, social and cultural contexts of daily life by the participants.

By matching the selected HHHs in 2007 with those selected in 2009 for 34 villages/Nouna sub-sectors, the two-sample test of proportion showed that there was no association between the selected HHHs in 2007 and 2009.

The CWR was accepted by 85,2 % of HHHs. The enrolment rates in CBHI were respectively 5,2 % and 8,3 %  in 2006 and 2007. The research showed positive effects of targeted subsidies to the poor. Indeed, the increase in the enrolment in CBHI scheme moved from 1,1 %  in 2006 to 11,2 % in 2007 with a growth rate of 918 % [(11, 2 % -1,1 %)/11,2 %].

The internal validity analysis of CWR showed that the rankings done by the key-informants at the end of different FGDs in NHD were reliable in terms of agreement in their rankings. This agreement between key-informants decreased with increasing number of HHHs to rank. There was a negative correlation (- 0,55) between the kappa coefficient and the number of the HHH to

In conclusion, the definition of poverty by community members to be used in the targeting of the poor, seems to be one of the most adequate ways in a setting where people live in community, sharing daily realities, like in NHD. The study allowed to elicit a new set of criteria that could be used to build systematic indicators for surveys aiming to measure and alleviate poverty in the Nouna region. The targeted subsidies for enrolment using CWR, might be a less costly alternative for most CBHI schemes with limited financial resources, and particularly the CBHI in Nouna.

Burkina Faso seeks to implement a social protection initiative by, among several activities, the setting up of a national health insurance,  the establishment of a special regime for the indigent and the implementation of a more targeted income redistribution policy towards the poorest (IMF, 2012). I argue that the findings concerning the targeting of poorest people at community level in Nouna, may help the country achieving some of the goals above cited.