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**Why do people choose to enrol or nor to enrol in community health insurance?
The case of the Nouna Health District, Burkina Faso**

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In recent years, community health insurance (CHI) has been identified as a promising health financing alternative for low and middle income countries. Through the pooling of risks and resources, CHI promises to grant communities better access to health services and greater financial protection against the cost of illness. Field experience, however, demonstrates that CHI does not live up to its expectations, mainly because of the widespread problem of low enrolment. Across sub-Saharan Africa, too few people choose to join CHI. This threatens the long term survival of schemes and severely hampers their ability to serve as the necessary step towards securing universal health coverage also in low and middle income nations.

This dissertation provides a scientific investigation of the decision to enrol in CHI in sub-Saharan Africa. The study presented aimed at understanding why people may choose to enrol or not to enrol in CHI. The study was conducted following the first enrolment campaign, conducted early in 2004, of a newly established CHI scheme in the Nouna Health District, Burkina Faso.

The study relied on the adoption of a mixed methodology, combining quantitative and qualitative methods of analysis. Quantitative methods were used to assess the impact of a constrained set of household head, household, and community characteristics on the decision to enrol. Qualitative methods were used to illuminate the understanding of the quantitative findings, and to explore the research question holistically, taking into account the socio-cultural context within which the decision-making process took place.

The quantitative component of the study relied on data collected through means of a household survey questionnaire on a sample of 530 households who were offered the opportunity to enrol in CHI during the first registration campaign early. Data analysis made use of a novel statistical technique, multilevel modelling, which allowed to account for clustering at the level of the village and to assess jointly the impact of individual and community level characteristics on the outcome variable, i.e. enrolment status. The qualitative component of the study relied on data collected through means of 32 in-depth interviews with household heads. The transcribed text was analysed with the support of the software Atlas.ti using a "compare and contrast" methods rooted in grounded theory. Data triangulation was applied to the systematic comparison of the quantitative and qualitative findings.

The main findings/conclusions which were drawn from the study can be summarised as follows:

a) The decision to enrol in CHI is the product of the interaction between individual (household head), household, and community characteristics. Although the decision is made at the level of the single household, wider community circumstances mediate and shape such decision.

b) The decision to enrol is influenced by the extent to which a scheme institutional design (management structure, benefit package, premium level, etc.) meets community preferences.

c) The affordability of a scheme is constrained not only by one's socio-economic status, as generally assumed, but also by institutional features (e.g. stringent enrolment criteria and payment modalities) which are not responsive to the community need for greater flexibility.

d) Previous negative experiences with institutional arrangements and the overt resistance of health providers may influence negatively community perceptions of CHI, erode trust in a scheme, and hamper enrolment.

e) Specific concerns with the provider network and with the quality of the care on offer may influence the decision to enrol in CHI. Some people in the community may choose to

enrol out of hope of gaining a voice as patients vis à vis the providers. Other people may be discouraged to enrol given their prior negative experience with health provision.

On the basis of the finding/conclusions outlined above, the study allowed to draft specific recommendations for future research as well as a series of detailed policy guidelines to reform the implementation of the scheme in the Nouna Health District and to inform the implementation of similar schemes elsewhere in sub-Saharan Africa.