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**The impact of community-based health insurance on utilization of modern health care in Burkina Faso**

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This dissertation asks to questions:

- a) Does health care utilization increase as predicted, when households are insured?
- b) To what extent community-based health insurance could address social justice in health care utilization in the rural area?

In order to answer these questions, we analyzed the Nouna Health District Household Survey (NHDHS)-2006 data. The sample consisted of 10782 individuals from 1309 households. Of these households, 221 were in the insured group and 1088 in the uninsured group. We carried out descriptive analysis and propensity score matching to assess the effect of the CBI on utilization of health care services. This allowed us to control for self-selection bias as well as to minimize the observed baseline differences in the characteristics of insured and uninsured groups such that the observed difference in healthcare utilization could generally be attributed to the CBI.

About 10% of 10,782 individuals reported an illness episode during one month recall period. The average number of illness episode among respondents who reported an illness was 1.09 per individual and 97% had single illness episode. About 37% of insured individuals who reported an illness episode during the recall period visited a health facility compared to only 12% of uninsured individuals. Insured individuals were less likely to visit a traditional healer or treat at home than uninsured (33% vs 51%). Uninsured were more likely to the option of not treating at all (23% vs 30%) and about 6% in both groups sought modern care elsewhere.

The overall increase in outpatient visits given illness in the insured group was 40% point higher when compared to their counterparts in the uninsured group. However, this increase was only significant among the richest quartile. Inpatient care was found to have increased by about 2% point among the insured compared to the uninsured group though it was insignificant.

We used need standardized method to calculate concentration indices for insured and uninsured groups separately to measure the degree of horizontal inequity on health care utilization. The concentration index (measure of horizontal inequity) was found higher in the uninsured group compared to insured group (0.1584 vs 0.0378). This result reveals that income-related inequity on health care utilization exists. The finding also indicates that community-based health insurance has potential to reduce horizontal inequity in utilization prevailing in the different socioeconomic groups due to regressive health care financing system of Burkina Faso.

In short, the main findings of this dissertation are:

- I. The overall increase in outpatient visits given illness in the insured group was higher when compared to their counterparts in the uninsured group.
- II. The increase was only significant among the richest quartile.
- III. Inpatient care was found to have increased by about 2% point among the insured compared to the uninsured group though it was insignificant.
- IV. The CBI has reduced horizontal inequity in utilization of modern health care among the insured individuals.

The policy implications are: (a) there is a need to subsidize the premium to favor the enrolment of the very poor; and (b) various measures need to be placed in order to maximize the

population's capacity to enjoy the benefits of insurance once insured (c) the existing inequity in utilization of health care can be reduced by the CBI scheme.