The Incidence of Public Spending on Healthcare in Mauritania

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1. Methodology
Pro-poor public spending on health is an important objective of governments policies in particular SCPAA.

This may derive from distributional concerns and/or from human capital/economic growth strategy.

BIA describes distribution of public spending across population ordered by living standards

It determines who receives how much of public spending $.

So, are public subsidies targeted on the poor?
Three steps of BIA

1. Estimate the distribution of public health services utilisation in relation of living standards measures.
2. Weight units of utilisation by value of subsidy and aggregate across health services.
3. Evaluate by comparing the distribution of subsidies with distribution of health care utilization.
Data for estimating the distribution of public health care utilisation should

Outpatient are visits at household level from EPCV survey

Outpatient are visits and living standards measure for same observations

Distinguish between use of public and private care (only interested in former)

Distinguish between:

- Hospital outpatient care
- Non-hospital care
  - Health center
  - Health post

Outpatient are reported for the previous 2 weeks preceding the survey and 24 weeks’ recall period was applied.
2. Results
Let's go and measure!
Utilization of health services according to place of residence (urban / rural)

- **HN_outpatient**: Urban 66%, Rural 18%
- **HR_outpatient**: Urban 40%, Rural 29%
- **HC_Visits**: Urban 30%, Rural 41%
- **HP_Visits**: Urban 11%, Rural 52%
Use of health services according to poverty status (Poor versus non-poor)
## Distribution of Public Health Care Utilization in Mauritania, 2014

<table>
<thead>
<tr>
<th>Cumulative shares</th>
<th>Hospital care National</th>
<th>Hospital care Regional</th>
<th>Health center</th>
<th>Health post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest 20%</td>
<td>5.7374%</td>
<td>4.8255%</td>
<td>13.2853%</td>
<td>15.8682%</td>
</tr>
<tr>
<td>(Standard error)</td>
<td>(1.2136)</td>
<td>(0.9697)</td>
<td>(1.7645)</td>
<td>(1.9229)</td>
</tr>
<tr>
<td>Poorest 40%</td>
<td>17.7541%</td>
<td>16.6576%</td>
<td>29.3535%</td>
<td>39.6011%</td>
</tr>
<tr>
<td>(Standard error)</td>
<td>(2.0462)</td>
<td>(2.1585)</td>
<td>(2.4890)</td>
<td>(2.6642)</td>
</tr>
<tr>
<td>Poorest 60%</td>
<td>36.1054%</td>
<td>38.7861%</td>
<td>49.5927%</td>
<td>62.1877%</td>
</tr>
<tr>
<td>(Standard error)</td>
<td>(2.5825)</td>
<td>(3.0125)</td>
<td>(2.8122)</td>
<td>(2.6451)</td>
</tr>
<tr>
<td>Poorest 80%</td>
<td>60.6489%</td>
<td>68.4963%</td>
<td>73.4231%</td>
<td>85.9838%</td>
</tr>
<tr>
<td>(Standard error)</td>
<td>(2.7634)</td>
<td>(2.7815)</td>
<td>(2.4766)</td>
<td>(1.7927)</td>
</tr>
</tbody>
</table>

**Test of dominance**

- Against 45° line
  - Concentration index: 0.3279168, 0.2973456, 0.1558844, 0.0009786
  - (Robust standard error): (0.0384878), (0.0280862), (0.0638981), (0.0366845)
## Distribution of Public Health Care Utilization in Mauritania, 2014

<table>
<thead>
<tr>
<th>Equivalent household consumption</th>
<th>National Hospital</th>
<th>Regional Hospital</th>
<th>Health center</th>
<th>Health Post</th>
<th>Total subsides</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outpatient</td>
<td>Outpatient</td>
<td>Visits</td>
<td>Visits</td>
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</tr>
<tr>
<td>Quintile 20%</td>
<td>6.65%</td>
<td>5.74%</td>
<td>4.83%</td>
<td>13.29%*</td>
<td>15.87%*</td>
</tr>
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<tr>
<td>Quintile 80%</td>
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<td>60.65%</td>
<td>68.50%*</td>
<td>73.42%*</td>
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### Population share

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<th>Health Post</th>
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<td>85.98%*</td>
</tr>
</tbody>
</table>

### Test of dominance

- Against 45° line
- Against Lorenz curve
  - Concentration index: 0.3279, 0.2973, 0.1559, 0.0010, 0.2218
  - (Robust standard error): 0.0385, 0.0281, 0.0639, 0.0367, 0.0243
  - Kakwani index: -0.0196, -0.0501, -0.1916, -0.3465, -0.1257
  - (Robust standard error): 0.0469, 0.0324, 0.0613, 0.0383, 0.0249
  - Subsidy share: 50.25%, 33.29%, 8.79%, 7.67%, 100%
Concentration curves for health sector subsidies in Mauritania, 2014

Subsidies for Health Posts are relatively pro-poor (slightly above 45 line (equity line))
Concentration curves for health sector subsidies in Mauritania, 2014

Subsidies for Health Centers, hospital and total subsidies are pro-rich (lying under 45 line (equity line))
Summary of findings

- Findings strengthen evidence base showing health subsidies are not pro-poor in developing countries.
- The aim of the SCAPP was to ensure that the poor get most public health services, it fail.
- It may be concluded that payments for health care in Mauritania are progressive, but benefits from the use of health care are mostly pro-rich.
- Over all, the greatest share of public subsidy goes to hospital care and this dominates distribution of total subsidy.
- Thus, the primary health care services (Health centre and Health Poste) needs to be reprioritized by allocating more resources to this level to improve access to comprehensive services ranging from family planning and routine vaccination to treatment of illness.