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The Incidence of Public Spending on Healthcare in Mauritania

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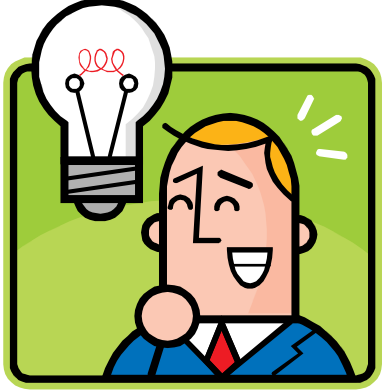
1. Methodology



The basic idea

- 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

Estimate the distribution of public health services utilisation in relation of living standards measures

Weight units of utilisation by value of subsidy and aggregate across health services

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)

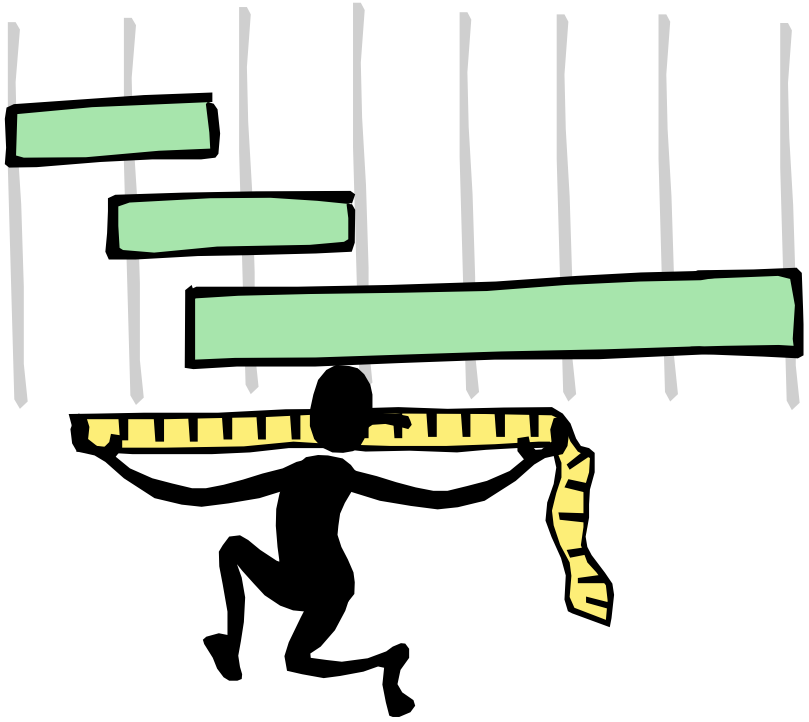
Distinguish between:

- 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.

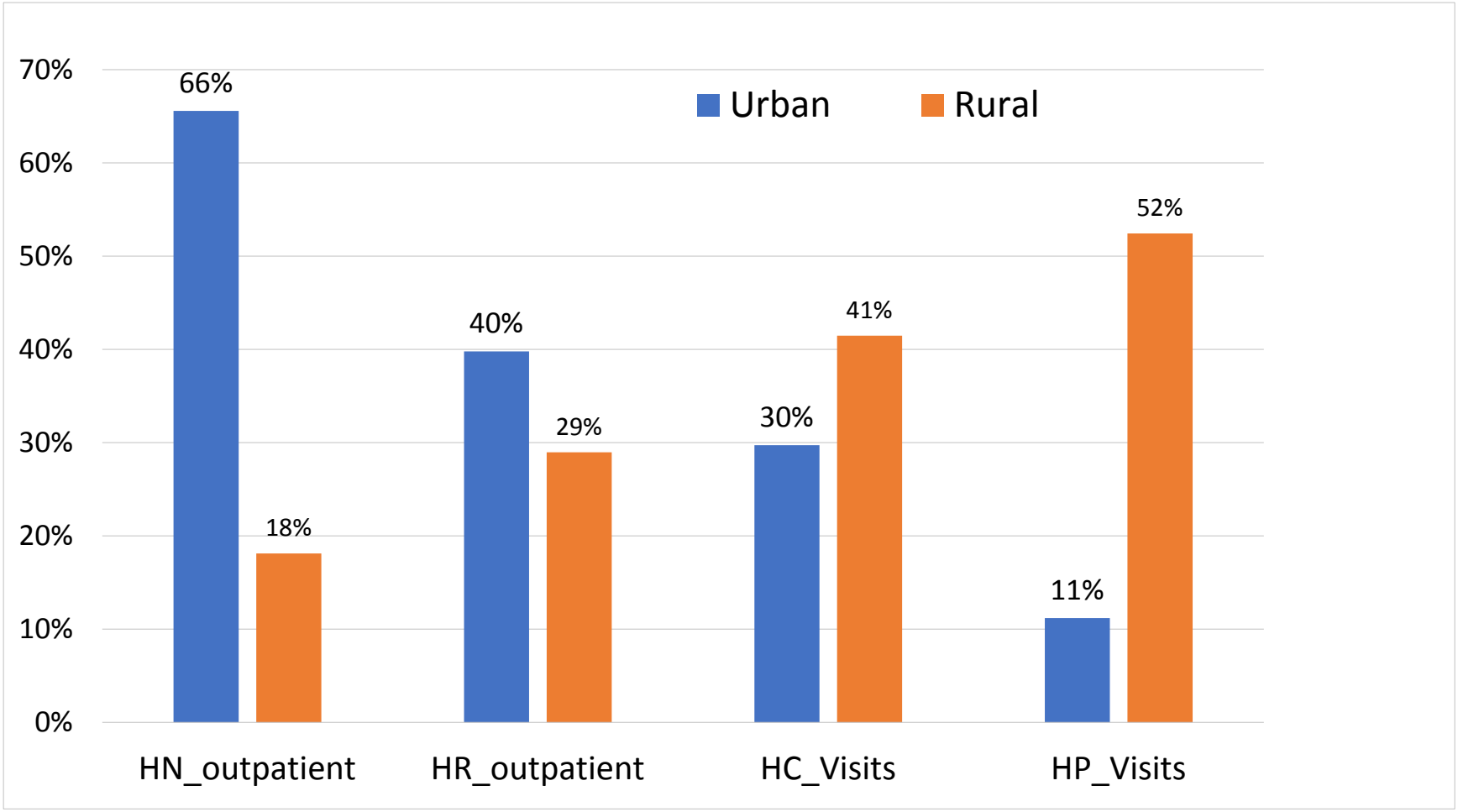
2. Results

Benefit Incidence Analysis (BIA) 2014/ findings - Results

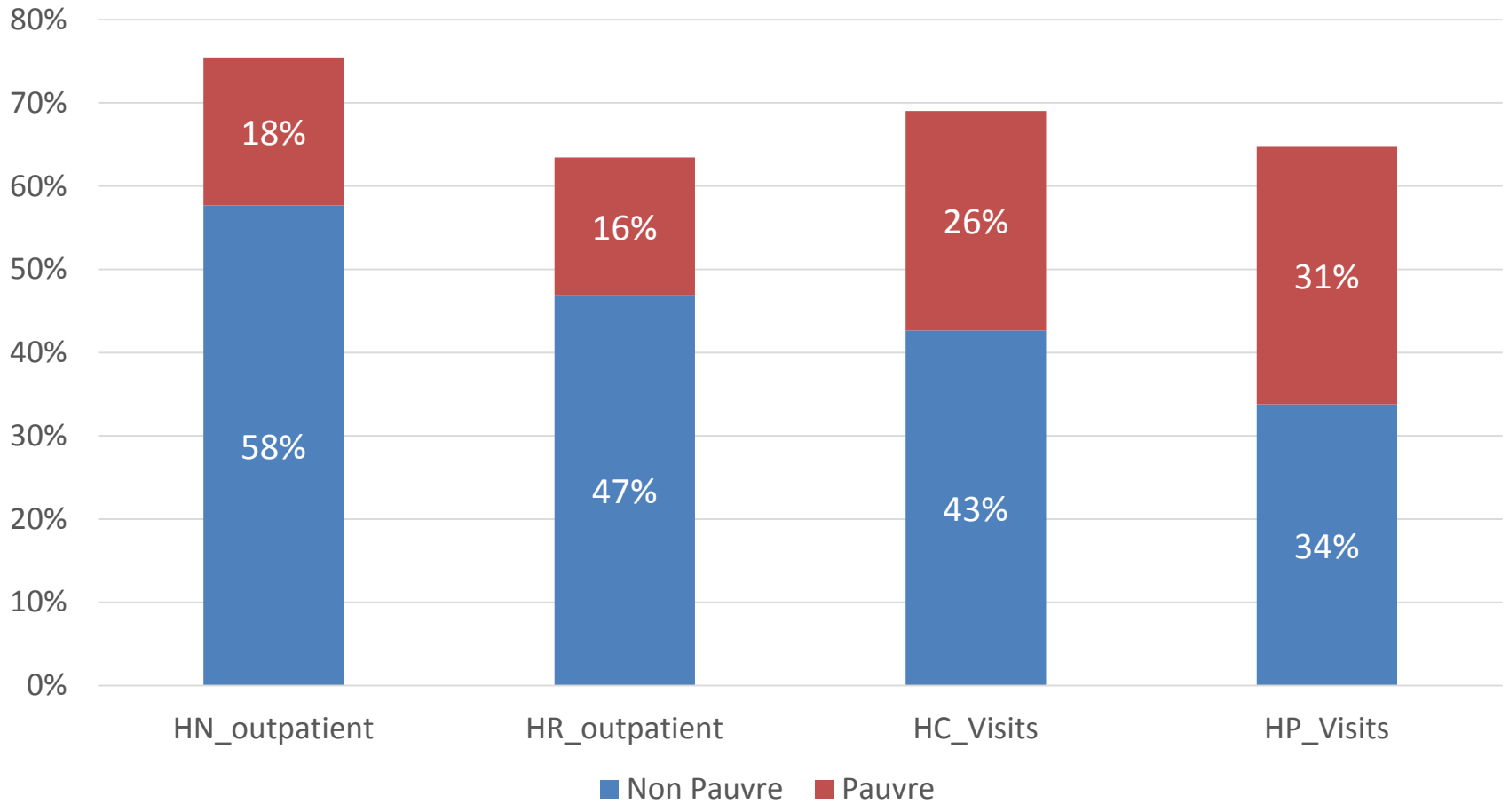


Let's go and measure!

Utilization of health services according to place of residence (urban / rural



Use of health services according poverty status (Poor versus non-poor)



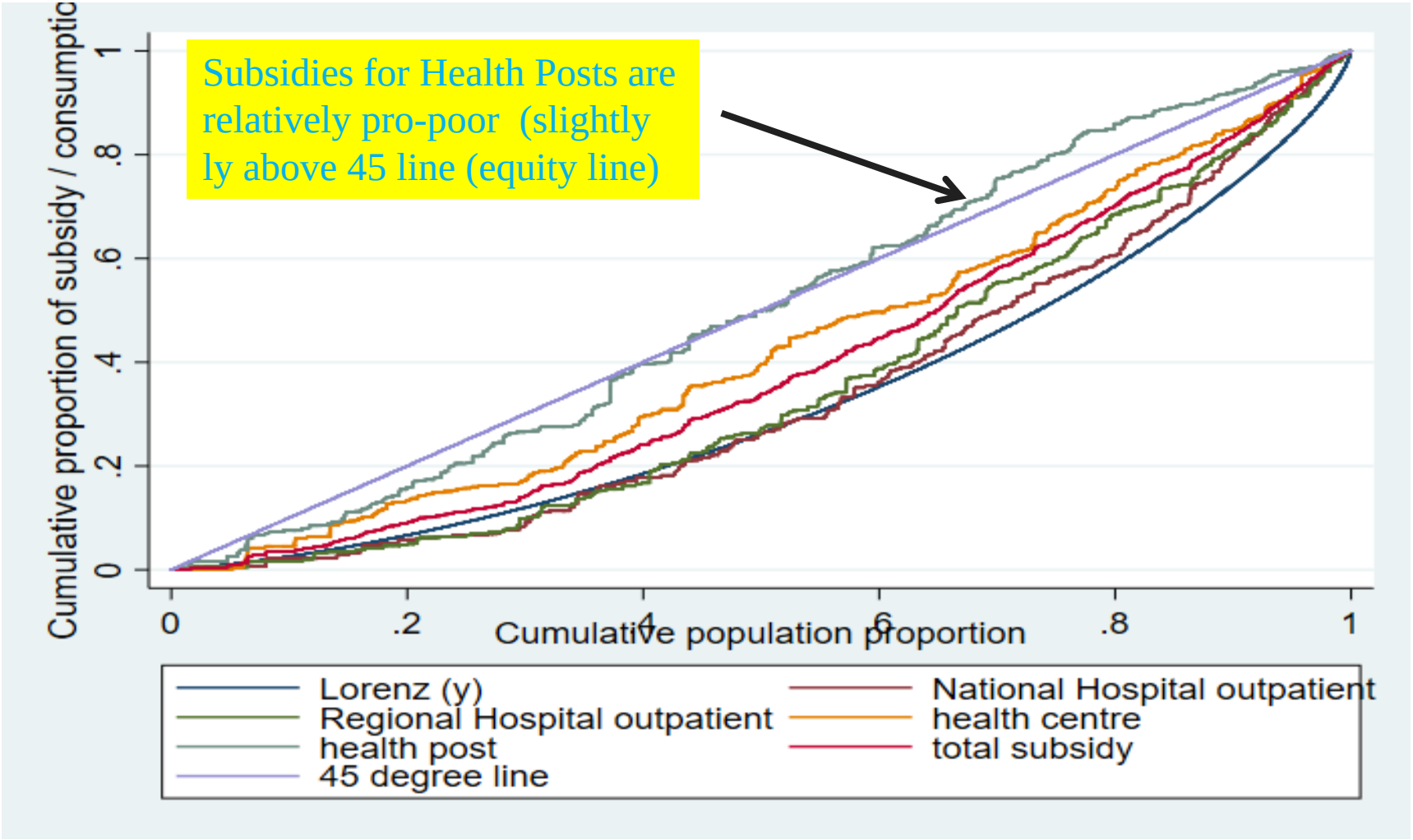
Distribution of Public Health Care Utilization in Mauritania, 2014

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

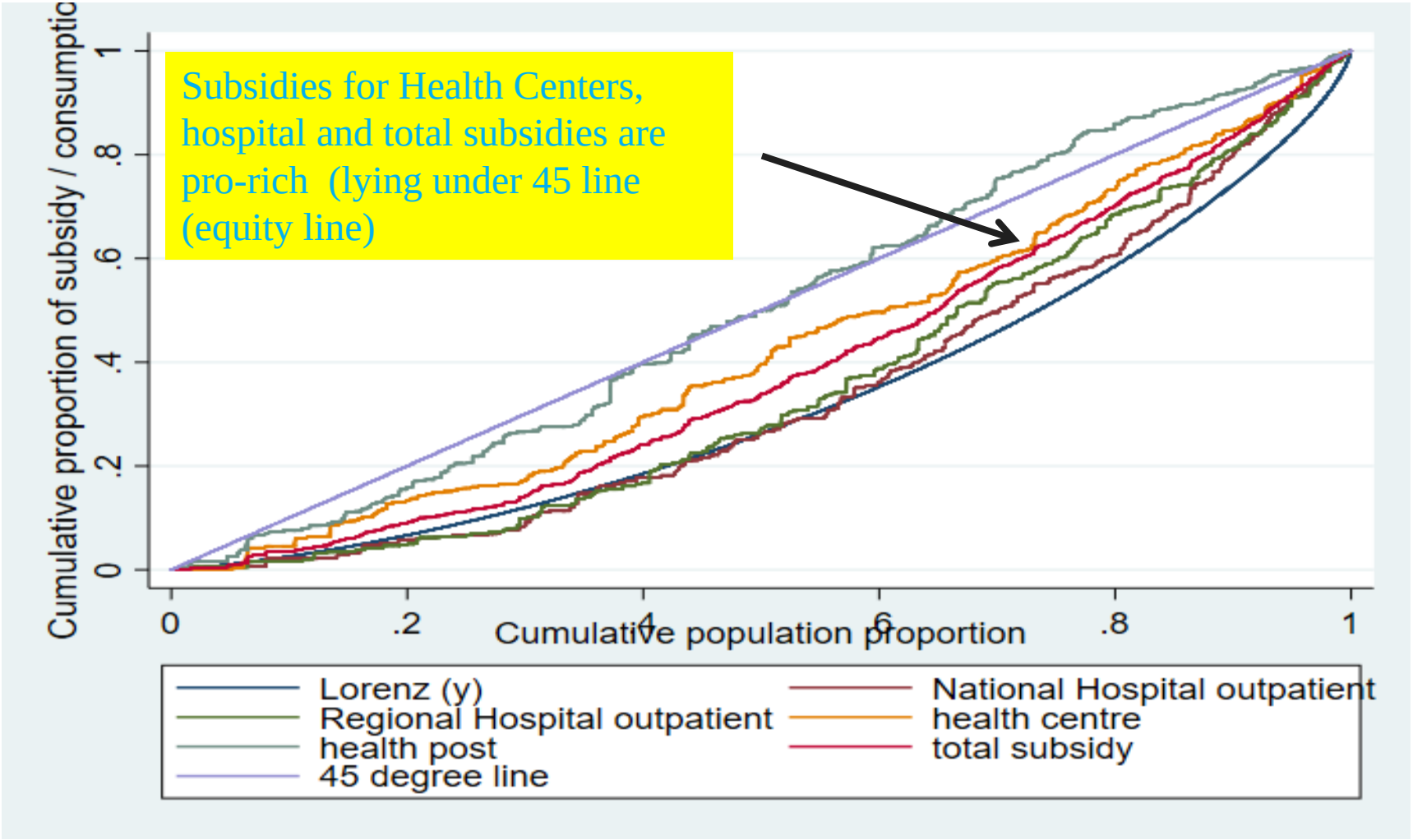
Distribution of Public Health Care Utilization in Mauritania, 2014

	Equivalent household consumption	National Hospital	Regional Hospital	Health center	Health Post	Total subsides
		Outpatient	Outpatient	Visits	Visits	Visits
Population share						
Quintile 20%	**6.65%**	**5.74%**	**4.83%**	**13.29%***	15.87%*	**9.06%**
Quintile 40%	**18.51%**	**17.75%**	**16.66%**	**29.35%***	39.60%*	**24.05%***
Quintile 60%	**35.28%**	**36.11%**	**38.79%**	**49.59%***	62.19%*	**44.57%***
Quintile 80%	**58.56%**	**60.65%**	**68.50%***	73.42%*	85.98%*	**70.16%***
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



Concentration curves for health sector subsidies in Mauritania, 2014



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.