

Reviewing the evidence on health financing strategies to encourage uptake of health services by the poor

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Background

A systematic literature review was funded by the Bill and Melinda Gates Foundation during 2005-2006. Its aim was to synthesize evidence on the effectiveness of four approaches to encouraging the uptake of health care by poorer groups in low and middle income countries. These approaches are at the centre of current debates about how health financing methods can be used to improve service use by the poor. They are 1) Introduction/ removal of user fees, 2) Risk protection mechanisms, 3) Contracting out service provision to non state providers, and 4) Conditional cash transfers.

Methods

This review was carried out following the recommendations of the Cochrane EPOC (Effective Practice and Organisation of Care) Group. Both published and grey literature was searched. PUBMED and Popline were the main sources of information for published articles. For grey literature websites and databases were searched using the same key words as for the PUBMED search.

To be included in the review a study had to meet the following criteria:

- 1) An objective measure of at least one of the following outcomes had to be presented: health care utilization, health expenditure, health outcomes or equity outcomes.
- 2) It had to have been undertaken using one of the following study designs: randomized controlled trials, interrupted time series analyses, or controlled before-after studies of the impact of health financing policies.

Each study was independently assessed by two reviewers, using a set of quality criteria defined to identify any major bias in the study design or analysis. We re-analysed some studies that provided time series data but had not use time series methods to analyse it.

Results

User fees –

- 19 studies were included, many of which provided time series data which we re-analysed as described above.
- Reduction or removal of fees at point of use appeared to increase utilisation, although the level of evidence is weak due to small sample sizes, and confounding factors such as increased resource flows to health facilities at the same time as fee removal in Uganda.
- There is concurring evidence that introducing or increasing user fees had a detrimental effect on utilization.
- A small number of studies demonstrate that if fees are introduced and quality of care improved simultaneously, this will improve access and utilisation for poorer groups.

Risk Protection–

- Only one study meeting the inclusion criteria was identified for community-based health insurance.
- No studies could be identified of other mechanisms such as social insurance or prepayment schemes.
- With so little evidence, it is not possible to assess whether CBI had a positive effect on access to care for poorer groups.

Contracting out services –

- 3 studies were included in the review.
- All of them provide evidence that contracting out increases utilisation in previously underserved areas.
- One study in Cambodia shows that contracting out services increased access for poorer groups. However, while this experience had the right type of design to be admitted, the evidence presented was judged to be of low quality due to problems with the study designs.

Conditional Cash Transfers –

- Evidence was used from 6 different experiments using conditional cash transfers.
- Introducing conditional cash transfers for poorer groups effectively increased uptake of preventive health services in several settings.

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