

THE FAMILY ABILITY TO PAY FOR HEALTH CARE EXPENDITURES  
ON MALARIA TREATMENT IN CAMEROON



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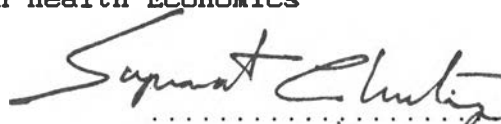
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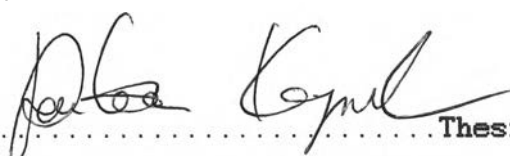
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พิมพ์ต้นฉบับบทความวิทยานิพนธ์ภายในกรอบสี่เหลี่ยมนี้เพียงแผ่นเดียว

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KEY WORD: MALARIA / HEALTH CARE EXPENDITURES/ FAMILY/ABILITY TO PAY/FEE EXEMPTION.

NJOUNEMI ZAKARIAOU : THE FAMILY ABILITY TO PAY FOR HEALTH CARE EXPENDITURES ON MALARIA TREATMENT IN CAMEROON. THESIS ADVISOR : Asst. Prof. SOTHITORN MALLIKAMAS, Ph.D. THESIS CO-ADVISOR : PAITON KAIPORNSAK, Ph.D. 110 PP. ISBN 974-636-593-2

This thesis is concerned with the development of a methodology for identifying indicators of family's ability to pay for health care expenditures on malaria treatment. It also examines the possible trade-off between health care and other basic needs such as education and food amongst the common family responses to payment difficulties under the combined user fee burdens from various essential social sectors in Cameroon. The assumption underlying the analysis is that from the perspective of family as a whole, the affordability of costs for primary health care together with other basic services is pertinent to reach the goals of Health For All by year 2000.

The descriptive cross-sectional family survey has been designed for data collection. The data are used to estimate two binomial logit models, a multinomial logit model (choice of coping strategies : forego education, cut food consumption, sell productive assets, or borrow cash), and a multiple regression model for health care expenditures on malaria treatment.

Since the approach is methodological, the questionnaire is developed, but the real data are not collected in the field. Hypothetical data generated from three different multipurpose family surveys are used to test the models.

The main empirical result of this study is that the family's ability to pay for malaria treatment costs is responsive to changes in income, savings, fee exemptions, insurance co-payment, productive assets ownership (e.g. land), per capita consumption, family size, number of employed members in the family, number of children under five years old, number of pregnant women, preventive measures, sex of head of the family, principal source of income, and residence. This finding is comparable to other studies on the affordability of health care in developing countries.

The results of this study outline some specific indicators which should be used by health staff when granting fee exemptions. It also demonstrates that policy initiatives must be appropriate to local contexts and disease patterns with more emphasis on preventive measures. Although, the methodological decisions for improving equity access to health care of the poor families can be ascertained, the conclusion argues that only where those findings are indeed robust should they be emphasized and confirmed with the real primary data collected through the proposed questionnaire at the level of families.

Finally, this study has its limitations. All coping strategies are not investigated. For example, the consequences of the decision to delay or not seeking treatment. In addition, many of the issues of ability to pay require qualitative in-depth investigation of family priority-setting and expenditure patterns.

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## Table of contents

	Page
Abstract .....	ii
Aknowledgments.....	iii
Table of contents.....	iv
List of figures.....	viii
List of tables.....	viii
Abbreviations.....	ix

### Part I

SOCIOECONOMIC AND HEALTH BACKGROUND INFORMATION .....	1
Chapter 1 : INTRODUCTION .....	2
Section 1.1 - Problem and its significance .....	3
1.1.1 - Malaria burden in Cameroon.....	3
1.1.2 - Socioeconomic information about Cameroon.....	6
1.1.3 - Question of family ability to pay for health care in Cameroon .....	9
Section 1.2 - Public and private roles in health care financing.....	11
1.2.1 - Partners in health care delivery system in Cameroon.....	11
1.2.2 - Public and private shares of health care expenditures in Cameroon .....	12
1.2.3 - User fees and the poor in Cameroon .....	13
Section 1.3 - Research questions and objectives of the study.	17
1.3.1 - Research questions.....	17
1.3.2 - Research objectives.....	18
Chapter 2 : LITERATURE REVIEW .....	19
Section 2.1 - General approach of family ability to pay for health care expenditures .....	19

2.1.1 - Health care expenditures and utilization studies.....	20
2.1.2 - An economic principle of family ability to pay studies .....	22
Section 2.2 - Family resources-coping strategies-ability to pay for health care expenditures .....	24
2.2.1 - Families surveys on coping strategies and ability to pay for health care studies.....	24
Part II	
METHODOLOGY .....	
	28
Chapter 3 : ANALYTICAL FRAMEWORK FOR THE FAMILY ABILITY TO PAY FOR HEALTH CARE .....	29
Section 3.1 - Theoretical framework : evindence from the literature.....	29
3.1.1 - Family resources : entitlements and coping strategies.....	29
3.1.2 - Family coping strategies and responses to the increasing health care expenditures in developing countries .....	32
3.1.3 - Some policy criteria for fee exemptions .....	34
3.1.4 - Conceptual framework .....	35
Section 3.2 -Analytical methods .....	36
3.2.1 - The behavioral model : assumptions of the decision process .....	36
3.2.1 - Multinomial logit model of family ability to pay for health care costs.....	39
3.2.3 - Empirical specifications of the model of family ability to pay .....	40
3.2.4 - Multiple regression model of family health care costs on malaria treatmen.....	43
Chapter 4 : RESEARCH METHODS .....	45
Section 4.1 - Clarification of concepts and issues .....	45
4.1.1 - Scope of the study .....	45

4.1.2 - Design of the study .....	46
4.1.3 - Malaria's case definition .....	46
4.1.4 - The meaning of family ability to pay for malaria treatment .....	47
Section 4.2 - The variables of the models .....	48
4.2.1 - Some basic principles for selecting and measuring the variables .....	48
4.2.2 - Operational definitions of variables .....	49
4.2.3 - Variables and their measurement .....	54
Section 4.3 - Data and sampling.....	55
4.3.1 - Designing the questionnaire for data collection.....	55
4.3.2 - Sampling.....	58
4.3.3 - Data processing : Computer Software requirement .....	61
Part III	
ANALYSES .....	64
Chapter 5 : RESULTS AND DISCUSSION .....	65
Section 5.1 - Estimates and descriptive statistics .....	65
5.1.1 - Results stage 1 : binomial logit model, Seeking professional treatment vs. Self-medication .....	66
5.1.2 - Results stage 2 : binomial logit model, Affordable care vs. Not affordable care.....	72
5.1.3 - Results stage 3 : multinomial logit model	
- Forego education vs. Forego foods consumption and sell productive assets .....	77
- Forego food consumption vs. Forego education and sell productive assets .....	77
- Sell productive assets vs. Forego education and forego food consumption .....	78
5.1.4 - Results of multiple regression analysis of health care expenditures .....	81
Section 5.2 - Policy simulations with fee exemptions and insurance.....	84

5.2.1 - Results of policy simulation stage 2 .....	85
5.2.2 - Results of policy simulation stage 3 .....	86
Chapter 6 : CONCLUSION AND LIMITATIONS .....	87
Section 6.1 - Conclusions on family's ability to pay for malaria treatment .....	87
Section 6.2 - Prospects for policy initiatives .....	88
Section 6.3 - Sensitivity of ability to pay analysis .....	90
6.3.1 - Ability to pay definitions and family's welfare profile .....	90
6.3.2 - Equivalence scales : differences in family's needs .....	91
6.3.3 - Economic of scale : Are large families really poorer ? .....	93
Section 6.4 - Limitations and possible directions for research .....	94
References .....	96
Appendices : .....	104
Appendix 1 : Questionnaire .....	104
Appendix 2 : Notes about hypothetical data .....	107
Curriculum Vitae .....	110



### List of Figures

	Page
Figure 1 - Conceptual framework .....	35
Figure 2 - Assumptions of the decision process of families when experiencing malaria illness in Cameroon ..	38

### List of Tables

Table 1 - Socioeconomic, health and demographic indicators of Cameroon .....	7-8
Table 2 - Health expenditure and public/private shares ...	13
Table 3 - Real per capita health spending .....	13
Table 4 - User fees and the poor in some African countries.....	15-16
Table 5 - Family's asset categories and sources of money for health care expenditure .....	33
Table 6 - Variables and their measurement .....	54-55
Table 7 - Binomial logit model stage 1 : results of seeking professional treatment vs. Self-medication when considering the family ability to pay for health care expenditure on malaria treatment in Cameroon.	66
Table 8 - Descriptive statistics of the binomial logit model in stage 1 .....	67
Table 9 - Binomial logit model stage 2 : results of affordable health care vs. Not affordable health care on malaria treatment in Cameroon .....	72
Table 10 - Descriptive statistics of the binomial logit model in stage 2 .....	73
Table 11 - Multinomial logit estimated coefficients stage 3 : forego education, forego food consumption or sell productive assets in relation to borrowing cash to pay for health care costs .....	78
Table 12 - Multiple regression model estimates : dependent variable = Family health care expenditures on malaria treatment in Cameroon .....	82
Table 13 - Results of policy simulation stage 2 : probability of affording health care expenditures on malaria treatment ( The effects on probability of changes in policy's variables) .....	85

Table 14 - Results of policy simulation stage 3 : probability of affording health care expenditures on malaria treatment ( The effects on probability of changes in policy's variables) ..... 86

### ABBREVIATIONS

**AFRO** : Africa Region Office

**AIDS** : Acquired Immuno-Deficiency Syndrome

**ATP** : Ability To Pay

**CBN** : Costs of Basic Needs

**CFAFranc** : Franc of Financial Community of Africa. It is the single common currency for the following both Central and West African countries :Cameroon, Gabon, Congo, Central Africa Republic, Chad, Guinea Equatorial, Senegal, Cote d'Ivoire, Togo, Mali, Benin, Burkina Faso,... The exchange rate between CFAFranc and French Franc is fixed all the time for 1FF = 100CFAFrancs.

**DCH** : Department of Community Health

**EDI** : Economic Development Institute

**FEM** : Food Energy Method

**GNP** : Gross National Product per Capita

**HIV** : Human Immuno-deficiency Virus

**KAP** : Knowledge, Attitudes and Practices

**LSMS** : Living Standard Measurement Study

**MOPH** : Ministry Of Public Health

**NGO** : Non Governmental Organization

**NMCPC** : National Malaria Control Program - Cameroon

**PHC** : Primary Health Care

**TDR** : Tropical Disease Research

**UNDP** : United Nations Development Program

**UNICEF** : United Nations Children and Emergency Fund

**UNNHSCP** : United Nations National Household Survey Capability Programme.

**USAID** : United States Agency for International Development

**WHO** : World Health Organization