Comparative study of household Needs Access and Utilization of Health care services in Ghana and Vietnam

Philip Dalinjong, James Akazili, Nguyen Thi Kim Chuc, Paul Welaga, Ho Dang Phuc, Toan Tran Khanh, Nguyen Linh, Martin Bangha, Jane Goudge

INDEPTH SCIENTIFIC CONFERENCE 2013

Outline of Presentation

- Introduction and Background
- Main aim of the study
- Specific objectives
- Methodology
- Results
- Conclusions

Introduction and Background

- Globally, attention is being focused on **universal health care coverage (UHC).**
- WHO and other bodies have called for nations to move to UHC.
- UHC involves provision of **quality health care for all**, irrespective of sex, age, residence, SES, etc.
- Both Ghana and Vietnam have chosen the path of UHC.
- Ghana and Vietnam have introduced **national health insurance** as one of the key ways to achieving UHC.

Main and specific objectives

- ***Main objective***
  - The main aim of the study is assess the **current levels of need, utilization and access to health care services** in both Ghana and Vietnam.
- ***Specific objectives***
  - Assess the effect of the reforms on **health equity** (which group benefits, is it the rich or poor?).
  - Explore **access and utilization of health care services**, particularly for the poor and vulnerable.
  - Assess if the **financial barrier** to health care services has been removed, especially for the poor and vulnerable.
  - Determine any **differences in access and utilization of health care services**.

Methodology

- **Study area and design**
  - Carried out in both Ghana (Navrongo HDSS) and Vietnam (Filabavi HDSS).
  - A quantitative, pilot and cross-sectional study.
  - Used INDEPTH's HDSS platform.

- **Sampling**
  - Households were randomly selected from Navrongo.
  - Entire population from FilaBavi.

- **Ethic Review**
  - The study was ethically reviewed by both countries' Institutional Review Boards before the commencement of fieldwork.

Methodology cont.

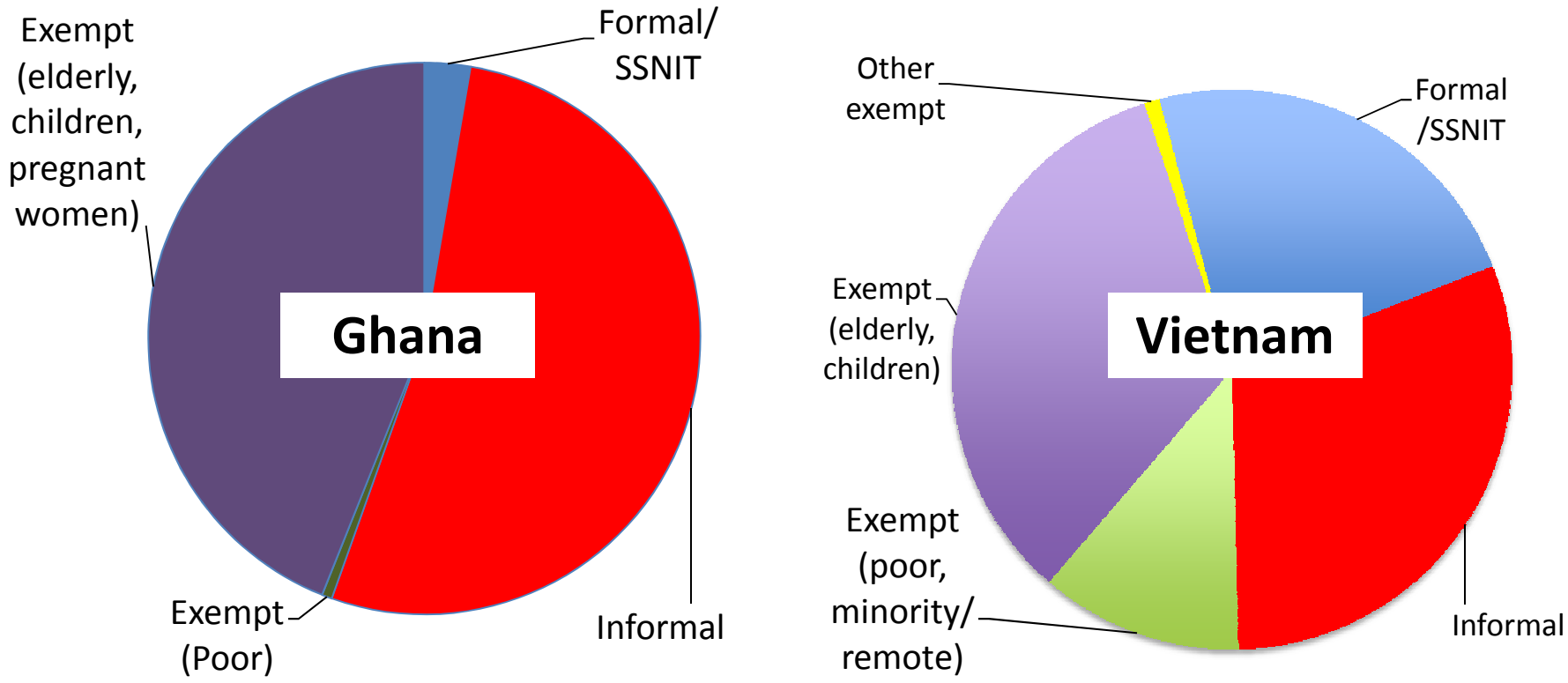
- **Sample size**
  - 11,276 households/57,100 individuals from Navrongo and 13,088 households/52,306 individuals from FilaBavi.
  - Household heads or their representative were interviewed.
- **Data management**
  - Data entry was made in FoxPro 6.0 (Navrongo) and Access application (FilaBavi).
  - The analysis was carried out using STATA 12.0.
- **Data analysis**
  - Statistical point estimates such as means, proportions or percentages for description of background characteristics.
  - Bivariate and multivariate logistic regression models were also used.

Results – Coverage

Currently insured	Ghana (%)	Vietnam (%)
Overall coverage	**51.0**	**52.0**
Age group (0-4/5 years)	65.0	96.1
Sex (Female/Male)	54.5 vs 47.1	51.5 vs 52.4
Education (No)	43.4	67.3
Residence (Rural)	47.3	50.5
SES (Poor)	42.3	57.5
Health status (Good)	53.3	48.6
Chronic medication (Yes)	63.3	81.9

Results – coverage, cont.

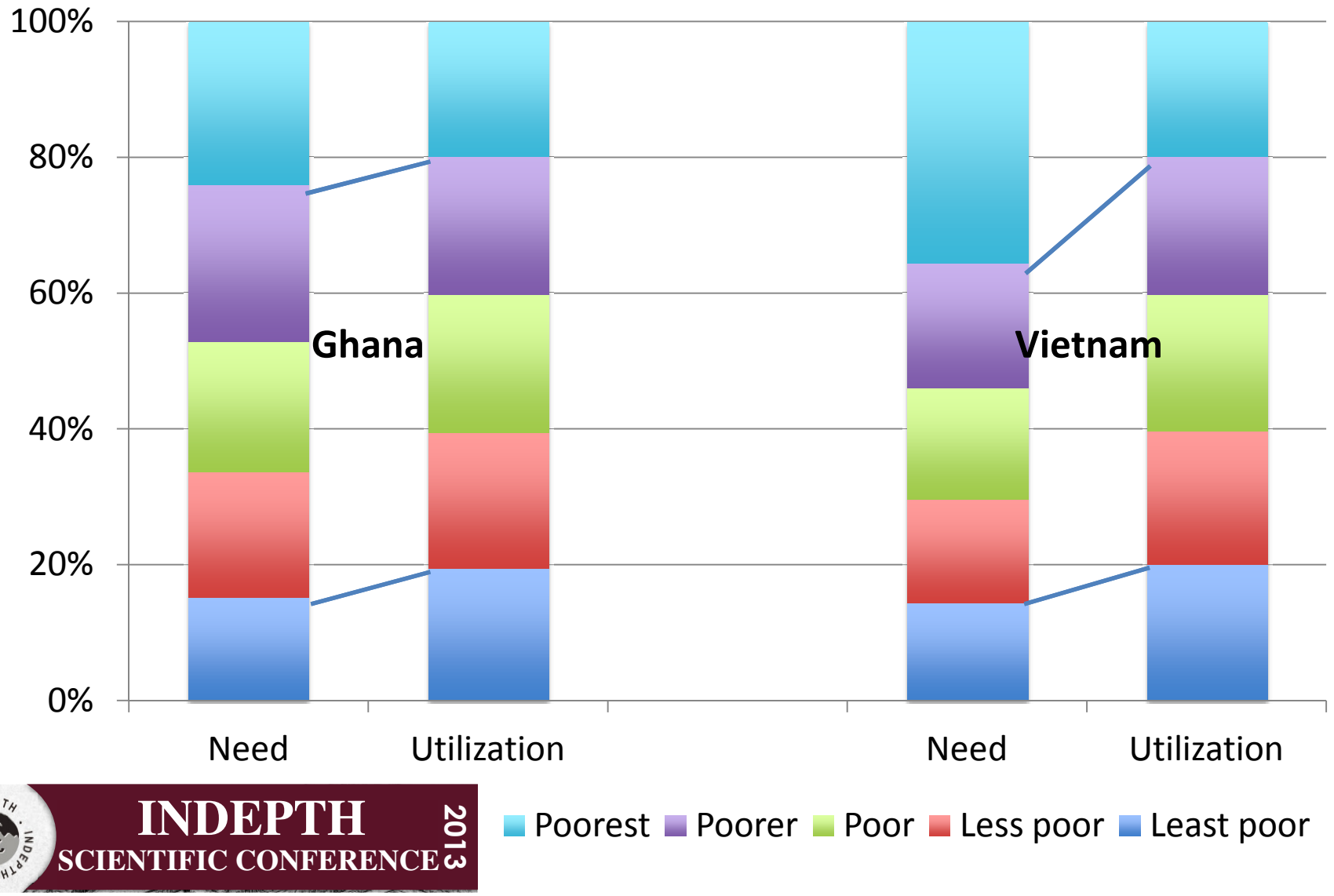
Percentage distribution of insurance categories



Note: Main reason for uninsured not joining the HI was inability to pay premium

Results

Need and utilization of health care services



Results

Utilization of outpatient health care

Ghana: Use of Community Health Centers (CHC) was highest (35.3%), followed by Pharmacy/LCS (27.6%).

- The poorest make use of CHC.
- Tertiary health care was the preserve of the least poor.

Vietnam: Private clinic (37.1%), followed by Pharmacy/LCS (32.2%).

- Poorest were more likely to use public health care facilities (CHC, public hospitals).

Results
Utilization of inpatient health care

- Most inpatient care took place in District hospitals (73% in Ghana; 53.3% in Vietnam).

- The poorest make use of District hospitals more (Ghana: 66.1%; Vietnam: 57.9%).

- Only 1.9% and 1.5% of the poor from Ghana and Vietnam were admitted to private facilities. More private facility admissions occur among the richest.

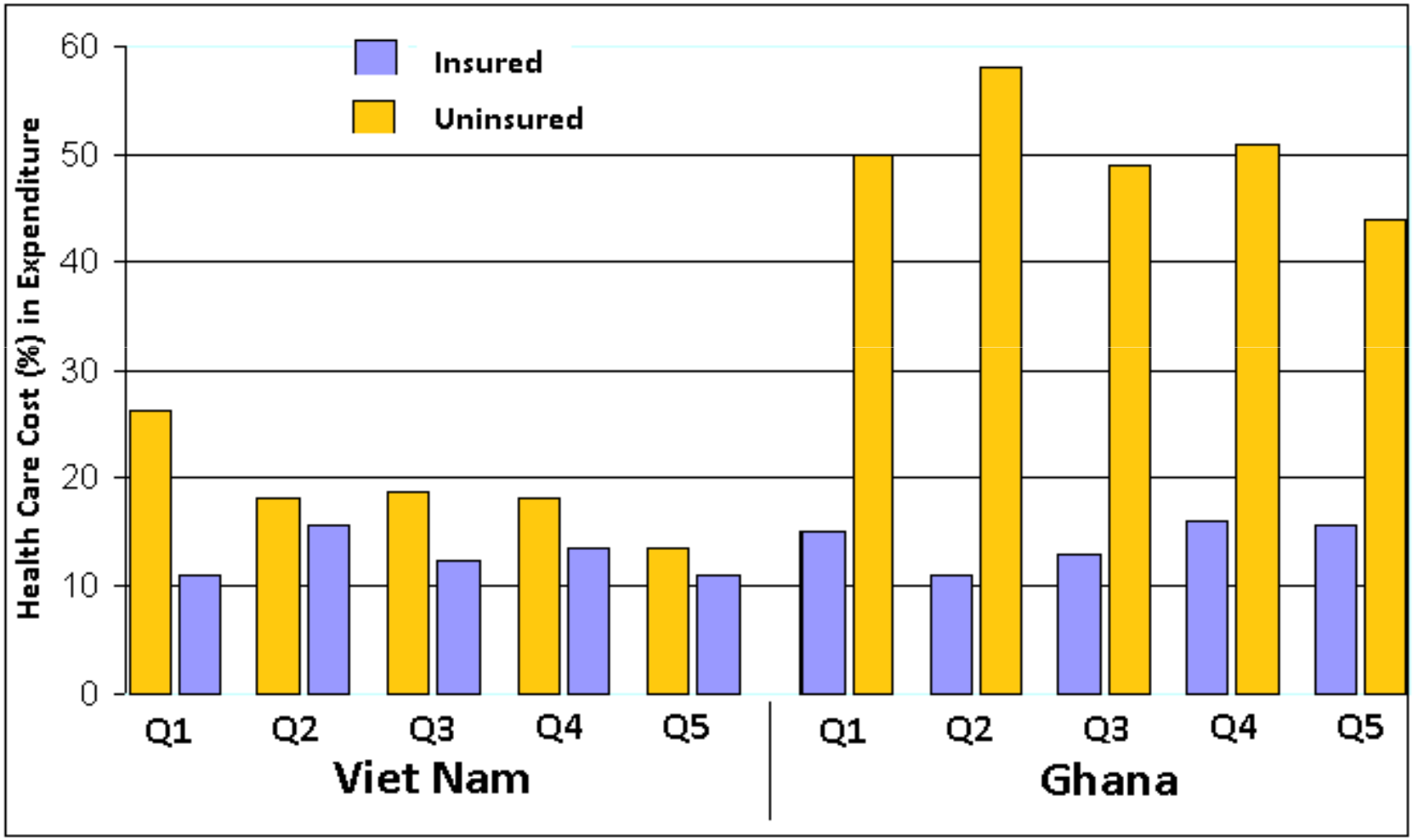
Results
Access to health care

Affordability (transport)

- 5.5% (Ghana) and 1.1% (Vietnam) of outpatient respondents experience catastrophic transport costs (≥10% of household expenditure).
- Considering SES, catastrophic transport cost was heavier among the poorest compared to the least poor (8.1% vs 4.6% in Ghana and 1.6% vs 0.5% in Vietnam).

Results cont.

Burden of OOP payments by insurance status & SES



Results - Acceptability

For outpatient and inpatient health care

- Nearness of the facility was selected as reason for choosing to utilize a particular provider for both Ghana and Vietnam.
- Overall, 59.6% from Ghana and 60.0% from Vietnam were satisfied with the HI.

Study limitations

- Challenge of household head responding for household members (recall bias).
- Cross-sectional nature of the study and hence cannot capture trends overtime.
- BUT, the findings highlight the plight of the poor and vulnerable in **terms of coverage, their need and utilization of health care.**

Conclusions

- Overall, same coverage levels in the two countries. Higher coverage levels for children as well.
- Higher coverage for persons with bad health status in Vietnam, but not the case in Ghana.
- High utilization rates among the insured and rich.
- However, premium payment is still a problem.

Conclusions

- Both insured and uninsured experienced catastrophic OOP payments for transport and health care services, but the uninsured and poor pays far more than the insured.
- General satisfaction for healthcare under the HI.
- There is need to identify other ways of recognizing the poor and vulnerable for exemption, for a move towards UHC

Acknowledgement

- The respondents from both sites (Ghana and Vietnam
- Funder: Rockefeller Foundation
- The Navrongo HDSS
- The FilaBavi HDSS
- INDEPTH Network
- Dr. Jane Goudge (Wits University, SPH)

THANKS FOR YOUR ATTENTION!