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Socio-economic study on the costs and financial accessibility of population groups to health care in Eastern Chad

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Introduction:
The civil war in Darfour forced over 200 000 Sudanese to take refuge in the Eastern Chad where they receive support from the humanitarian agencies and NGOs for their protection, their health, among others.

At the health level, this presence of the refugees disrupted the care cost recovery system as care provided was free, and also made it possible to reinforce the health system in the care structures close to the refugee camps that are supported.

Faced with the prospect of the short and medium term withdrawal of the humanitarian agencies and NGOs, what would be the best health care tariffing system which should be set up and which would takes account of the population's ability to really pay? The purpose of this study is to provide an answer to this question.

Methodology:
This study is based on a survey covering a total cross-section of 375 citizens distributed as follows: 150 breadwinners of the urban centres of Iriba, Goz-Beida and Biltine (these urban centres are also major towns of health district with district hospitals), 120 patients or nurses of hospitals in the district in these same towns and 105 patients or assistants of urban health centres also in these towns.

While the households were selected at random, the others were selected according to logic. Another questionnaire was designed, supplemented by reports, for the study of the management of three district hospitals. Data were entered Epi-Info (Computer file) before being transferred on SPSS for analysis and interpretation.

Results:

With respect to the methodology, total sampling was slightly changed, dropping from 375 people to 348 and distributed as follows: households, maintained at 150, the sick and/or nurses in district hospitals, 91 instead of 120, the sick and/or assistants, 107 instead of 105.

With regard to the households, 61% of them visit the care structures when they fall sick, 20% visit to the religious/traditional healers and 19% resort to self- medication. There is a great majority with nearly 100% of the households which have declared being capable of paying amounts not exceeding FCFA 5000 for care. A new tariff structure will have to take this into account. Among these households, 85% are in favour of joining a mutual health insurance company and nearly 100% intend to contribute between FCFA 100 and FCFA 495 per month, for its functioning. Beyond this interval, the number of these potential members drops gradually. This means that the establishment of a mutual health insurance scheme in the area should take this information into consideration. Income frequency analysis reveals that half of these potential members have no regular income.

In the case of the Biltine and Goz-Beida district hospitals where care is not free as in Iriba, the costs of the bulk of admission ranges between FCFA 5000 and FCFA 20 000, but care is more expensive in Biltine. More than 41% those interviewed stated that the costs of admissions were affordable against 32%, but ranging between FCFA 500 to FCFA 5000, 90% find the costs affordable.

In the health centres, the costs of care vary between FCFA 200-FCFA 3000 for more than 97% of those interviewed at Goz-Beida as against 60% in Biltine. Compared to the views, there is a strong concentration (roughly 70%) which declares that costs within the range of FCFA 200 - FCFA 2000 FCFA are within their range. Concerning the analysis of the management of the hospitals, t revealed that free medical care offers a better accessibility, certainly, but it increases irrelevant consultations, causes additional expenditure in drugs, increases the workload, stifles the role of the management committees and creates a strong dependence of management staff with vis-à-vis humanitarian partners of the funds. The health centres close to the care structures where the care is free experience a dysfunction in terms of reduction in consultations, followed by a fall in revenue thereby bringing about the problems of replenishment of drugs and the difficulties in covering recurrent expenses. The covering of care costs improves secondary cares (complementary package) at Goz-Beida, while this is not the case in Biltine. It also appeared that payment for care in the DHs is a real obstacle to accessibility to care, particularly in Biltine. Even if the Goz-Beida DH has posted some successes, analyses showed that this success is due to the presence of a third-party payer for admitted refugees who account for half of the customers. Lastly, the analysis showed that the payment of the proportional allowances in the DH generally causes an exaggerated demand for care among the customers and this impacts negatively on the quality of the admissions.

Conclusion and recommendations:

When the population has an easy access (free) to care, recourse to other types of care loses its importance, but when this free care has no support measures, it rather has adverse effects on the functioning of the structure and the entire indicators. A great majority of the population (almost 100%) is prepared to pay for cares with costs not exceeding FCFA 5000 and 85.3% of the households interviewed were in favour of joining a mutual health insurance scheme as an alternative to increase access to care and nearly 100% of them have the intention of contributing amounts not exceeding FCFA 500 per month, for its functioning. In the DHs, 95% of peopled interviewed find the costs of admission affordable where they are not in excess of FCFA 5000. The study recommends that the exemption from payment for care which a partner could offer should always be coupled with necessary support measures. Elsewhere where care is paid for, tariffing must take account of the population's real ability to pay. With a very high percentage of people in favour of joining a mutual health insurance scheme, it appears proper for the Government to formulate a policy for the development of the micro-health insurance schemes and to seek a partner to assist it in its implementation.

Limits of the study:

Some limitations were recorded, particularly the peopled interviewed at the Biltine district hospital which was reduced by 60% as against to initial planning, the difficulties accessing financial data and the lack of sensitivity test compared to comprehension of the concept of mutuality by the people interviewed.