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Socioeconomic inequalities in treatment and prevention of malaria in Tanga district, Tanzania

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Abstract

Studies show that the burden of malaria remains huge particularly in low-income areas. Effective malaria control measures such as insecticide-treated nets (ITNs) and antimalarial combination therapy (ACTs) have been promoted but relatively little is known about their equity dimension. In addition, empirical studies on inequalities in access and utilisation of malaria control measures tend to adopt a quantitative analytical approach and seldom explore community perspectives on the likely causes of the inequalities. This study addresses this gap by analysing the extent of inequalities in access, utilisation and expenditure on malaria treatment and prevention, using data from Tanga district, Tanzania. It also explored community perspectives on the barriers to access and use of ITNs and antimalarials.

Data were collected in a household survey of 1603 households (863 households in the rural areas and 740 in the urban areas) and 16 focus group discussions (FGDs) within rural and urban areas. Inequalities in malaria treatment and prevention were analysed using bivariate inequality measures and multivariate regression models across socioeconomic groups, based on an asset-based wealth index and education class, and by location. FGD data were subjected to manual content analysis.

The results showed that inequalities in the utilisation of ITNs and obtaining antimalarials (AMs) favoured the least poor and were much larger within the rural areas. Utilisation of ITNs both within the rural and urban areas and by age groups fell far short of the RBM targets of 80% coverage, yet households spent more than 4 times on other prevention strategies such as repellents than on nets. Majority of the nets used had not been treated in the past six months. Only 38% of households used a treated net compared to 80% with any net. Access to referral health care facilities remains poor in rural areas. Although retailers were a key source of treatment for households in rural areas and the poor, very few patients received AMs at these sources. Lack of money was a key barrier to obtaining AMs and using ITNs.

There is need to promote net treatment, and use of ITNs particularly in the rural areas and for under5s. Free mass distribution of ITNs should be promoted, and the subsidised ITNs for pregnant women currently should be extended to cover under5s. Rural facilities should be better equipped to handle severe malaria and subsidised AMs should be available at private health facilities as well to improve coverage and promote equity.