**Rural Tunisian household catastrophic health expenditure: witch determinants before and after establishment of the insurance system**

Although evidence is available on the impact (or the evolution) of health care expenditure in developed countries, little empirical evidence has been reported for developing countries. This paper seeks to analyze the evolution of health care expenditure in developing countries using the particular case of Tunisia. This is an interesting case study. The country has experienced a rapid demographic and epidemiologic transition during the last few decades (particularly since 1970).

It is well-know that efforts to decrease healthcare one rather challenging. Today, it’s increasingly argued that these efforts should focus on measures to control exponentionel increase in healthcare expenditure. This is particularly pertinent for countries that have limited resources such as Tunisia. Indeed, the healthcare system in Tunisia suffers from several problems. For instance, several reforms have been to undertaken to adjust the composition of healthcare expenditure, in away to increase the proportional of direct out of pocket made by households. The latter source of healthcare funding is knows to be associated with catastrophic and impoverishing effects on households.

Using the logit model, we will try to determine the factors that may generate a state of catastrophic expenditures for Tunisian households living in rural areas.

We will use data from the National Survey on Household Budget, Consumption and Standard of Living (EBCNV) for 2005 and 2010. The 2005 and the 2010 surveys are the eighth and ninth of its kind that were carried out by the National Institute of Statistics (INS) in Tunisia to explain evolution of health expenditure across a three group of variables: Socio economic variables and demographic variables.

Resultants shows that, Socio-economic variables regrouped the total expenditure, food expenditure and education expenditure are significant in our model but between 2005 and 2010. Demographic variables in our model explain a part of the out-of-pocket health care payments.