# **Effect of Community-Based Health Insurance on Utilisation of Preventive Health Services in rural Uganda.**

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**Abstract**

**Background:** Community-based health insurance (CBHI) schemes have emerged as strong pathways to universal health coverage in developing countries. The focus of their examination has emphasised their impact on financial protection and on the utilisation of curative health services. However, very little is known about their possible effect on utilisation of preventive health services and strategies and yet developing countries continue to carry a burden of easily preventable illnesses.

**Methods:** To understand if this effect exists, we carry out a cross sectional survey on 464 households from communities served by a large CBHI scheme in rural south-western Uganda. We apply inverse probability weighting of the propensity score to estimate quasi-experimental effects.

**Findings:** We find that for household participating in CBHI, the probabilities for using long-lasting mosquito nets, treating drinking water, vitamin A iron supplementation and child deworming increased by 27.8, 24.9, 20.7 and 28 percentage points respectively. Moreover, the average treatment effect on the treated was also significant for long lasting mosquito nets, vitamin A supplementation, and iron supplementation and deworming. We postulate that this effect is partly due to information diffusion and social learning within CBHI-participating burial groups.

**Conclusions:** This work gives insight into the broader effects of CBHI in developing countries, beyond financial protection and utilisation of hospital-based services. Policy makers in Uganda and other developing countries should consider scaling up insurance programmes not only for resource mobilisation for health but also possible effects on incentivising uptake of preventive health services.