|  |
| --- |
| **Does differences between determinants of healthcare spending still exist between rural and urban area in the MENA region: which implication in the tunisian case** |
| **Abstract:** Many developing countries have undertaken a number of health sector reforms in order to improve availability and accessibility to health care services for all the population. In this context, Tunisia is considered as a particular case while accounting for the rapid demographic and epidemiologic transition. However, in order to assess the likely success of such reforms, more needs to be known about the current determinants of household out-of-pocket spending on health across the rural and the urban area.  Some researchers concluded that, generally, residents in rural areas have higher out-of-pocket spending on healthcare than those living in urban areas, but, on the other hand, other researchers pointed out that there were no differences in healthcare expenditures considering the geographic repartition. This paper attempts to explain the effect of the socio-economic determinants on the out-pocket health expenditure among rural and urban households in Tunisia with a different groups of variables that hint need and demographic characteristics of rural and urban households in Tunisia. Methods: Using the National Survey on Household Budget, Consumption and Standard of Living, EBCNV, collected by the National Institute of Statistics (INS) in Tunisia in 2005 and 2010, we employed the Tobit model to analyse determinants on the out-of-pocket health expenditure in the rural and urban area in Tunisia. **Results:** Between 2005 and 2010, income level determines positively out-of-pocket health expenditure for all social classes irrespective of the urban and rural environment except for the poor class in 2010, which is insignificant. Living conditions and hygiene affect the direct expenditure of health care also but negatively, they contribute to reduce healthcare expenditure. Household with numerous members spends more on healthcare. Aging also encourages more spending on health. Finally, instruction level conditioned out-of-pocket health expenditure in 2005, while  In 2005, the level of education conditioned the direct expenditure of health care while the Socio-Professional Category became deterministic in 2010. Regarding the need, in 2005, gender, age and marital status are significant while in 2010 only age and marital status  **Conclusion:** Despite several reformsundertaken by the Tunisian government in the health sector to improve availability and accessibility to health care services for all the population whatever the area of housing, the out-of-pocket healthcare expenditure of Tunisian household still suffer conditioned socio-economic and need conditions which can contribute to deep inequalities in health expenditure in Tunisia. |
|  |