**Health Insurance and Out-Of-Pocket Payment**

**In Malaria Case Management in North-western Cameroon**

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**Abstract**

**Background**

In Cameroon, almost all of the total expenditure on health is out-of-pocket and this is done by individuals and households as insurance coverage is less than 1% (Nkoa, 2009. Large out-of-pocket payments may reduce consumption expenditure on other goods and services and push households into poverty (Carrrin *et al*, 2005).

**Aims and Objectives**

This study is aimed at making visible the importance of Health Insurance and how effective it is, in assisting in the payment of malaria bills. Also, the study is meant to assess the impact of the Health Insurance on people and the economy .

* Determine the number and percentage of malaria bills covered by the Bamenda Mutual Health Organization from the year 2012 to 2014.
* Assess the level of awareness and effectiveness of health insurance in malaria case management.
* Measure the Socio-Economic impact of out of pocket payment in malaria case management.

**Materials and Methods**

Primary data was obtained through the use of questionnaires and the secondary data was collected from hospital and BMHO records

* To attain the first objective, the formula below was used.
* For the second objective ,perception of respondents was gathered to ascertain their level of awareness of health insurance, thus the effectiveness of the BMHO.
* For the third objective, the average income of all respondents was calculated and also, the average income spent on malaria episodes per month. This was calculated as , where X = Total income spent by each respondent on malaria bills and Total Income of each respondent. To measure the economic impact of OOP, 25% (which is the obligatory part paid by insured in-patients with malaria) of the total average expenditure on malaria cases was calculated as .
* For the social impact, The respondents were asked to respond to suggestions and their frequencies compared for the insured and the uninsured persons.

**Key findings and Conclusion**

Despite the intervention of the BMHO, there is still less than 1% coverage and enrolment in health insurance schemes in the district, making the scheme, not very effective when it comes to covering malaria treatment bills. Finally, with the estimated cost on malaria, monthly, uninsured persons save less than insured persons .