

ERSA Research Brief

February 2017

Demand-side determinants of access to healthcare services: Empirical evidence from Africa

By Serge Wa Ntita Kabongo and Josue Mbonigaba

Improved health status in Africa is one of the most important items on the international development agenda. The significance of better health status in development-related policy making stems mainly from the linkages between better health status and increased productivity as well as enhanced well-being.

Better health status is influenced by access to health care, among other factors. In turn however, access to health care is dependent on the availability of health facilities and infrastructures. The expected effects of these amenities on access to health care caused almost all research and policy making to focus on these supply-side factors. Resolving the supply-side issues cannot however be a panacea to the problem of limited access to health care in the context of African continent. While there has been an effort to increase the number of health facilities on the continent, most recent research reported an increasing underutilization of these facilities, suggesting the need to investigate demand-side factors underlying the access to health care.

It is in this perceptive this need that the present study was undertaken to advise policy making in the continent. Specifically, the study analyzed the effects of demand-side factors of access to health care with a special attention to income, the structure of the population and the price of health care measured in terms of distance to health facilities. The study used panel data collected from the World Bank Development Indicators and the World Health Organisation databases for the period 1995-2012, for 37 African countries. Panel cointegration was the most relevant empirical strategy, which distinguished the effects of demand-side factors on access to health care over a short period of time and these effects over a long period of time. The findings were also presented separately for countries by income levels according to the most recent World Bank classifications

The study found that over a long period of time, income is the most important policy variables that should be targeted in order to influence an increased access to health care. For the countries covered by the study, an increase in income by 100% resulted in an increase in access to health care by 11%. The data analyzed also showed that access to health care remains a necessity for all African countries in these studies. The income was however not an important policy variable in a short period of time, except in 5 countries notably, Congo Republic, Mali, Mauritius, Morocco and Seychelles. The study found further that the distance to health facilities, measured by the volume of fuel consumption was positively associated with access to healthcare over a long period of time. An increase in the volume of fuel consumed by 100% resulted in an increase in access to health care by 6%. This finding is unexpected in case the volume of fuel consumption is a result of more distances travelled. However, this result can be expected in case more fuel consumption is a

result of more frequent commuting which might ease access to health care and reduce transport fares as a result of competition. The plausibility of the latter explanation can be indeed argued in terms of the fact that transport sector is one of the most lucrative sectors in Africa. Over time, the investments in the sector might have contributed to increase in transport services more generally which in turn increased access to health care services.

The findings from this study have significant policy implications. On the one hand, policy makers, whether at an international level or at a country level, should consider income-related policies or policies targeting transport infrastructures in Africa to improve access to healthcare in the long run. On the other hand, they should take cognisance of the fact that African countries respond differently to shocks and that policies that produce effects in a long period of time might have limited effects in shorter periods of time, requiring some mitigating policies, depending on the type of shocks, that would be effective in promoting access in shorter periods of time.