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Analysis on the Benefit Equity of Rural Hospital Delivery Subsidy Program in China

Background China is on track to achieve MDG5 but proven inequalities existed between urban and rural areas. In January 2009, the Chinese Government carried out Rural Hospital Delivery Subsidy (RHDS) program to improve rural hospital delivery rate. How does RHDS work? Which payment method is the best for RHDS? To answer these questions, we conducted a survey in March 2011.

Methods The household survey was conducted in four counties: Guangling of Shanxi Province, Xiji of Ningxia Province, Bijie of Guizhou Province and Zhouzhi of Shaanxi Province, with provider payment methods of fee for service, capitation payment, single disease payment and single disease payment with restriction of cesarean section rate respectively. 4836 rural women who gave birth from 2005 to 2010 were selected by stratified random sampling, with 6204 parities in total, including 4013 parities before RHDS and 2191 parities after RHDS.

Results Hospital delivery rate was 65.7% before RHDS and 89.3% after the implementation of RHDS program ($P < 0.001$); accordingly, subsidy for each hospital delivery was improved from 33.5 to 103.5 US dollars on average ($P < 0.001$). The effect of RHDS was still significant on both delivery rate ($OR = 1.1$, $P < 0.001$) and delivery subsidy ($I^2 = 1.7$, $P < 0.001$) controlling over demographic and socioeconomic characteristics. The horizontal inequity (HI) index of delivery rate decreased from 0.0144 ($P = 0.029$) before RHDS to 0.0130 ($P = 0.003$) after RHDS, which of delivery subsidy dropped from 0.0392 ($P = 0.002$) to 0.0081 ($P = 0.309$). Similar trends were found within four payment methods; and single disease payment with restriction of cesarean section rate performed significant pro-poor trend of benefit degree ($HI = -0.222$, $P = 0.090$) in the implementation of RHDS Program.

Conclusions RHDS program is effective in enhancing benefit equity for rural pregnant women of different living standards; single disease payment with restriction of cesarean section rate is the most equitable payment method for hospital delivery.