

Socioeconomic inequalities vis-à-vis informal payments for health care in 18 countries in Sub-Saharan Africa: does gender matter?

Background: Little empirical evidence exists on the magnitude of health care informal payments in Sub-Saharan Africa. Moreover, no work on social disparities in informal payments has been carried out in this region where health financing mainly relies on households' out-of-pocket expenditure. We assess socioeconomic inequalities in health care informal payments in Sub-Saharan Africa and attempt to explain the observed disparities between men and women.

Methods: We use data from the Afrobarometer round 3 surveys conducted in 18 countries from 2005 to 2006. Incidence of informal payments is defined for individuals who faced demands for "illegal payments" in public hospitals at least once during the year preceding the interview. Education, socioeconomic status and place of residence are used to capture social dimensions. We compute normalized concentration indexes to appraise inequalities across socioeconomic groups, both for men and women.

Preliminary results: The pattern changes with the gender in some countries: in Nigeria, Senegal and Botswana, informal payments mostly affect the worse-off men and the better-off women, while the opposite is observed in Ghana, Zambia and Malawi. Also, in Senegal, Benin, Mozambique, Namibia and Uganda, the less educated women and the most educated men are more likely to incur informal payments. The inverse is observed in Nigeria, Kenya, Lesotho, Zimbabwe, Madagascar, Zambia and Botswana. Women living in rural areas and men living in urban areas are more affected by informal payments in Lesotho, Namibia, Malawi and Madagascar, while the opposite is observed in Zambia and Cape Verde.

Conclusions: Results show that socioeconomic disparities in informal payments in several countries in Sub-Saharan Africa vary depending on whether men or women are considered. This is probably due to the cultural context of each country (e.g. status of women in society), as well as to the implemented health policies. We intend to use micro-simulations to decompose the observed inequalities, in order to identify the most important factors.