

were major coping strategies. Interpretation: A viable financing mechanism for treating ACS is warranted to prevent CHS particularly among low SES patients, those without any health security and those requiring intervention procedures.

OT13-4

Distribution of Household Out-of-pocket Payment for Health Care in Malaysia

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Background: Due to increasing consumer demand and enabling Government policies encouraging growth of private enterprise in Malaysia, there has been rapid development of the private health care sector in recent years. Unlike the heavily subsidised public health care services, private health care is mainly financed through household out-of-pocket (OOP) payments which in 2004 constituted a substantial 37.6% of total health expenditures in the country. OOP payment, with its reliance on savings and borrowings, is of policy concern as OOP may exert undue financial burden on poorer households. The aim of this study is to examine whether OOP payment for health care is equitably distributed across households of different income levels in the country.

Methodology: We analysed data from the 2004/05 Household Expenditure Survey conducted by the Department of Statistics, Malaysia. This is a nationally representative survey covering 14,084 households. We used 2 summary measures, namely the Concentration and Kakwani Indices, to quantify and compare income-related inequity in the household distribution of OOP payments for health care.

Findings: Overall richer households shouldered disproportionately more OOP payments than poorer households. The OOP payments, as a proportion of income, increased as household income increases, indicating that OOP payment for health care in Malaysia is progressive.

Conclusions: The finding of progressive OOP payment combined with existing evidence of higher utilisation of public health care facilities by the poor seem to indicate that the richer households opted for the more expensive private health care.

OT13-5

Cost and Equity Implications of Public Financing for Health Services at District Hospitals in Nepal

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As an important part of the public health system in Nepal, district hospitals (DHs) play a key role in providing outpatient, inpatient, and emergency services, and serve as the referral point for health posts and primary health

care centers. A free care policy targeted to provide free services to the poorest and the disadvantaged was implemented at the time of the study at the DHs. The general objective of this study is to examine how different household wealth classes use DH services and what proportion of the cost of their use is financed by their user fees and public subsidies. That information is then used to assess the budget and equity impacts of alternative operational policies and implementation plans of free care at the DHs. Main Findings of the study include the following: 1. The targeted free health care for the poor policy and user fee schedule implemented at the DHs at the time of the study has produced a modest pro-poor distribution of public subsidies and favorable equity measurements. 2. The extended target free care policy announced in January 2009 is likely to improve the health equity substantially at a reasonable cost. 3. In contrast, a universal free policy that would abolish all user fees and provide essential drugs free for everybody does not fare well. Such a policy would cost twice as much as the current policy, affect provider morale by eliminating incentives, and reduce the health equity by subsidizing the non-poor for using public health services.

OT13-6

Study of the Utilization of Jamkesmas Program (Social Poor Protection Program) in Cirebon Municipality and Ciamis District, West Java Province, in 2008

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The implementation of Jaminan Kesehatan Masyarakat (JAMKESMAS) or Public Health Insurance program is the change of policy of central government, specifically Departemen Kesehatan (MoH) or Ministry of Health, in adjusting the administration of PT. ASKES as the administrator to the central and local governments with tightened monitoring mechanism. JAMKESMAS is a social support program providing health care services for poor and disadvantaged people. Nationally implemented, this cross-subsidy program aims to actualize thorough health care services for the poor. The objective of JAMKESMAS is to improve the access and quality of health care services for the whole poor and disadvantaged people in order to achieve the optimum level of public health both effectively and efficiently (MoH, 2008). This study used Rapid Evaluation Method (REM), In-depth interviews were done to some informants from Health Office, hospital staff, Primary Health Care (PHC) staff, private midwives, independent verifiers (only in Cirebon) and JAMKESMAS members. The staff members of Health Office, hospitals and PUSKESMAS interviewed are those assigned for JAMKESMAS program, while the private midwives interviewed are those provide services for JAMKESMAS members. The information that the study resulted in may be interpreted as follows: the unpreparedness of the apparatus of District/Municipality