

Could an Obstacle Course Help us Make Access to Healthcare Fairer?

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Reducing unfair health inequalities is a popular political priority in many low- and middle-income countries. However, evidence shows that achieving this goal can be a challenge: removing health user fees, for example, can favour better-off households.

An obstacle course analogy may hold the key to this paradox: while removing the last obstacle may improve completion time for the person with just one obstacle to go, it will have no effect for the person who is permanently stuck on the first obstacle. By analogy, removing user fees may only improve access for households living fairly close to health facilities.

This paper tests this intuition in the context of maternal healthcare in Zambia, by estimating the extent to which the effect of any given barrier on healthcare access depends on other barriers. By linking information about births, including

whether the birth occurred in a health facility, to information about nearby health facilities, five access barriers can be measured: availability of health workers, distance to care, quality of care, affordability and stigma.

The extent of interactions between barriers is assessed using an innovative method that groups births into barrier combinations. It then estimates the share of variation in the location of childbirth that is explained by barrier combinations, as opposed to independent barrier effects.

Preliminary results suggest that the effect of any single barrier does depend on other barriers. Efforts to improve equity of healthcare access should therefore consider tackling the whole “obstacle course” of barriers rather than focusing on individual ones.