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Equity of Health Care Financing in Iran:

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Equity of Health Care Financing in Iran: The Effect of Extending Health Insurance to the Uninsured

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Abstract

This paper examines the progressivity of health insurance premiums and consumer copayments in Iran by calculating Kakwani Progressivity Indices using data from annual national household surveys between 1995/96 and 2006/07. During this period, the Urban Inpatient Insurance Scheme in 2000 and the Rural Health Insurance Scheme in

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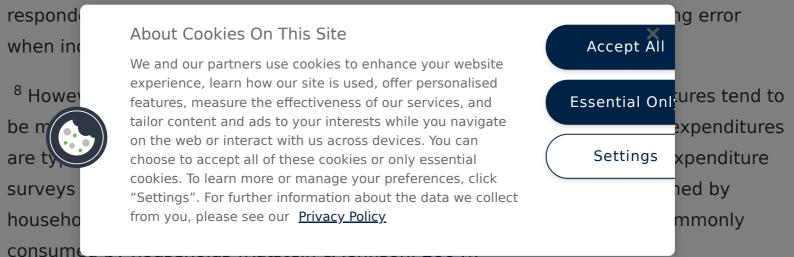
improve the progressivity of health care financing.

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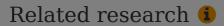
Notes

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- ¹ According to the World Health Organization (2000), for example, paying for health care can be unfair in two different situations: first, if families face large unforeseen costs that have to be paid out-of-pocket at the time of utilization; second, if health care financing is regressive, meaning that people with low incomes pay proportionally more than people who are better off.
- ² According to the Constitution, these "independent" organizations are, nevertheless, public property.
- ³ According to the Central Bank of the Islamic Republic of Iran (2009) on average only about 30% of government revenue was derived from taxation; the remaining 70% was derived from the sale of natural resources.
- ⁴ For the Iranian HIES, the .
- 5 For further explanation of the concentration index, see Wagstaff et al. (1991), Kakwani et al. (1997) and Lambert (2001).
- ⁶ This equation can also be employed to estimate the value of the Gini coefficient.
- ⁷ Self-reported income data may be subject to substantial reporting bias (e.g. where



- ⁹ Regression results for urban sample indicate that the UIIS had a negative effect on the progressivity of consumer co-payments and total private health care payments.
- ¹⁰ The results of regressions for rural areas are similar to the results for Iran as a whole.



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