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

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provision of health care to the poor at zero or low prices, public intervention may not improve the progressivity of health care financing.

QJEL Classification:: [D31](#) [D63](#) [I18](#)

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 health care expenditures were derived from out-of-pocket payments, while 70% was derived from government sources.

⁴ For the

⁵ For further details see Kakwani ([1991](#)),

⁶ This is not necessarily efficient.

⁷ Self-reported expenditures, e.g. where respondents report their expenditures, may be subject to reporting error.

⁸ However, these expenditures tend to be made for health care expenditures are typical of household expenditure surveys may not be a good representation of all goods and services consumed by

households as this type of survey is often limited to a few items that are commonly consumed by households (Rutstein & Johnson, [2004](#)).

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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