
EQUITY IN THE COLOMBIAN HEALTH SYSTEM: EFFECTS FROM A HEALTH REFORM

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ABSTRACT

Background. In 1990, only 15.7% of the Colombians had health insurance, mostly the rich and those employed in the formal sector. In 1993, Colombia implemented an intensive health system reform with two main objectives: to attain universal coverage and to provide equal health benefits to the population. The reform included an expansion of social insurance through the implementation of cross-subsidy schemes to leverage enrollment of contributory and subsidized insurance. This study measures equity in health and health care in two periods to assess changes overtime.

Methods. Data from the 2003 and 2008 Quality of Life Survey (LSMS) are used given their representativeness of the Colombian population and enhanced comparability for socioeconomic and health variables. The methodology includes the use of living conditions and health variables to generate concentration curves and concentration indices. Linear and nonlinear models are estimated. Household expenditures are used as socioeconomic variable. Five health dimensions are analyzed including health status, insurance coverage, health services utilization, health service quality and out-of-pocket expenditures. Decomposition analysis is performed to examine sources of inequality.

Findings. The results indicate a gradual improvement of equity in health care utilization between 2003 and 2008. Slight inequalities are found in the utilization of most health services. Utilization of specialized medical services, preventive medical services, and preventive dental services are strongly pro-rich, although declining. Health status show mixed results with worse health perception among the poor and more chronic conditions reported by the rich. Health services quality and out-of-pocket expenditures also show improvement. Non-need variables like education, region and socioeconomic strata are the major contributors to inequalities.

Interpretation. The Colombian health system has been gradually closing the gap in access and utilization of health services among the poor and the rich. This achievement is associated with the rapid expansion of health insurance that took place in the country between 2001 and 2008. Nevertheless, there are still significant pro-rich inequalities in specialized care, which can be explained by the greater benefits packaged received by those in the contributory insurance scheme. The pro-rich inequality in preventive medical and dental services reinforce the need for the Colombian model to advance in the implementation of strategies that promote preventive care and offer comprehensive health services to the population, while preserving the equity gains evidenced here.

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