

**Evaluating the Impact of the ‘Basic Health Insurance’ Program on Skilled Birth  
Attendance in Bolivia: Evidence from the Household Surveys**

Cecilia Vidal, Harvard Initiative for Global Health, [cecilia\\_vidal@harvard.edu](mailto:cecilia_vidal@harvard.edu)

**Extended Abstract:**

The ‘Basic Health Insurance’ (BHI) was implemented in Bolivia in 1999 and immediately became one of the main programs of the Bolivian Poverty Reduction Strategy paper and the Health Reform. The principal objective of the BHS was to reduce the financial barriers of access to the health system by offering a basic package of free health care services (mainly maternal and child health interventions) to the uninsured population. Since its conceptualization and design, the BHS was implicitly targeted at improving the health of the poorest in the country, specially those populations at more risk: mothers and children.

In this study, I evaluate the impact of the BHI on the coverage of births attended by health professionals in Bolivia. The study relies on the assumption that the supply of medical personnel is closely related to the probability of being exposed to the benefits of the BHI. Given this assumption, the identification strategy consists of comparing the change in the coverage of skilled birth attendance among women in municipalities with high and low ratio of medical personnel, before and after the BHI was implemented. The effect of the BHI is then estimated using a difference-in-difference model.

For this study, I use pooled cross section data from the Living Standard Measurement Surveys (LSMS) for years 1999-2002. The LSMS is a demographic file of 5,000 households each year that collects information on demographic characteristics of individuals, access to public health services, and detailed income and expenditure of the household. These data are particularly useful for this study for at least three reasons: it provides health information that can be directly related to the BHI; the period of time covered by the surveys is large enough to capture information before the implementation of the program as well as potential short-term effects; the LSMS contains rich information on demographic characteristics that allows for the analysis of coverage using alternative subgroups of the population.

The results indicate that after the implementation of the BHI, the coverage of skilled birth attendance increased more among women that lived in municipalities with higher probability of receiving the benefits of the program than their counterparts in living in municipalities with low probability of receiving the benefits. In order to obtain more evidence that the differential trends in coverage were due to the BHI, the analysis was conducted for alternative subgroups of the population. The results show that the increase in skilled birth attendance seems to have been larger for poor indigenous mothers living in the rural areas. This groups are the ones with less financial resources and thus the more likely to have used the services if provided. All the results combined, provide some evidence of a positive effect of the BHI on skilled birth attendance in Bolivia.