UNEQUAL ACCESS TO PUBLIC HEALTHCARE FACILITIES: THEORY AND MEASUREMENT REVISITED

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Abstract. Adequate coverage and efficiency of public health services are high priorities for sustainable growth and development. In many countries, public healthcare continues to fall short of demand, and remains unevenly distributed among the population. As in other areas of project appraisal, studies on social equity and access to public utilities are fraught with theoretical and empirical questions. Based on the concepts of marginal disutility with respect to distance, safety thresholds and 'equally distributed equivalent' distance, the paper first reassesses utility theory assumptions supporting the rationale for functional re-specifications. Partly drawing on these theoretical refinements, the analysis formulates a stochastic cost frontier hurdle model with an endogenously determined hospital distance threshold. For illustrative purposes, this model is applied to pooled biennial communal data for Chile. Healthcare accessibility in terms of travel cost/time is proxied by distances of administrative centres from the nearest emergency hospitals over the period 2000-2003.

Full text

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