

The Impact of Out-of-Pocket Expenditures on Poverty and Inequalities in Use of Maternal and Child Health Services in Bangladesh

Evidence from the Household Income and Expenditure Surveys 2000-2010

Chamara Anuranga, Ravi.P. Rannan- Eliya, Jayalal Chandrasiri, Ruwani Wickramasinghe

Institute for Health Policy

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Outline

- Background of the study
- Data and methods
- Health care utilization
 - Health care utilization in Bangladesh
- Out-of-pocket health care expenditure
 - Out-of-pocket health care expenditure in Bangladesh
 - Comparison with selected countries
- Conclusions

Background of the Study

- What evidence is there of inequalities in health care utilization in Bangladesh?
- What evidence is there on the impacts of MNCH out-of-pocket expenditure (OOPE) on households in Bangladesh?
- How much do households spend on MNCH OOPE in selected Asia-Pacific Bangladesh? and what is its impact?
- What are the OOPE costs incurred by families in accessing government health services, and what are the costs and expenditures on MNCH services in Bangladesh?
- Basic statistics of Bangladesh
 - Eighth most populous country in the world: **154 million**
 - Low income country: GDP per capita **747**(current US\$)
 - Poverty headcount ratio at \$2 a day: **76.5%**
 - Health expenditure per capita: **27** (current US\$)
 - Infant mortality rate **37** (per 1,000 live births)

Data and Methods

Data

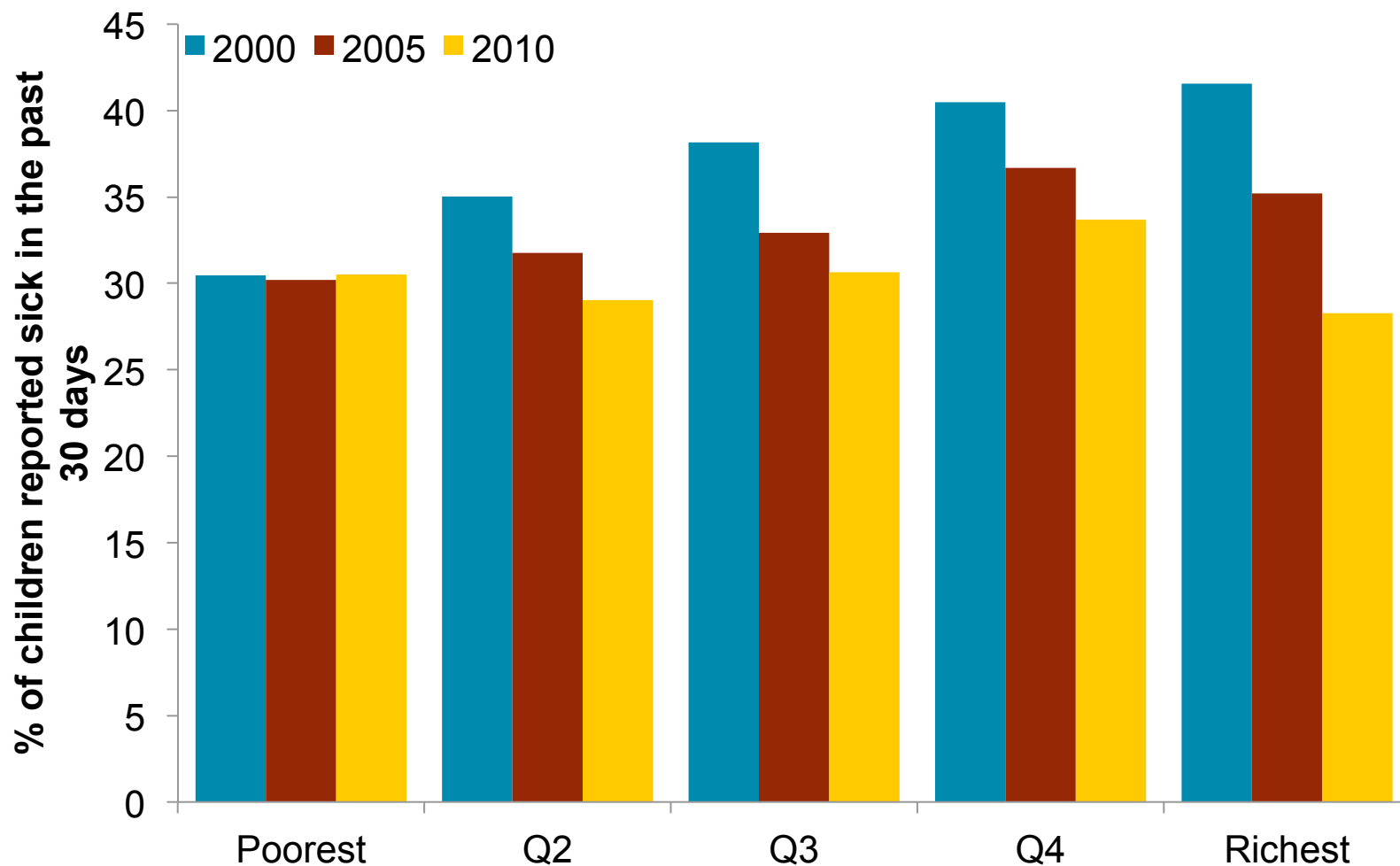
- Household Income and Expenditure surveys (HIES) 2000–2010
 - Sample size
 - HIES 2000 - 7,440 households
 - HIES 2004 - 10,080 households
 - HIES 2010 – 12,240 households

Variables and analyses

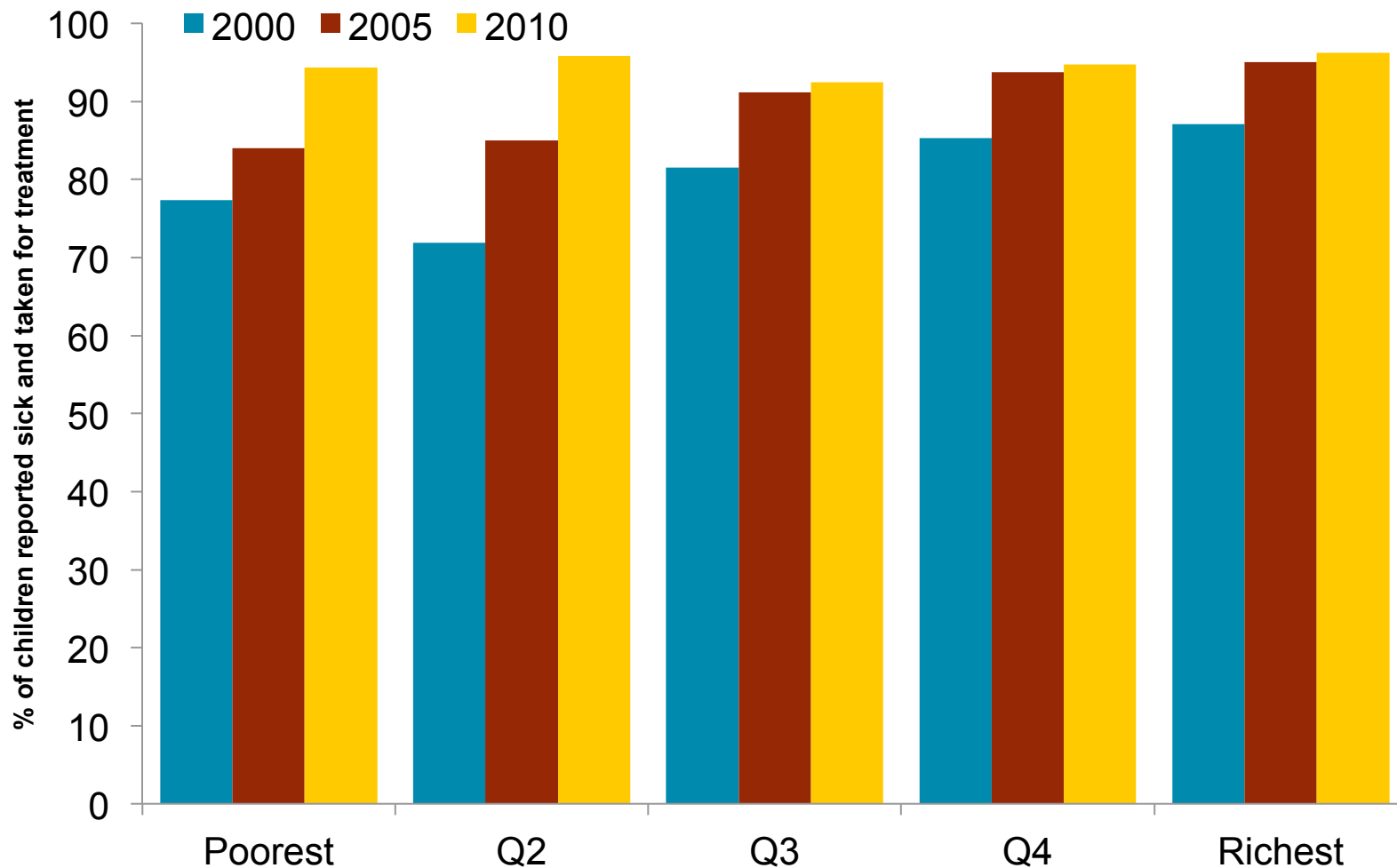
- Health care utilization
 - Illness reporting, reasons for not seeking health care, choice of health care providers
- Out-of-pocket health care expenditure
 - Out-of-pocket expenditure by provider, catastrophic impact of health care, impoverishment
- Differences in health care utilization and expenditure between SES quintiles

Health Care Utilization

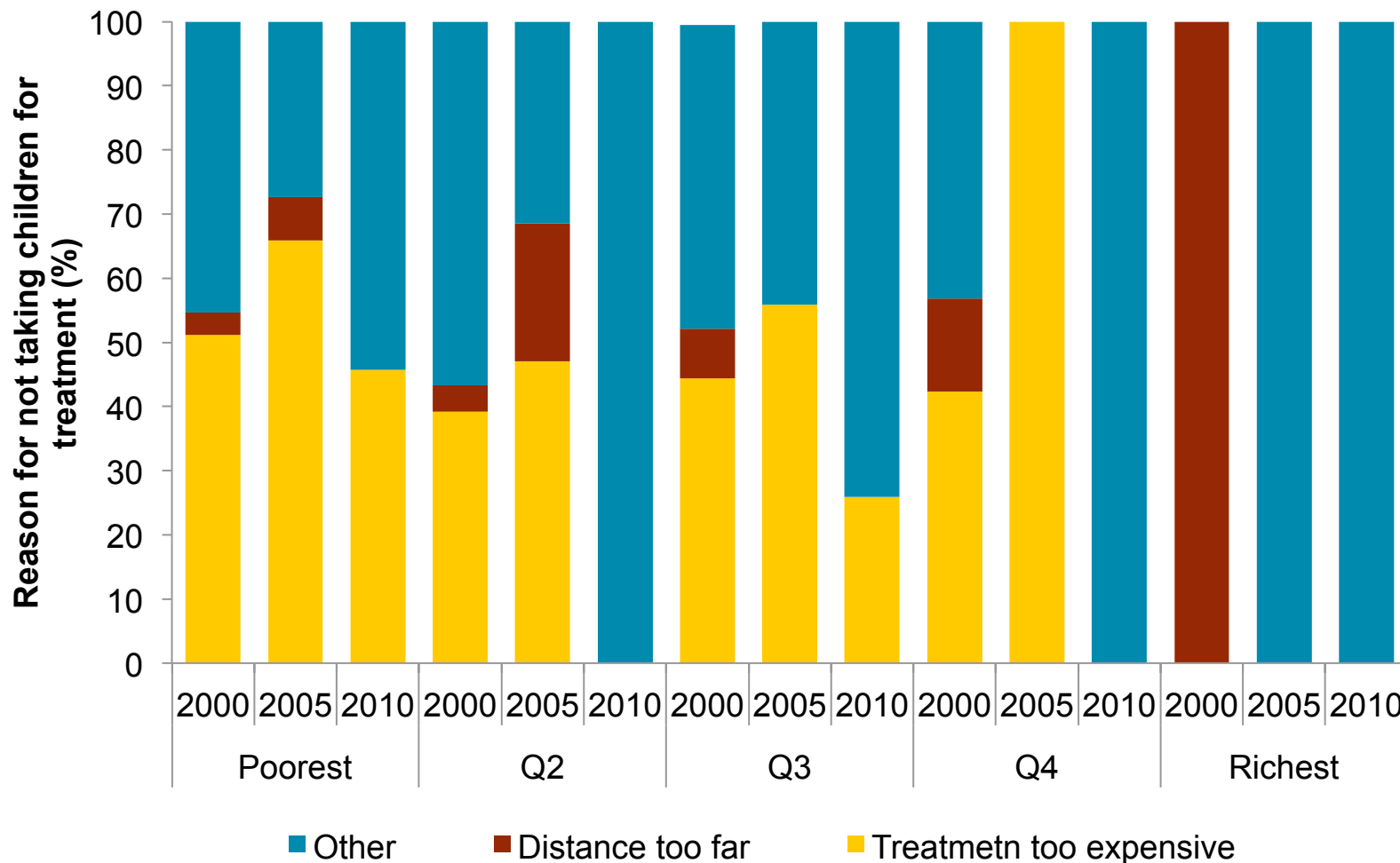
Illness Reporting in Children (<5 years old) in Bangladesh, by Socioeconomic Status, 2000–2010



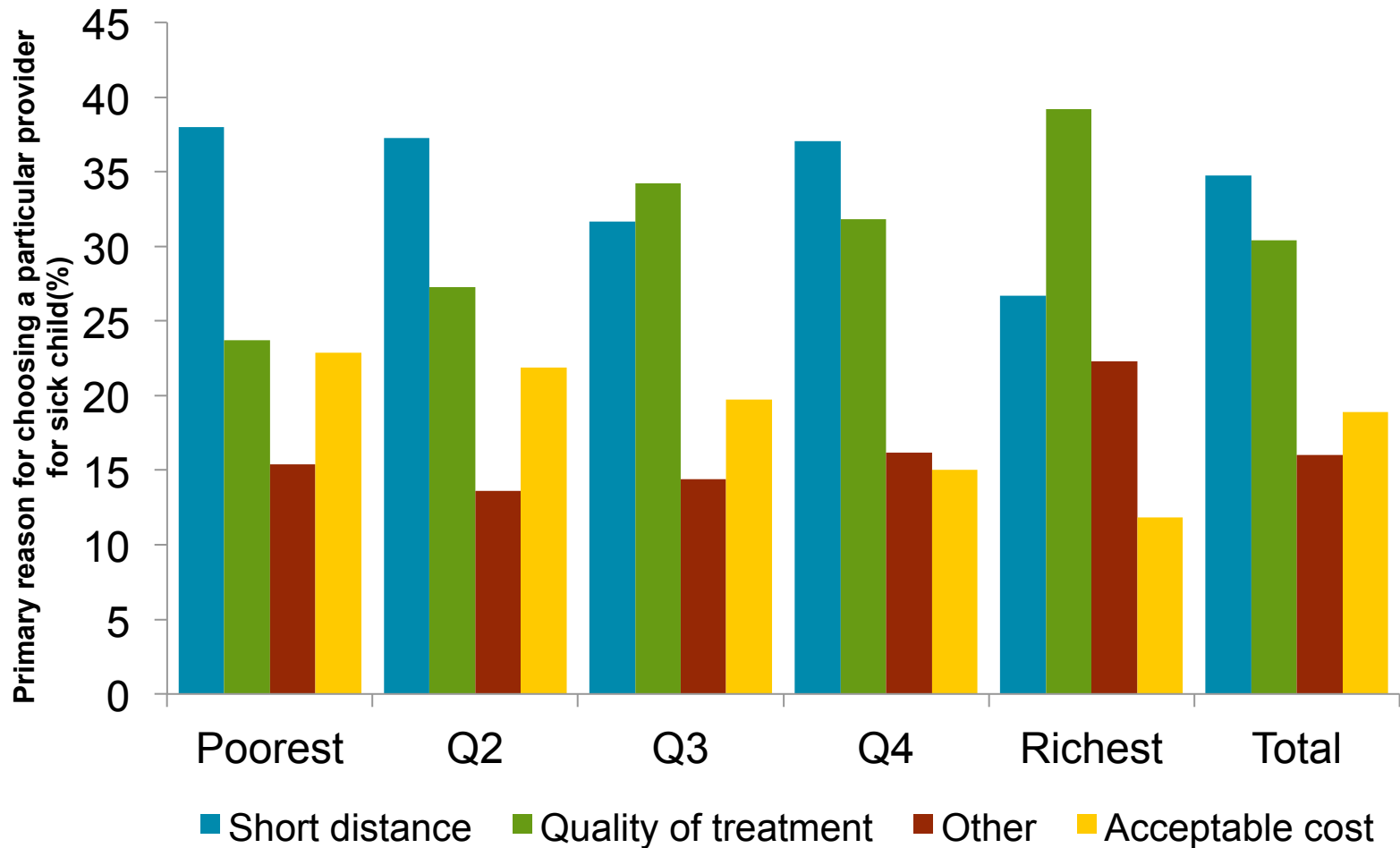
Proportion of Sick Children Taken for Treatment in Bangladesh, by Socioeconomic Status, 2000–2010



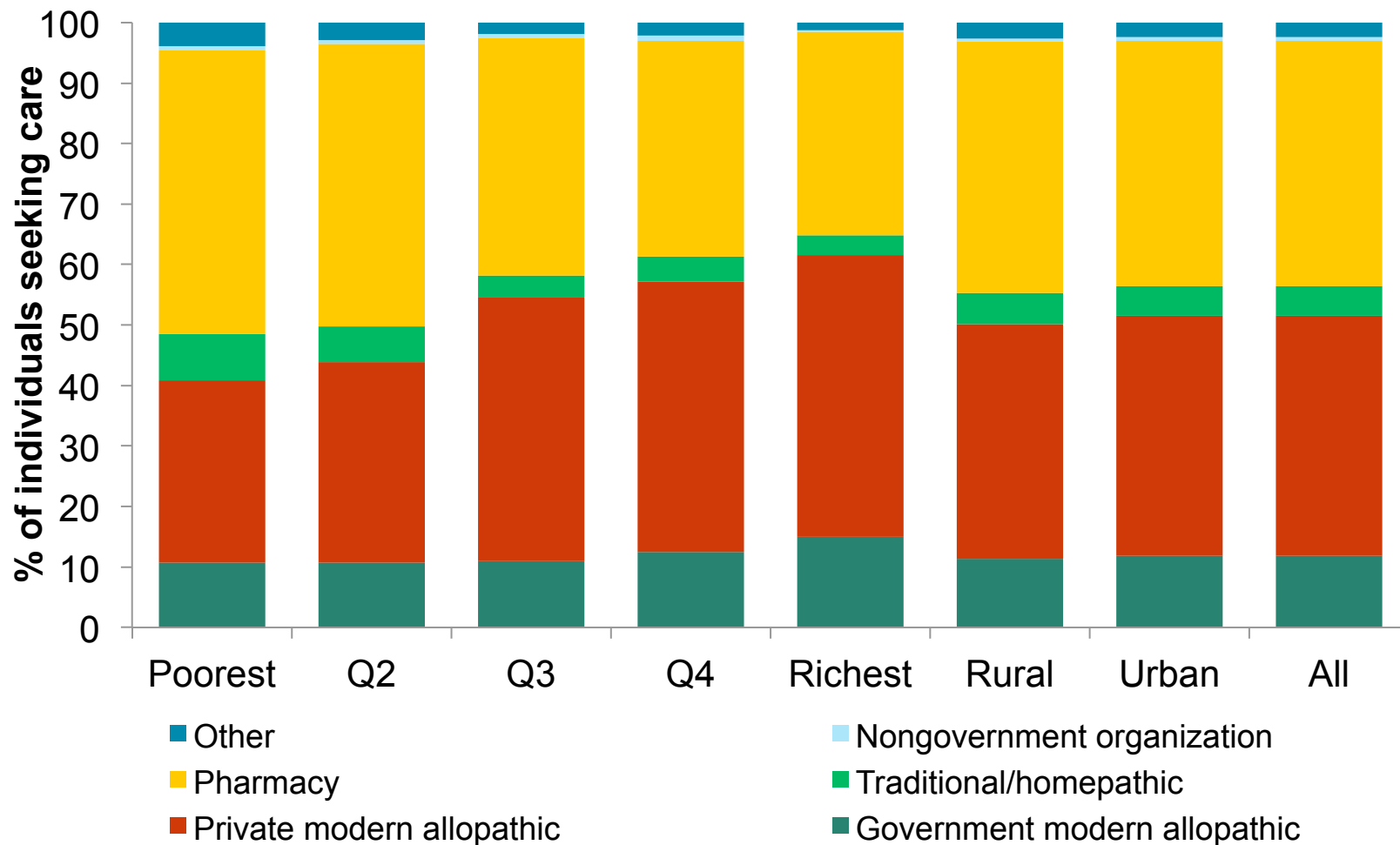
Barriers to Treatment of Illness in Children in Bangladesh, by Socioeconomic Status, 2000–2010



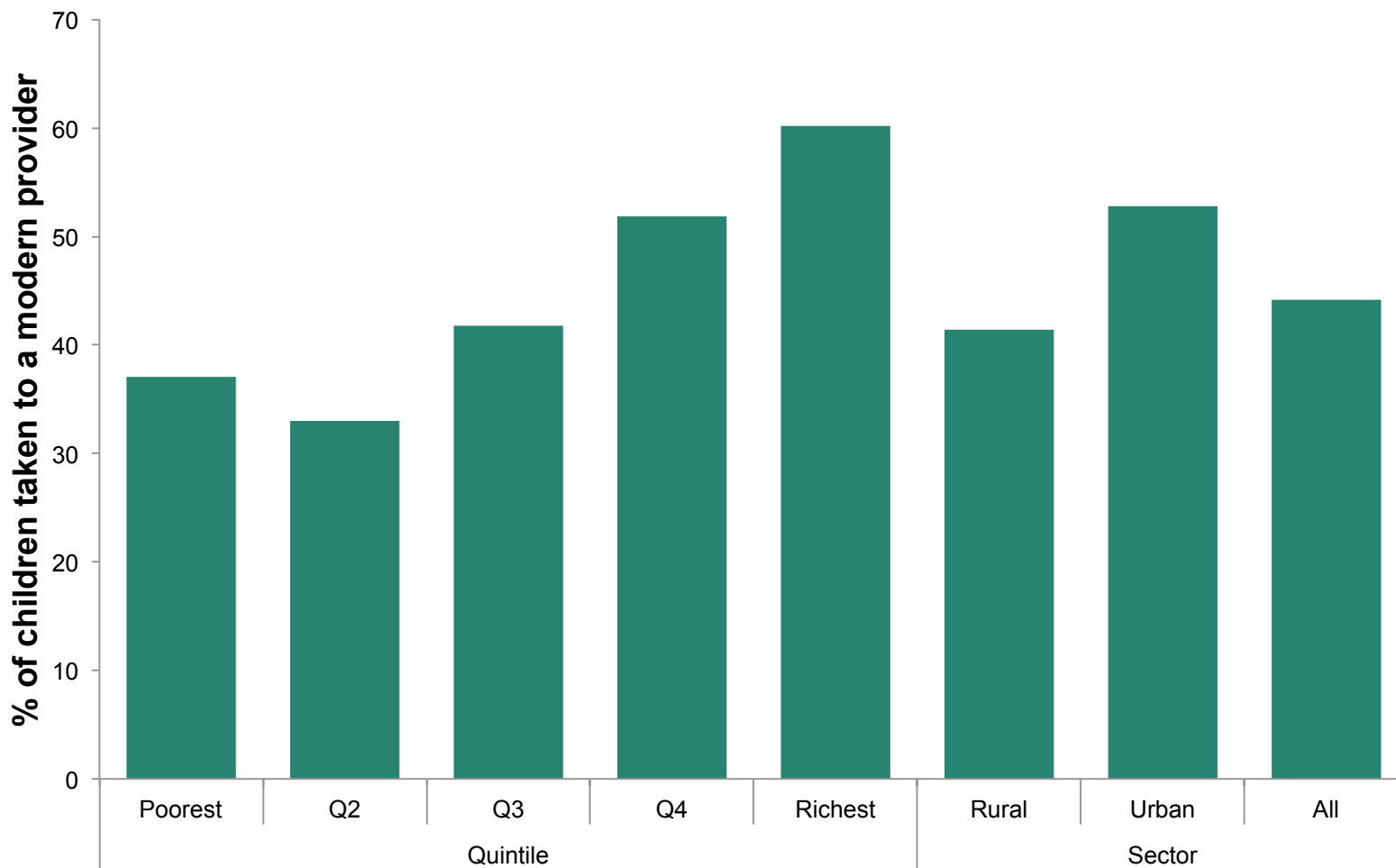
Factors Influencing Choice of Provider for Sick Child in Bangladesh, by Socioeconomic Status, 2010



Choice of Healthcare Providers When Individuals Are Ill, by Socioeconomic Status and Sector, 2010

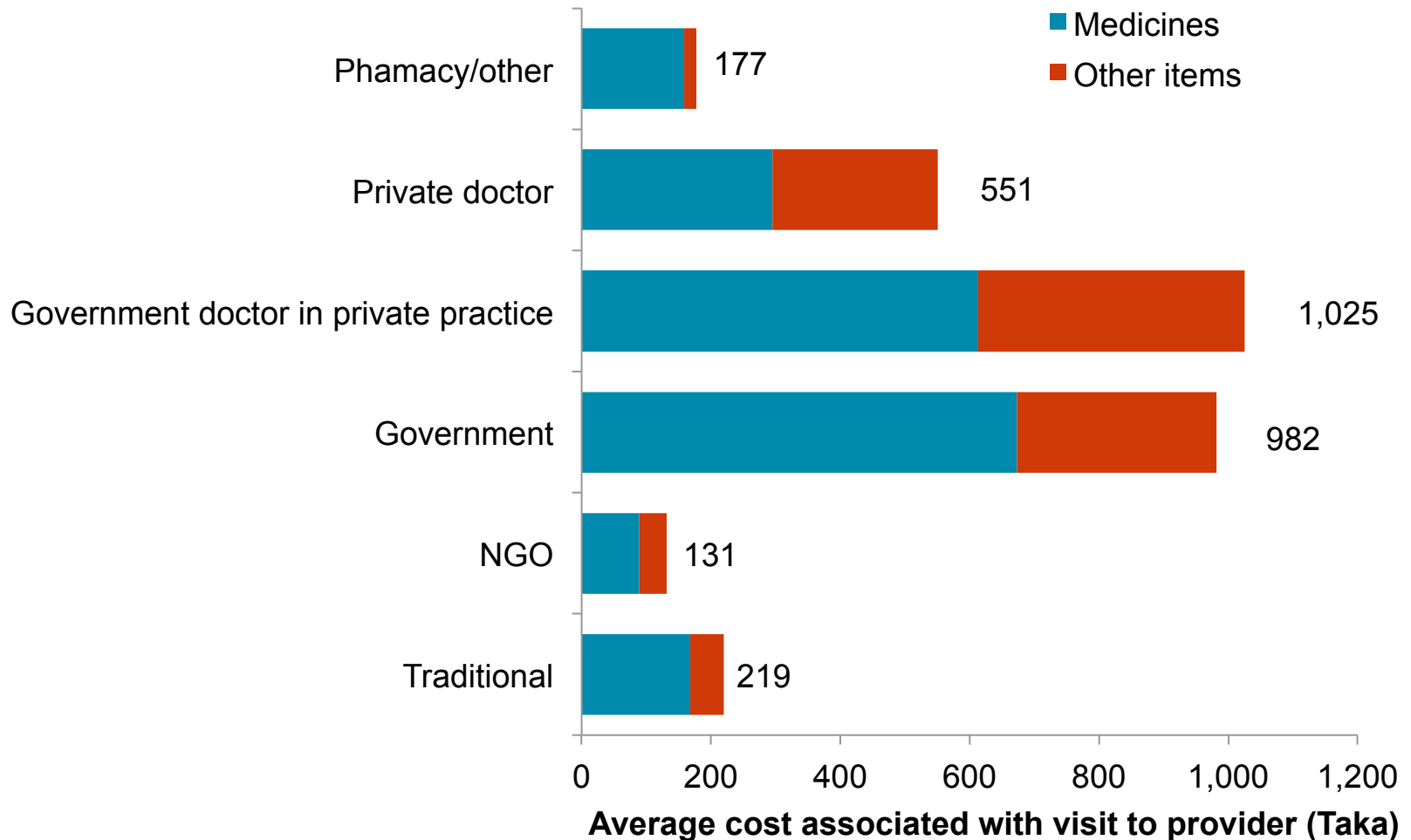


Proportion of Sick Children Taken to Modern Provider in Bangladesh, by Socioeconomic Status and Sector, 2010

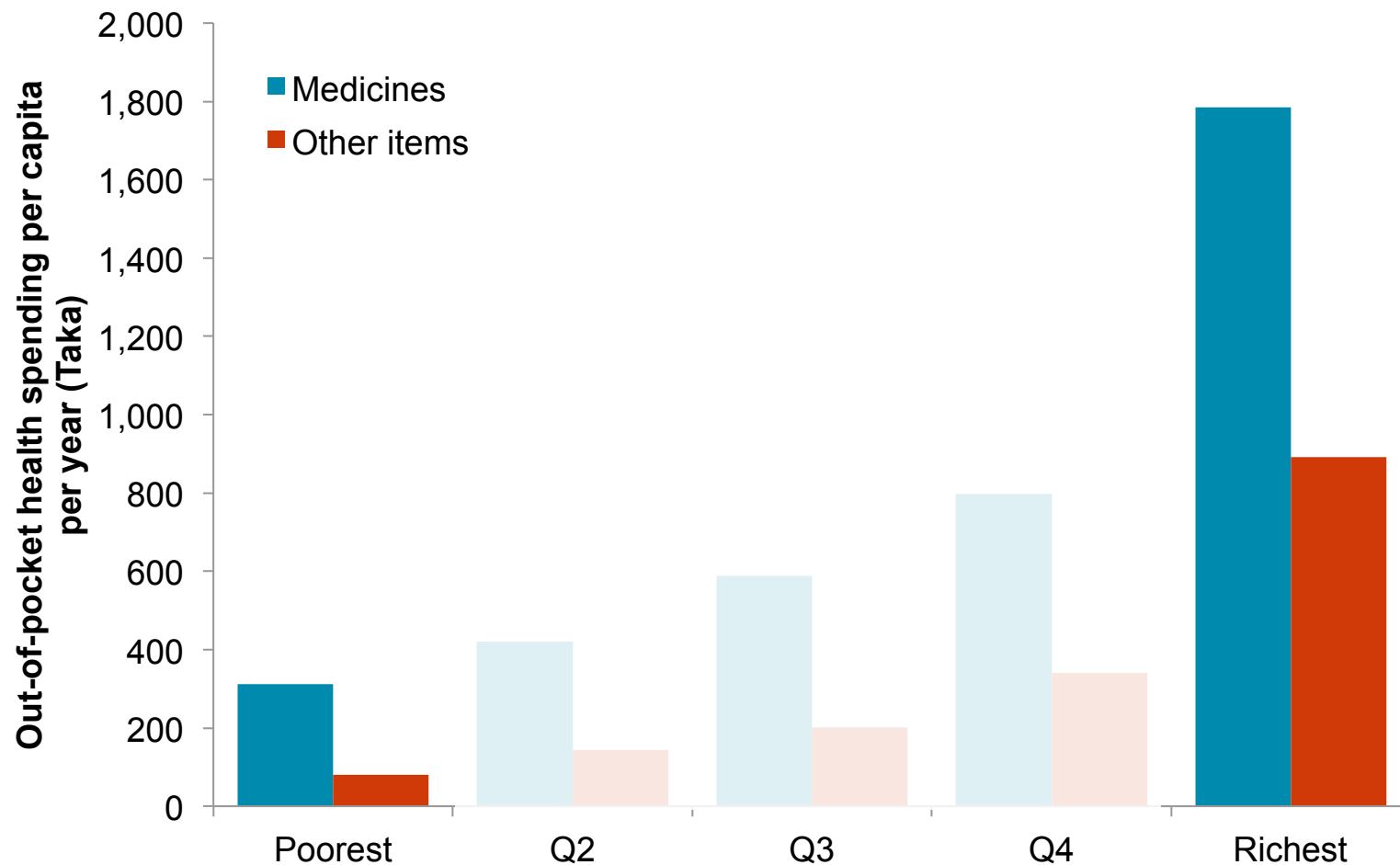


Out-of-Pocket Health Expenditure

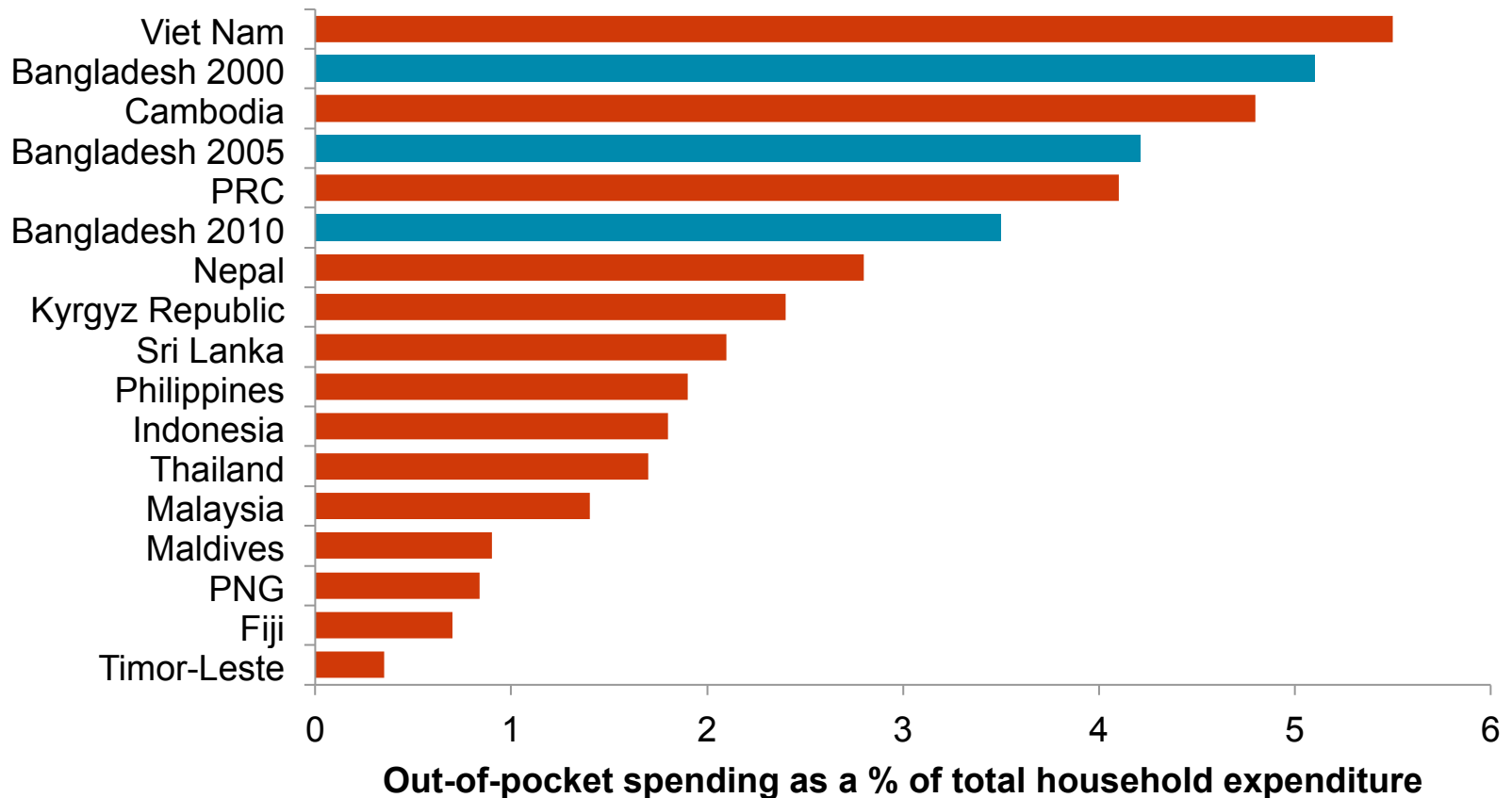
Average Costs for Child's Visit to Healthcare Provider in Bangladesh, 2010



Out-of-Pocket Healthcare Spending Per Capita Per Year in Bangladesh, by Socioeconomic Status, 2010

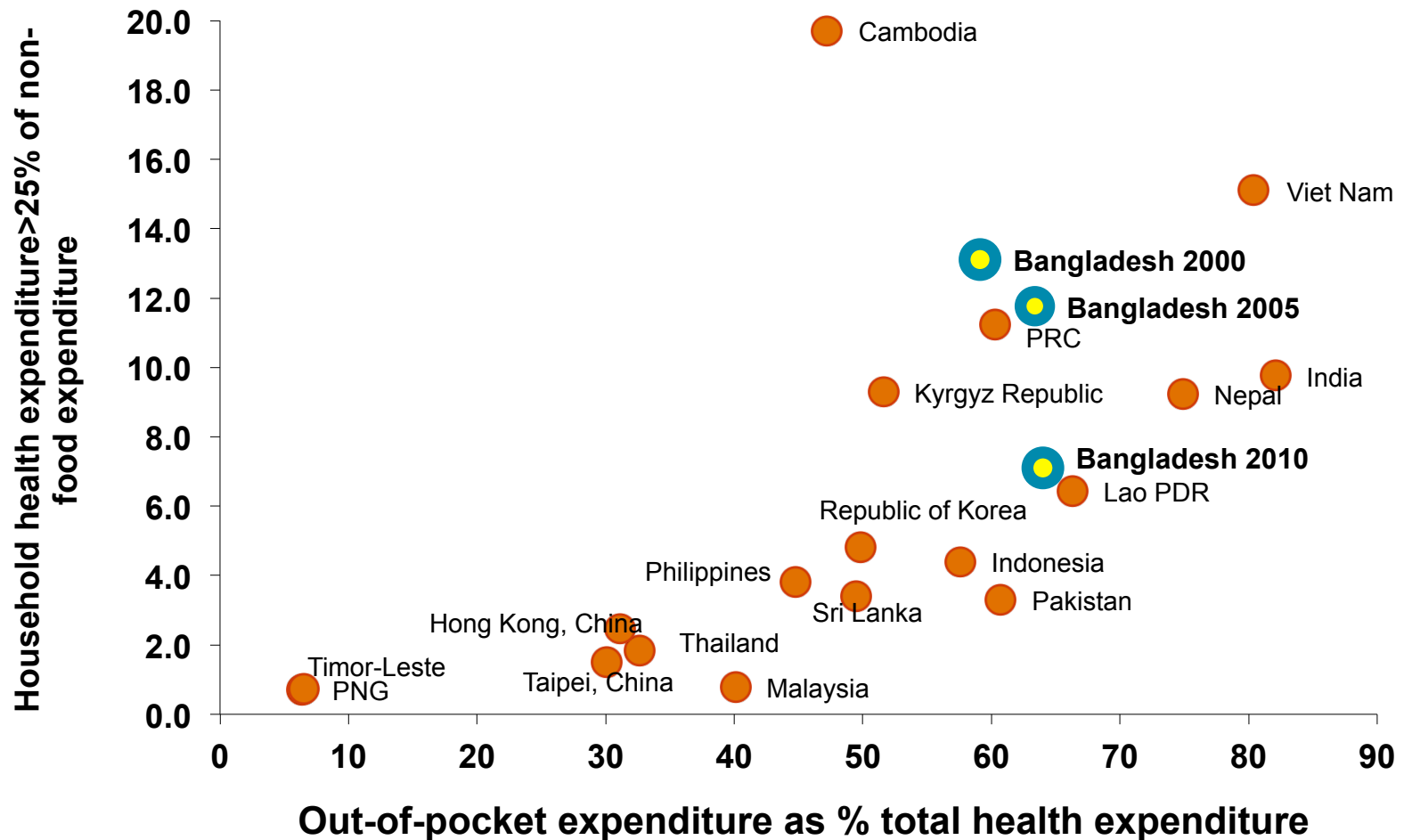


Share of Out-of-Pocket Medical Expenditure in Household Budgets in Regional Countries, Recent Years



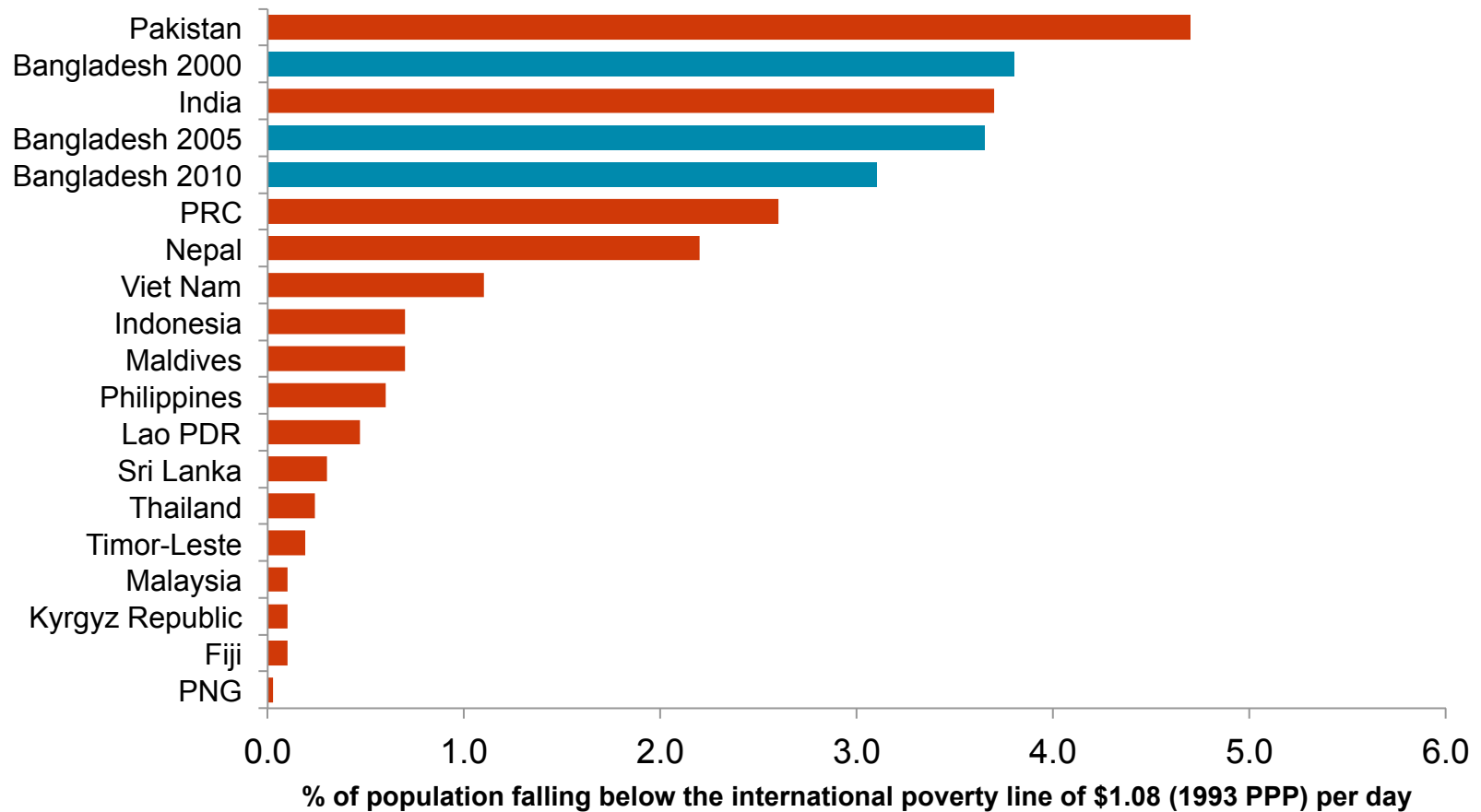
PNG = Papua New Guinea, PRC = People's Republic of China

The Incidence of Catastrophic Health Expenses and Reliance on Out-of-Pocket Financing in Regional Countries, Recent Years



Lao PDR = Lao People's Democratic Republic, PNG = Papua New Guinea, PRC = People's Republic of China

Incidence of Impoverishment Resulting from Out-of-Pocket Medical Spending by Households in Regional Countries, Recent Years



Lao PDR = Lao People's Democratic Republic, PNG = Papua New Guinea,
PRC = People's Republic of China

Conclusions

- The poor make less use of health care services
- Rich people use more modern and public sector providers
- Pharmacies are mostly used by the poor
- Poor families are less likely to recognize their children as sick and needing treatment
- Quality concerns for rich families
- Cost concerns for poor families
- MOH health facilities are also expensive
- The rich spend more out-of-pocket on medical care
- The cost of medicines is high
- Rates of impoverishment resulting from out-of-pocket medical spending are high by regional standards

Thank You