Progress on impoverishing health spending in 122 countries: a retrospective observational study

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Summary

Background The goal of universal health coverage (UHC) requires that families who get needed health care do not suffer financial hardship as a result. This can be measured by instances of impoverishment, when a household's consumption including out-of-pocket spending on health is more than the poverty line but its consumption, excluding out-of-pocket spending, is less than the poverty line. This links UHC directly to the policy goal of reducing poverty.

Methods We measure the incidence and depth of impoverishment as the difference in the poverty head count and poverty gap with and without out-of-pocket spending included in household total consumption. We use three poverty lines: the US$1·90 per day and $3·10 per day international poverty lines and a relative poverty line of 50% of median consumption per capita. We estimate impoverishment in 122 countries using 516 surveys between 1984 and 2015. We estimate the global incidence of impoverishment due to out-of-pocket payments by aggregating up from each country, using a survey for the year in question when available, and interpolation and model-based estimates otherwise. We do not derive global estimates to measure the depth of impoverishment but focus on the median depth for the 122 countries in our sample, accounting for 90% of the world's population.

Findings We find impoverishment due to out-of-pocket spending even in countries where the entire population is officially covered by a health insurance scheme or by national or subnational health services. Incidence is negatively correlated with the share of total health spending channelled through social security funds and other government agencies. Across countries, the population-weighted median annual rate of change of impoverishment is negative at the $1·90 per day poverty line but positive at the $3·10 per day and relative poverty lines. We estimate that at the $1·90 per day poverty line, the worldwide incidence of impoverishment decreased between 2000 and 2010, from 131 million people (2·1% of the world's population) to 97 million people (1·4%). The population-weighted median of the poverty gap increase attributable to out-of-pocket health expenditures among the 122 countries in our sample are ¢1·22 per capita at the $1·90 per day poverty line and ¢3·74 per capita at the $3·10 per day poverty line. In all countries, out-of-pocket spending can be both catastrophic and impoverishing at all income levels, but this partly depends on the choice of the poverty line.

Interpretation Out-of-pocket spending on health can add to the poverty head count and the depth of poverty by diverting household spending from non-health budget items. The scale of such impoverishment varies between countries and depends on the poverty line but might in some low-income countries account for as much as four percentage points of the poverty head count. Increasing the share of total health expenditure that is prepaid, especially through taxes and mandatory contributions, can help reduce impoverishment.

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Introduction

Although the share of health spending financed out of pocket has been decreasing worldwide, out-of-pocket spending as a share of household consumption has been increasing.[1] This poses a challenge to attaining both aspects of universal health coverage (UHC): that everyone, poor and rich alike, should receive needed health care, and that families who do get needed care do not suffer undue financial hardship as a result.[2] This second dimension of UHC, referred to as financial protection, can be captured through two indicators.[2,3] In a companion paper,[4] we present global estimates for one of them, namely so-called catastrophic out-of-pocket expenditures, defined as expenditures that are especially large relative to a family's total income or consumption; this is the official UHC financial protection monitoring indicator for the Sustainable Development Goal (SDG) 3.8.2. Here we present results for the second widely used indicator of financial protection, namely impoverishment due to out-of-pocket health spending.[3,5–10] This is not an official SDG

Research in context

Evidence before this study

The most recent global study on impoverishing out-of-pocket expenditures was based on 116 surveys covering 89 countries with a median survey year of 1997. That study classified a household as poor if its consumption fell short of an allowance for food expenditures. The latter was set equal to average food spending among households whose food spending share (as a percentage of total consumption) was in the 45th to 55th percentile range, the assumption being that, at least in low-income and middle-income countries, the food intake of this group averages 2000 kcal. 100 million people worldwide and annually (an additional 1·7% of the population) were estimated to have fallen into poverty because of out-of-pocket health spending, with 90% of those people living in low-income countries. The study did not explore the relationship between impoverishing spending and macroeconomic and health-system characteristics, and it did not measure the extent to which out-of-pocket expenditures exacerbate the depth of poverty.

A regional study of 11 low-income and middle-income Asian countries estimated the impoverishing effects of out-of-pocket payments and the extent to which they increase the depth of poverty using the prevailing US$1 per day and $2 per day international poverty lines. An additional 2·7% of the population under study (78 million people) was estimated to have fallen below the $1 per day poverty line through out-of-pocket health payments (57 million people at the $2 per day poverty line), and out-of-pocket spending was estimated to have increased the poverty gap by 18% at the $1 per day poverty line (7% at the $2 per day poverty line). Positive partial correlations were found between impoverishment and national reliance on out-of-pocket health financing (p=0·18) and the prepayment poverty rate (p=0·07). After controlling for the share of health finance from out-of-pocket payments and the poverty rate, neither national income per head nor the distribution of health payments in relation to total household consumption were significant.

Added value of this study

We use the international extreme poverty line (one of the poverty lines used to monitor Sustainable Development Goal 1) and poverty lines capturing moderate absolute poverty and relative poverty. We measure the incidence of impoverishing health spending and its depth to capture the effect of out-of-pocket payments on the living standards of both poor and non-poor people. We use more recent data than the previous two studies, extend the country coverage from 89 countries to 122 countries, report data on trends for 84 countries, and estimate impoverishment worldwide for 3 years (2000, 2005, and 2010). Like the previous regional study, we analyse country-level correlates of impoverishment, but do so using 516 datapoints rather than 11 datapoints, and we explore how impoverishing health payments vary with the share of total health spending channelled through different types of publicly and privately financed prepayment arrangements. For a selection of countries, we also explore the degree to which impoverishment is associated with the fraction of the population covered by a health insurance scheme or by a national or subnational health service, an indicator proposed by some but rejected by others as a possible measure of universal health coverage. We also explore the relation between catastrophic and impoverishing out-of-pocket spending at the country and global levels and show that it partly depends on the choice of the poverty line.

Implications of the available evidence

Out-of-pocket health expenditures divert household spending from non-medical budget items such as food and shelter and can make the difference between a household's (non-medical) consumption being above the poverty line and being below it; this impoverishment adds to the poverty head count. We estimate that in 2010, 97 million people were impoverished by out-of-pocket spending on health care at the $1·90 per day poverty line, equivalent to 1·4% of the world's population. This represents a decrease from 2010, when 131 million people (2·1% of the world's population) were impoverished from out-of-pocket spending on health care. By contrast, at the $3·10 per day and relative poverty lines, the number of people impoverished by health spending increased between 2000 and 2010, from 105 million people (1·7% of the population) to 122 million people (1·8%) in the case of the $3·10 per day poverty line, and from 79 million people (1·3%) to 103 million people (1·5%) in the case of the relative poverty line. The incidence of impoverishment varies between countries that legally and automatically cover their populations through national or subnational health services or through a national health insurance programme. However, we find that the incidence of impoverishment decreases with both the share of health spending that is channelled through social security funds and the share channelled through other government agencies. Catastrophic spending and impoverishment are different aspects of financial protection. In all countries, out-of-pocket spending can be both catastrophic and impoverishing, and this partly depends on the choice of the poverty line: in high-income countries, out-of-pocket spending is very rarely impoverishing if the extreme poverty line is used. But in both poor and rich countries, out-of-pocket spending can be both impoverishing and catastrophic if a relative poverty line is used.

indicator but supplements the catastrophic payment indicator by estimating how much poverty is increased by households having to pay out of pocket for health care and thereby diverting resources from other goods and services that are also considered necessary to sustaining living standards and life itself.[11,12] This indicator therefore links UHC directly to the first SDG goal, namely to end poverty in all its forms everywhere.

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