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Determinants of out-of-pocket health payments, catastrophic expenditures and coping strategies in urban Bangladesh

バン格拉デッシュ都市部における医療費自己負担、高額医療費支出
及び対処戦略の決定要因に関する研究

Abstract

Background

Bangladesh lacks a broad-based risk-pooling system in its health financing. Identifying determinants of out-of-pocket (OOP) healthcare expenditure and distress financing may reveal opportunities to reduce costs and protect households from financial catastrophe.

Objectives

This study investigates determinants of high healthcare expenditure, healthcare-related financial catastrophe, and financial distress coping methods.

Methods

A cross-sectional, multi-stage probability survey was conducted in Rajshahi city, Bangladesh. The study collected information on illness type, treatment, cost and coping strategies in the past 30 days. Determinants of OOP payments and financial catastrophe were estimated using double hurdle and Poisson regression models respectively. Multilevel analyses were used to identify determinants of reporting illness and financial distress coping strategies.

Results

In total 45% of household members had at least one illness, households spent 11% of their total budgets on healthcare and 9% of households faced financial catastrophe. The poorest households spent less but had greater risk of financial catastrophe. The key determinants of financial catastrophe were poverty, use of inpatient or outpatient health services, presence of chronic illness, and illness among children and adults. Subjects adopted distress coping strategies in 13% of all illness episodes. Disease type, utilization of public or private

outpatient facilities and poverty significantly increased the risk of adopting distress coping strategies.

Conclusion

There were high rates of illness and financial hardship in this sample. Households can be protected from these situations through reduced OOP payments, enhanced financial risk protection and intensive disease control programmes, especially for the management of chronic illness.

Keywords: Illness episodes, OOP health payments, catastrophic expenditure, capacity to pay, distress financing.