
Subject: Health expenses

Posted by [dougj892](#) on Thu, 03 Apr 2014 21:19:48 GMT

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1. What is the information needed?

Recent expenditure on health expenses

2. What questions will elicit this information?

LSMS questionnaires typically include questions on health expenditure and provide one example of how this data may be collected. LSMS questionnaires typically ask about all visits to a health care provider in the past 4 weeks and any costs associated with these visits.

The LSMS approach to gathering data on health expenditure has the advantage of also gathering data on recent provider visits and is quick to administer but, as pointed out by Gertler, Rose, and Glewwe (p 188) in Gosh and Glewwe (2000) probably underestimates total health expenditure. A longer set of questions which broke out expenses by in-patient versus out-patient (with an in-patient recall window of 1 year) and type of service and which also asked about expenses on medicine purchased without a visit to a provider would lead to more accurate data on health expenditure but would take longer to administer.

3. How will the resulting information be used?

Information about recent household health expenses would provide researchers valuable insight into the share of health costs borne directly by households. First, data on total health expenses incurred by households would allow researchers to use DHS data, in combination with other data sources, to create national health accounts showing the share of total health expenditure financed through household contributions, public spending, and other sources.

Health expenditure data would also allow researchers, in certain cases, to estimate the impact of new policies affecting health financing. For instance, if a government-subsidized insurance program was rolled-out in certain regions before others, this data could be used to perform a difference in differences impact evaluation of the program on health expenditure. (For examples of studies using this design see Wagstaff et al, 2009 and Fan et al, 2012) Governments of lower income countries are increasingly turning to subsidized health insurance, rather than direct subsidies for the delivery of medical services, as a means of increasing access to health care. (Wagstaff et al, 2009) (Lagomarsino, Gina, et al, 2012) (Agyepong and Adjei, 2008) (Ensor, 1995) Regular, accurate data on health expenditure will provide researchers and policymakers valuable information on the impact of these new programs.

4. What is the priority of suggested additions compared with what is already in the questionnaires?

High. The proportion of health expenses financed through out-of-pocket payments in a country is a very commonly cited statistic. Unfortunately, the data for these statistics are often very out of date.

5. If suggesting more than one addition, what is the priority among the suggested additions?

6. Should the additional data be collected in all countries, or only in selected types of countries (e.g., countries with a particular type of program, countries with prevalence of a particular infection >5% or 10%)?

All

References

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