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Subject: DHS-8-PGSSC-OOP-Template  
Posted by [PGSSC](#) on Mon, 04 Mar 2019 22:09:59 GMT  
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Thank you for reviewing our proposal for new indicators within the Demographic and Household Survey (DHS) regarding emergency and essential surgical care. The collection of these indicators is a critical step towards the delivery of safe, affordable, equitable access to surgical services as a component of universal health coverage and we consider the DHS as the best forum to derive these data points.

The questions we propose are a product of the Lancet Commission on Global Surgery (LCoGS), a body of work spanning three years involving 25 commissioners and a diverse group of academic, governmental and civil society collaborators from 110 countries. Of the six indicators proposed by the LCoGS, four were published in the World Development Indicators by the World Bank and all six are included in the World Health Organization's Global Reference List of 100 Core Health Indicators. Nevertheless, there currently are no mechanisms in place to collect the data required for these indicators, creating a critical gap in knowledge for surgical care strengthening.

The new indicators in this proposal span four existing DHS modules. For clarity, they are listed in the table below. Of particular interest are the questions on out-of-pocket expenditure and household expenditure to enable the calculation of financial risk protection for all medical interventions captured by the DHS (both surgical and medical), a core component of Sustainable Development Goal 3.8. The remaining questions were taken from a successful pilot DHS survey in Zambia. In the development of this application, we have been fortunate to count on a number of international partners to provide expert review and the indicators proposed are a culmination of these consensus building discussions. Please refer to Appendix A for a full list of international stakeholders who support this application.

Proposed Indicators:

1. Risk of impoverishing and catastrophic expenditure

Data Utility:

1. World Bank: World Development Indicators

### File Attachments

1) [DHS-8-PGSSC-OOP\\_Expenditure-Template.pdf](#), downloaded 823 times

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [taylorwurdeman](#) on Fri, 15 Mar 2019 00:04:45 GMT  
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In order to support the development of national surgical plans and the growing influence of global surgery on supporting health systems, I highly recommend including this measure in the DHS survey. Out of pocket expenditure is vital to understanding HOW patients seek care. Even in the most advanced surgical systems, if patients cannot afford surgery, they will not be able to access it. This measure expands our understanding of surgical access and should be included to support

the study of NCDs.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Scott Corlew](#) on Fri, 15 Mar 2019 14:41:05 GMT  
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I applaud the initiative by DHS to update its core and supplemental surveys. There are a number of datapoints that are critical for monitoring and improving many aspects of health care. In recent years major new components of universal health care have been brought to light by the Lancet Commission on Global Surgery, and there are several key indicators that can best be followed by the survey tools of the DHS.

Specifically, the issue of financial risk protection is critical for all of healthcare, but it has been identified as a major barrier to access to surgical care in LMICs. The granular level of the household survey is the best (only?) way to learn specific information about how people are affected financially by their surgical needs. There have been very laudable modeling efforts aimed at determining how financial risk protection, or the lack thereof, affects people in LMICs, but the inclusion of the questions submitted here for consideration would be the first major method to obtain these data globally.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Cstrader1](#) on Fri, 15 Mar 2019 15:28:30 GMT  
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Hi all, I am very impressed , but am wondering about what this is capturing and specifically how amount spent is standardized across different incomes/financial situations. I am wondering if a question from the financial risk protection survey of "Did your household have to sell and land or possessions (including livestock) to pay for this hospitalization?". I know space is limited, but perhaps as a submission for follow up question?

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [vsanthirapala](#) on Fri, 15 Mar 2019 17:55:02 GMT  
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As this application points out the DHS has collected costs from direct medical billing but has not included direct nonmedical costs such as transport, accommodation and so forth. Without the second component, it will not be possible to use the data for financial risk protection calculations, a critical part of SDG target 3.8. The contained questions proposed would overcome this barrier. The inclusion of a surgical question would enable those who are looking at medical vs surgical FRP to do subsidiary analyses.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [djumbam](#) on Fri, 15 Mar 2019 18:20:34 GMT  
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I commend the team for their proposal for the inclusion of out-of-pocket expenditure for surgical care in the DHS surveys. As access to surgical care is improved around the globe, it is crucial that the potential financial costs to the patients and their families for surgical care not be forgotten. Some studies have in fact shown that increasing access can lead patients and their families into poverty because they are forced to give up significant portions of their income for surgical care. Inclusion of this indicator in the DHS platform will ensure that we track the effects of improving SDG 3 (Health) against SDG 1 (Poverty). This will allow policy makers to determine effective solutions to scaling up surgical services while preventing patients from being impoverished.

Kudos to the team!!

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [ptruche](#) on Fri, 15 Mar 2019 19:03:11 GMT  
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An understanding of cost due to noncommunicable diseases is critical to ensuring that health care systems in low and middle income countries are designed to promote economic growth and well being from a financial standpoint. This indicator would be incredibly valuable as a way to better understand health systems in the context of non-communicable diseases and help promote better access to safe and affordable surgery across the world. It also stresses a commitment from the DHS and health policy advocates to address the perceived burden of surgical cost using real world data.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [JohnMeara](#) on Fri, 15 Mar 2019 19:05:19 GMT  
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I fully support this indicator. The Lancet Commission on Global Surgery demonstrated that 81 million people suffer catastrophic expense seeking surgery every year.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [anm156](#) on Fri, 15 Mar 2019 19:21:55 GMT  
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Assessment of a population's out of pocket expenditure due to health care is essential to understanding a country's ability to achieve Universal Health Coverage. Out of pocket expenditure is an often overlooked part of health care access, even though data shows that out of pocket expenditures directly influence patient and household decisions in seeking care and delaying care. Moreover, the threat of impoverishment or catastrophic expenditure after care endanger population health outcomes, economic productivity, and overall country GDP down the

line. In order to understand and achieve SDG Universal Health Care, a proper accounting of out of pocket expenditure and its influence in the health system must take place. This is only possible with systemic, widespread collection of this data, which the DHS can help to achieve.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [AlexPetersMD](#) on Fri, 15 Mar 2019 19:24:55 GMT  
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As a general surgeon and public health researcher, I fully support these efforts. If we are going to drive forward Universal Health Coverage, its critical to better understand what seeking comprehensive care, including surgical care, costs patients. Collecting OOP health expenditures around surgical care will better inform policy that can advance access to emergency and essential surgical care as part of Universal Health Coverage.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Vicente Gracias](#) on Fri, 15 Mar 2019 19:27:35 GMT  
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I completely support this endeavor. without economic impact analyses the true downstream effects related to erroneous allocation of system resources and health expenditure can not be accurately categorized

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Jordan Pyda](#) on Fri, 15 Mar 2019 19:28:03 GMT  
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I worked as surgical care coordinator at a high volume surgical hospital in rural Haiti which served the rural poor. This was in the summer of 2010 and for 13 months between 2012-2013. One of the lasting impressions from that time as an administrative and clinical volunteer, was the incredibly thin financial margin that separated patients between a state of well being or health and severe illness and more frequently death. We saw many patients with traumatic injuries but also very simple, easily treatable conditions such as inguinal hernias. After a few months of the same heart wrenching scenes, I started to talk to patients and families more about their costs. I interviewed about 16 patients who received elective inguinal hernia repairs at our hospital and calculated that on average patients paid 140-160USD for all the out of pocket costs combined. Now while this may seem trivial at first, but this hospital was providing fee free care. FREE care. And yet a simple elective hernia repair cost 150USD when average per capita income was/is still 700-800 USD. There were numerous individual patients who I literally had to hike out to bring for their surgical appointment and the stories were all too similar- can't hire anyone to look after my kids or family, can't hire someone to toil the plot of land, can't leave my other source of income (madame sarah), can't afford the trip...

The proportion of patients who incur impoverishing expenditure for surgery is 58%, 55% or so of those costs are catastrophic.. means families are completely ruined.

This data is very limited, and our understanding of these horrible situations is so incomplete. If we could collect this kind of data on a systematic basis and in organized manner we would have the concrete arguments to direct investments into surgical care recognizing how vitally important it is to the socio-economic viability of people, families, communities, and nations - and yes our world.

Out of pocket health expenditures for surgical care is an absolute imperative for data collection-please, strongly urge USAID to consider inclusion in the DHS.

Jordan Pyda MD, MPH  
jpyda@bidmc.harvard.edu

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Vicente Gracias](#) on Fri, 15 Mar 2019 19:32:06 GMT  
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this work is critical to achieve the goal of safe equitable care for all.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [RPatterson](#) on Fri, 15 Mar 2019 20:08:37 GMT  
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Patients often suffer untenable expenses seeking surgery in systems that provide inadequate health financing. Yet, this problem is not well understood across different contexts, and it is unclear how substantially patients are affected across the world. DHS has a valuable opportunity to provide critical information that will help to describe the burden of out-of-pocket expenditure on those seeking surgery.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [rachelne](#) on Fri, 15 Mar 2019 20:08:41 GMT  
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This information is needed to further progress universal healthcare and coverage for the entire world. Applaud the efforts and cannot wait to see what results are obtained.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [shehnaz Alidina](#) on Fri, 15 Mar 2019 20:08:46 GMT  
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Measurement of out of pocket expenditure is an important step towards ensuring equitable access to surgical services. I fully support this measure.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [shrim](#) on Fri, 15 Mar 2019 20:10:51 GMT  
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I fully support the efforts by the DHS to begin to collect out of pocket expenditures in health. This is crucially important to universal health coverage.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [blakealkire](#) on Fri, 15 Mar 2019 20:11:44 GMT  
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The capital and operating costs in surgery have repeatedly been shown to be dwarfed by the positive benefits surgical systems bring to the economy and, more importantly, to improved population health. Unfortunately, those costs continue to be passed on to patients with devastating consequences. These data are essential to measuring progress to true UHC, which requires that patients are not impoverished for paying for surgery.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [rachelne](#) on Fri, 15 Mar 2019 20:11:46 GMT  
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This information is so necessary and lacking from many areas to fully understand limitations for people all over the world to obtain and access healthcare including surgical care

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [bujarquerreti](#) on Fri, 15 Mar 2019 20:15:05 GMT  
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Out-of-pocket payments are a massive problem in the global surgical healthcare, therefore, including OOP in the DHS program is essential for a larger Universal Health Coverage.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [ocahearn](#) on Fri, 15 Mar 2019 20:18:21 GMT  
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I fully support collecting data on OOP costs in the DHS survey in order to prioritize and improve access to affordable surgical care.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [cjuillard](#) on Fri, 15 Mar 2019 20:20:29 GMT

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I support this indicator given the significant burden of surgical disease globally and the importance of improving access to surgical care, both financially and otherwise.

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [dominiquevervoort](#) on Fri, 15 Mar 2019 20:22:44 GMT

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Every year, 81 million people face catastrophic expenditure due to requiring surgical care. Where public insurance/governmental coverage is low, out-of-pocket payment share is high. In low- and middle-income countries, poorer parts of the population, and settings with high costs of healthcare, the socioeconomic implications are enormous, potentially affecting billions of people worldwide.

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [kgarringer](#) on Fri, 15 Mar 2019 20:28:58 GMT

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Data regarding OOP expenditure will provide valuable information on a large scale regarding a patient's ability to access and attain quality surgical services.

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [SebastianShu](#) on Fri, 15 Mar 2019 20:29:40 GMT

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During my medical training in a LMIC, I witness from first hand the impact of health expenditures in the poorest. In spite of this reality, there is no good quality data on how much is being expended by the patients or relatives outside the health care facilities. I even experience that some health care providers help support the cost of the patient in charge. Out of the Pocket Health expenditures will definitely bring a better view of the real cost of health care.

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [Haitham.Shoman](#) on Fri, 15 Mar 2019 20:31:02 GMT

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There is lots of differences on OOP payments spent on health care and surgeries in particular. This could lead to catastrophic and impoverishing expenditures. It is hence important to understand how much and what do countries spend to explore where can the gaps be bridged.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [gmenon](#) on Fri, 15 Mar 2019 20:32:05 GMT  
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As out of pocket expenditure continues to be ruinous in many parts of the world, I fully support the inclusion of this item on the survey.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Adelina Mazhiqi](#) on Fri, 15 Mar 2019 20:33:03 GMT  
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81 million people face catastrophic expenditure each year due to requiring surgical care, with the burden mainly being shouldered by LMICs. However, because this information is mainly found through modeled data, the DHS tool plays a crucial role, enabling us to obtain accurate and representative data on the household level and consequently on the national and global level.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Cstrader1](#) on Fri, 15 Mar 2019 20:47:08 GMT  
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When convincing ministries, governments, or private donors, it is the bottom line that must be addressed. Addressing this issue is timely and necessary for us to make meaningful headway.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [SBari](#) on Fri, 15 Mar 2019 20:56:00 GMT  
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This is a very informative indicator that is important to collect regularly, systematically, and globally.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [CLReddy](#) on Fri, 15 Mar 2019 20:56:17 GMT  
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Excess out of pocket expenses prevent people from obtaining surgery when they need it. The sheer cost of surgery (notwithstanding the indirect costs) makes surgery largely inaccessible for the majority of the world population living in LMIC's. This gap between surgical health care costs and affordability is expected to increase. This information is indispensable to protecting people from excess health care costs due to surgery under UHC.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Rachel Koch](#) on Fri, 15 Mar 2019 21:13:03 GMT  
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I support this We must have a better understanding of what patients are asked to pay for health care, including surgical care in order to help policy makers find better strategies to truly make health care universal. Even free surgery is not free as most patients are also required to pay for transportation, food and many have to borrow money to pay for expenses related to care-seeking.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Ulrick Sidney](#) on Fri, 15 Mar 2019 21:16:30 GMT  
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People become poor or poorer because they were unfortunate enough to suffer from a surgical disease and they do not have access to Universal Health Coverage. Out-of-pocket payment for healthcare is an aberration. We need to work together to get policy makers to take decisions that will help put an end to this. One very effective way is research. It is very difficult to argue against strong scientific evidence therefore collection of data on out-of-pocket expenditure can go a long way to impact the lives of billions of people that do not have access to Universal Health Coverage and who got broke as a result.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Dr. Ernest Barthélemy](#) on Fri, 15 Mar 2019 21:23:32 GMT  
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As a neurosurgeon working in Haiti, I strongly support the inclusion of this indicator in the DHS. Timely, affordable access to surgical care is not only an indispensable component of healthcare, but also an important aspect of the pathway towards poverty reduction and socioeconomic development. It is therefore critical to generate structures for financial accountability as national health systems strategize to scale up access to surgical care, especially in low- and middle-income countries. This indicator will enable such financial accountability.

PGSSC wrote on Mon, 04 March 2019 17:09 Thank you for reviewing our proposal for new indicators within the Demographic and Household Survey (DHS) regarding emergency and essential surgical care. The collection of these indicators is a critical step towards the delivery of safe, affordable, equitable access to surgical services as a component of universal health coverage and we consider the DHS as the best forum to derive these data points.

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Proposed Indicators:

1. Risk of impoverishing and catastrophic expenditure

Data Utility:

1. World Bank: World Development Indicators

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [PGSSC](#) on Fri, 15 Mar 2019 21:31:45 GMT

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We would like to thank everyone who have been supporting our submission. We have read all your replies and we are delighted to see such support and commitment from the Global Surgery and Global Health community.

Attached is a list of signatories who also have provided their support towards our submission:

1. Professor Chris Lavy - University of Oxford
2. Mr. Andrew Leather - Kings College London
3. Dr. Lars Hagander - Lund University
4. Dr. Hampus Holmer - Lund University
5. Dr. Martin Veller - University of Witwatersrand
6. Dr. Emmanuel Ameh - Abuja National Hospital
7. Dr. Margaret Kruk - Harvard TH Chan School of Public Health

The Program in Global Surgery and Social Change (PGSSC)  
Harvard Medical School

### File Attachments

- 1) [Signatories supporting PGSSC modules submission to DHS 8.pdf](#), downloaded 783 times

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Kee Park](#) on Fri, 15 Mar 2019 21:44:26 GMT

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The out of pocket health expenditure data helps inform the financial burdens for accessing healthcare and therefore health equity especially for the poorest.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [LukeCaddell](#) on Fri, 15 Mar 2019 22:06:08 GMT  
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Inclusion of this measure is critical. OOP expenditure is that unappreciated component of health cost that is so difficult to capture within the health system. While the cost to the provider or health system are comparatively simple to tabulate based of facility data, OOP expenditure requires dedicated interaction with the patient to document their experience. It is for this reason that the DHS survey mechanism is the perfect solution to investigating OOP expenditure.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Aboatin](#) on Fri, 15 Mar 2019 22:31:31 GMT  
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Without financial risk protection against improvising or catastrophic health expenditures universal health care is unachievable and we will fall short as a global community in achieving SDG 3. Measuring out of pocket expenditures and total health expenditure is critical to understand progress made towards achieving financial risk protection. The DHS presents an optimal way to collect this information which has yet to be collected in a standardized manner and on a large scale.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [LRoa](#) on Fri, 15 Mar 2019 23:18:36 GMT  
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Financial risk protection is an essential component of UHC. I commend DHS initiative to include out of pocket expenditures

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [hfoster](#) on Fri, 15 Mar 2019 23:58:03 GMT  
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I fully support the inclusion of this indicator. It is important to consider the financial costs that patients and their family incur for surgical care.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Robert Riviello](#) on Sat, 16 Mar 2019 01:22:58 GMT  
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Treating patients (often by saving their life from injury, cancer, and surgical emergencies) into destitution is a morally repulsive byproduct of our health care delivery systems. We need to understand who, how, and to what extent patient are impoverished and /or face financial catastrophe - to improve, and advocate for financial risk protection

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Greg](#) on Sat, 16 Mar 2019 01:37:27 GMT  
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Proposed Indicators:

1. Risk of impoverishing and catastrophic expenditure

Data Utility:

1. World Bank: World Development Indicators
- 

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [Jacob.Lepard](#) on Sat, 16 Mar 2019 01:42:36 GMT

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Beyond the simple availability of medical care the ability to afford it without catastrophic expenditure is a necessary component of effective medical and surgical care delivery. Unless we are able to effectively track these metrics then nothing can be done for them. The proposed indicators in this document are strengthened by their international collaborative support. They represent the work of a broad group with expertise in the field. I strongly support the collection of this financial data as proposed in this document.

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [ryorlets](#) on Sat, 16 Mar 2019 01:58:31 GMT

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Universal health coverage cannot be achieved without financial risk protection, as indicated by catastrophic and impoverishing expenditure. These indicators can be measured by the data collected in this proposed module.

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [IsaacWasserman](#) on Sat, 16 Mar 2019 02:26:44 GMT

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As powerful as modeling studies are, the only way to progress past the realm of the theoretical, and anchor ourselves in the realm of the real is to collect robust data. When surgery playing a role in nearly 1/3rd of all human disease, I can think of no better area to invest in better data collection. This will help evaluate ongoing projects, as well as steer new ones. Thank you for expanding into this important sphere.

---

Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [IsaacWasserman](#) on Sat, 16 Mar 2019 02:27:31 GMT

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Subject: Re: DHS-8-PGSSC-OOP-Template

Posted by [Emily Smith](#) on Sat, 16 Mar 2019 03:14:40 GMT

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Healthcare expenditures is the strongest predictor of poverty in many of the communities I work in various LMICs. I strongly support collecting this data point systematically in DHS.

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Subject: Re: DHS-8-PGSSC-OOP-Template  
Posted by [Msydowski](#) on Sat, 16 Mar 2019 04:01:18 GMT  
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It is essential DHS incorporate the collection of this indicator to understand the burden of obtaining care for patients and to determine if oop deters patients from seeking care.

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