
Subject: DHS-8-PGSSC-Total_Household_Expenditure-Template

Posted by [PGSSC](#) on Tue, 05 Mar 2019 22:28:53 GMT

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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-Total_Household_Expenditure-Template.pdf](#),
downloaded 507 times

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

Posted by [taylorwurdeman](#) on Fri, 15 Mar 2019 00:08:48 GMT

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Data on household expenditure is interesting to multiple fields, including specifically the fields of economics and healthcare research. Until we collect this data, we cannot get a true understanding of how healthcare costs influence decisions made. This will also support the development of national health plans (including national surgical plans). I agree that this measure should be included in the DHS survey.

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

Posted by [Scott Corlew](#) on Fri, 15 Mar 2019 14:44:56 GMT

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Similar to the OOP expenditure module, the questions submitted here are critical for the assessment of financial risk protection related to surgical care as part of UHC. DHS data would be the missing link of hard data to augment and replace the modeled data now used.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [djumbam](#) on Fri, 15 Mar 2019 18:27:28 GMT

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Household expenditure, similar to out-of-pocket expenditure, is essential for tracking risk of impoverishment for seeking surgical and medical care. I highly encourage the DHS to consider including this indicator in the new module.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [dominiquevervoort](#) on Fri, 15 Mar 2019 18:42:01 GMT

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On behalf of students and residents around the world, I encourage DHS to include total household expenditure on surgical care. Receiving surgery requires costs for the procedure, but also very much so transportation costs, food costs, sleeping costs, opportunity costs - all of which contribute to an enormous financial burden for individuals and families. Understanding how heavy this weighs on pushing patients (further) into poverty is essential to reduce catastrophic expenditure efficiently and work towards universal health coverage globally.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [ptruche](#) on Fri, 15 Mar 2019 19:06:00 GMT

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Tracking expenditures for non-communicable diseases, specifically surgery represents an opportunity for the DHS to promote thoughtful and economically based improvement of surgical systems. This would be a critical data point to add to the DHS.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [vsanthirapala](#) on Fri, 15 Mar 2019 19:16:04 GMT

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As national governments move towards the delivery of SDG target 3.8, universal health coverage (such as India's Ayushman Bharat), collection of data on impoverishing and catastrophic healthcare expenditure will be of key importance. Yet the data point that is most commonly lacking for this calculation is an accurate estimate of Total Household Expenditure from the healthcare user's perspective. Without this how can we begin to evaluate the impact of national healthcare plans? These questions are essential to all sectors of public health and so I believe it is completely appropriate to place these questions in the core household module.

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

Posted by [anm156](#) on Fri, 15 Mar 2019 19:24:18 GMT

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Data on household expenditure is necessary in order to understand Universal Health Coverage in a country and around the world. Data on UHC related to household expenditure and health care expenditure is sparse and not standardized. This directly affects quality of the data and conclusions that can be drawn from this data. In order to achieve SDG targets for Universal Health Coverage, a proper assessment of health care access related to household expenditure and out-of-pocket expenditure must take place. Efforts such as the DHS can go a long way to achieve this.

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

Posted by [Vicente Gracias](#) on Fri, 15 Mar 2019 19:29:03 GMT

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I completely support the aspirational goal of UHC for all. this is impactful work that must be supported

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

Posted by [Jordan Pyda](#) on Fri, 15 Mar 2019 19:42:18 GMT

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Critical data, along with OOP costs which must be collected to gain insight into the critical importance of surgical care... no survey like the DHS for this data to be comprehensively and systematically collected. Jordan Pyda MD, MPH jpyda@bidmc.harvard.edu

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

Posted by [RPatterson](#) on Fri, 15 Mar 2019 19:54:59 GMT

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There has long been a belief that surgery is too expensive to provide. In fact, it seems the more accurate and pressing reality is that patients are unable to afford surgery, and that inadequate financing mechanisms lead to high percentages of patients suffering untenable expenses. This problem has not been thoroughly defined, and an understanding of OOP costs is essential to create effective national surgical policy.

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

Posted by [bujarqerreti](#) on Fri, 15 Mar 2019 19:57:01 GMT

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Financial arrangements have always been a challenge of healthcare system because the dynamic

of healthcare governance and services require financial adaptability. Catastrophic expenditure is a neglected issue of the financial arrangements in the global healthcare; therefore, we have to include the risk of impoverishing and catastrophic expenditure in the DHS because this is an issue that has a direct impact on the family as a social institution. Working towards the improvement of the situation of catastrophic expenditure would improve the life of families and at the same time would create a more sustainable management within family members (shared healthcare).

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

Posted by [JohnMeara](#) on Fri, 15 Mar 2019 20:08:17 GMT

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I support the collection of household expenditure as a means of better understanding catastrophic and impoverishing expenses around surgical care

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

Posted by [rachelne](#) on Fri, 15 Mar 2019 20:09:17 GMT

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This information is so important and this is necessary to further understand costs and burdens to individuals and families

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

Posted by [blakealkire](#) on Fri, 15 Mar 2019 20:12:55 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 healthcare.

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

Posted by [Cstrader1](#) on Fri, 15 Mar 2019 20:17:02 GMT

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The poorest one-third of the global population receives only 6% of surgeries globally, well below their actual need. This disparity is only going to increase in the next decades as non-communicable diseases become an even greater proportion. Timely access to safe and adequate surgical care is needed to address this disparity. These additions to the DHS Survey is certainly a step towards this goal.

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

Posted by [shehnaz Alidina](#) on Fri, 15 Mar 2019 20:18:11 GMT

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I support the collection of household expenditure so that we can fully understand understand the catastrophic expenditure related to surgery care.

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

Posted by [AlexPetersMD](#) on Fri, 15 Mar 2019 20:18:24 GMT

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As a general surgeon and public health research, I fully support these efforts. If we are going to drive forward universal health coverage, which includes surgical care as declared in WHA Resolution 68.15, we need to better understand household expenditures and those expenditures that are impoverishing or catastrophic for families. These are critical questions that must be included in future data collection. Thank you for these efforts.

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

Posted by [shrine](#) on Fri, 15 Mar 2019 20:20:32 GMT

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Universal health coverage is more than just making sure people get care. It's making sure that care doesn't impoverish them. Without data about their household expenditures, the global community cannot work to prevent the impoverishment that patients face when accessing care

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

Posted by [cjuillard](#) on Fri, 15 Mar 2019 20:24:07 GMT

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I fully support the addition of this indicator, which is essential to improve access to surgical care by understanding the financial impact of seeking formal care for surgical conditions.

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

Posted by [Haitham.Shoman](#) on Fri, 15 Mar 2019 20:24:29 GMT

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Collecting primary data to understand the proportion of costs being spent on healthcare is an essential element to identify risk of catastrophic and impoverishing expenditures as laid out by the Lancet Commission on Global Surgery.

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

Posted by [bat1117](#) on Fri, 15 Mar 2019 20:25:36 GMT

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The devastating overall impact, specifically emotional and financial, of trauma, necessary surgery and post-operative care persists far beyond the incident or progressing and mounting episodes. I believe we all agree. Are there plans to develop systems and programs that support ongoing post-operative policies that will provide patients (lower income patients) centralized (or even decentralized) healthcare information services to which they can access for questions and concerns after their surgery has been completed? May I recommend that such "tertiary services" be debated in terms of the long-term benefit for surgical patients and families. The surgical costs, being relatively enormous, at this time, might preclude lower/middle income patients and families from seeking ongoing more long-term care information from fear of driving up personal costs. If sustainable post-operative health care "information-access" systems and services were available for these populations, overall healing and survival might demonstrate increases and the costs for delays in accessing care could be averted.

I commend the valiant efforts of global surgical advocates and it is an honor to serve with any of them. Nevertheless, I advocate that surgical efforts for ALL lower income patients result in success. Providing health information and responding to surgical patient questions (without driving) up post-operative costs seems achievable through an innovative systems approach.

Please, consider the value of post-operative health and care information access systems. The long-term payoff for sequential information systems and services could be powerful!

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

Posted by [SebastianShu](#) on Fri, 15 Mar 2019 20:42:49 GMT

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For families, diverting more money for health care expenditure can produce a direct impact their well being or affecting important components such as education. It is vital to collect improve quality data to understand how much is being spend by the basic unit of society.

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

Posted by [gmenon](#) on Fri, 15 Mar 2019 20:45:00 GMT

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Knowing average household expenditure is critical to several fields. I fully support its inclusion.

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

Posted by [SBari](#) on Fri, 15 Mar 2019 20:51:26 GMT

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This is an important indicator and is necessary to collect regularly, systematically, and globally. DHS is a great fit.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [Ulrick Sidney](#) on Fri, 15 Mar 2019 20:57:30 GMT

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Most of those who do not have access to safe surgery are people who live under USD 1,50 a day and do not have access to a reliable national insurance. For these families going to the hospital means that they have to foot the bill and this has more than just an economic impact. In some families the getting surgical care means selling their properties, selling their livestock, giving up on the education of their kids or borrowing money from loan sharks. It is therefore important to collect data on household (surgical) health expenditure.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [Adelina Mazhiqi](#) on Fri, 15 Mar 2019 21:00:34 GMT

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It's not just access to safe and timely surgical care; such care must also be affordable. Because primary data on household expenditure is limited, and since we can't manage what we don't measure, the questions suggested for the DHS tool enables us to understand the financial impact of seeking surgical care; thus, I fully support the inclusion of these indicators.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [CLReddy](#) on Fri, 15 Mar 2019 21:05:54 GMT

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I support the collection of household expenditure. This data is indispensable to calculate surgical catastrophic and impoverishing expenses. Without this data, the sustainable development goal of UHC will be difficult to attain in terms of coverage to essential surgical services.

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [Rachel Koch](#) on Fri, 15 Mar 2019 21:31:00 GMT

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I support inclusion of this question in the DHS survey as total expenditure is the preferred way to estimate household capital track financial burdens incurred by healthcare costs.

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

Posted by [PGSSC](#) on Fri, 15 Mar 2019 21:33:15 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. Emannuel 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 741 times

Subject: Re: DHS-8-PGSSC-Total_Household_Expenditure-Template
Posted by [Dr. Ernest Barthélemy](#) on Fri, 15 Mar 2019 21:43:27 GMT

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As an American neurosurgeon working in Haiti, I have been in the unfortunate position of witnessing families refusing life-saving interventions for their sick family members because of fear that the cost of these interventions would financially ruin the entire family. In this uniquely low-income country in the Americas, understanding and tracking the risk of impoverishing and catastrophic expenditure is an absolutely essential part of strengthening the health system through scale-up of surgical capacity. I therefore wholeheartedly support the inclusion of this indicator in the DHS.

PGSSC wrote on Tue, 05 March 2019 17:28 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.

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Proposed Indicators:

1. Risk of impoverishing and catastrophic expenditure

Data Utility:

1. World Bank: World Development Indicators

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

Posted by [Kee Park](#) on Fri, 15 Mar 2019 21:46:24 GMT

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Total Household Expenditure complements the OOP expenditure and provides a clearer picture families face in accessing healthcare including surgical care.

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

Posted by [LukeCaddell](#) on Fri, 15 Mar 2019 22:13:11 GMT

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This data is needed. A better understanding of total household expenditure will help describe impoverishing and catastrophic health expenditure by bringing a better understanding of how the entire family unit must respond to health care needs. The global health community needs this data to understand how our interventions are impacting the societies in which they act.

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

Posted by [Aboatin](#) on Fri, 15 Mar 2019 22:33:33 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.

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

Posted by [Jacob.Lepard](#) on Sat, 16 Mar 2019 01:44:43 GMT

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I support the use of the proposed metrics in this module. A broader picture of household expenditure is necessary in order to fully grasp the financial hurdles that are present for access to global surgical care.

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

Posted by [ryorlets](#) on Sat, 16 Mar 2019 02:14:02 GMT

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Universal health coverage cannot be achieved without the assurance of financial risk protection. This module proposes the collection of data which will enable the calculation of catastrophic and impoverishing expenditure.

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

Posted by [IsaacWasserman](#) on Sat, 16 Mar 2019 02:27:01 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.
