HPR91

Disease-Specific Hardship Financing in India: A Pooled Cross-Section Analysis of Inpatient and Outpatient Cases

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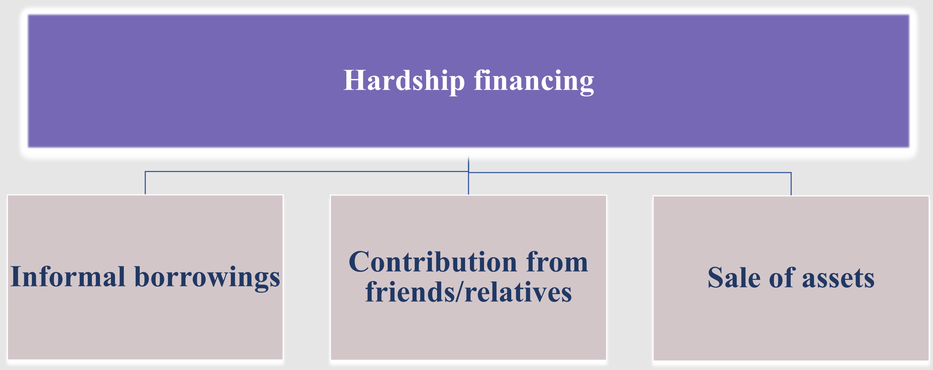
Background

- **Universal Health Coverage (UHC): quality health services to all without causing financial distress.**
- **In India, the dual burden of diseases (1,2) ➡ burden the limited finances (3).**
- **To overcome this, the government has introduced a vast network of financial protection schemes for the poor and vulnerable, majorly at the inpatient level (4,5).**

However, free outpatient care is also critical in reaching the goal of UHC

- **The inefficient government interventions force people to resort to hardship financing (6).**



- **Evidence suggests that about one-quarter of households in 40 low- and middle-income countries resort to hardship financing (7).**

Objectives

The study has two primary goals.

- **To identify the disease(s) causing the maximum financial hardship in the country.**
- **To understand the direction and magnitude of change in hardship financing over time.**

Data & Methods

- **The study use- two waves of the large scale unit level data provided by National Sample Survey Organisation - Survey on Social Consumption (71st round) held in January-June 2014 and Social Consumption in India: Health (75th round) conducted in July 2017- June 2018 (8,9).**
- **The distribution of our study population is reported using descriptive statistics**
- **Logistic regression is done, and odds ratios are reported to understand the adjusted impact of illness on hardship financing (separately for inpatients and outpatients).**
- **The average marginal effects are calculated from the pooled logistic models to understand the direction and magnitude of change in hardship financing.**

Results

Figure 1: Outpatients

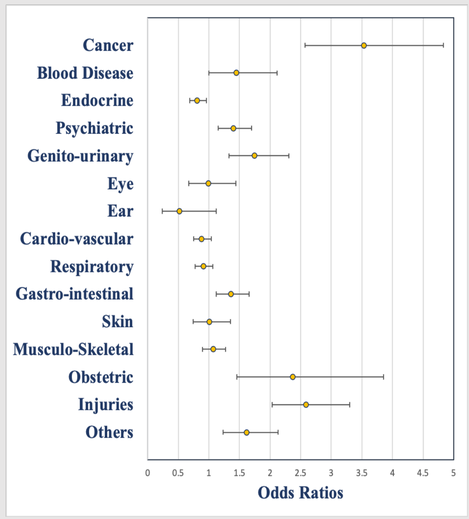
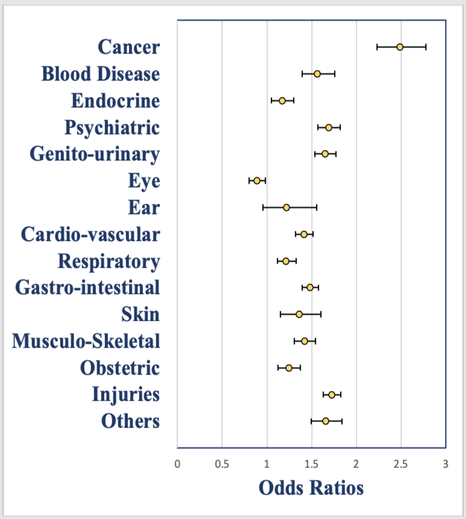


Figure 2: Inpatients



- **Figure 1 and 2 is the forest plot reporting odds ratio and confidence interval from the logistic regression of the disease-specific impact of illness on hardship financing for inpatients and outpatients, respectively.**

Table 1: Marginal Effects Model

Hardship Financing	dy/dx	CI
Outpatients	0.0126***	(.01-.02)
Inpatients	-.0747***	(-0.80 - -0.70)

- **Table 1 is a marginal effects model that gives the average marginal impact from 2014 to 2018.**
- **Being in the year 2018 decreases the probability of hardship financing by 7.5%.**
- **In contrast, for outpatient cases, being in the year 2018 increases the probability of hardship financing by 1.3%.**

Major Discussions and Conclusion

- **The study reveals - Cancer is most likely to cause financial hardship in India, irrespective of whether the case is inpatient or outpatient. Since 2010, government has launched district level control of Cancer (NPDSCS) – But it's implementation and monitoring has failed (10).**
- **From 2014 to 2018: Hardship financing for inpatients decreased ↓**
  Hardship financing for outpatients increased ↑

Financial protection at the outpatient level is necessary - urges the policymakers to take essential steps towards it to reach the UHC goals.

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