

# Estimating the level and determinants of catastrophic expenditure related to hypertension management in Ghana

Kofi Aduo-Adjei <sup>1</sup>, James Akazili <sup>2</sup>, Øystein Haaland <sup>1</sup>, Lumbwe Chola <sup>3</sup>

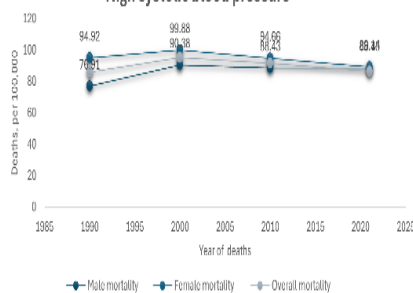
1. Bergen Centre for Ethics and Priority-Setting (BCEPS), Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway
2. School of Public Health, C.K. Tedam University of Technology and Applied Sciences. Navrongo, Ghana
3. Department of Health Management and Health Economics (HELED), University of Oslo, Oslo, Norway

## Background

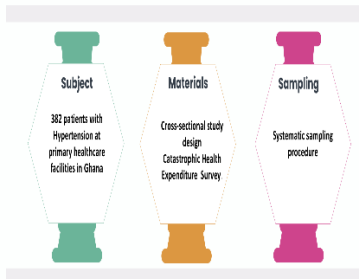
Prevalence of hypertension – global comparison (both sexes)<sup>a</sup>



High systolic blood pressure



## Methods



## References

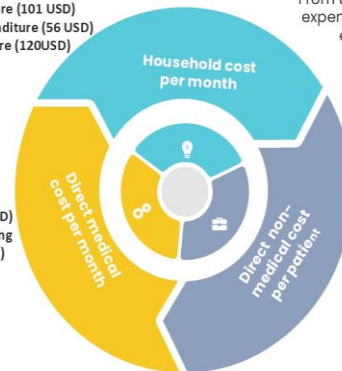
1. Xu, K. (2003). Catastrophic health expenditure. The Lancet.362(9388)
2. Wagstaff, A., Doorslaer, E. van. (2003). Catastrophic and impoverishment in paying for healthcare: with application to Vietnam 1993-1998. Health Economics, 12(11): 921-33.
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## Individual and household expenditure per month

Total Health Expenditure (101 USD)  
Household Food Expenditure (56 USD)  
Subsistence Expenditure (120 USD)

From the survey, the total health expenditure per household was estimated at 101 USD.

Healthcare cost (26 USD)  
Healthcare cost including transportation (31 USD)



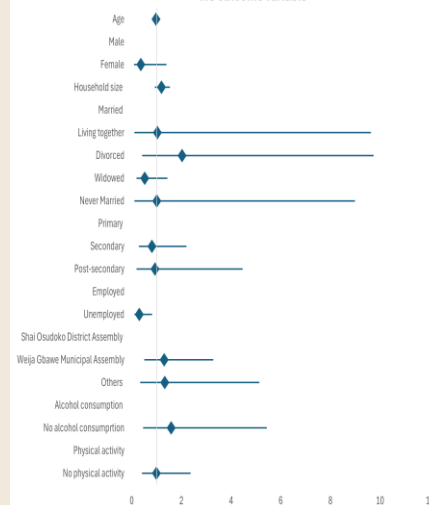
Transport cost (2.7 USD)  
Food cost (1 USD)

## Summary of the study

In this study we estimated the economic impact of hypertension and its associated CHE in Ghana. We conducted a Catastrophic Health Expenditure (CHE) survey at two selected primary healthcare facilities in Ghana. We focused on direct medical and direct non-medical expenditure by hypertensives at the facilities. CHE was defined at thresholds of 10% and 40% of the household's capacity to pay for direct medical and direct non-medical services. Based on the thresholds, 65% and 58% of the sampled households experienced CHE. The model shows that being a female and being widowed correlates with CHE of hypertension management and care in Ghana.

## Multivariate logistic regression modelling

Multivariate logistic regression with direct health expenditure as the outcome variable



Multivariate logistic regression with total health expenditure as the outcome variable

