**A REVIEW OF THE INCIDENCE AND DETERMINANTS OF CATASTROPHIC HEALTH EXPENDITURE IN NIGERIA: IMPLICATIONS FOR UNIVERSAL HEALTH COVERAGE**

**ABSTRACT**

**Background:**. Health expenditures that result in financial hardship or impoverishment are catastrophic and impede Universal Health Coverage (UHC). Every year, some 100 million people fall below the poverty line as a result of out-of-pocket expenditures on health, and a further 1.2 billion, already living in poverty, are pushed further into penury for the same reason**.** Three key preconditions for Catastrophic Health Expenditure (CHE) identified as availability of health services requiring payment, low capacity to pay, and the lack of prepayment or health insurance are present in Nigeria. The most widely used thresholds for CHE are 10% of the household’s total consumption and 40% of the household’s consumption net of expenditures on basic necessities (capacity to pay). The aim of this review was to review studies conducted on incidence and determinants of Catastrophic Health Expenditure (CHE) in Nigeria.

**Methods:** This study was a systematic review. A MEDLINE Entrez PubMed search was performed in August 2017 and studies on household (HH) incidence and determinants of CHE in Nigeria between 1997 and 2017 sought. Search terms used include household, out-of-pocket, catastrophic expenditure, Nigeria. Primary research on CHE done in Nigeria were selected. Studies not estimating CHE at the household level, on CHE in animals or not published in English were excluded.

**Results:** A total of 13 relevant studies that fulfilled the study inclusion criteria were identified out of 62 studies found. Ten were cross-sectional surveys while 3 were secondary data analyses. All thirteen studies reported on the determinants of CHE while eleven of them reported on the quantitative incidence of CHE in Nigeria using different thresholds. Out of the 11 studies that reported CHE, 1 reported CHE of 20.7% at >10% total HH income. At 10% Capacity To Pay (CTP) 9.6-96.7% HH had CHE, at 40% CTP, 3.2%-100% HHs incurred CHE. One study reported 8.2% CHE at 5% CTP. CHE was more among the poor, elderly, rural dwellers, private facility utilization, female gender and the non-insured among others.

**Conclusion:** Incidence of CHE is marked among Nigerians. UHC should be made a political priority in Nigeria and contextually feasible strategies to reduce CHE adopted. Exemptions for payment should be applied for those at-risk of CHE such as the poor, elderly and rural dwellers. Formal and informal sector mandatory prepayment insurance mechanisms should utilize existing local social institutions to increase coverage.

**Key Words: catastrophic, expenditure, out-of-pocket spending, determinants, universal health coverage, Nigeria**