# ABSTRACT

# Analysis of health-related financial risk protection of household in Côte d’Ivoire from 2008 to 2015.

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# **Background:**

Côte d’Ivoire has experienced remarkable economic growth from 517 704 CFAF ($1035.41) in 2008 to 838 104.7 CFAF (1676.21)[[1]](#footnote-1) in 2015.The poverty rate, which dropped from 48.9% (2008) to 46.3% (2015)[[2]](#footnote-2), remains high. As of 2012 estimated 7.8% of the population benefits from having a health insurance mechanism[[3]](#footnote-3). Nevertheless, household out-of-pocket payments are the first source of health financing, accounting for 66.3% and 32.55% of total health expenditure (THE) in 2008 and 2015 respectively.. Since 2012, the proportion of the government budget allocated for the health sector has remained steady at an average of 5.58% annually, which is still below the 15% Abuja target.

This study sought to analyze the health-related financial risk protection of households by describing trends in key health-related financial protection indicators and reviewing their equitable distribution based on socioeconomic characteristics

# **Methods**

This study is a cross-sectional, analytical and descriptive using data from two Household Standard of Living Surveys (ENV) for 2008 and 2015 collected from representative samples of 12 600 and 12 899 households, respectively. Samples are constituted from a two-staged clustered polling to estimate incidence of catastrophic health expenditure and poverty using two standard methods: the WHO methodology (capcacity to pay) and Sustainable Development Goals (SDG) methodology..Following the WHO approach, a household incurs CHE if they use at least 40% of their capacity to pay to cover the out-of-pocket health spending. Following the SDG methodology, the CHE is defined by the proportion of the population which incurs substantial household health expenditure, relative to the total expenditure or household income between 10 % and 25 % threshold.

To assess impoverishing expenditure caused by out-of-pocket spending, reference is made of the ratio of poverty incidence at the poverty line. The international poverty line of 3.10 USD (reference)was taken into consideration because the assessed poverty threshold was close to the one defined at country level, which is $1.32 (661 CFAF) in 2008 (reference) and $1.48 (737 CFAF) (reference)in 2015.

# **Results**

# At 10% threshold, it is observed that 12.4% of households experienced CHE in 2015 compared to 17.4% in 2008. At 25% threshold, 4% of households in 2008 compared to 3.8% in 2015 experienced CHE. This reducuction in incidence of CHE is in correlation with the reported drop in out-of-pocket health spending. The incidence was higeher for richer quintiles.

The incidence of poverty reportedly reduced from 54.9% in 2008 to 53.6% in 2015. However, in terms of absolute numbers, roughly 11 million people in 2018 were impoverished compared to about 12 million people in 2015 (an increase of 1 million). The impact of out-of-pocket spending due to service utilization has resulted in the proportion of households living below this threshold to be at 58.1% and 56.1% in 2008 and 2015. Households with elderly people, located in rural areas, less educated were consistently more prone to catastrophic spending in both years.

# **Conclusion**

The study provides some evidence of improving financial protection due to efforts to decrease out of pocket spending. Nevertheless the rising incidence of poverty is alarming. The evidence generated in this study can be used to guide policy design for health financing for UHC and for targeting financial subsidies for those at greatest risk of financial hardship.

# **Keywords**

Health financing, out-of-pocket payments, catastrophic expenditure, impoverishment, financial hardship

1. National Development Plan 2016 - 2020 [↑](#footnote-ref-1)
2. Household Living Standards Survey 2015 [↑](#footnote-ref-2)
3. Monitoring Progress Towards UHC in Côte d’Ivoire: Baseline Situational Analysis – WHO. Côte d’Ivoire, 2015 [↑](#footnote-ref-3)