Equity in health care spending: Catastrophic and Impoverishment payment incidence in Mauritania

Mohamed Vadel Taleb Hassen (vadel222@hotmail.fr) and Pr Juan Cabasés (jmcabases@unavarra.es)

XXXVIII edición de las Jornadas de Economía de la Salud
Las Palmas de Gan Canaria June 20, 2018
Generality on Mauritania

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per inhabitant (2016)</td>
<td>$ 1130</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>63 YEARS</td>
</tr>
<tr>
<td>Maternal Mortality</td>
<td>582</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>54%</td>
</tr>
<tr>
<td>Skilled Birth attendant</td>
<td>69.3 %</td>
</tr>
<tr>
<td>Family planning preference</td>
<td>17.8 %</td>
</tr>
</tbody>
</table>
Data and methodology

Data for the main analysis are drawn from Mauritania SOCIAL & LIVING STANDARD MEASUREMENT SURVEY 2014).

Incidence of Catastrophe health spending is measured using various thresholds to demonstrate the sensitivity of catastrophic measures. Payment for health services is considered catastrophic when they exceed the threshold. Impoverishment is assessed using a national poverty line ($1/day/person).
Mauritania’s health spending is relatively low compared to other countries in Sub-Saharan Africa.
Mauritania’s health spending is relatively low compared to other countries in Sub-Saharan Africa.
Health expenditure composition in Mauritania: Substantial share of OOP despite increasing share of public
The low share of health in general government expenditures (around 6%). This is far from the Abuja target of 15 percent.

<table>
<thead>
<tr>
<th>Country</th>
<th>GHE (% of gen. gov. exp.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>6%</td>
</tr>
<tr>
<td>Mali</td>
<td>7%</td>
</tr>
<tr>
<td>Senegal</td>
<td>8%</td>
</tr>
<tr>
<td>Algeria</td>
<td>10%</td>
</tr>
<tr>
<td>Morroco</td>
<td>6%</td>
</tr>
</tbody>
</table>
Mauritania has a somewhat higher reliance on out-of-pocket spending than other countries in the region.
The composition of Out of pocket health expenditure

- **Inpatient services**
- **Outpatient medical and paramedical services in cash**
- **Drug and medicine in cash**
- **Other medical and paramedical services in cash**

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Inpatient services</th>
<th>Outpatient medical and paramedical services in cash</th>
<th>Drug and medicine in cash</th>
<th>Other medical and paramedical services in cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest quintile</td>
<td>8%</td>
<td>1%</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>7%</td>
<td>2%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>8%</td>
<td>2%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>7%</td>
<td>2%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Highest quintile</td>
<td></td>
<td></td>
<td>63%</td>
<td></td>
</tr>
</tbody>
</table>
Catastrophic payment incidence has been decreasing between 2003 and 2014 however 66924 people in Mauritania still incur catastrophic health spending (defined using Sustainable Development Goal indicator: 25% of household total consumption)

At 25% of total household expenditure threshold
Catastrophic payment incidence has been decreasing between 2008 and 2014 (defined using WHO indicator: 40% of nonfood consumption)
Inequalities in catastrophic spending

At 25% of total household expenditure threshold

Incidence of catastrophic spending (% population)

Lowest quintile

2

3

4

Highest quintile

0.9%

2.0%

1.4%

1.7%

3.3%
Inequalities in catastrophic spending

At 40% of nonfood spending threshold

Incidence of catastrophic spending (% population)

Lowest quintile | 1%
Q2 | 3%
Q3 | 2%
Q4 | 2%
Highest quintile | 4%
Impoverishing payment incidence has been increasing between 2003 and 2014.
Private health spending can push some households below the poverty line.
CONCLUSION

The burden of Out Of Pocket (OOP) payments is high;

Many Mauritanian are being pushed into poverty due to Out of pocket payments.
It is important that Mauritanian government provides financial protection for the population, particularly the poor by

- Reducing the health system’s reliance on out-of-pocket expenditures.
- Extending population’s access to prepayment schemes and risk pooling especially for the informal sector.
- Considering wider resource allocation by focusing on the primary level which seems to be the most used by the poor.
Thank you for your attention