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

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Generality on Mauritanie

Indicators	Value
GDP per inhabitant (2016)	\$ 1130
Life expectancy	63 YEARS
Maternal Mortality	582
Infant mortality	54‰
Skilled Birth attendant	69,3 %
Family planning prefelance	17,8 %

Data and methodology

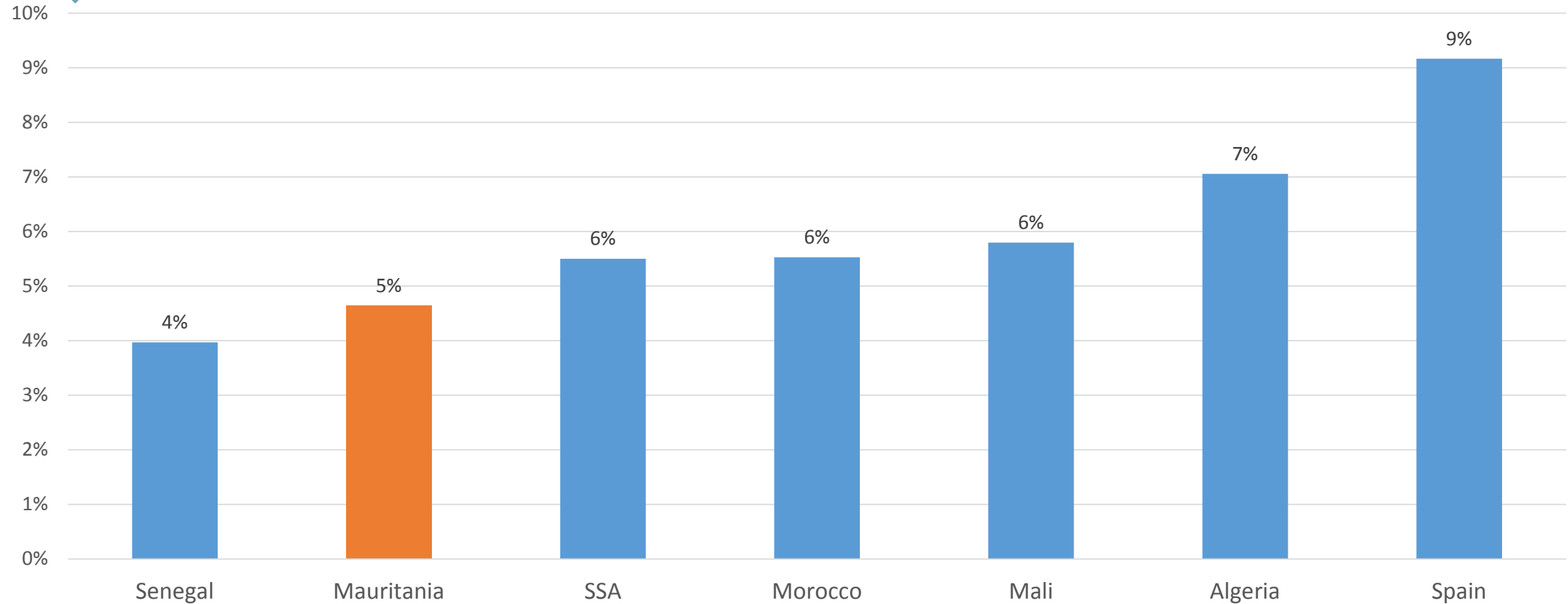
Data for the main analysis are drawn from Mauritania SOCIAL & LIVING STANDARD MEASUREMENT SURVEY 2014).

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

Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)

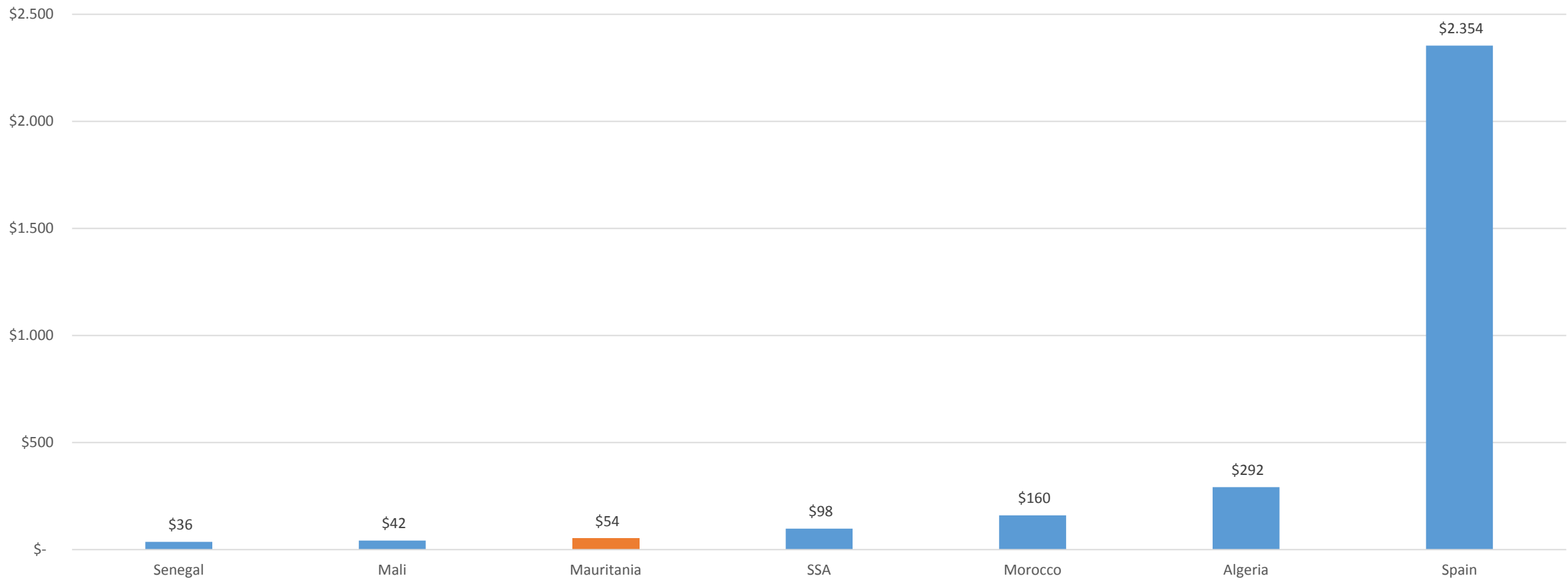




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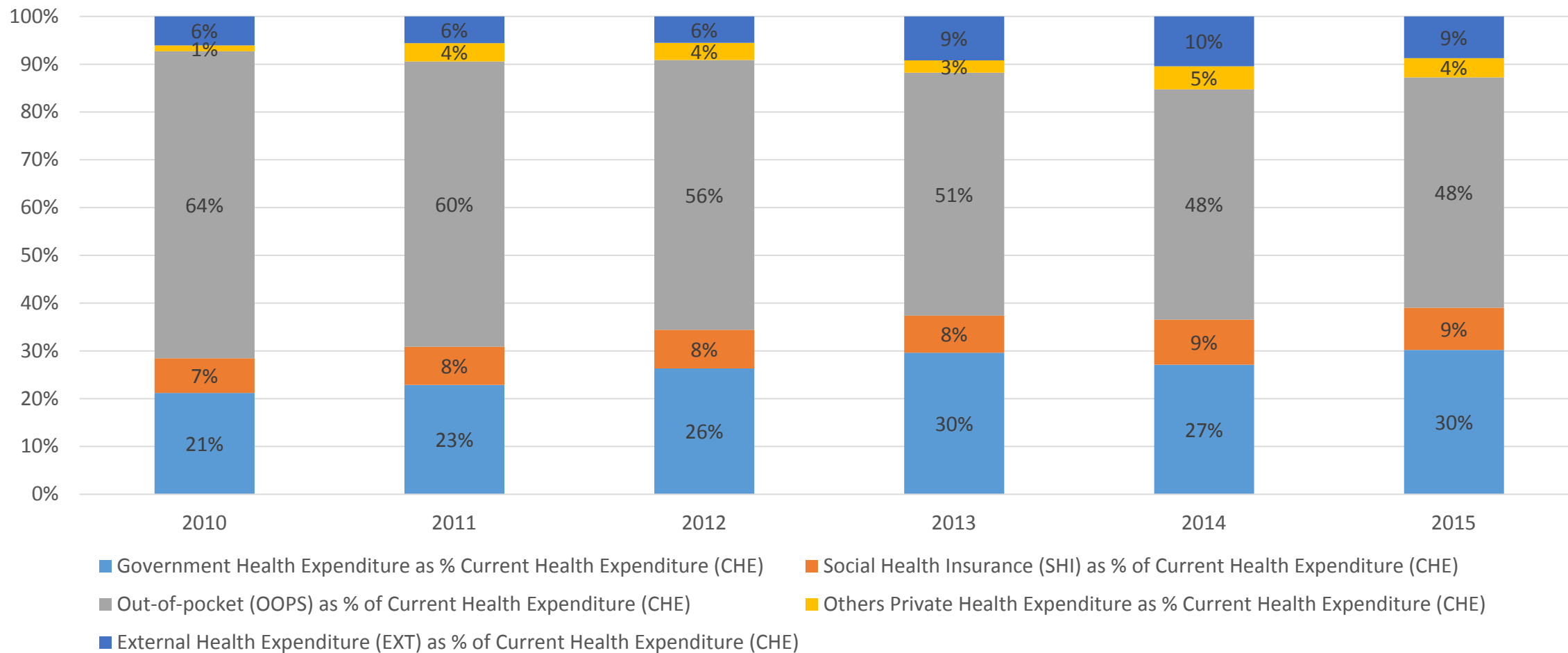
**Level of health
Health Expenditure**

Current Health Expenditure (CHE) per Capita in US\$



Health expenditure composition

Health expenditure composition in Mauritania: Substantial share of OOP despite increasing share of public

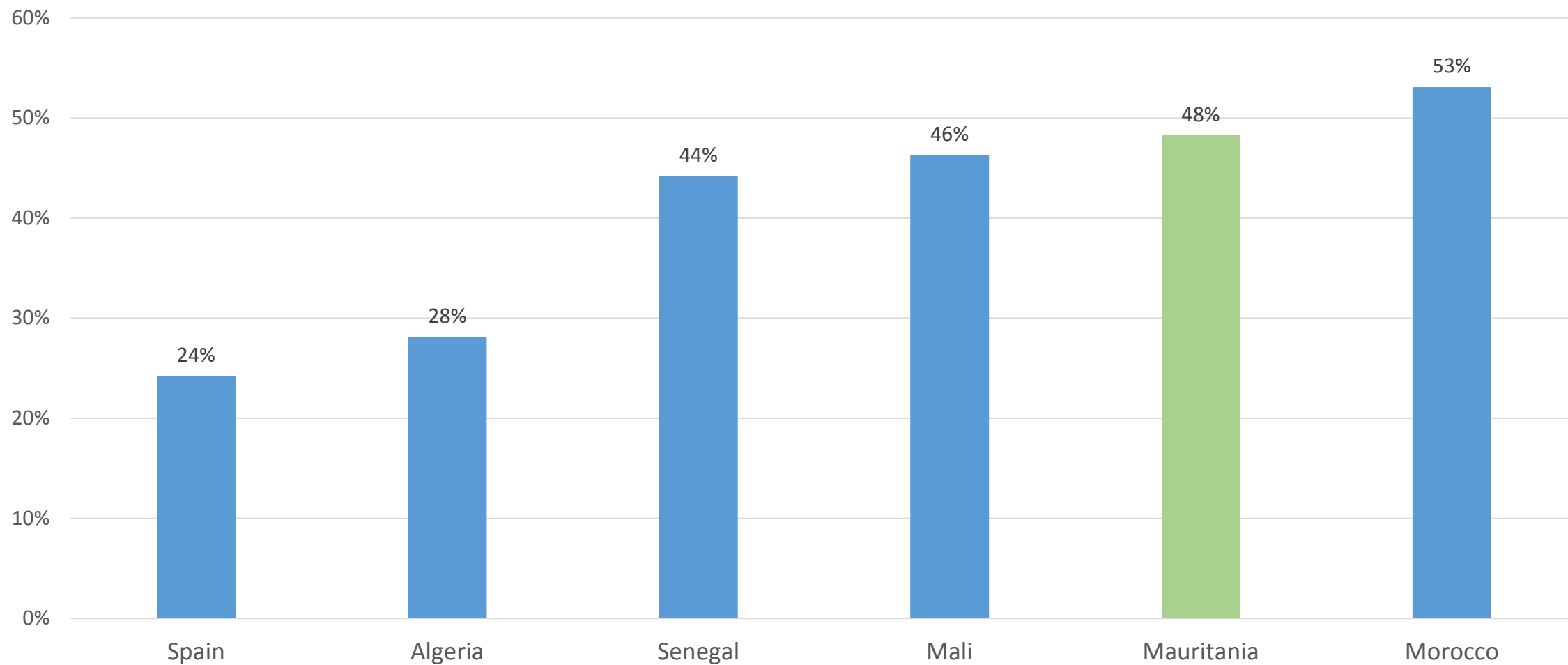


The low share of health in general government expenditures (around 6%). This is far from the Abuja target of 15 percent

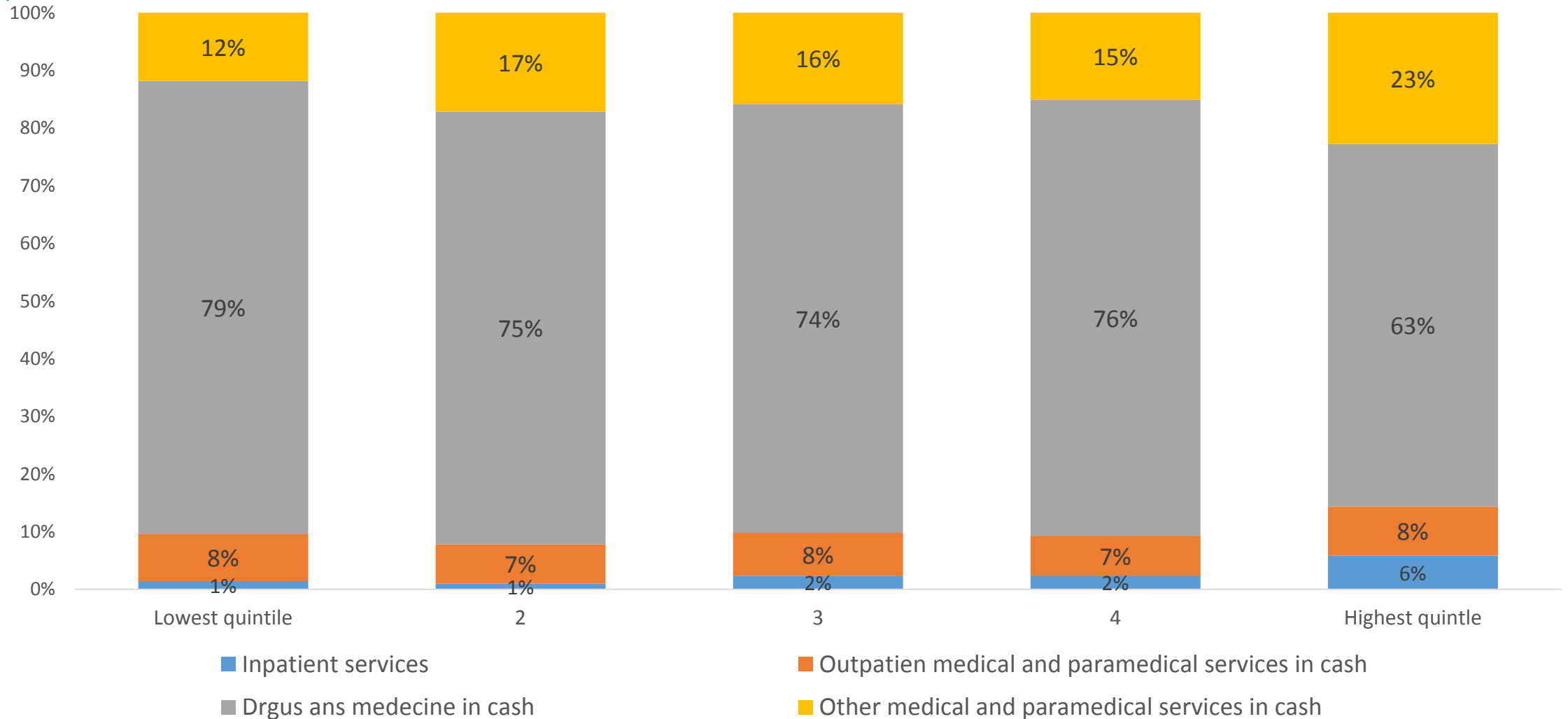
Country	GHE (% of gen. gov. exp.)
Mauritania	6%
Mali	7%
Senegal	8%
Algeria	10%
Morocco	6%

Health expenditure
composition

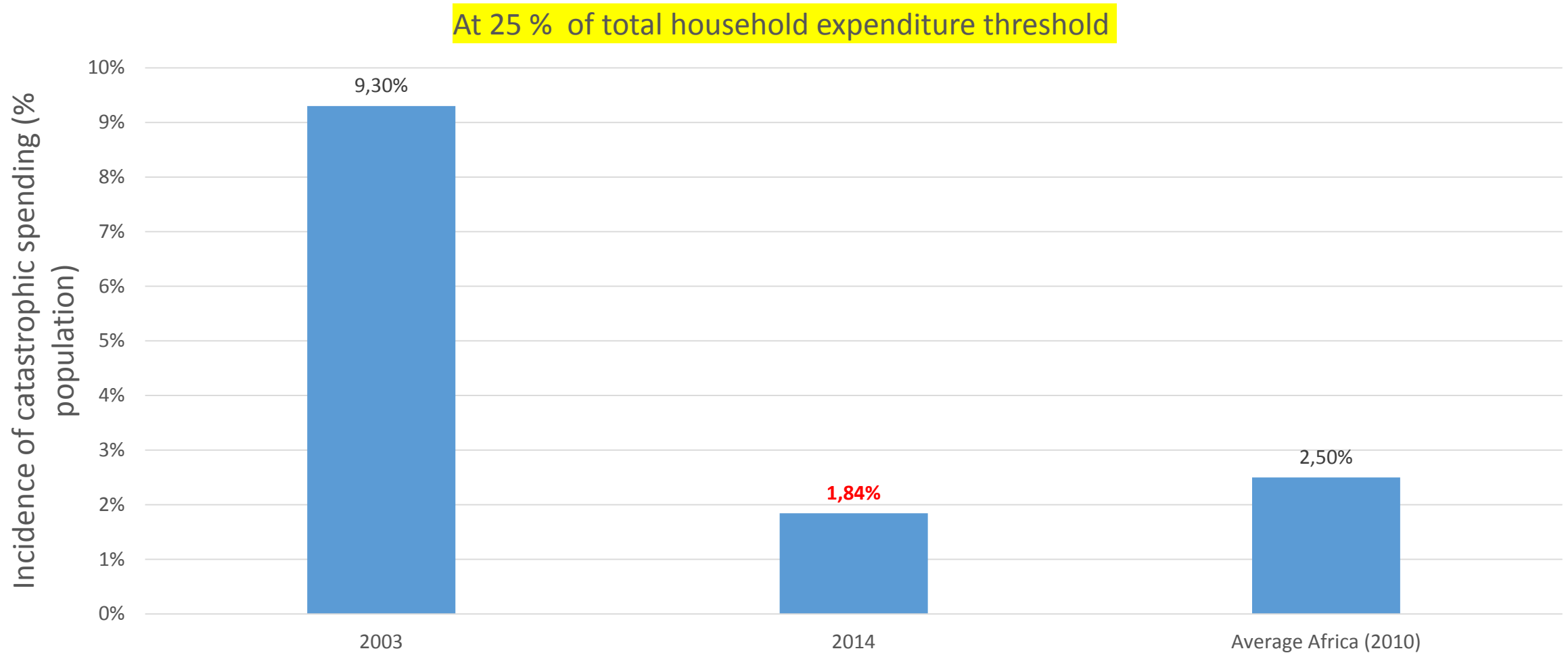
Mauritania has a somewhat higher reliance on out-of-pocket spending than other countries in the region



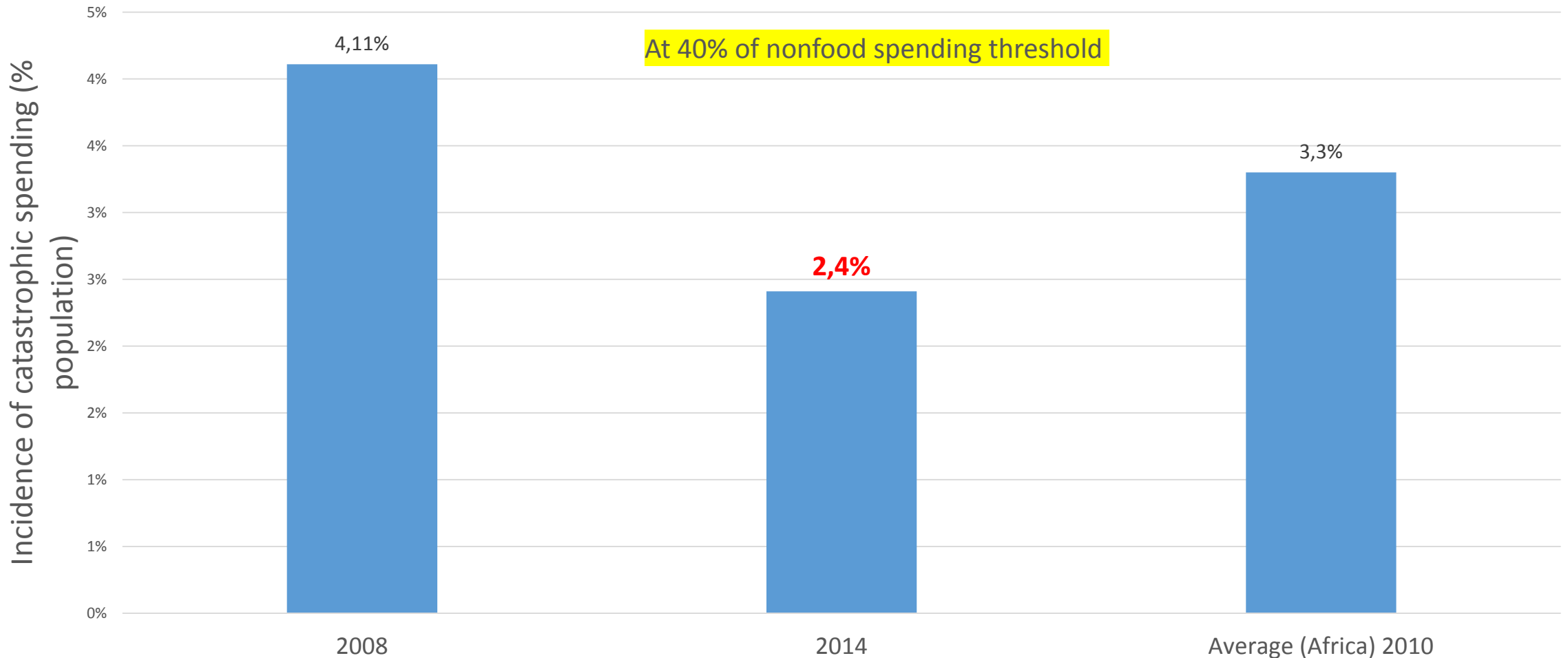
The composition of Out of pocket health expenditure



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)

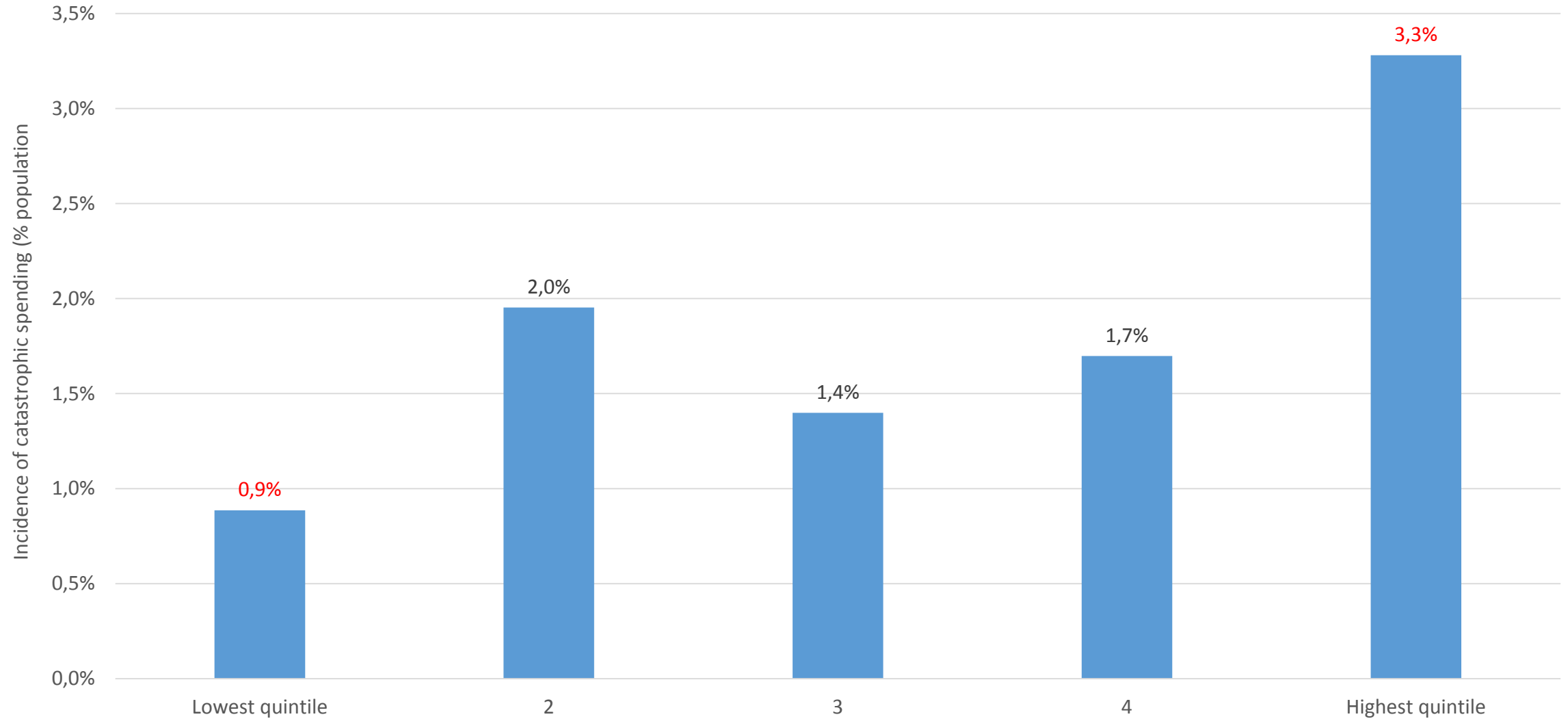


Catastrophic payment incidence has been decreasing between 2008 and 2014 (defined using WHO indicator : 40% of nonfood consumption)



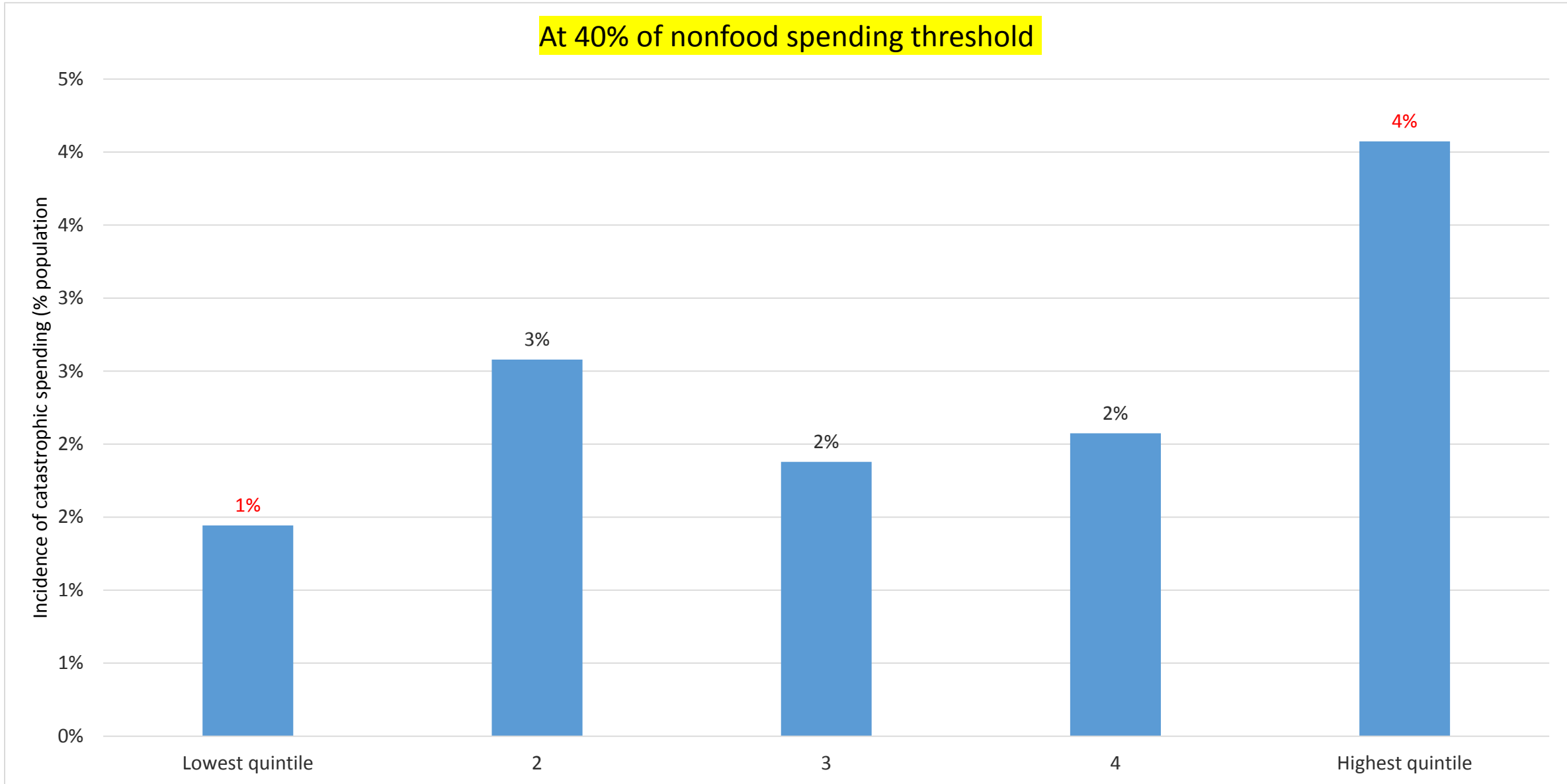
Inequalities in catastrophic spending

At 25 % of total household expenditure threshold

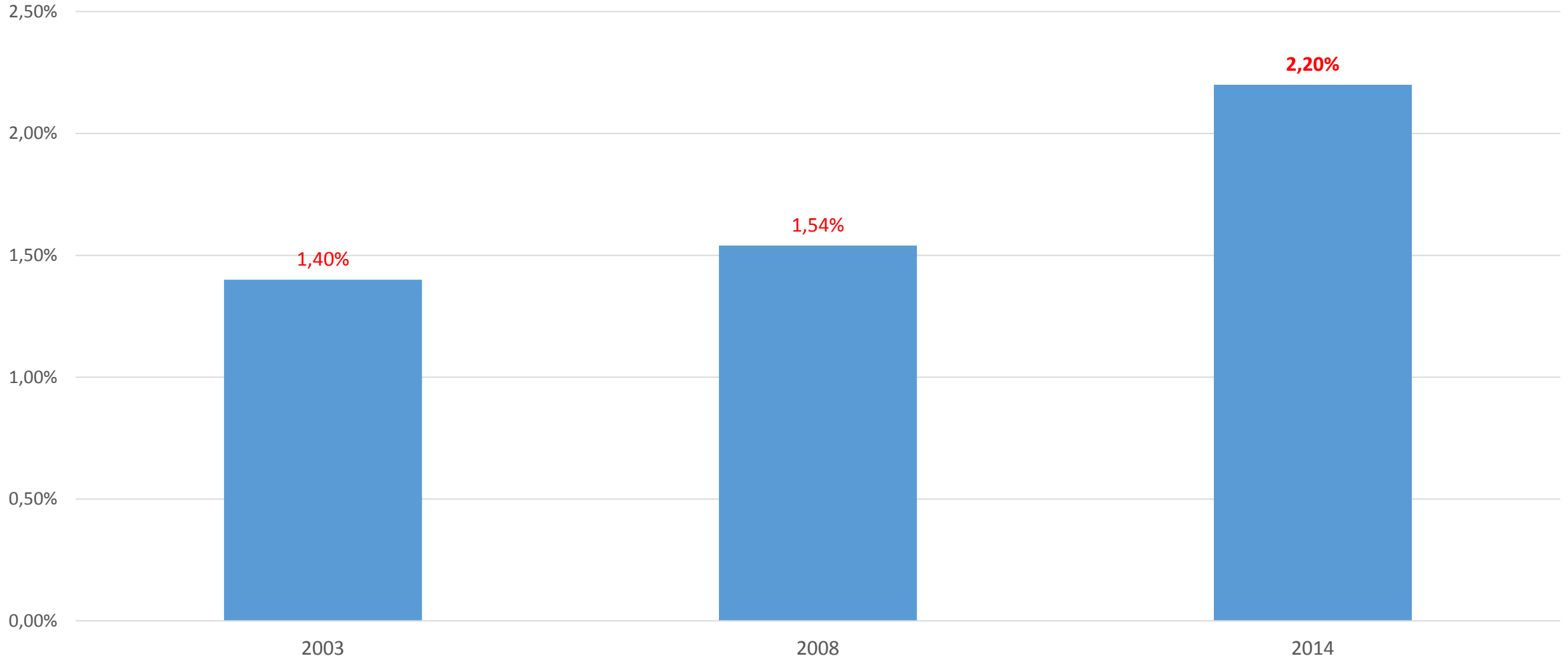


Inequalities in catastrophic spending

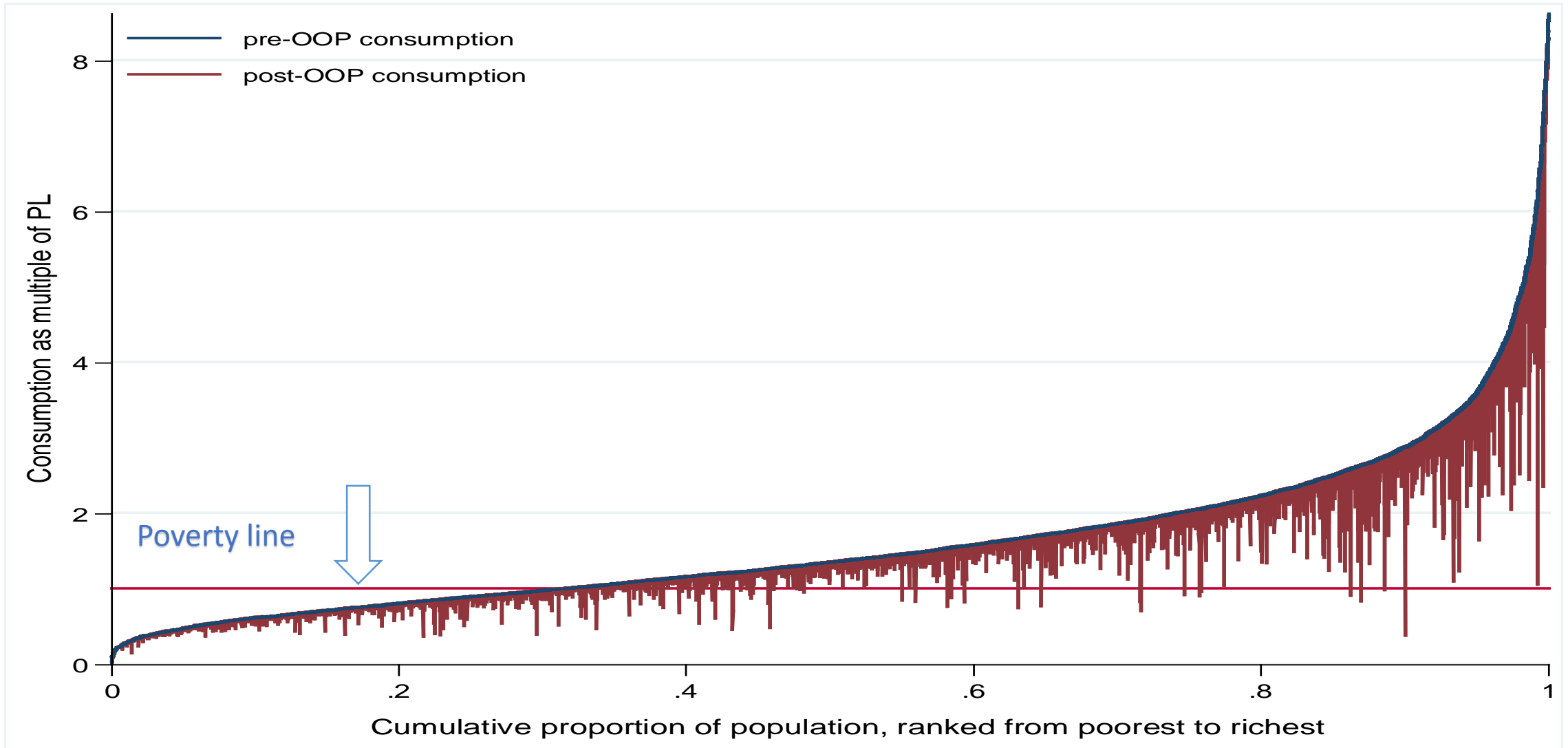
At 40% of nonfood spending threshold



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.

RECOMMENDATIONS

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. and
- 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