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CPS Paper

Estimating the magnitude and pattern of catastrophic health expenditure in Egypt

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Brief Description

One of the goals Egypt seeks to accomplish within the following years is universal health coverage to ensure that everyone will have access to quality health services.

However, the healthcare system relies mainly on non-uniform out-of-pocket payments (more than 60%).

This paper aims to investigate the incidence and intensity of catastrophic health payments for the population using the Xu (2005) method and estimate the pattern of catastrophic health expenditure within specific subgroups.

The data used in this study is from the Egyptian Household Income, Expenditure, and Consumption Survey (HIECS 2017/2018).

The study results indicate that vulnerable groups such as low-income families, the elderly, and families in rural are in the greatest need; they still can't afford adequate health services.

Finally, even if universal health insurance did not work or was further delayed, specific programs should be tailored for such groups to socially protect them and accomplish the intention of "health for all".

Abstract

One of the goals Egypt seeks to accomplish within the following years is universal health coverage to ensure that everyone will have access to quality health services. However, the healthcare system relies mainly on non-uniform out-of-pocket payments (more than 60%). This paper aims to investigate the incidence and intensity of catastrophic health payments for the population using the Xu (2005) method and estimate the pattern of catastrophic health expenditure within specific subgroups. The data used in this study is from the Egyptian Household Income, Expenditure, and Consumption Survey (HIECS 2017/2018). The study results indicate that vulnerable groups such as low-income families, the elderly, and families in rural are in the greatest need; they still can't afford adequate health services. Finally, even if universal health insurance did not work or was further delayed, specific programs should be tailored for such groups to socially protect them and accomplish the intention of "health for all".

Figures/Tables

table 1

Catastrophic payment measures	Z value Threshold			
	10	**20**	**30**	**40**
Head count (HC)	57.54%	32.42%	18%	9.87%
Overshoot (O)	9.5%	5.12%	2.67%	1.31%
Mean positive Gap (MPG)	16.52%	15.8%	14.86%	13.29%

Table1. Catastrophic payment measures for total sample using four Z values.

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table 2

Expenditure Group	Catastrophic Payment Measure		
	HC	O	MPG
10000 or less	75.00 %	20.05 %	26.73 %
10,000-	50.66 %	8.34 %	16.46 %
20,000-	41.22 %	6.89 %	16.72 %
30,000-	32.80 %	4.96 %	15.11 %
40,000-	29.54 %	3.95 %	13.37 %
50,000-	29.56 %	4.30 %	14.53 %
60,000-	29.42 %	4.63 %	15.73 %
70,000-	32.62 %	5.31 %	16.28 %
80,000-	31.09 %	5.81 %	18.68 %
90,000-	34.21 %	8.17 %	23.89 %
100,000-120,000	32.49 %	6.87 %	21.15 %
120,000-150,000	25.00 %	5.27 %	21.06 %
150,000-200,000	24.27 %	6.63 %	27.33 %
More than 200,000	17.05 %	5.80 %	34.02%

Table 2: Catasrophic payments for different income groups at fixed Z value (Z = 20%)

table 4

Sex of Household Head	Catastrophic Payment Measure		
	HC	O	MPG
Male	29.78%	4.94%	15.09%
Female	44.33%	7.97%	17.98%

Table 4. Catasrophic payments for male vs female household head at fixed Z value (Z = 20%)

table 3

Number of Elderlies in HH	Catastrophic Payment Measure		
	HC	O	MPG
0	25.74 %	3.50 %	13.63 %
1	53.02%	9.73 %	18.35 %
2 or more	67.62 %	15.10 %	22.35 %

Table 3: Catasrophic payments for households with different number of elderlies at fixed Z value (Z = 20%)

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table 5

Region	Catastrophic Payment Measure		
	HC	**O**	**MPG**
Urban	30.2%	5.03%	16.68%
Rural	34.26%	5.2%	15.17%

Table 5.Catasrophic payments for Urban vs Rural household head at fixed Z value (Z = 20%)