

Private household out-of-pocket expenditure and ~~Household Economic Status~~ Module

Rationale

There is a need for reliable, comparable information on how much people spend on health care services in order to understand the affordability and equity of health systems. Health systems that rely too much on private expenditures should be reformed because high costs of health care relative to income may 1) lead to a catastrophic financial situation for individuals and push their households below the poverty line (Xu et al. 2003)¹ or 2) be a barrier to seeking treatment at all. Private out-of-pocket (OOP) financing, in particular, is an inequitable form of financing because a relatively heavy reliance on OOP may upset the equity of health care utilization and, in effect, create a situation where those most in need of health care are those least served (Van de Poel and van Doorslaer 2008).

Private household out-of-pocket (OOP) health expenditures are direct expenditures for healthcare services incurred by members of the household. These costs include OOP payments such as co-payments, co-insurance, and deductibles; they exclude costs from intermediary financing arrangements such as health insurance premiums, contributions and taxes (International Classification of Health Accounts, Health Financing (ICHA-HF) definition, see DELSA 2009, p. 6). Transportation costs related to accessing health services are also excluded.

Private health expenditures, including OOP payments, are also a critical component of the System of Health Accounts (SHA). In September 2006, OECD, Eurostat and WHO agreed to develop joint guidelines on data collection for countries to develop and maintain national health accounts (OECD 2009). One of the challenges in doing so is to improve the comparability and availability of private health expenditures. The SHA takes into account private expenditure data from multiple sources, including from household surveys such as Household Budget Surveys, World Bank's Living Standard Measurement Survey and World Health Organization's World Health Surveys.

Despite numerous and costly efforts to design and field household surveys that measure OOP payments and catastrophic health payments, an examination of results shows that the validity, reliability and comparability of household expenditure and out-of-pocket expenditure data have not been achieved (Lu et al. 2009). Further efforts are needed to standardize survey questions on expenditures and substantiate the reliability of the data for the purpose of cross-country and over time comparison.

Although it is crucial to develop reliable approaches using household survey instruments for monitoring both health-specific expenditures and total household expenditures, this module will focus on issues regarding the measurement of health expenditures, specifically those captured through private household OOP payments. The basic approaches for measuring total household expenditure (which, by definition, includes aspects of private health expenditures not captured

¹ A household's health expenditure is considered to be catastrophic if the ratio between the household's out-of-pocket health expenditure and its disposable income reaches a certain critical point; commonly used thresholds include 30% or 40% of capacity to pay, or 10% of total expenditures (see Lu et al. 2009)

in the OOP payments e.g., health care premiums, taxes), is currently an agenda under separate review by expert groups, including World Bank.

Indicators

The three core indicators listed in the Global Reference List (GRL) (Draft for partner review, 12 August 2014) related to health expenditure are:

- Out-of-pocket payment for health (#211): Share of total current expenditure on health paid by households out-of-pocket (Expressed as a % of total current expenditure on health).
Numerator: OOP direct expenditures + co-payments + co-insurance + deductibles
Denominator: all of the above + health insurance premiums + contributions and taxes

A simplified indicator, that does not take into account the denominator, is proposed instead:

- ✓ Revised #211. **Out-of-pocket payment for health: Annual amount per household of private household out-of-pocket (OOP) health expenditures, including direct expenditures, co-payments, deductibles (corresponding to ICHA HF-2.3)**

The information in the original denominator of the original #211 (i.e., health insurance premiums + contributions + taxes) is captured as part of the total household expenditures, which is denominator for the other two GRL indicators:

- Catastrophic health expenditure (#212): Direct OOP exceeding 40% of household income net of subsistence needs
- Impoverishment due to OOP (#213): Number of households falling below the poverty line due to direct OOP

Indicators #212 and #213 include total HH expenditures as their denominator, and as noted above, the measurement approach is being worked on separately by expert groups specializing in this area.

Experience and evidence

Experience

Box 1.

For the preparation of this summary module, a World Bank analyst made a rapid evaluation health-related expenditure items in a collection of over 100 household surveys that took place mainly from 2000 to 2010. The national surveys mainly consisted of Household Living Conditions Surveys, Household Income and Expenditure Surveys, Household Budget Surveys,

Household Expenditure and Consumption Surveys, National Socio-Economic Surveys, and Integrated Household Surveys.

The results of the rapid evaluation consisted of a list of health-related items in each questionnaire and found a wide range-- from 1 to 509 items-- across the questionnaires. The information on all of the various items was mapped to the standard categories of *Classification of Individual Consumption by Purpose* (COICOP), which is a nomenclature developed by the United Nations Statistics Division to classify and analyse individual consumption expenditures incurred by households and other entities. The three main groups within the Health Division are: Medical products, appliances and equipment (06.1²); Outpatient services (06.2³); and Hospital services (06.3).

The key observations:

- 1) many different surveys measure household health expenditures, and the question modules are not standardized
- 2) the number of specific health items, whether they are services, medicines, or supplies or equipment, varies drastically
- 3) for comparable results, all items are classified systematically according to standard groups in the COICOP
- 4) for comparable results, all expenditures correspond to private household OOP expenditures, per the ICHA-HF definition

Evidence

Despite the lack of reliable, standard data on private household OOP payments for health, substantial work has been done, and is on-going, to assess and improve methods to collect these data. Numerous research results have published describing in detail the approaches and instruments, the strengths and limitations, and recommendations to improve household survey data on health expenditure e.g., [Heijink et al. \(2010\)](#), [Carlson and Glandon \(2009\)](#), [Chunling et al. \(2009\)](#), [Van de Poel and van Doorslaer \(2008\)](#), [Rannan-Eliya \(2007\)](#).

The issues highlighted below are some of the main ones discussed in the literature noted above, and other information distributed during a WHO meeting on this topic (Jan. 2010, Geneva). The measurement of health expenditures in household surveys suffer from similar problems and biases as the measurement of total household expenditures.

Surveys present three main challenges related to the collection of self-reported OOP data: 1) sampling error; 2) bias from non-sampling error (defects in in the design and implementation, or limitations in human ability to adequate information convey or elicit the true response); and 3) insufficient frequency of repetition. Of these three, most issues are related to the bias from non-sampling error.

² Within which are three classes: Pharmaceutical products, Other medical products, Therapeutic appliances and equipment

³ Within which are three classes: Medical services, Dental Services, and Paramedical services

Recall period

Challenge: What are the most appropriate standard recall period(s) for the three types of health groups, and produce annual household OOP expenditures?

- In a review of recall periods in various survey instruments, the most common period for hospitalization was 12 months (~50% of survey instruments), and for physician visit and medication it was 1 month (55% of survey instruments) (see Hiejink et al. 2010)
- Using data on self-reported hospital expenditures in the WHS, Lu et al. (2009) found that a one-month recall period produced higher spending averages than a twelve-month recall period, differing by a factor of 10 across countries.
- Some researchers have found evidence of not reporting hospital stays at all, and of 'telescoping', that is, finding greater omissions, for example, of hospital stays the further back in time, especially after 8 months.
- Less-frequently purchased items are more affected by measurement error due to recall bias.
- Clarke et al. (2008) recommend that recall periods should be adjusted based on the frequency of utilization of the health service of interest. Rule of thumb: more frequent and smaller expenditure items (out-patient visits) better for shorter recall period, and infrequent, larger expenditures captured in a longer recall period.
- In general, surveys which use recall periods of twelve months for inpatient events will be associated with significant forgetting of events (upwards of 30-50%), and surveys which use recall periods of more than two to three days for outpatient events will be associated with significant forgetting of events (more than 20%) (DELSA 2009),
- Misreporting of payments increases the longer the event is from the interview
- Recall periods make a difference, but the difference varies across populations

Items and classifications

Challenge: What are the most appropriate standard number and items of health-related expenditures, per ICHA-HF definition, to ultimately classify in the three COICOP groups?

- The evidence suggests that specialized health surveys which focus only on health events and health expenditures can lead to over-reporting of events, with more events or expenditures reported for a given time period than what actually occurred. Household budget or expenditure surveys, which are conducted to collect data on all items of household expenditure, will tend to result in lower estimates of health spending than specialized health surveys, which focus only on healthcare use (DELSA 2009, p.26).
- As with other areas of consumption, reported total health expenditures are consistently lower than the aggregated total expenditure from multiple-item measures.

- More break-down items (goods and services) on the instrument result in higher aggregate HH spending
- Items should be classified into standard categories of the Classification of Individual Consumption by Purpose (COICOP)

Measurement instruments

Challenge: How to ensure that such a complex data collection theme on health and spending is implemented across a wide range of survey platforms, and is rigorous in ensuring data quality?

- Standardization needs to be promoted across a wide platform of surveys that collect, or have collected, information on a non-standard list and number of health-related items:
 - Household budget surveys (HBS). These are general surveys of household consumption or expenditure, coordinated by European Statistical Office and also administered outside of the European Region. “The general household budget survey may still be unbiased in one respect, since it will tend to provide a less biased estimate of the proportion of overall household consumption that is for health than a health survey which concentrates on health items and provides only minimal time to collecting data on general income or consumption.”
 - Living Standard Measurement Surveys (LSMS) – Suggested guidelines and questionnaire modules are presented in the LSMS reference manual⁴, but the LSMS is not a standard survey and will differ from one country to the next.
 - Socio-economic surveys (SES)
 - Income and expenditure surveys (IES)
 - SAGE, DHS, WHS have, or occasionally do, collect household health expenditure data

Periodicity

Challenge: Should administration of the module be *primarily promoted* in an annual survey, like the Household Budget Survey?

- Private health expenditures should be available on an annual basis, but most survey platforms do not provide for annual data collection.

Sample design

Challenge: At which level should detailed health expenditure data be collected (i.e., household and/or individual, proxy)? How to ‘fill the gaps’ in information that is missing from persons living in institutions?

- Sample designs of household surveys exclude institutional dwellings and therefore do not capture information on people living in hospitals, nursing homes, prisons, rehab centers, etc. This leads to under-estimation of health care expenditures and service

⁴ Grosh M and Glewwe P (editors). 2000. Designing Household Survey Questionnaires for Developing Countries: Lessons from 15 years of the Living Standard Measurement Study (LSMS) (3 volumes). The World Bank. <http://go.worldbank.org/ZAWINK6M10>

- utilization. To fill this gap, household surveys may be complemented by targeted surveys of institutionalized populations.
- Household respondent vs. self-response vs proxy

Questionnaire structure and phrasing

Challenge: How to standardize both questions and response categories, where to place the set of questions within the full questionnaire, and how to train interviewers to elicit the true response?

- How to ensure correct formulation or interpretation of the question?
- Is it important to distinguish sets of questions between developing and developed countries?
- Where should health expenditure questions be included? If they are in the health section where questions are preceded by questions about illness, then this will help with recall.
- An interviewer that reinforces the respondent when he/she reports a disease or health care visit also improved comparability with physician reports—but among the low-educated only.
- Response categories and reference periods: i.e., usually pay vs what did you pay last (time, month, etc.).

Other

- Diaries vs face-to-face interview. This usually is related to total household expenditures. Filling in diaries often happens 'at the last minute', the day before the diary is picked up. Usually, the face-to-face interview produces higher estimates of spending than the diary.
- Seasonality issues

Core modules

Main indicator

Revised #211. Out-of-pocket payment for health: Annual amount per household of private household out-of-pocket (OOP) health expenditures, including direct expenditures, co-payments, deductibles (corresponding to [ICHA HF-2.3](#)).

Four examples of modules. The first one is a Household Budget Survey questionnaire and it provides insufficient detail on OOP health expenditures; the second is an LSMS questionnaire that provides more detail, but recall period for hospital stay is probably too short; the third is a World Health Survey which has a vague structure in that it does not link the information in any particular visit; the fourth is a DHS module seems the most is the most adequate module among the four examples, and the one that could most likely be validated.

Example 1. Estonia HH Budget Survey 2010

C24 ☀	Has your household paid for health services or medical aids or appliances during the previous 12 months? (Take into account only the expenses or the part of expenses that haven't been paid for by the employer, insurance company, state, local government or Estonian Health Insurance Fund) 1 Yes 2 No → C26
C25	Please indicate the type of service and the sum of expenditure.
	Type of service
A kroons
B kroons
C kroons
D kroons
E kroons
F kroons
G kroons
H kroons

Source: <http://www.stat.ee/dokumendid/53667>

Example 2. Household Living Condition Survey, Jamaica 2000

PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER

1	2	3	4	5	6	7	8	9
Have you witnessed or participated in a violent act during the past 4 weeks? YES WITNESSED.....1 YES PARTICIPATED...2 NO.....3	Have you had any injury during the past 4 weeks? For example due to an accident at your workplace, gunshot, scabbing, accidental fall or other injury? YES DUE TO MOTOR VEHICLES ACCIDENT...1 YES ACCIDENT AT WORKPLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.5 YES, OTHER.....6 NONE.....7	Have you had any illness, other than that due to injury? For example a cold, diarrhoea, asthma attack, hypertension, diabetes or any other illness? YES.....1 NO.....2 (*25 if Q2=7)	Is this a recurring illness? eg. asthma, diabetes, hypertension, -Emension last? YES..1 NO...2	How long did this illness last? DAYS	For how long were you unable to carry out normal activities? DAYS	Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited? YES.....1 NO.....2 (* 18)	How many visits did you make to health practitioners? NUMBER OF VISITS	Where did the visit(s) take place? In a ... Public Hospital? Private Hospital? Public Health/Maternity Centre? Private Health or Maternity Centre/Doctor's Office? Other? (SPECIFY) YES.....1 YES.....1 YES.....1 YES.....1 YES.....1 NO.....2 NO.....2 NO.....2 NO.....2 NO.....2
INDIVIDUAL								
01								
02								
03								

PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

10	11	12	13	14	15	16	17	18	19	20	21
How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	How much did you have to pay at private health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	Did you spend a night in a public hospital or other public establishment during the past 4 weeks? YES.....1 NO.....2 (* 15)	How many nights did you spend in the hospital? Do not include the cost of medicines or any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	How much have you paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of medicines or any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	Did you spend a night in a private hospital or other private establishment during the past 4 weeks? YES...1 NO...2 (* 18)	How many nights did you spend in the private hospital? NIGHTS	How much have you paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of medicines or any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	Did you buy medicines during the past 4 weeks for this illness or injury? YES...1 NO...2 (* 25)	Were these medicines..... PRESCRIBED.....1 OVER THE COUNTER.....2 BOTH.....3	Did you finish taking the medication? YES.....1(*22) NO.....2	Why were you unable to complete the course of treatment? SUPPLIES NOT AVAILABLE COULD NOT AFFORD MEDICATION.....2 GOT BETTER BEFORE IT WAS FINISHED.....3 STILL TAKING MEDICATION.....4 OTHER (SPECIFY).....5
INDIVIDUAL											
01											
02											
03											

PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N ^o	22 Did you purchase medicines in a		23 How much have you spent for medicines at public sources, e.g. public hospital, health centre, during the past 4 weeks? Do not include costs paid for by your insurance.	24 How much have you spent for medicines at private sources eg. private doctor, pharmacy, etc. during the past 4 weeks? Do not include costs paid for by insurance.	25 Are you covered by any health insurance?	26 Have you visited a health practitioner for any other reason, during the last 6 months?	27 If yes what for? ENTER ALL THAT APPLY	28 On a scale of 1-5, how satisfied were you with the service?	
	Public Facility?	Private Facility or Pharmacy?	IF NOTHING SPENT WRITE ZERO AMOUNT JS	IF NOTHING 0	YES...1 NO....2	YES, PUBLIC...1 YES, PRIVATE...2 YES, BOTH...3 NO.....4 (*29)	ILLNESS.....1 GENERAL CHECK-UP....2 EYES.....3 TEETH.....4	PUBLIC	PRIVATE
01									
02									
1									

Source: <http://siteresources.worldbank.org/INTLSMS/Resources/3358986-1181743055198/3877319-1190214215722/2000-jam00hhq.pdf>

Example 3. World Health Survey, Low-income countries

In the last 4 weeks, how much did your household spend on:

Q0807	Care that required staying <u>overnight</u> in a hospital or health facility	
Q0808	Care by doctors, nurses, or trained midwives that <u>did not require an overnight stay</u>	
Q0809	Care by traditional or alternative healers	
Q0810	Dentists	
Q0811	Medication or drugs	
Q0812	Health care products such as prescription glasses, hearing aids, prosthetic devices, etc.	
Q0813	Diagnostic and laboratory tests such as X-rays or Blood tests	
Q0814	Any other health care products or services that were not included above	
Q0815	In the last 12 months, how many times did members of your household go to a hospital and stay overnight? ENTER NUMBER OF TIMES FOR ALL HOUSEHOLD MEMBERS IN TOTAL. IF NONE, ENTER "0"	If None: Go to Q0817
Q0816	In the last 12 months, how much did the household pay for all costs associated with <u>overnight stays</u> in a hospital? Please exclude any expenses in the last 4 weeks that you have already told me about, and exclude any reimbursements from insurance.	

Source : <http://www.who.int/healthinfo/survey/whslonghouseholdlow.pdf?ua=1>

Example 4. Generic DHS-6 Out-of-Pocket health expenditures

Identification of in-patients and out patients from members in the HH questionnaire

COLUMNS TO ADD TO HOUSEHOLD SCHEDULE:										
INPATIENT			OUTPATIENT							
21			22	23			24		25	
In the last six months, was (NAME) admitted overnight to stay at a health facility?			CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR INPATIENT MODULE	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?			The last time (NAME) received care, was any money paid?		CIRCLE LINE NUMBER OF HOUSEHOLD MEMBER ELIGIBLE FOR OUTPATIENT MODULE	
Y	N	DK		Y	N	DK	Y	N	DK	
1	2	8	01	1	2	8	1	2	8	01
↓				↓			↓			
GO TO 23				NEXT LINE			NEXT LINE			
1	2	8	02	1	2	8	1	2	8	02
↓				↓			↓			
GO TO 23				NEXT LINE			NEXT LINE			

INPATIENT HEALTH EXPENDITURES					
201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ONE OR MORE INPATIENTS <input type="checkbox"/> NO INPATIENTS <input type="checkbox"/>				301
202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).				
203	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER <input type="text"/>	INPATIENT LINE NUMBER <input type="text"/>	INPATIENT LINE NUMBER <input type="text"/>	
204	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME <input type="text"/>	INPATIENT NAME <input type="text"/>	INPATIENT NAME <input type="text"/>	
205	Where did (NAME) most recently stay overnight for health care?	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY)	
		PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. SECTOR 36 (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. SECTOR 36 (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. SECTOR 36 (SPECIFY)	
		OTHER 96 (SPECIFY)	OTHER 96 (SPECIFY)	OTHER 96 (SPECIFY)	
206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY . 03 OTHER 06 (SPECIFY)	PREGNANCY/DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY . 03 OTHER 06 (SPECIFY)	PREGNANCY/DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY . 03 OTHER 06 (SPECIFY)	
207	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DONT KNOW . 99998	COST <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DONT KNOW . 99998	COST <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DONT KNOW . 99998	
208	Did (NAME) stay overnight at a health facility another time in the last six months?	YES 1 NO 2 (GO TO 218) ←	YES 1 NO 2 (GO TO 218) ←	YES 1 NO 2 (GO TO 218) ←	

In-patient expenditures (continued)

213	Where did (NAME) stay the second-to-last time he/she stayed overnight for health care?	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . 21 GOVT HEALTH CENTER 22 GOVT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY)
214	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/ DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY . 03 OTHER 06 (SPECIFY)	PREGNANCY/ DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY . 03 OTHER 06 (SPECIFY)	PREGNANCY/ DELIVERY 01 ILLNESS 02 ACCIDENT/INJURY . 03 OTHER 06 (SPECIFY)
215	How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DONT KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DONT KNOW . 99998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST/ FREE 00000 IN KIND ONLY . 99995 DONT KNOW . 99998
216	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1 NO 2 (GO TO 218) ←	YES 1 NO 2 (GO TO 218) ←	YES 1 NO 2 (GO TO 218) ←
217	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>	NUMBER OF INPATIENT VISITS <input type="text"/> <input type="text"/>

In-patient expenditures (*continued*)

218	Is (NAME) covered by any health insurance?	YES 1 NO 2 (SKIP TO 220) ← DONT KNOW ... 8	YES 1 NO 2 (SKIP TO 220) ← DONT KNOW ... 8	YES 1 NO 2 (SKIP TO 220) ← DONT KNOW ... 8
219	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE ... 1 HEALTH INSURANCE THROUGH EMPLOYER 2 SOCIAL SECURITY 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ... 4 OTHER 6 DONT KNOW ... 8	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE ... 1 HEALTH INSURANCE THROUGH EMPLOYER 2 SOCIAL SECURITY 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ... 4 OTHER 6 DONT KNOW ... 8	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE ... 1 HEALTH INSURANCE THROUGH EMPLOYER 2 SOCIAL SECURITY 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ... 4 OTHER 6 DONT KNOW ... 8
220		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301	GO TO 205 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 301

Outpatients expenditures (selected randomly using a Kish grid)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER ... 22 GOVERNMENT HEALTH POST 23 MOBILE CLINIC 24 FIELDWORKER 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 FIELDWORKER 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 TRADITIONAL PRACTITIONER 42 OTHER _____ 46 (SPECIFY)	
304	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 99998	
305	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE 02 MALARIA 03 FEVER 04 DIARRHEA 05 HIV/AIDS/STD 06 OTHER ILLNESS 07 CHECK-UP/ PREVENTIVE CARE 08 ACCIDENT/INJURY 09 OTHER _____ 96 (SPECIFY) MISSING/DK 98	
306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES 1 NO 2	→ 309
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS <input type="text"/> <input type="text"/>	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY <input type="text"/> <input type="text"/>	

Outpatients expenditures (continued)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER ... 22 GOVERNMENT HEALTH POST 23 MOBILE CLINIC 24 FIELDWORKER 25 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 FIELDWORKER 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 TRADITIONAL PRACTITIONER 42 OTHER _____ 46 (SPECIFY)	
304	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 99998	
305	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING 01 ANTENATAL CARE/ DELIVERY/ POSTNATAL CARE 02 MALARIA 03 FEVER 04 DIARRHEA 05 HIV/AIDS/STD 06 OTHER ILLNESS 07 CHECK-UP/ PREVENTIVE CARE 08 ACCIDENT/INJURY 09 OTHER _____ 96 (SPECIFY) MISSING/DK 98	
306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES 1 NO 2	→ 309
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS <input type="text"/> <input type="text"/>	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY <input type="text"/> <input type="text"/>	

Outpatients expenditures *(continued)*

309	Is (NAME) covered by any health insurance?	YES 1 NO 2 DONT KNOW 8	<input type="checkbox"/> → 311
310	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE 1 HEALTH INSURANCE THROUGH EMPLOYER 2 SOCIAL SECURITY 3 OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ... 4 OTHER 6 DONT KNOW 8	
311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 IN KIND ONLY 9995 DONT KNOW 9998	

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Note, the list consists of mainly of materials distributed at the WHO meeting, January 2010 meeting (Geneva):

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