

Financing of MDGs in South Asia



IAN ANDERSON

**SENIOR INTERNATIONAL HEALTH
CONSULTANT, ASIAN DEVELOPMENT BANK**

IAN.ANDERSON.ECONOMICS@GMAIL.COM

Inadequate?
Low total expenditure on health
Source: WHO 'World Health Statistics 2010'

Country	Total per capita expenditure on health in \$US (2007)	Total per capita expenditure on health in PPP \$I (2007)	Total expenditure on health as % GDP (2007)
Bangladesh	15	42	3.4
Bhutan	75	188	4.1
India	40	109	4.1
Maldives	343	514	9.8
Nepal	20	53	5.1
Pakistan	23	64	2.7
Sri Lanka	68	179	4.2
Africa	76	137	6.2
LIC average	27	67	5.3
UMIC average	488	757	6.4

Relatively low **Government** expenditure

Source: WHO 'World Health Statistics 2010'



Country	<u>Total per capita Government expenditure on health in \$US (2007)</u>	<u>Total per capita Government expenditure on health in PPP \$I (2007)</u>	<u>Expenditure on health as % of total government expenditure</u>
Afghanistan	10	20	3.7
Bangladesh	5	14	7.7
Bhutan	60	151	10.7
India	11	29	3.7
Maldives	224	336	10.5
Nepal	8	21	10.9
Pakistan	7	19	3.5
Sri Lanka	32	85	8.5
Africa	34	63	9.6

Key Message?



- Total health expenditure is relatively low in South Asia, at least in 2007 (latest year available)
 - Only three countries (Bhutan , Maldives and Sri Lanka) spend more in PPP terms than Africa, and only Maldives spent more as % GDP than Africa average
- Government expenditure on health is relatively low
 - Only three countries (Bhutan, Maldives and Sri Lanka) spend more per capita PPP than Africa. Several populous countries (Bangladesh, India and Pakistan) spent less than half.
 - None allocate 15% government expenditure to health (Bamoko)

Inequitable?



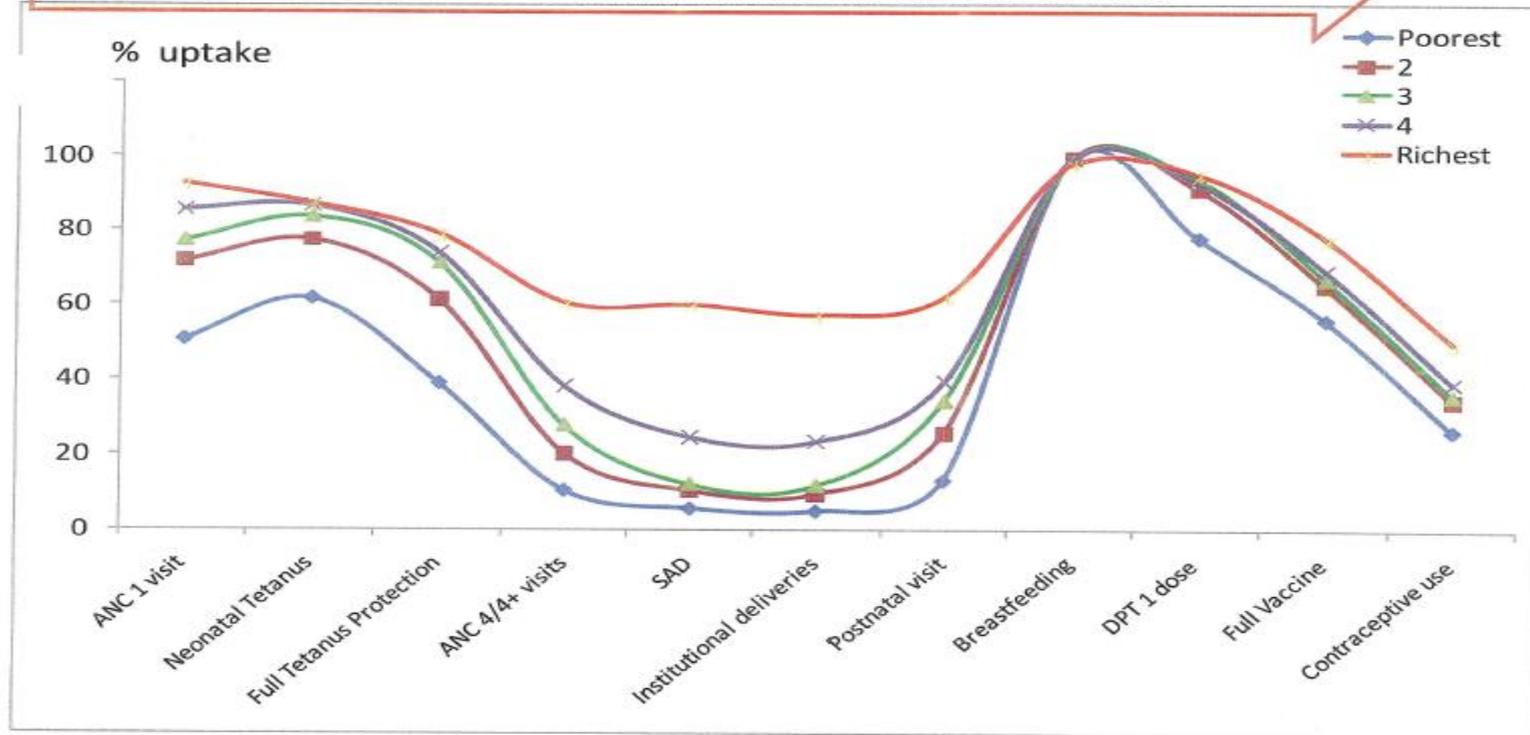
- UNICEF examined 26 countries where national U5 mortality rate declined by 10% or more since 1990
- In 18 / 26 countries gap between child mortality rates of richest and poorest quintiles either grown or remained unchanged.
- In 10 of those 18 countries gap had risen by at least 10%
 - *Source: UNICEF 2010 : “Narrowing the Gaps to Meet the Goals”*

Access varies across the continuum of care



Dipping-in-and-out of the health system: Nepal 2006

Continuum of care for woman, newborn and child across time



Source: *Impact analysis of DHS data; Wendy J Graham. University of Aberdeen*



Inequitable? relatively high **private and Out of Pocket** expenditure

Source: WHO 'World Health Statistics 2010'



Country	Private expenditure on health as % total health expenditure (2007)	Out of pocket expenditure as a percentage of private expenditure on health
Afghanistan	76.4	98
Bangladesh	66.4	55
Bhutan	19.7	100
India	73.8	89
Maldives	34.6	72
Nepal	60.3	90
Pakistan	70	82
Sri Lanka	52.5	86
Africa	54	60

High out of pocket expenditures also a source of poverty (Source: ADB/ AusAID forthcoming)



- Pakistan: nearly 7 million (6.9 million, or 5% population) pushed below \$1 day poverty line in any given month due to health expenditure in 2005/6.
- Bangladesh: every month 6% of families had to allocate more than 40% of monthly non-food expenditure on health care, especially for medicines

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_7741

