

**HOUSEHOLD CATASTROPHIC HEALTH EXPENDITURES IN SELECTED TOWNSHIPS OF LOWER MYANMAR**

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SUKHONTHA KONGSIN, Ph.D.**ABSTRACT**

This descriptive study used secondary household survey data to measure the extent of household catastrophic health expenditures in both urban and rural areas of ten selected townships in Yangon Division of Lower Myanmar. The minimum standard approach was used to calculate the extent of catastrophic health expenditures in Lower Myanmar. Incidence and intensity of catastrophic health expenditures were calculated to identify the households incurring “financial catastrophe” expenditures due to health care payments and to find out whether household impact mattered more for worse-off (poor households) or better-off (rich households); a concentration index was calculated.

The results showed that mean total annual income for one year was 716,811 kyats. The findings also showed that 43% of households had health expenditures that were entirely out-of-pocket. Incidence or head count of catastrophic health care payments was calculated as the fraction of households with health care costs as a share of total expenditure exceeding the chosen threshold, and the results were 9.4%, 5.6% and 4.2% of the sample for 10%, 20% and 30% catastrophic threshold levels, respectively. Intensity or catastrophic gap, was defined as the average of households where health care payments as a proportion of income exceeded the catastrophic threshold, and results were 5.9%, 5.1% and 4.6% at the 10%, 20% and 30% threshold levels, respectively. It was more significant in urban areas, where the intensities were 8%, 7.3% and 6.8%. Mean Positive Gap (MPG) means that the mean out-of-pocket payments for health care in excess of the threshold over all households exceeding the threshold. In this study, the MPG for the 10%, 20% and 30% catastrophic thresholds levels were extra-ordinarily high, and the results were 62.8%, 92.5% and 112%, respectively. Concentration indices and rank-weighted versions of incidence and intensity highlight the extent of household catastrophic health care payment burdens, and indicate negative values, so the poor households paid more for health care.

In this study, the data were not specific for catastrophic health care payments and the study area was not nationally representative. Therefore, further studies should be done with more relevant data and nationally representative surveys for catastrophic health care payments in Myanmar.

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