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Chapter 1 : WHO | Trends in catastrophic health expenditure in India: to

India's HCE: Monthly per Capita Consumer Expenditure: Average: Mizoram: Rural data was reported at 1, INR in Jun This records an increase from the previous number of 1, INR for Jun

The proportion increased more between the â€" and the utilization survey than between the and the utilization survey: The proportion of catastrophic health expenditure was 1. In addition, the increase in proportion between the â€" and the utilization survey was greater in more-developed than less-developed states 2. In the â€" utilization survey, the proportion of households experiencing catastrophic health expenditure was similar in the two groups of states but, in the utilization survey, it was 1. The 29 Indian states and seven union territories were classified as either less or more developed: However, the gap decreased over time because the proportion of households experiencing catastrophic health expenditure increased more in the poorest than the richest quintile. Between the â€" and the â€" expenditure survey, the proportion increased 1. Between the â€" and the utilization survey, the proportion increased 3. Proportion of households with catastrophic health expenditure, by monthly per capita consumption expenditure quintile, India, â€" MPCE: Figure 2 - full screen Multivariable analysis showed that, after adjusting for other covariates, the odds of catastrophic health expenditure in a household with older people only compared to a household with no children or older people was 3. In addition, richer households were significantly more likely to incur catastrophic health expenditure, as were households that were headed by females, had members who were casual labourers or were in rural areas or in more-developed states. The adjusted odds of catastrophic health expenditure in the utilization survey compared with the â€" expenditure survey was 1. This study provides data on trends in out-of-pocket payments and catastrophic health expenditure in India since and identifies those households most susceptible to catastrophic expenditure. Three key findings emerge. Second, the proportion was highest among households with older people. Third, the odds of catastrophic health expenditure were also higher in households headed by females and in rural households, both factors relevant to policy. The Indian government is unable to cover the full spectrum of health-care needs because of persistently low public investment in health, a lack of human resources and poor health infrastructure, which increase the cost and the financial burden of care. Therefore, one can argue that the introduction of nationwide health programmes in India to protect poor and marginalized groups against the high cost of health care, such as the National Rural Health Mission in and Rashtriya Swasthya Bima Yojana in , have not been very effective. However, in areas where the institutional capacity to organize mandatory nationwide risk-pooling is weak, community-based health insurance schemes can be effective in protecting poor households from unpredictably high medical expenses. A previous study using data from the â€" expenditure survey also showed that the monthly per capita health spending of households with older people only was 3. The decision on whether or not to seek health care usually involves several household members, with the head of the household playing a critical role. Moreover, catastrophic health expenditure was more common in rural households, which are often doubly disadvantaged because their health needs are greater but their economic resources are severely constrained. Although increasing the availability of health services in less-developed states is important for improving health-care use, households also need to be protected against the adverse consequences of high out-of-pocket payments. Some studies report that catastrophic health expenditure is more common among the poor, 41 â€" 45 whereas others report it being more common among the rich. The higher proportion among the rich illustrates the inequities in access to health care that can arise when payments are made out of pocket. Whereas, without adequate resources, poor households simply choose to forgo health care to avoid catastrophic health expenditure in the short run, which could have severe long-term consequences for health and earnings. The adverse impact of ill health in poorer households is grossly underestimated because it is not included in identifying catastrophic health expenditure. Our study has some limitations. First, as the calculation of out-of-pocket payments did not include indirect costs such as the loss of household income, the proportion of catastrophic health expenditure may have been underestimated. Second, as our estimation of the proportion considered only households that incurred health expenditure, the adverse impact of health-care costs on those who did not seek treatment because they could

not afford it was not examined. Third, expenditure data were self-reported and could not be verified from other sources. Fourth, ideally the extent to which living standards are seriously disrupted by expenditure on health care in response to illness shocks should be estimated using longitudinal data. However, in the absence of such data, repeated cross-sectional studies can provide a fairly reliable estimate of trends in catastrophic health expenditure. Despite these limitations, our study provides evidence that has important policy implications for India as well as for other low- and middle-income countries undergoing the demographic and economic transition. Older people are less able to bear the cost of health care because they lack a stable income and are more economically dependent. Higher public expenditure on health, the provision of affordable health care and an improved geriatric health infrastructure are required. To achieve equity in health-care financing, public policy should focus on economically disadvantaged groups. Insurance coverage and the provision of good-quality, subsidized, public health facilities will both improve access to health care and protect the poor against financial catastrophe. These actions are important for improving health in India and for achieving the sustainable development goals set by the United Nations.

Chapter 2 : Consumer Spending

India's HCE: Monthly per Capita Consumer Expenditure: Average: Mizoram: Urban data was reported at 2, INR in Jun This records an increase from the previous number of 1, INR for Jun

Chapter 3 : India Household Consumer Expenditure: Mizoram: Urban

household consumer expenditure of mizoram nss 60 th round (january - june,) directorate of economics & statistics planning & programme implementation department.

Chapter 4 : â€¢ U.S. consumer spending: July | Statistic

Retail price index of some essential commodities in Mizoram The Mizoram Registration Of Births & Deaths Rules, Household Consumer Expenditure of Mizoram.

Chapter 5 : List of countries by household final consumption expenditure per capita - Wikipedia

Mizoram University, Aizawl, household consumer expenditure survey data is usually used to study the pattern of household expenditure and the study used the.

Chapter 6 : Household final consumption expenditure - Wikipedia

consumer expenditure and related aspects of the standard of living of the farmer households. It also shows the distribution of MPCE for the farmer households by different items of food and.

Chapter 7 : Department of Economics and Statistics, Government of mizoram

Spending by composition of consumer unit, Data from the Consumer Expenditure Surveys (CE) measure how consumers allocate their spending among the various components of total expenditures. Table B compares the shares allocated to selected expenditures by composition of consumer units.

Chapter 8 : â€¢ Annual U.S. consumer spending , by household composition | Statistic

CI: confidence interval. Notes: Percentages are weighted. Catastrophic health expenditure was defined as out-of-pocket payments on health in the recall period of 1 month equalling or exceeding 10% of total household expenditure.

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Chapter 9 : Household Spending: Urban homes spend 84% more, Muslims spend mostly on food | The Ind

The Consumer Expenditure Surveys (CE) program provides data on expenditures, income, and demographic characteristics of consumers in the United States. The CE program provides these data in tables, databases, news releases, reports, and public use microdata files.