
Defence Seminar

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| Seminar Title | : Morbidity Patterns, Burden, and Healthcare Utilization of Major Non-communicable Diseases in India |
| Speaker | : Sasmita Behera (Rollno : 518hs1008) |
| Supervisor | : Prof. Jalandhar Pradhan |
| Venue | : Conference Room, Dept. of Humanities and Social Sciences, NIT Rourkela |
| Date and Time | : 10 Nov 2023 (9.30 AM) |
| Abstract | : The escalating burden of non-communicable diseases (NCDs) is presently being experienced by all countries across the globe. The low- and middle-income countries contribute 77% to the total deaths because of NCDs, out of which 86% are premature deaths. The adverse impact of NCDs is a growing concern for developing countries, particularly in India. As per the estimation by World Health Organisation (WHO), in the year 2018, NCDs account for 63% of all deaths in India, out of which 27% of the deaths are from cardiovascular disease (CVD), 9% from cancer, 3% from diabetes, and 11% from chronic respiratory disease. However, research that gives a comprehensive estimation of the financial burden of NCDs on households and economy is lacking in the Indian context. The present study measures the burden of NCDs on households in terms of out-of-pocket expenditure (OOPE), catastrophic health expenditure (CHE), and impoverishment effect. Besides, the study estimates the macroeconomic burden of NCDs in terms of GDP loss in India. The study uses secondary data from the National Sample Survey Office, the World Bank, and the Institute of Health Metric and Evaluation. For empirical analysis, the study has used logistic regression, generalized ordered logit model (gologit), multinomial logit model, and generalized linear model. The present study draws insights from economic theories such as the epidemiological transition theory, Grossman's model of demand for health capital, and Andersen's behavioural model of healthcare utilization. The results show that during the past three decades, the years of life lost due to premature death (YLL) and the years of life lived with disability (YLD) for each of the four NCDs under consideration have increased consistently. The burden of NCDs on households shows that 59% of rural households are reporting OOPE share in excess of 10% of their total expenditure, whereas it is 49% of urban households for availing treatment of NCDs. The expenditure incurred on doctor's fees and bed charges are troublesome for households with NCDs treated in private hospitals. The result from vertical inequity shows that the poorest quintile is paying a higher proportion of their total consumption expenditure for NCDs hospitalisation than the richest quintile. According to gologit model, household size, cooking fuel, and region significantly affect CHE at 40% threshold level. The result of inequity in healthcare utilization shows a significantly pro-rich pattern. The findings of this study could help the policy maker to tackle the burden of NCDs in India by ensuring affordable, equitable, and universal care for all the population, especially for socioeconomically disadvantaged populations. |