LITERATURE REVIEW : REASONS FOR PATIENTS TO PAY WITH OUT-OF-POCKET PAYMENT FOR HEALTHCARE SERVICES IN ASIA

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ABSTRAK
Pembayaran *out-of-pocket* (OOP) dalam pelayanan kesehatan adalah pembayaran langsung yang dilakukan oleh individu kepada penyedia layanan kesehatan pada saat penggunaan layanan. Berdasarkan data *World Bank*, sejak tahun 2017 hingga 2021 proporsi belanja OOP terhadap belanja kesehatan secara global mengalami penurunan hampir 1%, dari 18,03% menjadi 17,05%. Di Asia, penurunan belanja OOP sejak tahun 2017 hingga 2021 lebih besar, yaitu turun sebesar 4,5% (38,48% menjadi 33,99%) dibandingkan periode yang sama. Sebagian besar negara saat ini memiliki Layanan Asuransi Kesehatan Nasional (NHIS) sendiri, namun pasien masih bersedia membayar layanan tersebut dengan pembayaran sendiri (OOP). Tinjauan ini bertujuan untuk menganalisis alasan apa pasien ingin membayar dengan OOP. Navigasi artikel menggunakan kata kunci "out-of-pocket payment" di Scopus dan Proquest tahun 2020-2023. Filter subjek tambahan digunakan seperti "obat-obatan" dan "layanan kesehatan" untuk membuat penelusuran lebih spesifik. 699 artikel yang diperoleh disaring dengan membaca judul, abstrak, dan kelayakan teks lengkap. Pada akhir proses penyaringan, 9 artikel dipilih untuk direview. Hasilnya dapat dikategorikan dalam 4 kelompok penyakit, yaitu Penyakit Umum, Penyakit Kronis, Penyakit Ibu & Anak, dan Penyakit Psikiatri. Dari tinjauan tersebut dapat disimpulkan bahwa pelayanan berkualitas tinggi menjadi alasan utama yang mendorong pasien membayar dengan OOP. Pemerintah harus lebih memperhatikan stok obat dan perbekalan kesehatan untuk mengurangi pembayaran OOP. Penyedia yang meminta pembayaran tambahan padahal semua tagihan sudah ditanggung oleh asuransi kesehatan nasional tidak dapat diterima dengan alasan apapun.

Kata kunci : belanja kesehatan, biaya medis, OOP, *out-of-pocket payment*, pelayanan berkualitas tinggi

ABSTRACT
The out-of-pocket (OOP) payment in health care services is a direct payment made by individuals to health care providers at the time-of-service use. Based on data World Bank data, since 2017 to 2021 the global proportion of OOP spending to health expenditure has decreased by nearly 1%, from 18.03% to 17.05%. In Asia the decline in OOP spending since 2017 to 2021 was more substantial, decreasing 4.5% (38.48% to 33.99%) over the same period. Most countries currently have their own National Health Insurance Services (NHIS), but patients are still willing to pay the services with out-of-pocket (OOP) payment. This review aimed to analyze for what reasons patients want to pay with OOP. The articles navigation using keyword "out-of-pocket payment" in Scopus and Proquest for years 2020-2023. Additional subject filters were used such as "medicine" and "health service" to make the searches more specific. The 699 articles obtained were screened by reading the titles, abstracts, and full text eligibility. At the end of screening process, 9 articles were selected to be reviewed. The result can be categorized in 4 groups of disease, General, Chronic Disease, Maternal & Child, and Psychiatric Illness. From the review can be concluded that high quality services become the main reason that drive patients to pay with OOP. Governments should pay more attention to drugs and medical supplies stock to reduce OOP payment. Providers who ask for additional payment while all bills are already covered by the national health insurance are unacceptable for any reason.

Keywords *: health expenditure, high quality services, medical cost, OOP, out-of-pocket payment*

INTRODUCTION
The out-of-pocket (OOP) payment in health care services is a direct payment made by individuals to health care providers at the time-of-service use (Akweongo et al., 2021). The

OOP expense may include payment for medical fees, payment for procedures, purchase of medications and supplies, use of home remedies, co-payments, and deductibles paid by those with insurance. As well as in most countries, OOP spending can constitute a public health problem. (Benites-Meza et al., 2023) Based on data World Bank data, since 2017 to 2021 the global proportion of OOP spending to health expenditure has decreased by nearly 1%, from 18.03% to 17.05%. In Asia the decline in OOP spending since 2017 to 2021 was more substantial, decreasing 4.5% (38.48% to 33.99%) over the same period. This trend represents a better reduction compared to global, but the percentage of OOP remains higher than the global average, which is 33.99% in 2021(*World Bank Open Data*, 2024).

Studies have indicated that an high spending for OOP healthcare expenditure leads to a financial catastrophe and impoverishment for those who obtain care (Aliakbar et al., 2023). In the context of Universal Health Coverage (UHC), OOP spending presents a significant challenge to both accessibility and equity in healthcare services. Health financing is one of UHC focus, where OOP payment behavior in some countries could lead to the failure of UHC (Ming Yao Lim et al., 2023). Many countries try to achieve the equity and equality in healthcare services by controlling the healthcare inflation (Ziegler et al., 2024). The price of healthcare services tends to rise in response to market demand, potentially reaching a point where a significant portion of the population faces difficulties in accessing care due to financial reasons (Zodpey & Farooqui, 2018).

More interesting when many countries already have their National Health Insurance Services (NHIS) and cover most healthcare services, patients are still willing to pay some services with OOP (Akweongo et al., 2021). Government creates many policies to help people to get equality in receiving healthcare services. By providing NHIS, most medical conditions could be covered by the insurance and patients will not need to pay anything anymore to the healthcare providers (Chaleunvong et al., 2020). Even though many governments have NHIS policy, but some patients still need to take some amount of money to pay for the healthcare services (Yeung et al., 2020).

Based on this condition, authors will review some literatures to identify and analyze about patients' decision to choose OOP payment despite the availability of NHIS coverage in Asia. Hopefully this research could provide valuable insights about factors that drive patients to pay with OOP.

METHODS

This systematic literature review used two science databases, Scopus and Proquest. The search process using main keyword out-of-pocket, from year 2020 until 2023, and English language only. In Scopus, an additional filter applied. Subject area "Medicine" was checked to make the searches more specific. In Proquest, an additional filter applied for subject "Health Service" to make the searches more specific in medical area. To reduce bias due to demographics, only articles from Asia will be included in this review. Data taken were based on the conditions met as stated in the Systematic Literature Review Flowchart (Figure 1). The review used the preferred reporting items for systematic literature review and meta-analysis (PRISMA) guideline.

RESULT

After all the articles were screened, 9 articles were found to have strong relevance with the objective of this systematic literature review to find out factors that drive patients to pay with OOP even though their country already has the National Health Insurance Services to pay for their medical bills. We reviewed all the 9 articles which have research from 6 countries around

Asia where all the countries have their own national health insurance services. From all the research articles we summarized that there are 4 groups of diseases to make it easier to understand what drive patients to pay with OOP. The group of diseases we summarized are General, which the articles not specifically mention any kind of illness, Chronic Disease, Maternal & Child, and Psychiatric Illness.

Table 1. Review Result of Factors Driving Patients To Pay With OOP

No	First Author	Year	Group of Diseases Observed	Location	OOP Factors Reviewed
1	M. K. Al-Hanawi	2022	Chronic Disease	Saudi Arabia	The chronically ill spent 7.6% of their income on health compared to 5.0% spent by their non-chronically ill. Those who perceive their health status to be poor and those who must do periodic check-ups are likely to face higher OOP payments, especially when compounded by a chronic illness. (Al-Hanawi & Njagi, 2022)
2	Y. Krishnamoorthy	2020	Maternal & Child	India	Women with higher educational qualifications had significantly higher OOP expenses for child delivery care, because they expect a higher quality of care and might additionally could pay for those services. Women undergoing caesarean section had significantly higher OOP expenditure. (Krishnamoorthy et al., 2020)
3	H. Aliakbar	2023	General	Iran	The coefficient of willingness to pay OOP in the selection equation revealed that with the increasing age of the head of household, the willingness to pay OOP increases, but eventually, the OOP of households is reduced due to declining income levels. (Aliakbar et al., 2023)
4	E. Homaie Rad	2020	Psychiatric Illness	Iran	The inadequate coverage of health insurance in psychiatric services resulted in high OOP for psychiatric services among Iranian householdsThe literacy level of the household was significantly associated with OOP and the utilization of psychiatric services. Positive associations were also observed between household size and OOP and utilization of psychiatric services in Iran.(Homaie Rad et al., 2020)
5	M. F. A. Baharin	2022	General	Malaysia	OOP payments were made to obtain healthcare services or items, predominantly from the private healthcare service providers in the country. Private healthcare facilities were more preferred by Malaysians as the services are perceived to be of a better quality, highly accessible, particularly in urban areas, and have shorter waiting times as compared to similar public facilities. (Baharin et al., 2022)
6	K. Chaleunvong	2020	General	Laos	These additional expenditures may be due to having to buy medicines or supplies not available in the public healthcare facilities or not covered by the scheme, it may also be the case that patients choose to pay extra for

					a faster or higher quality service.(Chaleunvong et al., 2020)
7	N. Duc Thanh	2021	General	Vietnam	Using higher level public and private health facilities involved higher OOP payments than using lower-level public health facilities. The reason might be that those who accessed outpatient care at higher level health facilities without a reference letter would be charged the full fee while service prices have increased.(Duc Thanh et al., 2021)
8	Y. C. Kong	2022	Chronic Disease	Malaysia	Concurrent expenditures on both conventional cancer therapy and complementary medicine during the active treatment phase were shown to be financially catastrophic, especially for lower-income households. Because complementary medicine is often used as adjunct to conventional cancer therapies, additional costs are to be expected.(Kong et al., 2022)
9	S. Murthy	2021	Chronic Disease	India	Upgrading insulin device with expectation it has more effectivity to improve patient's condition.(Murthy et al., 2021)

Notes: OOP = Out of Pocket; NHIS = National Health Insurance Services

In all studies, have the common ideas that OOP payment is a financial burden for every patient, create catastrophic expenditures, especially for the low-income households, even could give additional impact the country's economic burden. None of the articles shows any beneficial effect of OOP payment. We found 3 studies that we categorized as Chronic Diseases. Some reasons that drive patients with chronic disease to pay with OOP payment are due to their needs for domestic help and nursing care, complementary medicine that is often used as adjunct to conventional cancer therapies, their needs for periodic checkups due to their perception of their poor health condition, and also personal demand such as extra service or need better quality.

In General categories, we reviewed 4 studies that do not specifically mention any kind of illness, but more about in general medical conditions where patients need health care services. All studies mentioned higher OOP payment happened mostly in private health care and the need for better quality, such as better service quality, easier to access, or shorter waiting time. In those studies, also mentioned about patients' need to buy prescribed drugs with OOP payment due to unavailability of drugs or not covered by the insurance. We have reviewed 1 study regarding Maternal and Child category. In that study, mentioned about women knowledge will increase their expectation for higher quality of care and willing to pay for that, including regarding nutrition for mother and child. Women who undergoing caesarian section procedure also observed to have higher OOP in line with higher cost needed for treatment after caesarian section procedure. One study located in Iran discuss about high OOP payment in Psychiatric services. The literacy level of the household was significantly associated with OOP payment and psychiatric services. The researcher showed that there are positive associations between household size and OOP, but it is not really clear on what reasons that the patient willing to pay for psychiatric services with OOP payment.

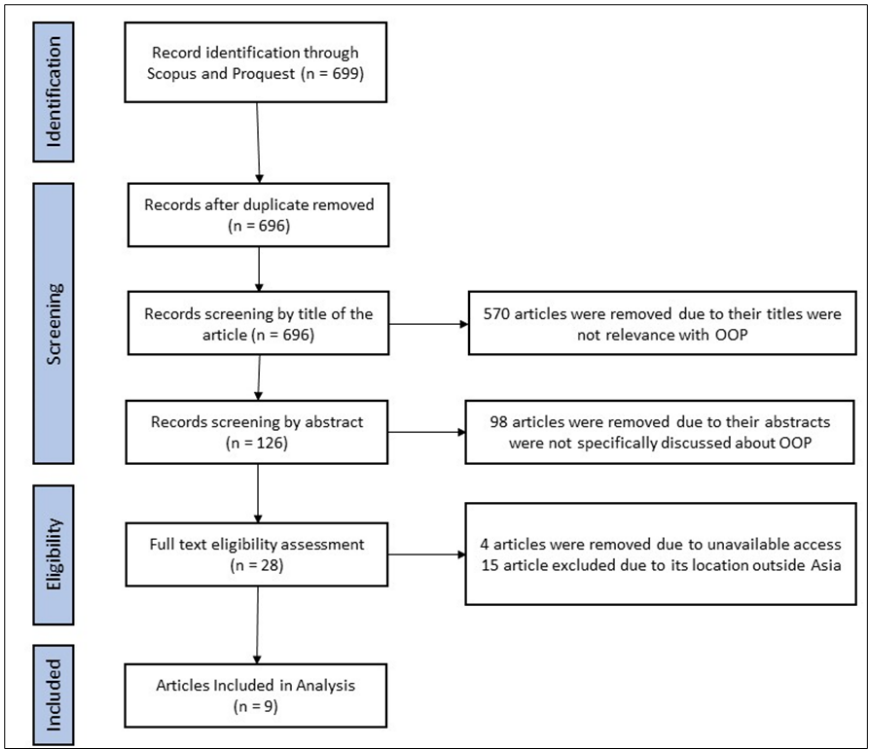

Figure 1. PRISMA Flowchart For Studies Selection

DISCUSSION

After reviewing all articles, we have found some interesting points regarding OOP payment. In all articles, OOP payment will be a financial burden for patients if they must pay for treating the condition that are not in their control or even not ready for it. In the previous study has stated that OOP payment will impact in household financial condition in short term or even long term due to catastrophic health expenditure (Panda et al., 2024). For this reason, many countries try to create policy to reduce OOP payment and impact from catastrophic health expenditure (Hedayati et al., 2023). Some countries try to create policy and overcome those burdens by providing national health insurance to cover people's medical costs if they are sick.(Callander et al., 2020) But, from another perspective, patients need high quality healthcare facilities, they also are willing to pay with their own money to get that quality service. One of the most problem in healthcare services were covered by the national health insurance, some people have perception for the inequality of the service quality compared to the one who pay with OOP or private insurance (Sharma et al., 2023; Wang et al., 2023). These findings consistent with prior study that had been done where patients basically expect to receive high quality health services.(Park et al., 2022).

Private healthcare facilities have their own objectives to get profit from their business. Increasing their service quality, such as premium services, faster services, shorter waiting time, new technology, upgraded device, and more specialty drugs, will encourage people to pay for those high-quality services.(Yeung *et al.*, 2020; Alokozai *et al.*, 2021; Iloabuchi *et al.*, 2021; Bhatt, Ghimire and Khanal, 2024) In some countries where their national health insurance has some limitations on drugs or medical supplies coverage, private healthcare use that opportunities to increase their medical stocks that is not covered by the insurance. But on another side, this problem should be handled by the government by creating some policies to make sure that the national health insurance must have vast coverage to reduce people's financial burden due to their medical condition.(Sabermahani et al., 2021)

The studies we reviewed also showed that people's knowledge and perception about healthcare also encourage people to pay for high quality healthcare services and nutrition, especially when related to mothers and children condition. In the study conducted in Ethiopia, showed that mothers' knowledge and perception about their children's health condition and nutrition able to drive them to pay for additional cost (Amare et al., 2021). Private healthcare facilities could use this opportunity by doing more health promotion to increase people's knowledge and awareness about health, but not to motivate them to make some additional OOP payment (Nguyen Minh et al., 2020). By doing health promotion actually will help people to remember the institution, how to get the best healthcare services, and also how to prevent the disease.

Private healthcare providers who purposively ask for additional payment, when the national healthcare insurance has covered all the medical bills, are unacceptable for any reason. This result in line with the previous study where every doctor, medical staff, even healthcare facilities must give their best to help patient recover from their condition (Garg et al., 2023). From ethical side it will not be proper to create additional burden for the patient by paying for the services (Kang Danbee et al., 2022). Private healthcare providers also should help the government to reduce the people's burden due to their health condition.(Meleddu et al., 2020) Ask for additional payment to patient while the government already covered all the services is considered as a violation of the policy.

The drugs and medical supplies availability in public healthcare providers also play important roles in driving people to pay with OOP payment. This result is consistent with the study conducted before where the government role is very important to stabilize the drugs stocks (Zaidi et al., 2023). The reason behind limited medicine stocks could be the pharmaceutical companies' production ability versus the demand. Pharmaceutical companies could provide generic drugs with low price to be covered by the national health insurance, but they must adjust their ability to produce with the high demand.(Dixit et al., 2018)

This systematic literature review has several limitations. The studies we reviewed are collected from some countries around Asia, where the national health insurance policies will be different in every country and could affect the patient's perception for paying with OOP. The result of this review hopefully could encourage future study that would be able to study the main reason of people to pay with OOP in more specific country and NHIS model, so that could help the government to reduce OOP payment especially related to catastrophic expenditures in healthcare and give knowledge to private sector to create strategies that will not give additional financial burden to patients.

CONCLUSION

High quality healthcare services are the main reasons why patients are willing to pay with OOP payment, even though that OOP payment will create additional financial burden for some people, especially for low-income household. Limited drugs also play an important role for OOP payment especially in public healthcare that mainly use the national health insurance. Government should pay more attention to this problem so that drugs and medical supplies stock will be more stable. Providers who ask for additional payment while all bills are already covered by the national health insurance are unacceptable for any reason. Reducing OOP payment for healthcare services is needed to reduce catastrophic health expenditure which will be a burden for patients. Improving coordination between government and healthcare provider is important to ensure that the service quality given is the best quality that the clinics or hospitals can provide. Government is also needed to make sure that drugs and consumables covered by national health insurance services are always ready.

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REFERENCES

Akweongo, P., Aikins, M., Wyss, K., Salari, P., & Tediosi, F. (2021). Insured clients out-of-pocket payments for health care under the national health insurance scheme in Ghana. *BMC Health Services Research*, *21*(1), 440. https://doi.org/10.1186/s12913-021-06401-8

Al-Hanawi, M. K., & Njagi, P. (2022). Assessing the inequality in out-of-pocket health expenditure among the chronically and non-chronically ill in Saudi Arabia: A Blinder-Oaxaca decomposition analysis. *International Journal for Equity in Health*, *21*(1), 192. https://doi.org/10.1186/s12939-022-01810-5

Aliakbar, H., Parsaeian, M., Ahmadnezhad, E., Tajvar, M., & Yaseri, M. (2023). Determinants of Out-of-Pocket Health Expenditure and Catastrophic Health Spending among Households with Elderly Individuals in Iran: An Application of the Heckman Model to Control Sample Selection. *Journal of Biostatistics and Epidemiology*. https://doi.org/10.18502/jbe.v8i4.13350

Amare, G., Yitayal, M., Minyihun, A., & Debie, A. (2021). Mothers’ Acceptance and Willingness to Pay an Out-of-Pocket Payment for Maternal and Child Nutritional Services in Northwest Ethiopia. *ClinicoEconomics and Outcomes Research*, *13*, 767–776. https://doi.org/10.2147/CEOR.S325617

Baharin, M. F. A., Juni, M. H., & Abdul Manaf, R. (2022). Equity in Out-of-Pocket Payments for Healthcare Services: Evidence from Malaysia. *International Journal of Environmental Research and Public Health*, *19*(8), Article 8. https://doi.org/10.3390/ijerph19084500

Benites-Meza, J. K., Pinedo-Castillo, L., Cabanillas-Lazo, M., Herrera-Añazco, P., Mougenot, B., & Benites-Zapata, V. A. (2023). Ethnic disparities in out-of-pocket expense on medicines in Peru: Evidence from a nationwide survey. *Public Health in Practice (Oxford, England)*, *6*, 100442. https://doi.org/10.1016/j.puhip.2023.100442

Callander, E. J., Topp, S., Fox, H., & Corscadden, L. (2020). Out-of-pocket expenditure on health care by Australian mothers: Lessons for maternal universal health coverage from a long-established system. *Birth*, *47*(1), 49–56. https://doi.org/10.1111/birt.12457

Chaleunvong, K., Phoummalaysith, B., Phonvixay, B., Vonglokham, M., Sychareun, V., Durham, J., & Essink, D. (2020). Factors associated with patient payments exceeding National Health Insurance fees and out-of-pocket payments in Lao PDR. *Global Health Action*, *13*(sup2), 1791411. https://doi.org/10.1080/16549716.2020.1791411

Dixit, A., Kumar, N., & Kumar, S. (2018). Use of Generic Medicines: Challenges and Benefits. *Journal of Health Management*, *20*(1), 84–90. https://doi.org/10.1177/0972063417747747

Duc Thanh, N., Anh, B. T. M., Thanh Hung, P., Quynh Anh, P., & Huyen Xiem, C. (2021). Impact of Public Health Insurance on Out-of-Pocket Health Expenditures of the Near-Poor in Vietnam. *Health Services Insights*, *14*, 117863292110174. https://doi.org/10.1177/11786329211017411

Garg, S., Tripathi, N., & Bebarta, K. K. (2023). Does government health insurance protect households from out of pocket expenditure and distress financing for caesarean and non-

caesarean institutional deliveries in India? Findings from the national family health survey (2019-21). *BMC Research Notes*, *16*, 1–6. Health & Medical Collection; Publicly Available Content Database. https://doi.org/10.1186/s13104-023-06335-w

Hedayati, M., Iravan Masoudi Asl, Maleki, M., Ali Akbar Fazaeli, & Salime Goharinezhad. (2023). Policy analysis of the protection of Iranian households against catastrophic health expenditures: A qualitative analysis. *BMC Health Services Research*, *23*, 1–21. Health & Medical Collection; ProQuest One Business; Publicly Available Content Database. https://doi.org/10.1186/s12913-023-09275-0

Homaie Rad, E., Amirbeik, L., Hajizadeh, M., Yousefzadeh-Chabok, S., Mohtasham-Amiri, Z., Rezaei, S., & Reihanian, A. (2020). Determinants of utilization and out-of-pocket payments for psychiatric healthcare in Iran. *Journal of Public Mental Health*, *19*(2), 127–134. https://doi.org/10.1108/JPMH-03-2019-0036

Kang Danbee, Bae Ka Ryeong, Lim, J., Kim Nayeon, Shim Sungkeun, Kweon, S. S., Jeong, S. H., & Cho Juhee. (2022). Impact of objective financial burden and subjective financial distress on spiritual well-being and quality of life among working-age cancer survivors. *Supportive Care in Cancer*, *30*(6), 4917–4926. Health & Medical Collection. https://doi.org/10.1007/s00520-022-06906-w

Kong, Y.-C., Kimman, M., Subramaniam, S., Yip, C.-H., Jan, S., Aung, S., Khoa, M., Ngelangel, C., Nyein, H., Sangrajrang, S., Tanabodee, J., Bhoo-Pathy, N., Arounlangsy, P., Balete, S., Bounxouei, B., Bui, D., Datukan, J., Gorospe, A., Khopaibul, P., & Woodward, M. (2022). Out-of-pocket payments for complementary medicine following cancer and the effect on financial outcomes in middle-income countries in southeast Asia: A prospective cohort study. *The Lancet Global Health*, *10*, e416–e428. https://doi.org/10.1016/S2214-109X(21)00595-7

Krishnamoorthy, Y., Ganesh, K., Sakthivel, M., Priyan, S., Rehman, T., & Surendran, G. (2020). Costs incurred and determinants of out-of-pocket payments for child delivery care in India: Evidence from a nationally representative household survey. *The International Journal of Health Planning and Management*, *35*(1). https://doi.org/10.1002/hpm.2953

Meleddu, M., Pulina, M., & Scuderi, R. (2020). Public and private healthcare services: What drives the choice? *Socio-Economic Planning Sciences*, *70*, 100739. https://doi.org/10.1016/j.seps.2019.100739

Ming Yao Lim, Hanin Farhana Kamaruzaman, Wu, O., & Geue, C. (2023). Health financing challenges in Southeast Asian countries for universal health coverage: A systematic review. *Archives of Public Health*, *81*, 1–12. Publicly Available Content Database. https://doi.org/10.1186/s13690-023-01159-3

Murthy, S., Aneja, P., Asirvatham, A. J., Husemoen, L. L. N., Rhee, N. A., & Kesavadev, J. (2021). Understanding Patients' Willingness to Pay for Biphasic Insulin Aspart 30/70 in a Pen Device for Type 2 Diabetes Treatment in an Out-of-Pocket Payment Market. *PharmacoEconomics - Open*, *5*(2), 261–273. https://doi.org/10.1007/s41669-020-00246-3

Nguyen Minh, D., Taneepanichskul, N., & Hajek, R. (2020). Effectiveness of a Health Talk Education Program on Human Papillomavirus (HPV) Knowledge, Attitudes, and Intentions to Vaccinate Children Among Mothers of Secondary School Boys in Thua Thien Hue Province, Vietnam. *Risk Management and Healthcare Policy*, *13*, 1207–1214. https://doi.org/10.2147/RMHP.S259097

Panda, H. S., Rout, H. S., & Jakovljevic, M. (2024). Catastrophic health expenditure of inpatients in emerging economies: Evidence from the Indian subcontinent. *Health Research Policy and Systems*, *22*, 1–10. Health & Medical Collection; Political Science Database; Publicly Available Content Database. https://doi.org/10.1186/s12961-024-01202-x

Park, H. N., Park, D. J., Han, S. Y., Tae, J. Y., Jung, K., Bae, E. J., & Yoon, J. Y. (2022). Effect of inpatient experiences on patient satisfaction and the willingness to recommend a hospital: The mediating role of patient satisfaction: A cross-sectional study. *Health Science Reports*, *5*(6), e925. https://doi.org/10.1002/hsr2.925

Sabermahani, A., Sirizi, M. J., Zolala, F., & Nazari, S. (2021). Out-of-Pocket Costs and Importance of Nonmedical and Indirect Costs of Inpatients. *Value in Health Regional Issues*, *24*, 141–147. https://doi.org/10.1016/j.vhri.2020.05.004

Sharma, S. K., Jaison, J., Hari, S. D., & Nambiar, D. (2023). Assessing inequalities in publicly funded health insurance scheme coverage and out-of-pocket expenditure for hospitalization: Findings from a household survey in Kerala. *International Journal for Equity in Health*, *22*, 1–14. Health & Medical Collection; Publicly Available Content Database. https://doi.org/10.1186/s12939-023-02005-2

Wang, P., Cheng, L., Li, Y., Zhang, Y., Huang, W., Li, S., Wang, Z., Linghan Shan, Jiao, M., & Wu, Q. (2023). Factors and key problems influencing insured's poor perceptions of convenience of basic medical insurance: A mixed methods research of a northern city in China. *BMC Public Health*, *23*, 1–16. Health & Medical Collection; Publicly Available Content Database. https://doi.org/10.1186/s12889-023-15993-1

World Bank Open Data. (2024, April 15). World Bank Open Data. https://data.worldbank.org

Yeung, K., Barthold, D., Dusetzina, S. B., & Basu, A. (2020). Patient and Plan Spending after State Specialty-Drug Out-of-Pocket Spending Caps. *New England Journal of Medicine*, *383*(6), 558–566. https://doi.org/10.1056/NEJMsa1910366

Zaidi, S., Das, J. K., Jamal, W., Ammarah Ali, Siddiqui, F., Thabet, A., Hassan, S., & Awad Mataria. (2023). Government purchasing initiatives involving private providers in the Eastern Mediterranean Region: A systematic review of impact on health service utilisation. *BMJ Open*, *13*(2). Health & Medical Collection; Publicly Available Content Database. https://doi.org/10.1136/bmjopen-2022-063327

Ziegler, S., Srivastava, S., Parmar, D., Basu, S., Jain, N., & De Allegri, M. (2024). A step closer towards achieving universal health coverage: The role of gender in enrolment in health insurance in India. *BMC Health Services Research*, *24*, 1–16. Health & Medical Collection; ProQuest One Business; Publicly Available Content Database. https://doi.org/10.1186/s12913-023-10473-z

Zodpey, S., & Farooqui, H. H. (2018). Universal Health Coverage in India: Progress achieved & the way forward. *Indian Journal of Medical Research*, *147*(4), 327. https://doi.org/10.4103/ijmr.IJMR_616_18