

Impact of COVID-19 on Health Systems and household level OOPE: Evidence from a developing state of India

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April 20, 2024

Abstract

Background & Objective : Covid-19 caused insurmountable misery to individuals and health systems and caused millions of infections and deaths globally. The situation was not different in India. This study based upon primary household survey generated evidence on the health seeking behavior during COVID 19, OOPE (Out Of Pocket Expenditure) due to COVID related hospital visits and how a federal unit under the India union responded to the crisis. **Methodology:** The study collected primary data from a representative sample of 3,584 households and 276 COVID-19 positive patients who received treatment in an institution or hospital as in-patients were selected from four district of Odisha, India. Descriptive statistics like mean, median and percentage were used to present the findings of the study. **Results:** More than half of the sample households faced difficulty in accessing health services during the COVID and a majority of them had difficulty due to non-availability of transport facility followed by closure of medical facilities. Our findings further suggested that 53% of the households in the first wave and 63% in the second wave did not pay anything out of their pocket for availing outpatient care services. For inpatient care, 70% in the first wave and 62% in the second wave did not spend anything from their pocket. It was also observed that a majority around 90% in the wave 1 and 74% in the wave 2 accessed public health facilities for Covid related inpatient care. From among those incurred any OOPE, the average OOPE for the outpatient visit was INR 2312 in the wave 1 and INR 2694 in the wave 2. Similarly for the inpatient care, it was Rs 21,045 in the wave 1 and Rs 1,09,335 in the wave 2. **Conclusion:** Our findings offer crucial insights into the health-seeking behavior of individuals and the difficulties experienced by both COVID and non-COVID-19 patients during the pandemic. Moreover, the findings suggested that the initiatives introduced by the state government resulted in averting OOPE by many households. Learning from managing large disasters experienced earlier, the state's health management strategies were unique which resulted in more individuals accessed care from public health systems and incurred less OOPE.

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