

Research Article

Comparative Analysis of Out of Pocket Expenditure at Public and Private Health Facilities in Islamabad

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Keywords

- Out of Pocket Expenditure
- Public
- Private
- Burden
- Low Income

Abstract

Public health care facilities and private health care facilities in terms of out of pocket expenditure leads to heavy economic burden on high, middle and low income communities. A study found that individuals in the richest quintile are more likely to use private health care facilities. Even for among poorest quintile, private facilities are used for more than 20% of total outpatient visits in certain countries. The expenditure on health becomes unaffordable for the average citizen. The people still prefer private health care institutions which are costly but they have the essential facilities. The research work presents the comparison of out of pocket expenditure at public and private health care institution and also highlights its association with various income groups. The universe of the research was a public hospital Pakistan institute of medical sciences and a private hospital Shifa International Hospital at Islamabad. A quantitative research with a questionnaire was conducted to collect data from a sample of 220 respondents. The significant findings of the research presents that majority of the respondents have preferred private hospitals because of their proper health services. The reasons for this preference for private hospital have been the facilities, the clean environment and the services of the doctors toward their patients. The health recovery period has been quick at private hospital as majority of the respondents agreed. The research has indicated an increase in out of pocket expenditure on health. It has been a burden because of low income of the people. The various medical tests have also been costly. This research Out of Pocket Expenditure on health (medicine) is burden because of low income, is accepted because the significance level of the data highly supported the hypothesis.

ABBREVIATIONS

OOPE: Out of Pocket Expenditure; PIMS: Pakistan Institute of Medical Sciences; WHO: World Health Organization; SES: Socio Economic Status; BBP: Basic Benefit Package; GDP: Gross Domestic Product; Rs: Rupees

INTRODUCTION

It is an increasing debate in many contexts that role of private health care facilities and public health care facilities in terms of out of pocket expenditure lead to heavy economic burden on high, middle and low income communities. Across the Pakistan, health service delivery is performed through public and private sectors. However, the size and role of private sector varies in various cities. Regardless of economic development, private facilities include faith-based facilities (religious charities), non-government non-profit organizations and private for-profit facilities. And in many contexts, their importance is growing. There are great differences among private facilities in terms of their objectives, principles, operation styles, and location to name a few. They can range from an informal private service provider operating in a slum area of a large city, a high-end clinic providing sophisticated care for the elite in the rich neighborhoods of the same city to a church-run non-profit health center in a rural village

where public services may not even exist. The role of private health providers has sparked controversial debates in low-and middle income communities for some reasons as private sector health facilities may lead to gains in efficiency, responsiveness, and quality and consumer choice. Indeed, the private sector has complemented or taken on health service delivery functions with positive outcomes in some contexts. The private hospitals are considered more expansive as compared to the public hospitals in Pakistan. The low and middle income citizens are unable to meet the medical expenses at private health care institution. The out-of-pocket expenditure is high. Others have argued that relying on public provision for health care services is the best guarantee for equitable access and for better health outcomes for the whole population. The government owned sector or the public sector on multiple occasion fails to provide the essential health care which is needed for the ordinary citizens of the country. There are different types of facilities regarding health which includes the treatment of chronic diseases, different diagnostic tests and surgery. These facilities on certain occasion are lacking in the government health care institution and the people are facing difficulties while meeting these essentials requirement. They are meeting these medical needs from other private institution or private clinics while spending a large amount. This out-of-pocket expenditure has outlasting financial effects on the people that

eventually hamper the development and betterment of an overall society. Along with the internal facilities at hospital, the external facilities, particularly the environment existing in private and public hospitals is also debatable. It has also an important effect on the visitors because clean environment inside the hospital according to the respondents have an important effects on the healing process of the patients. The medicines that are used in the hospitals are also the issue to be discussed. In order to achieve a safe health the quality and the quantity of medicine plays an important role. The universal health is possible only if the medicines are available at the required proportion. The example of India clarify that a large number of people are dying because of the unavailability of medicines. A descriptive study was carried out in Chhattisgarh, India, according to (Sulakshana, et.al, 2017) [1-17], which was aimed to assess the relationship between enrolment, utilization and their financial burden on public and private hospital users. They found that large proportion of household member experience catastrophic expenditure. A country like Pakistan, which has a large population below the poverty line, is facing the same difficulty because the unavailability of medicine and the costly medicine has added to the problem of the citizen. Those people having low income are the mostly the victim of such phenomenon. This phenomenon further increased the out-of-pocket expenditure on health and making it an unbearable burden on the low income community. This study is about investigation and comparative analysis to collect the evidence on the relative advantages of the public and private sector in health service provision in Islamabad. Both the public and private health care institutions have their advantage and disadvantages while providing the citizen with basic health facilities.

MATERIALS AND METHODS

A descriptive and co-relational study was conducted, covering the middle and low income based community segments visiting the public and private health care facilities in Islamabad during the study period of 3 months (after approval of synopsis) in 2016.

Purpose of the study

The research purpose was to assess, compare and analyze the burden of Out of Pocket Expenditure (OOPE) on low and middle income community groups at public and private health care facilities in Islamabad.

Major assumptions

1. The individuals in the richest quintile are more likely to use private facilities as compared to lowest income group.
2. The burden of Out of Pocket Expenditure among the people who have lower income is different for public and private hospitals.
3. Quality of medicine is essential in saving the lives of the people. Therefore, a large number of people are losing their lives because of unavailability of medicines.
4. There has been found an increase in the health expenditure and it has become an unaffordable burden for the people having low income.

5. There is a need of reform in the health economics of Pakistan in order to improve the quality of health.

Study settings

The study was carried out at Islamabad within two largest health care facilities, one from Public sector (PIMS) and second from private sector (Shifa International). These two hospitals have been providing the healthcare facilities with a large number of patients who were sufficient enough for the researcher to draw a sample of study.

Study participants

All adults doing out of pocket health expenditure during last one year were the participants of this study. It has been found that the earning members of the family have to spend the resources on medical care. The earning member of the families are mostly adults, thus the researcher choose adults as his study participants in order to collect valid and useful data.

Sampling

Convenience sampling has been used for this research. It was easy for the researcher to collect data from those respondents who were there at hospital. Sample size was 240 respondents. 120 respondents were taken from Pakistan Institute of Medical Sciences (PIMS) and 120 respondents were taken from Shifa International Hospital.

Sample size calculation

Sample size = $(Z\text{-score})^2 (\text{Standard Deviation})^2 / (\text{Margin of Error})^2$

$$\text{Sample size} = (1.645)^2 (0.5)^2 / (0.05)^2$$

$$\text{Sample size} = 259$$

Variables

The variable used in the research include; (income, diseases time, out of pocket expenditure: OOPE, frequency of visiting doctors and socioeconomic status (SES). The variables of the research have been discussed with all details in the introduction and the literature review of the study.

Data collection

The researcher used self-structured questionnaire as a tool in order to collect data from the respondents.

Data Analysis Plan

The data were analyzed on Statistical Package for Social Science (SPSS). It has been designed specifically for research purpose. Chi-square test was applied for categorical variables to check the significance level of data.

ETHICAL CONSIDERATIONS

Ethical consideration was taken from IRB before conducting the study. Ethical standards are the necessary parts while conducting a research. A researcher should keep confidential, all the personal information about the respondents. The researcher asked each respondent about their time (availability). Those who were convenient to fill the questionnaire were asked to fill the questionnaire only.

Limitations of the study

All Adults doing the OOPE from their own pockets in last one year were included and those adults who were on official panels and their expenditures are met by their employers, were excluded from the study.

Hypothesis

The Out-of-pocket expenditure on Health leads to an economic burden on the low income community.

- H_1 : The OOPE on health likely leads to economic burden on low income community
- H_0 : The OOPE on health not likely leads to economic burden on low income

RESULTS

The findings of the research along with the frequency table are presented below.

Analysis		Frequency	Percent
Earning Members of a Family	One	110	50.0
	Two	60	27.3
	Three	24	10.9
	More than three	26	11.8
Earning source	Private employee	134	60.9
	General citizen	47	21.4
	Other	39	17.7
Monthly Income	< 10,000 Rs	35	15.9
	<20,000 Rs	40	18.2
	<30,000 Rs	41	18.6
	<40,000 Rs	31	14.1
	> 40,000 Rs	73	33.2
Annual expenses on health during last year	< 50,000	84	38.1
	< 100,000	53	24.1
	< 1,50,000	25	11.4
	<200,000	16	7.3
	>200,000	42	19.1
Diagnostic expenses at hospital	< 1500	56	25.5
	<3000	34	15.5
	<4500	42	19.1
	> 4500	88	40.0
Expenditure on surgery during last year	<one month income	50	22.7
	>one month income	64	29.1
	= to one month income	11	5.0
	>last year's income	19	8.6
	No surgery	76	34.5
OOPE on medicine during last year	Less than one month income	99	45.0
	More than one month income	86	39.1
	Equal to one month income	20	9.1
	More than last year's income	15	6.8
Transport facilities used by respondents	Public transport	84	38.2
	Private transport	66	30.0
	Rented vehicle	68	30.9
	Other	2	0.9

OOPE on transport with each visit	<500	74	33.6
	<1000	48	21.8
	<1500	32	14.5
	<2000	14	6.4
	>2000	52	23.6
Preference for health facilities	Public	75	34.1
	Private	145	65.9
Expected facilities available at hospital	Yes	146	66.4
	No	34	15.5
	Neutral	40	18.2
Treatment of chronic diseases	Yes	99	45.0
	No	25	11.4
	Neutral	96	43.6
Unhygienic environment	Agree	104	47.3
	Strongly agree	80	36.4
	Disagree	4	1.8
	Strongly disagree	2	0.9
	Don't know	30	13.6
OOPE burden on health	Agree	113	51.4
	Strongly agree	26	11.8
	Disagree	43	19.5
	Strongly disagree	4	1.8
	Don't know	34	15.5
Health facilities costly at private hospital	Agree	81	36.8
	Strongly agree	121	55.0
	Disagree	11	5.0
	Strongly disagree	3	1.4
	Don't know	4	1.8
Transport facility better in private hospital	Agree	79	35.9
	Strongly agree	22	10.0
	Disagree	43	19.5
	Strongly disagree	10	4.5
	Don't know	66	30.0
Quick recovery at private hospital	Agree	93	42.3
	Strongly agree	52	23.6
	Disagree	20	9.1
	Strongly disagree	1	0.5
	Don't know	54	24.5
Clean environment in private hospital	Agree	105	47.7
	Strongly agree	80	36.4
	Disagree	5	2.3
	Strongly disagree	1	0.5
	Don't know	29	13.2

Satisfactory services in private hospital	Agree	101	45.9
	Strongly agree	50	22.7
	Disagree	22	10.0
	Strongly disagree	3	1.4
	Don't know	44	20.0
Public hospital are better health guarantor	Agree	67	30.5
	Strongly agree	18	8.2
	Disagree	76	34.5
	Strongly disagree	15	6.8
	Don't know	44	20.0
Satisfactory services at public hospital	Agree	77	35.0
	Strongly agree	28	12.7
	Disagree	66	30.0
	Strongly disagree	12	5.5
	Don't know	37	16.8
Quality medicine used in public hospital	Agree	87	39.5
	Strongly disagree	16	7.3
	Disagree	49	22.3
	Strongly disagree	5	2.3
	Don't know	63	28.6
Satisfactory behavior towards patient	More satisfactory in public hospital	35	15.9
	More satisfactory in private hospital	124	56.4
	Both are satisfactory	59	26.8
	Both are not satisfactory	2	0.9
Charges with each visit	<500	110	50.0
	<1000	18	8.2
	<1500	68	30.9
	>1500	24	10.9

Hypothesis Testing

Preference for health facilities depend upon the income of the people

		Preference of respondent for health facilities		Total
		public	private	
Monthly income of respondent	less than 10,000 Rs	20	15	35
	between 10,000 and 20,000 Rs	23	17	40
	between 20,000 and 30,000 Rs	11	30	41
	between 30,000 and 40,000 Rs	9	22	31
	above 40,000 Rs	12	61	73
Total		75	145	220

The table above shows that there is a relationship between the income of the people and their preferences for health facilities. Those having low income have moved towards public hospital while people with high income have moved towards the private hospital for their health facilities. The more the income of the people the more they used to have private health facilities.

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.472 ^a	4	.000
Likelihood Ratio	29.687	4	.000
Linear-by-Linear Association	25.633	1	.000
N of Valid Cases	220		

The Pearson Chi-square value in the above table is 29.472 whereas the degree of freedom is 4. The significance level is 0.000 which clearly indicates a positive relationship between the variable of the hypothesis that the preference of people for their health facilities depends upon the income of the people.

		OOPE on health is burden because of low income					Total
		agree	strongly agree	disagree	strongly disagree	don't know	
OOP expenditure on medicine during last year	less than one month income	44	11	24	3	17	99
	more than one month income	55	8	6	1	16	86
	equal to one month income	7	3	9	0	1	20
	more than last year's income	7	4	4	0	0	15
Total		113	26	43	4	34	220

The above table clearly indicates a relationship between the expenditures on health and the income of the people. The expenditure on health (medicine) has become a burden on the people because of their low income. Majority of the respondents have agreed that the out-of-pocket expenditure on health has been more than their income, thus they felt it a burden because of their low income.

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.357 ^a	12	.003
Likelihood Ratio	32.327	12	.001
Linear-by-Linear Association	2.342	1	.126
N of Valid Cases	220		

The person Chi-square has a value of 29.357, df 12 and a significance value of 0.003. The table suggests that significance level is 0.003 which is less than 0.005 and it shows that the data is highly significant. The hypothesis, OOPE on health (medicine) is burden because of low income, is supported by significance level of the table.

DISCUSSION

The current research was conducted in order to make a comparative analysis of out-of-pocket expenditure at public and private health facilities in Islamabad. The universe of the study was two hospitals at Islamabad. One was a public hospital (Pakistan Institute of Medical Sciences) and the other was private (Shifa international hospital). A quantitative research was conducted and the data were collected on the basis of a structured questionnaire. A total of 220 respondents were taken while keeping in the overall population of the two hospitals. Only those respondents were selected through sampling methods that were doing their out-of-pocket expenditure on health at their own. They were neither government employees nor they were using other sources for the fulfillment of their expenditure on health. Out of 220 respondents 134 were private employee which accounted for about 60.9 percent of the total. 47 of the respondents were general citizens which accounted for about 21.4 percent and 39 respondents were having occupation like agriculture, business and other such source of income earning. Both male and female respondents were target population of the current research. The findings of the research suggest that all the respondents of the study were doing out-of-pocket expenditure at their own. Those respondents who were utilizing the public hospital have low income having a range less than twenty thousand (20,000). On the other hand those respondents who were utilizing the private hospital have an income range more than forty thousand (40,000). The OOPE on health has been burden particularly for the low income people. The expenditure on health during the last year has been greater than the income of majority of the respondents.

They patients particularly visiting the public hospitals were on the low income side and their expenditure has been far greater than their monthly and annual income. Majority of the respondents of the research have their diagnostic expenses more than Rs4500, which shows that the diagnostic expenses are high at hospital. The people have to pay a good amount at private hospital as visiting charge, but that amount at public hospital was almost not, as the current research work has proved. It was also found during the study that the expenditures on medicine and other health related problems like surgery have compelled the people to spend a large amount of their income as out-of-pocket expenditure. 86 respondents out of total 220 respondents have their OOPE on medicine more than their monthly income which makes 45.0 percent of the total sample. It was clearly stated that majority of the respondents have preferred private hospitals because of their proper health services. The reasons for this preference for private hospital have been the facilities, the clean environment and the services of the doctors toward their patients. Out of 220 respondents 105 and 80 respondents were agreed and strongly agreed with the view that clean environment has been observed in private hospitals. It accounts for 47.7 and 36.4 percent of the total respectively. The clean environment and the behaviors of the doctors towards their patient has been a factor for attracting the patients towards private hospital. The health recovery period of patients has been quick at private hospital as majority of

the respondents agreed. A vast majority of respondents agreed with the view means, the private health care institution have far better facilities as compared to the public health care institution. An important part of the data indicates that 99 respondents out of 220 were of the view, chronic diseases have been treated in the hospitals and it makes 45.0 percent of the total respondents. 25 respondents were of the view that such diseases have not been treated in the hospital where as 96 respondents were neutral to the question. It means the mechanism for the treatment of diseases in both public and private health care institutions have been satisfactory. It is a sunny side for both the public and private health care institution. The respondents have their view that they were satisfied with the facilities available to them at health care institution, but the public health care institution have not been better health guarantor. It requires a good deal care from the state so that people can have an access to a quality health.

CONCLUSION

Burden of OOP Expenditure among the people who have lower income is different for public and private hospitals. Compared to the private hospital, the public health care institutions are charging lower unregulated prices. The private health care institutions were although considered costly but the people have their preference towards private hospitals. They have certain advantages over public hospitals. The significant finding of the research indicated that out-of-pocket expenditure on health has been a burden because of different reasons; public hospitals have been lacking the proper facilities. The qualities of medicine have not been satisfactory at public health care institution. There are several hurdles according to World Health Organization (WHO), which are not allowing the countries to achieve universal health facilities. Among these hurdle one of the major hurdle is while meeting the health services is a direct payment by patient or out-of-pocket expenditure (OOP). This out-of-pocket expenditure has always been a burden in country like Pakistan because majority of the population have limited income.

FUTURE RECOMMENDATIONS

1. Public sector hospitals must bring their standards at par to match private sector health facilities.
2. Private sector is recommended to enhance their services to target low and middle income people. The corporate focus must be social responsibility instead of higher profitability.
3. State should come forward to regulate private hospitals maximum expenditure limits.

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ANNEX A

Consent Form

The purpose of this questionnaire is to collect data for Academic research. Please fill the questionnaire precisely to give us the important information. We are morally bound to take all the measures for maintaining confidentiality.

Name of Respondent: _____

Signature of Respondent: _____

Comparative Analysis of Out of Pocket Expenditure at Public and Private Health Facilities in Islamabad

The major variables of the questionnaire are Out of Pocket Expenditure and Health Facilities (Public and Private).

Demographic Information

Relationship of Respondent to the patient: _____

Age: _____

Gender: _____

Marital Status: _____ a) Single b) Married

Family Type: _____ a) Nuclear b) Joint c) Extended

Earning Member: _____

Variable: Out of Pocket Expenditure

1. Monthly income of the respondent _____

c) a) Less than Rs. 10,000

b) Between Rs. 10,000 and 20,000 Between Rs. 20,000 and 30,000

- d) Between Rs. 30,000 and 40,000
- e) Above Rs. 40,000 (Mention)
2. Earning source of the respondent
 - a) Government Employee
 - b) Private Employee
 - c) General Citizen
 - d) Other
3. Estimated monthly expenditure of respondent during the last year
 - a) Greater than income
 - b) Less than income
 - c) Equal to income
4. Annual expenses of the respondent on Health (during the last Year)_____
5. Are you fulfilling the expenses on health at you own Out of Pocket Expenditure?
 - a) Yes
 - b) No
6. You have spent a visiting charge of Rs. _____ to the hospital with each visit during the last year.
7. The diagnostic expenses at hospital , which includes;
 - i) Laboratory tests
 - ii) X-Ray
 - iii) Ultrasound
 - iv) CT Scan
 - v) Others (Encircle any option from above, if not all)
 - a) Less than Rs. 1500
 - b) Rs. 1500 to 3000
 - c) Rs. 3000 to 4500
 - d) More than Rs. 4500
8. Your, Out of pocket expenditure on treatment charge like surgery during the last year has been
 - a) Less than your 1 month income
 - b) More than your 1 month income
 - c) Equal to your 1 month income
 - d) More than your last year income
 - e) Mention if other
9. Your, Out of Pocket expenditure on medicine during the last year has been
 - a) Less than your 1 month income
 - b) More than your 1 month income
 - c) Equal to your 1 month income
 - d) More than your last year income
 - e) Mention if other
10. The transport facility that you have been using (for hospital) during the last year are

- a) Public transport
 - b) Private transport
 - c) Rented vehicle
 - d) Other
11. The amount (Out of Pocket Expenditure) on transport with each visit to hospital is_____

Variable: Health Facilities

12. Which sector would you like to prefer for your health facilities?
- a) Public
 - b) Private
13. The Hospital that you have been visiting is providing proper (expected) health services?
- a) Yes
 - b) No
 - c) Neutral
14. Do you think that chronic diseases are also being treated in this hospital?
- a) Yes
 - b) No
 - c) Neutral
15. An unhygienic environment has a negative impact on the healing process of the patient.
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Don't know
16. The out of pocket cost for health has been a burden because of low income of the respondent
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) neutral

Private sector

17. Do you think that health facilities at private hospital are costly?
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Don't know
18. Do you think that the recovery period (from illness) is quick in private hospitals?
- a) Agree
 - b) Strongly agree

- c) Disagree
 - d) Strongly disagree
 - e) Neutral
19. Clean environment (internal) is observed in private hospital.
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Neutral
20. Do you think that the services of visiting doctors in private hospitals are satisfactory?
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Neutral
21. Private health care institution have better transport facilities
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Neutral

Public sector

22. Do you think that the public health facilities are better health guarantor?
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Neutral
23. Do you think that the health facilities at public health institution are satisfactory?
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree
 - e) Neutral
24. Satisfactory quality of medicines are used in public hospitals
- a) Agree
 - b) Strongly agree
 - c) Disagree
 - d) Strongly disagree

- e) Neutral
- 25. The behavior of doctors towards patients is satisfactory.
 - a) More satisfactory in public hospital
 - b) More satisfactory in private hospital
 - c) Both are satisfactory
 - d) Both are not satisfactory

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