

Figure 4.3.1 shows the change in the public share of health financing between 2000 and 2010. On average, the public share of health spending has slightly increased in the Asian countries and economies from 44.4% in 2000 to 46.6% in 2010. This is about the same share as in the United States, but is much lower than the average in OECD countries, where the public sector accounted for 72.2% of financing in 2010, similar to 2000. In Thailand, Brunei Darussalam, and the Solomon Islands, public financing accounted for more than 75% of all health expenditure, while it accounted for less than one third of total health spending in Lao PDR, Nepal and India. Myanmar reported only 12.2% of public health spending in total health spending.

The public share of health spending has increased significantly over the past ten years in Thailand, Pakistan, Cambodia and China (15 points of share or more), while it has decreased significantly in Singapore and Mongolia (-15 points or more).

Out-of-pocket payments represent more than 50% of total expenditure on health in Pakistan, Lao PDR, the Philippines, Singapore, India, Bangladesh and Viet Nam, while they reach 80% in Myanmar. This share is less than 20% in Fiji, Papua New Guinea, Brunei Darussalam, Thailand and Solomon Islands. On average, in Asian countries and economies the share of total health spending paid out-of-pocket has fallen by 6.7 percentage points since 2000, four times more than OECD countries (Figure 4.3.2).

The trend, however, is quite diverse across the countries and economies. Eleven reported an increase, including the Philippines where the share of out-of-pocket spending increased by more than 10 percentage points between 2000 and 2010. Thirteen reported a decrease, including the

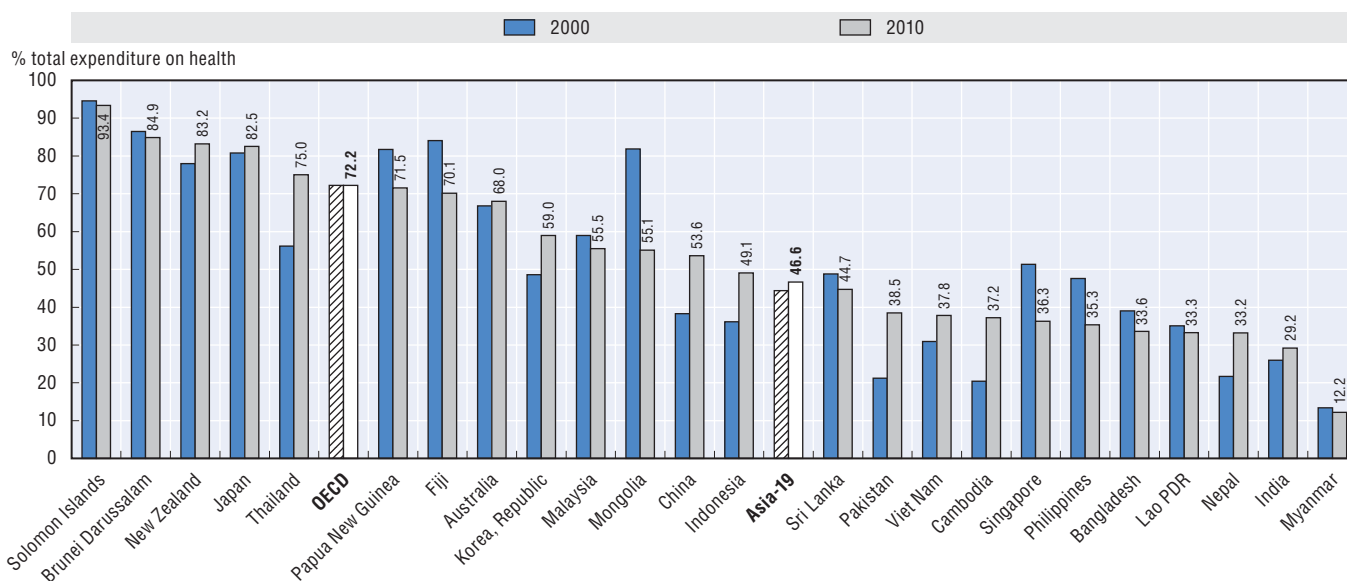
Republic of Korea, Pakistan, Thailand, China, Nepal and Cambodia where the share fell by more than 10 percentage points over the same period.

In general, private household out-of-pocket payments, comprising direct payments, and cost-sharing payments, form the greater part of private funding sources (Figure 4.3.3). In Mongolia, Nepal, Viet Nam, Bangladesh, Myanmar and Brunei Darussalam, out-of-pocket health spending represents 90% or more of private health spending. As in OECD countries, private prepaid and risk pooling plans play a role in Thailand, Malaysia, the Philippines, Fiji and Singapore where their share in private health spending is 10% or higher. It should be noted that the private sector also comprises health expenditure by non-profit institutions serving households and corporations.

Definition and comparability

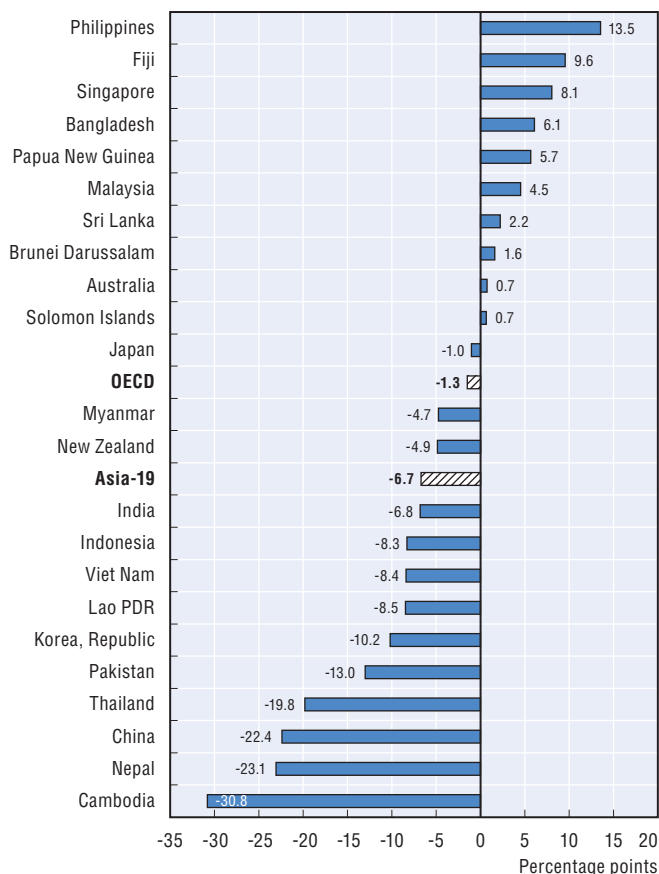
The financing classification used in the *System of Health Accounts 2011* provides a complete breakdown of health expenditure into public and private units incurring expenditure on health. Public financing includes general government expenditure and social security funds. Private sector comprises pre-paid and risk pooling plans, household out-of-pocket expenditure and non-profit institutions serving households and corporations. Out-of-pocket payments are expenditures borne directly by the patient. They include cost-sharing and, in certain countries, estimations of informal payments to health care providers.

4.3.1. Public share of total expenditure on health, 2000 and 2010



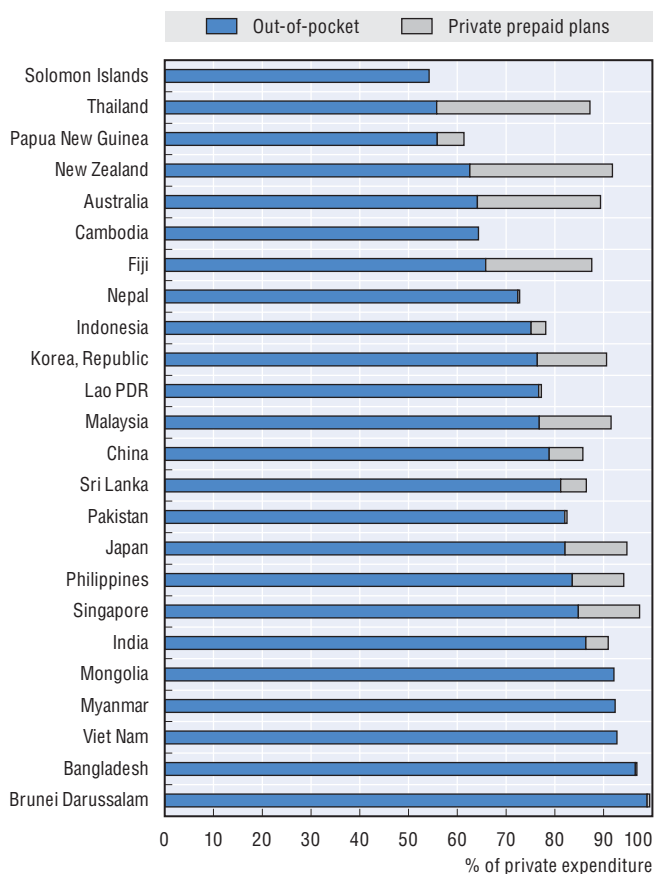
Source: WHO Global Health Expenditure Database; OECD Health Data 2012.

4.3.2. Change in out-of-pocket spending as a share of total expenditure on health, 2000-10



Source: WHO Global Health Expenditure Database; OECD Health Data 2012.

4.3.3. Out-of-pocket and private prepaid plans spending as a share of private expenditure, 2010



Source: WHO Global Health Expenditure Database.

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