

# Out-of-pocket expenditure of families on the healthcare of children younger than 5 years

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Dear Editor

We read the publication with great interest.<sup>1</sup> Shrivastava and Shrivastava concluded that ‘*the maximum out-of-pocket expenditure was for accident/trauma cases, and overall the largest share was for buying medications for the treatment.*’<sup>1</sup> We would like to share ideas on this finding. In fact, the expenditure for health is an important consideration in public health management. For the rural area, the expenditure is usually a problem for the local people. In our setting, Thailand,<sup>2</sup> the universal coverage is provided and this might help reduce the expenditure for medication. However, the local people usually pay for drugs at a locally available drugstore because of the long distance of travel to the primary care unit that provides free service. In the study by Shrivastava and Shrivastava, an important forgotten expenditure is on the indirect cost, which should include travel cost and loss of daily salary of the parents who have to be absent for normal work to bring the children to get medical service.

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## REFERENCES

1. Shrivastava SR, Shrivastava PS. A cross-sectional study to assess the out-of-pocket expenditure of families on the health care of children younger than 5 years in a rural area. *Fam Med Community Health* 2018;6:124–30.
2. Yiengprugsawan V, Kelly M, Seubsman SA, *et al*. The first 10 years of the Universal Coverage Scheme in Thailand: review of its impact on health inequalities and lessons learnt for middle-income countries. *Australas epidemiol* 2010;17:24–6.