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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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| | Mean | | | Country- | | | |
|--------------------------------------|-----------------|---------|---------|----------|-----------|---------------------------|-------------|
| Variable | (SD) | Min | Max | years | Countries | Coding | Source |
| GDP ¹ | 4031.65 | 39.32 | 24567.0 | 803 | 89 | PPP constant per capita | World Bank |
| | (4174.81) | 57.52 | 2 | 005 | 07 | TTT, constant, per capita | Indicators |
| Public Health spending ¹ | 135.24 | 0.87 | 1190.06 | 803 | 89 | PPP constant per capita | World Bank |
| | (184.71) | 0.01 | 1190 00 | 005 | 0, | TTT, constant, per capita | Indicators |
| Private Health spending ¹ | 98.84 | 0.54 | 524.84 | 813 | 89 | PPP, constant, per capita | World Bank |
| | (99.22) | | | 010 | | | Indicators |
| Antenatal coverage ² | 68.04 | 14.60 | 96.9 | 47 | 47 | Proportion of pregnancies | WHO |
| | (23.52) | | | | | | |
| Skilled Birth ³ | 76.73 | 10.00 | 100.00 | 59 | 59 | Proportion of births | WHO |
| Official Development | $(25 \cdot 72)$ | | | | | - | Would Douls |
| Assistance ¹ | $4/\cdot//$ | -15.77 | 927.17 | 793 | 89 | PPP, constant, per capita | world Bank |
| Assistance | (70.47) | | | | | | World Bank |
| Tax revenue ¹ | (980.28) | 0.65 | 6676.87 | 813 | 89 | PPP, constant, per capita | Indicators |
| | 310.31 | | | | | | World Bank |
| Good & Service (Tax) ¹ | (440.24) | 1.03 | 2928.42 | 806 | 89 | PPP, constant, per capita | Indicators |
| 1 | 29.92 | | | | | | World Bank |
| Other forms of Tax ² | (48.93) | -101.91 | 317.43 | 756 | 87 | PPP, constant, per capita | Indicators |
| Income, Profits and Capital | 910.69 | 1.02 | 6638.05 | 206 | 00 | | World Bank |
| Gains (Tax) ¹ | (1137.52 | 1.03 | 7 | 806 | 88 | PPP, constant, per capita | Indicators |
| Neonotal montality | 20.67 | 2.74 | 59 12 | 750 | 80 | Don 1 000 live high | HIME |
| Neonatai mortaiity | (12.25) | 2.14 | 38.13 | 739 | 89 | Per 1,000 live births | ITIME |
| Post neonatal mortality | 17.40 | 0.08 | 61.27 | 750 | 80 | Par 1 000 live births | IHME |
| Post-neonatal moltanty | (13.59) | 0.98 | 01.71 | 139 | 09 | Fer 1,000 live birtils | |
| Infant mortality $(1-5)$ | 15.87 | 0.32 | 106.33 | 759 | 89 | Per 1 000 live births | IHME |
| Infant mortanty (1-3) | (21.66) | 0.32 | 100.33 | 157 | 07 | | |
| Under five mortality | 52.41 | 4.04 | 199.64 | 759 | 89 | Per 1 000 live births | IHME |
| | (42.26) | | 177 01 | 137 | 07 | | |
| Maternal mortality | 226.61 | 9 | 1772.8 | 734 | 80 | Per 100.000 births | IHME |

Web Appendix 1: Summary statistics

| | (272.36) | | | | | | |
|---------------------|------------------|-----|-----|----|----|------------------------------|-----|
| Healthcare coverage | 54·51 (37·94) | 0.1 | 100 | 88 | 88 | Proportion of the population | ILO |

Notes:

1 - Per capita, adjusted for inflation and purchasing-power.
2 - Proportion of pregnancies where the mother receives four or more antenatal visits.
3 - Proportion of births attended by a skilled health professional



Web Appendix 2a: Antenatal coverage and tax revenue among 48 Low- and Middle-Income Countries

Notes: Source: World Bank Indicators and World Health Observatory. Some countries are not labelled for sake of clarity. Country observations are taken from different years (i.e., Brazil is 2010 while Kenya is 2009). Tax revenue is adjusted for inflation and purchasing-power. Some countries have very low (but non-zero) tax revenues and quite high levels of antenatal coverage. These countries also receive high levels of external aid.



Web Appendix 2b: Proportion of births attended by skilled health personnel and tax revenue among 59 Low- and Middle-Income Countries

Notes: Source: World Bank Indicators and World Health Observatory. Excludes Hungary. Some countries are not labelled for sake of clarity. Country observations are taken from different years. Tax revenue is adjusted for inflation and purchasing-power..Some countries have very (but non-zero) low tax revenues and quite high levels of antenatal coverage. These countries also receive high levels of external aid.

Web Appendix 2c: Post-neonatal mortality and tax revenue among 58 Low- and Middle-Income Countries, 2009



Notes: Source: World Bank Indicators and IHME. Some countries are not labelled for sake of clarity. Tax revenue is adjusted for inflation and purchasing-power.

| A. Antenatal coverage | Antenatal coverage ¹ | | | | |
|---|---------------------------------|-------------------|--|--|--|
| | (1) | (2) | | | |
| $$100 \text{ increases in Tax revenue}^2$ | 5.91** | 5.25 | | | |
| \$100 merease m Tax revenue | (1.24) | (3.09) | | | |
| $$100 \text{ increase in } \text{GDP}^2$ | | 0.11 | | | |
| \$100 merease m GDP | | (0.48) | | | |
| | | | | | |
| Number of countries | 43 | 43 | | | |
| R^2 | 0.36 | 0.36 | | | |
| | | | | | |
| B. Skilled birth | Skilled birth ¹ | | | | |
| | (1) | (2) | | | |
| $$100 \text{ increases in Tax revenue}^2$ | 7.46** | 6·74 [*] | | | |
| \$100 merease m Tax revenue | (1.21) | (2.91) | | | |
| $$100 \text{ increases in } \text{CDP}^2$ | | 0.13 | | | |
| \$100 Increase III GDP | | (0.49) | | | |
| | | | | | |
| Number of countries | 47 | 47 | | | |
| R^2 | 0.46 | 0.46 | | | |

Web Appendix 3: Access to healthcare among low tax revenue countries

Notes: Source: World Bank Indicators. Standard errors are in parentheses. All models estimated using OLS. * p-value < 0.05, ** p-value < 0.01. Low tax revenue countries are those where revenues are less than \$1000 per capita. 1 – Proportion of pregnancies 2 – Adjusted for purchasing power parity and inflation, per capita.

| Variables | Health coverage (% of population) ¹ | | | | |
|---|--|-------------|--|--|--|
| | (1) | (2) | | | |
| $$100 \text{ increases in Tax revenue}^2$ | 8.65^{**} | 11.3^{**} | | | |
| \$100 melease m Tax revenue | (1.28) | (2.93) | | | |
| $$100 \text{ increase in } \text{GDP}^2$ | | -0.53 | | | |
| \$100 merease m ODF | | (0.52) | | | |
| | | | | | |
| Number of countries | 73 | 73 | | | |
| R^2 | 0.39 | 0.40 | | | |

Web Appendix 4: Health coverage among low tax revenue countries

Notes: Source: World Bank Indicators. Standard errors are in parentheses. All models estimated using OLS. * p-value < 0.05, ** p-value < 0.01. Low tax revenue countries are those where revenues are less than \$1000 per capita. 1 – Proportion of the population

| | Maternal mortality ¹ | | | |
|--------------------------------------|---------------------------------|--------|--|--|
| | (1) | (2) | | |
| \$100 in an and in Tay now and 2 | -2.95* | -6.21 | | |
| \$100 increase in Tax revenue | (1.12) | (4.47) | | |
| (100) in success in CDD^2 | | 1.08 | | |
| \$100 increase in GDP | | (1.34) | | |
| | | | | |
| Country-years | 734 | 734 | | |
| Countries | 80 | 80 | | |

Web Appendix 5: Tax revenue, GDP, and maternal mortality among Low- and Middle-Income Countries, 1995-2011

Notes: Source: World Bank Indicators and IHME. Standard errors are in parentheses and are adjusted for

repeated observations. All models correct for country-specific differences and time trends. * p-value < 0.05, ** p-value < 0.01. 1 - Maternal mortality is number of maternal deaths per 100,000 births. 2 – Adjusted for purchasing power parity and inflation, per capita.

Web Appendix 6: Tax regimes and mortality across Low- and Middle-Income Countries, 1995-2011

| A. Neonatal Mortality | Neonatal mortality ¹ | | |
|--|--|--|---|
| | (1) | (2) | (3) |
| \$100 increase in tax revenue from income, profits, | -0.05 | -0.08 | -0.12 |
| and capital gains (progressive) ⁵ | (0.09) | (1.00) | (0.10) |
| \$100 increase in tax revenue from goods and | | 0.09 | 0.01 |
| services (regressive) ⁵ | | (0.05) | (0.05) |
| \$100 increase in tax revenue from other taxes ⁵ | | | 0.72 |
| | | | (0.50) |
| Number of countries | 88 | 88 | 86 |
| Country-years | 752 | 746 | 697 |
| | | | |
| B. Post-neonatal Mortality | Post-1 | neonatal morta | ality ² |
| | (1) | (2) | (3) |
| \$100 increase in tax revenue from income, profits, | 0.02 | -0.04 | -0.07 |
| and capital gains (progressive) ⁵ | (0.12) | (0.13) | (0.13) |
| \$100 increase in tax revenue from goods and | | 0.16^{*} | 0.17^{**} |
| services (regressive) ⁵ | | (0.06) | (0.06) |
| \$100 increase in tax revenue from other taxes ⁵ | | | 0.73 |
| | | | (0.62) |
| Number of countries | 88 | 88 | 86 |
| Country-years | 752 | 746 | 697 |
| | | | |
| C. Infant Mortality (1-5 years) | Infar | nt (1-5) morta | lity ³ |
| | (1) | (2) | (3) |
| \$100 increase in tax revenue from income, profits, | 0.28^* | 0.22 | 0.15 |
| and capital gains (progressive) ⁵ | (0.14) | (0.13) | (0.13) |
| \$100 increase in tax revenue from goods and | | $0{\cdot}18^*$ | 0.18^{**} |
| services (regressive) ² | | (0.08) | (0.07) |
| \$100 increase in tax revenue from other taxes ⁵ | | | 0.70 |
| | | | (0.50) |
| Number of countries | | | (0 0 0) |
| Inumber of countries | 88 | 88 | 86 |
| Country-years | 88 752 | 88 746 | 86 697 |
| Country-years | 88 752 | 88 746 | 86 697 |
| Country-years D. Under five Mortality | 88 752 Un | 88 746 der 5 mortalit | 86 697 y ⁴ |
| Country-years D. Under five Mortality | 88 752 Un (1) | 88 746 der 5 mortalit (2) | $86 \\ 697 \\ y^4 \\ (3)$ |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, | 88 752 Un (1) 0·22 | 88 746 der 5 mortalit (2) 0.07 | 86 697 (3) -0.06 |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, and capital gains (progressive) ⁵ | 88 752 Un (1) 0.22 (0.27) | | $ \begin{array}{r} 86\\ 697\\ \hline y^4\\ \hline (3)\\ -0.06\\ (0.30)\\ \hline \end{array} $ |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, and capital gains (progressive) ⁵ \$100 increase in tax revenue from goods and | 88 752 Un (1) 0·22 (0·27) | $ \begin{array}{r} $ | $ \begin{array}{r} 86\\ 697\\ \hline (3)\\ -0.06\\ (0.30)\\ 0.43^{**}\\ \end{array} $ |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, and capital gains (progressive) ⁵ \$100 increase in tax revenue from goods and services (regressive) ⁵ | 88 752 Un (1) 0·22 (0·27) | $ \begin{array}{c} $ | $ \begin{array}{r} (0.00) \\ 86 \\ 697 \\ (3) \\ -0.06 \\ (0.30) \\ 0.43^{**} \\ (0.15) \\ (0.15) $ |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, and capital gains (progressive) ⁵ \$100 increase in tax revenue from goods and services (regressive) ⁵ \$100 increase in tax revenue from other taxes ⁵ | 88 752 Un (1) 0·22 (0·27) | $ \begin{array}{c c} 88 \\ 746 \\ \hline (2) \\ 0.07 \\ (0.30) \\ 0.41^{*} \\ (0.16) \\ \hline \end{array} $ | $ \begin{array}{r} 86\\ 697\\ \hline 0.30\\ 0.43^{**}\\ (0.15)\\ 2.06\\ \end{array} $ |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, and capital gains (progressive) ⁵ \$100 increase in tax revenue from goods and services (regressive) ⁵ \$100 increase in tax revenue from other taxes ⁵ | 88 752 Un (1) 0·22 (0·27) | $ \begin{array}{c c} 88 \\ 746 \\ \hline 0 \\ (2) \\ 0.07 \\ (0.30) \\ 0.41^{*} \\ (0.16) \\ \end{array} $ | $ \begin{array}{r} 86\\ 697\\ \hline 97\\ \hline$ |
| Number of countries Country-years D. Under five Mortality \$100 increase in tax revenue from income, profits, and capital gains (progressive) ⁵ \$100 increase in tax revenue from goods and services (regressive) ⁵ \$100 increase in tax revenue from other taxes ⁵ Number of countries | 88 752 Un (1) 0·22 (0·27) 88 | $ \begin{array}{c} $ | $\begin{array}{c} 86\\ \hline 697\\ \hline \\ y^4\\ \hline \\ (3)\\ \hline \\ -0.06\\ (0.30)\\ \hline \\ 0.43^{**}\\ (0.15)\\ \hline \\ 2.06\\ (1.48)\\ \hline \\ 86\\ \end{array}$ |

Notes: Source: World Bank Indicators and IHME. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. All models adjust for total public health spending. 1 – Deaths per 1,000 live births (before age of 1 month); 2 – Deaths per 1,000 per year (before the age of 1); 3 – Deaths per 1,000 per year (after the age of 1 and under the age of 5); 4 – Deaths

per 1,000 live births (under the age of 5); 5 – Adjusted for purchasing power parity and inflation, per capita. * p-value < 0.05, ** p-value < 0.01

Web Appendix 7: VAT rate and exemptions among Low- and Middle-Income countries, latest available data

| | | | Staple | |
|---------------|--------|-----------|-----------|--------------------------------------|
| | VAT | Health | goods | |
| Country | rate | exemption | exemption | Notes |
| Afghanistan | | | | |
| Albania | 20% | 10% | | |
| Algeria | 17% | | | 7% for basic items |
| Argentina | 21% | X | Х | Other items vary (27% or 10.5%) |
| Armenia | 20% | | | |
| Azerbaijan | 18% | | | |
| Bangladesh | | | | |
| Belize | | | | |
| Benin | | | | |
| Bhutan | | | | |
| Bolivia | 13% | | | |
| Bosnia and | 17% | | | |
| Herzegovina | | | | |
| Botswana | 12% | | | Some exemptions but no clear details |
| Brazil | 10-15% | | | An additional state tax (7% to 25%) |
| Bulgaria | 20% | | | |
| Burkina Faso | | | | |
| Burundi | | | | |
| Cameroon | 19.25% | | | |
| Cape Verde | 15% | Х | Х | |
| China | 17% | | | |
| Colombia | 16% | 5% | Х | |
| Congo, Rep. | 18% | | | |
| Costa Rica | 13% | | Х | |
| Dominican | 8% to | X | Х | |
| Republic | 18% | | | |
| Egypt, Arab | | | | 10% = goods; 5%-10% = services |
| Rep. | | | | |
| El Salvador | 13% | X | | |
| Ethiopia | | | | |
| Fiji | 15% | | Х | |
| Georgia | 18% | X | | |
| Ghana | 15% | | | |
| Grenada | | | | |
| Guatemala | 12% | | | |
| Guinea | | | | |
| Honduras | 15% | | | |
| Hungary | 27% | | 18% | 5% for some pharmaceuticals |
| India | | | | 5% to 15% varies by State |
| Indonesia | 10% | | | - |
| Iran, Islamic | | | | |

| Rep. | | | | |
|-----------------|------|----|----|---------------------------------|
| Jordan | 16% | X | X | |
| Kazakhstan | 12% | | | |
| Kenya | 16% | | | |
| Kyrgyz | 12% | | | |
| Republic | | | | |
| Lao PDR | 10% | X | | |
| Lebanon | 10% | | | |
| Lesotho | | | | |
| Liberia | | | | |
| Macedonia, | 18% | | 5% | 5% for pharmaceuticals |
| FYR | | | | |
| Madagascar | 20% | | | |
| Malaysia | 6% | | | |
| Maldives | | | | |
| Mali | | | | |
| Mauritius | 15% | Х | Х | |
| Mexico | 16% | | X | Pharmecueticals are exempted |
| Moldova | 20% | | 8% | 8% for pharmaceuticals |
| Mongolia | 10% | | | - |
| Morocco | 20% | | X | |
| Namibia | 15% | | | |
| Nepal | | | | |
| Nicaragua | 15% | | X | Exemptions for medical products |
| Niger | | | | |
| Nigeria | 5% | X | X | |
| Pakistan | 17% | | X | |
| Panama | 7% | X | | |
| Papua New | 10% | X | | |
| Guinea | 10,0 | | | |
| Paraguay | 10% | | 5% | 5% for pharmaceuticals |
| Peru | 18% | | | |
| Philippines | 12% | | | |
| Romania | 24% | 9% | | |
| Senegal | 18% | | | |
| Serbia | 20% | | | 10% for medicines |
| Sevchelles | | | | |
| South Africa | 14% | | | |
| Sri Lanka | 12% | | | |
| St. Vincent and | | | | |
| the Grenadines | | | | |
| Sudan | | | | |
| Swaziland | 14% | | | |
| Syrian Arab | | | | |
| | 1 | | 1 | |

| Tailliston | 100/ | | | | |
|---------------|------|---|----|-----------------|--|
| Tajikistan | 18% | | | | |
| Thailand | 7% | Х | X | | |
| Togo | | | | | |
| Tunisia | 18% | | | | |
| Turkey | 18% | | 8% | | |
| Uganda | 18% | Х | | Some foodstuffs | |
| Ukraine | 20% | | | | |
| Vanuatu | | | | | |
| Venezuela, RB | | Х | X | | |
| Yemen, Rep. | | | | | |
| Zambia | 16% | | | | |

Notes: Source: Price Waterhouse Cooper country profiles. No data is available for Italicized countries. Where exemption cells contain an X the country implements a full exemption whereas if it is only a lower rate we report this lower rate where it is available.

| Web Appendix 8: Change in publi | c health spending | with change in T | ax revenues, | GDP, and |
|---------------------------------|-------------------|------------------|--------------|-----------|
| Official Development Assistance | (ODA), in Low- a | nd Middle-Incon | ne Countries | 1995-2011 |

| All countries | Public Health spending ¹ | | | Private Health Spending ¹ | | |
|---|-------------------------------------|--------------------|-------------|--------------------------------------|-------------------|-------------------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| $$100 \text{ increase in Tax revenue}^1$ | 15.8^{**} | 9·86 ^{**} | 11.4^{**} | 9.37^{**} | 1.00 | 0.11 |
| \$100 mcrease in Tax revenue | (2.49) | (2.99) | (2.58) | (1.68) | (2.28) | (2.41) |
| $$100 \text{ increases in } \text{CDB}^1$ | | 1.86^{**} | 1.55^{**} | | $2 \cdot 05^{**}$ | $2 \cdot 11^{**}$ |
| \$100 Increase in ODP | | (0.57) | (0.51) | | (0.43) | (0.46) |
| \$100 increases in ODA ¹ | | | 2.61 | | | -1.35 |
| \$100 merease m ODA | | | (4.34) | | | (4.28) |
| | | | | | | |
| Number of countries | 89 | 89 | 89 | 89 | 89 | 86 |
| Country-years | 813 | 813 | 793 | 750 | 750 | 740 |

 Notes:
 Source:
 World Bank Indicators.
 Standard errors are in parentheses and are adjusted for repeated observations.
 All models correct for country-specific differences and time trends.

 * p-value < 0.05, ** p-value < 0.01</td>
 1 – Adjusted for purchasing-power parity and inflation, per capita.

Web Appendix Text 9. Robustness and Sensitivity Tests

To address the impact of potential outliers we calculated the standardized residuals and then re-estimated the models excluding those observations with residuals >|2|. We observe that the association between tax and public health spending does not qualitatively change (Web Appendix 10). Further we also find that detrimental effect of consumption taxes on infant mortality is unchanged after excluding these outliers (see Web Appendix11) and that there is still no direct effect of tax revenue on maternal mortality (Web Appendix 12). To ensure the associations observed between tax, government health spending and GDP are not spurious, we use a Sims causality test to examine whether the prediction of health spending from past and present observations of tax revenue would be improved if future values of tax revenue are included in the model.⁴⁴ Here the joint-F test of present and past periods of tax and GDP are significant at p<0.0001, whereas the future values are not (p=0.49 and p=0.23) respectively) (Web appendix 13). Because our measure of private spending combines both out-of-pocket (OOP) and other forms of non-government expenditure, we estimate the impact of GDP and tax revenue on out-of-pocket expenditure only, finding that our results do not qualitatively change (Web Appendix 14). Because access to maternal care and UHC may be greater in densely populated areas, we adjust our models for the degree of urbanization and find that, although urbanization is associated with greater coverage, the association with tax does not qualitatively change (Web Appendix 15). Infant mortality will be influenced by private health spending and aid in addition to public health spending and so we test whether the negative effects of consumption taxes on infant mortality persist after adjusting for these other forms of health spending; our results were consistent in this model specification (Web Appendix 16). Finally, since the 2008 global financial crisis might have created a break from past trends, we replicated models using a binary variable to capture a potential deviation from long-term trends for the years 2008-2011. Again, none of our basic findings was changed as shown in Web Appendix 17.

| U , | | |
|---|-------------------------------------|--------------------------------------|
| | Public Health spending ¹ | Private Health Spending ¹ |
| | (1) | (2) |
| $$100 \text{ increases in Tax revenue}^1$ | $8{\cdot}06^{**}$ | -0.78 |
| \$100 merease in Tax revenue | (2.12) | (1.65) |
| $^{\circ}100$ in analog in CDB^{1} | 1.73^{**} | 1.91^{**} |
| \$100 Increase in GDP | (0.43) | (0.39) |
| | | |
| Country-years | 790 | 792 |
| Countries | 89 | 89 |

Web Appendix 10: Change in public health spending with change in Tax revenues and GDP excluding outliers, in Low- and Middle-Income Countries 1995-2011

Notes: Source: World Bank Indicators. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. Outliers are those observations with standardised residuals >|2|.

* p-value < 0.05, ** p-value < 0.01

1 – Adjusted for purchasing-power parity and inflation, per capita.

| | Neonatal mortality ¹ (1) | Post-neonatal mortality ² (2) | Infant (1-5) mortality ³ (3) | Under 5 mortality ⁴ (4) |
|--|---|--|---|--|
| \$100 increase in tax revenue | -0.10 | -0.17 | 0.084 | -0.15 |
| from income, profits, and capital gains (progressive) ⁵ | (0.082) | (0.14) | (0.081) | (0.26) |
| \$100 increase in tax revenue | 0.097^* | 0.16^{**} | 0.14^{**} | 0.39^{**} |
| from goods and services (regressive) ⁵ | (0.039) | (0.055) | (0.046) | (0.13) |
| \$100 increase in tax revenue | 0.66 | 0.80 | 0.60 | 1.97 |
| from other taxes ⁵ | (0.45) | (0.47) | (0.39) | (1.29) |
| Country-years | 675 | 671 | 676 | 677 |
| Countries | 82 | 82 | 85 | 85 |

Web Appendix 11: Tax regimes and mortality across Low- and Middle-Income Countries excluding outliers, 1995-2011

Notes: Source: World Bank Indicators and IHME. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. All models adjust for total public health spending. Outliers are those observations with standardised residuals >|2|. 1 – Deaths per 1,000 live births (before age of 1 month); 2 – Deaths per 1,000 per year (before the age of 1); 3 – Deaths per 1,000 per year (after the age of 1 and under the age of 5); 4 – Deaths per 1,000 live births (under the age of 5); 5 – Adjusted for purchasing power parity and inflation, per capita. * p-value < 0.05, ** p-value < 0.01

| medine countries excluding outliers, 1995 2011 | | | | |
|--|---------------------------------|--|--|--|
| | Maternal mortality ¹ | | | |
| | (1) | | | |
| $$100 \text{ increases in Tax revenue}^2$ | 1.15 | | | |
| \$100 merease m rax revenue | (2.53) | | | |
| $$100 \text{ increases in } \text{CDP}^2$ | -0.77 | | | |
| \$100 Increase in GDP | (0.52) | | | |
| | | | | |
| Country-years | 724 | | | |
| Countries | 78 | | | |

Web Appendix 12: Tax revenue, GDP, and maternal mortality among Low- and Middle-Income Countries excluding outliers, 1995-2011

Notes: Source: World Bank Indicators and IHME. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. Outliers are those observations with standardised residuals >|2|.

* p-value < 0.05, ** p-value < 0.01. 1 - Maternal mortality is number of maternal deaths per 100,000 births. 2 – Adjusted for purchasing power parity and inflation, per capita.

Web Appendix 13: Sims causality test, differenced specification

The Sims causality test asserts that "the prediction of y from current and past x's would not be improved if future values of x are included" (Maddala, Ch. 9 pg. 394). In other words, the future should not cause the past. According to Sims (1972), if you regress Y on past, present, and future values of X, then "if causality runs from X to Y only, future values of X in the regression should have coefficients insignificantly different from zero as a group" (Sims 1972, p. 545).

In the manuscript we followed standard practice by conducting a joint F-test for whether the future values were significant and added explanatory value over the present and current values (set of β -coefficients) to test this hypothesis.

We find that both future tax revenues and future GDP have no association with Health spending while past and present tax revenues and GDP do have a significant association. These results suggest that 'causality runs from X to Y' and not the other way around.

| Lag and lead covariates | Δ Health spending t |
|---|----------------------------|
| Δ Tax revenue _{t, t-1} (Present and Past) | F(2, 80) = 12.48 ** |
| Δ Tax revenue _{t+1} (Future) | F(1, 80) = 0.49 |
| | |
| Lag and lead covariates | Δ Health spending t |
| Δ GDP _{t, t-1} (Present and Past) | F(2, 88) = 20.98 ** |
| Δ GDP _{t+1} (Future) | F(1, 88) = 1.44 |

Notes: Source: World Bank Indicators. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. Joint-F tests are reported in the table. Results remain qualitatively unchanged if estimated with two lags and two leads. * p-value < 0.05, ** p-value < 0.01.

| | Out-of-pocket expenditure on health ¹ | | |
|---|--|--|--|
| | (1) | | |
| \$100 increases in Tax revenue ¹ | -\$0.64 | | |
| \$100 merease in Tax revenue | (1.27) | | |
| $$100 \text{ in array on in } CDD^1$ | \$1.79** | | |
| \$100 increase in GDP | (0.35) | | |
| | | | |
| Country-years | 813 | | |
| Countries | 89 | | |

Web Appendix 14: Tax revenue, GDP, and out-of-pocket expenditure among Low- and Middle-Income Countries, 1995-2011

Notes: Source: World Bank Indicators. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends.

* p-value < 0.05, ** p-value < 0.01. 1– Adjusted for purchasing power parity and inflation, per capita.

| Web Appendix 15: Tax revenues, | urbanization and UHC a | among Low- and M | iddle-Income |
|----------------------------------|------------------------|------------------|--------------|
| Countries, latest available year | | | |

| Variables | Measures of Universal Health Coverage | | | |
|--|---------------------------------------|----------------------------|------------------------------|--|
| | Antenatal coverage ¹ | Skilled birth ¹ | Formal coverage ² | |
| | (1) | (2) | (3) | |
| \$100 increase in Tax revenue ³ | 5.18** | 2.34 | 4.56** | |
| | (1.40) | (1.37) | (1.39) | |
| 1% increase in degree of | 0.49^{**} | 0.69^{**} | 0.93** | |
| urbanization ² | (0.18) | (0.17) | (0.19) | |
| | | | | |
| Number of countries | 47 | 43 | 73 | |
| R^2 | 0.54 | 0.55 | 0.55 | |

 Notes:
 World Bank Indicators and WHO. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends.
 0.55

 * p-value < 0.05, ** p-value < 0.01</td>

 1 - Proportion of pregnancies

 2 - Proportion of the population

3 - Adjusted for purchasing power parity and inflation, per capita

Web Appendix 16: After correcting for public health spending, private spending and aid, the association of alternative tax regimes with infant mortality, 86 low- and middle-Income countries, 1995-2011

| All countries | Neonatal mortality ¹ | Post-neonatal mortality ² | Infant (1-5) mortality ³ | Under 5 mortality ⁴ |
|--|------------------------------------|--------------------------------------|--|-----------------------------------|
| | (1) | (2) | (3) | (4) |
| \$100 increase in tax revenue | -0.095 | -0.088 | 0.10 | -0.093 |
| from income, profits, and | (0.10) | (0.13) | (0.12) | (0.29) |
| capital gains (progressive) ⁵ | | | | |
| \$100 increase in tax revenue | 0.081 | 0.15** | 0.16^{*} | 0.37^{*} |
| from goods and services | (0.055) | (0.053) | (0.065) | (0.14) |
| (regressive) ⁵ | | | | |
| \$100 increase in tax revenue | 0.87 | 0.78 | 0.68 | 2.24 |
| from other taxes ⁵ | (0.52) | (0.58) | (0.49) | (1.47) |
| \$100 increase in public health | -0.070 | 0.21 | -0.022 | 0.10 |
| spending | (0.36) | (0.47) | (0.39) | (1.10) |
| \$100 increase in private health | -0.58 | -0.21 | 0.048 | -0.75 |
| spending | (0.60) | (0.77) | (0.81) | (1.90) |
| \$100 increase in ODA | -2.60* | -2.97* | -3.77* | -8.81* |
| | (1.06) | (1.48) | (1.54) | (3.49) |
| | | | | |
| Number of countries | 86 | 86 | 86 | 86 |
| Country-years | 697 | 697 | 697 | 697 |

Notes: Source: World Bank Indicators and IHME. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. 1 – Deaths per 1,000 live births (before age of 1 month); 2 – Deaths per 1,000 per year (before the age of 1); 3 – Deaths per 1,000 per year (after the age of 1 and under the age of 5); 4 – Deaths per 1,000 live births (under the age of 5); 5 – Adjusted for purchasing power parity and inflation, per capita. * p-value < 0.05, ** p-value < 0.01

| regimes with infinite mortaney, or iow and infinite income countries, 1990 2011 | | | | |
|---|------------------------|------------------------|------------------------|------------------------|
| All countries | Neonatal | Post-neonatal | Infant (1-5) | Under 5 |
| | mortality ¹ | mortality ² | mortality ³ | mortality ⁴ |
| | (1) | (2) | (3) | (4) |
| \$100 increase in tax revenue | -0.117 | -0.0761 | 0.142 | -0.0680 |
| from income, profits, and | (0.103) | (0.127) | (0.127) | (0.299) |
| capital gains (progressive) ⁵ | | | | |
| \$100 increase in tax revenue | 0.106 | 0.179** | 0.186** | 0.445^{**} |
| from goods and services | (0.0537) | (0.0567) | (0.0702) | (0.152) |
| (regressive) ⁵ | | | | |
| \$100 increase in tax revenue | 0.761 | 0.789 | 0.759 | 2.203 |
| from other taxes ⁵ | (0.505) | (0.612) | (0.506) | (1.483) |
| Great Recession $(1 = 2008 -$ | 0.344 | 0.520^{*} | 0.551 | 1.318 |
| 2011) | (0.191) | (0.205) | (0.411) | (0.678) |
| | | | | |
| Number of countries | 86 | 86 | 86 | 86 |
| Country-years | 697 | 697 | 697 | 697 |

Web Appendix 17: After correcting for the Great Recession, the association of alternative tax regimes with infant mortality, 86 low- and middle-Income countries, 1995-2011

Notes: Source: World Bank Indicators and IHME. Standard errors are in parentheses and are adjusted for repeated observations. All models correct for country-specific differences and time trends. 1 – Deaths per 1,000 live births (before age of 1 month); 2 – Deaths per 1,000 per year (before the age of 1); 3 – Deaths per 1,000 per year (after the age of 1 and under the age of 5); 4 – Deaths per 1,000 live births (under the age of 5); 5 – Adjusted for purchasing power parity and inflation, per capita. * p-value < 0.05, ** p-value < 0.01