

# The State of Health Accounts in Asia-Pacific Region 2005



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**International Health Accounts Symposium**

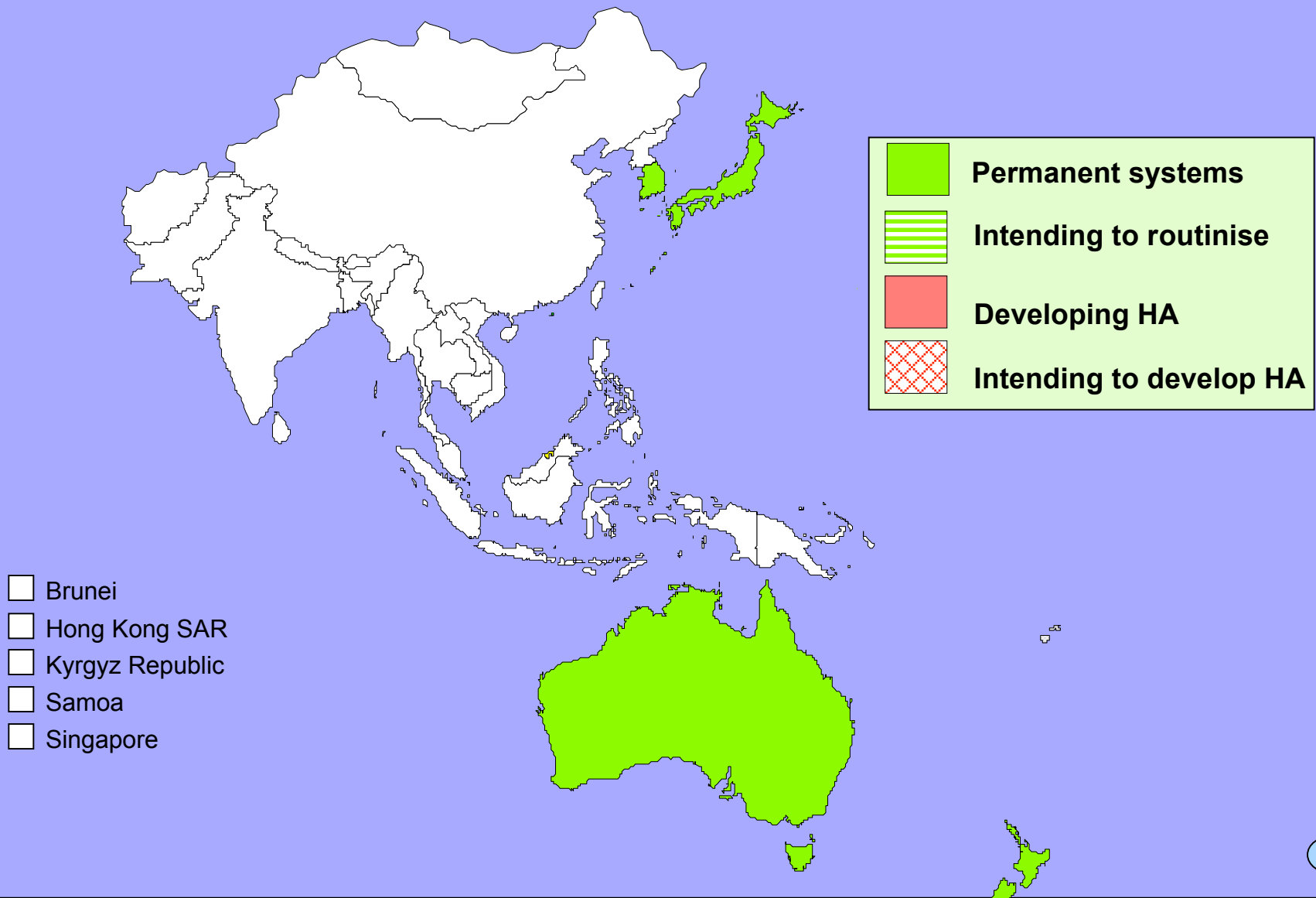
**Gyeongju, Korea**

**December 2, 2005**

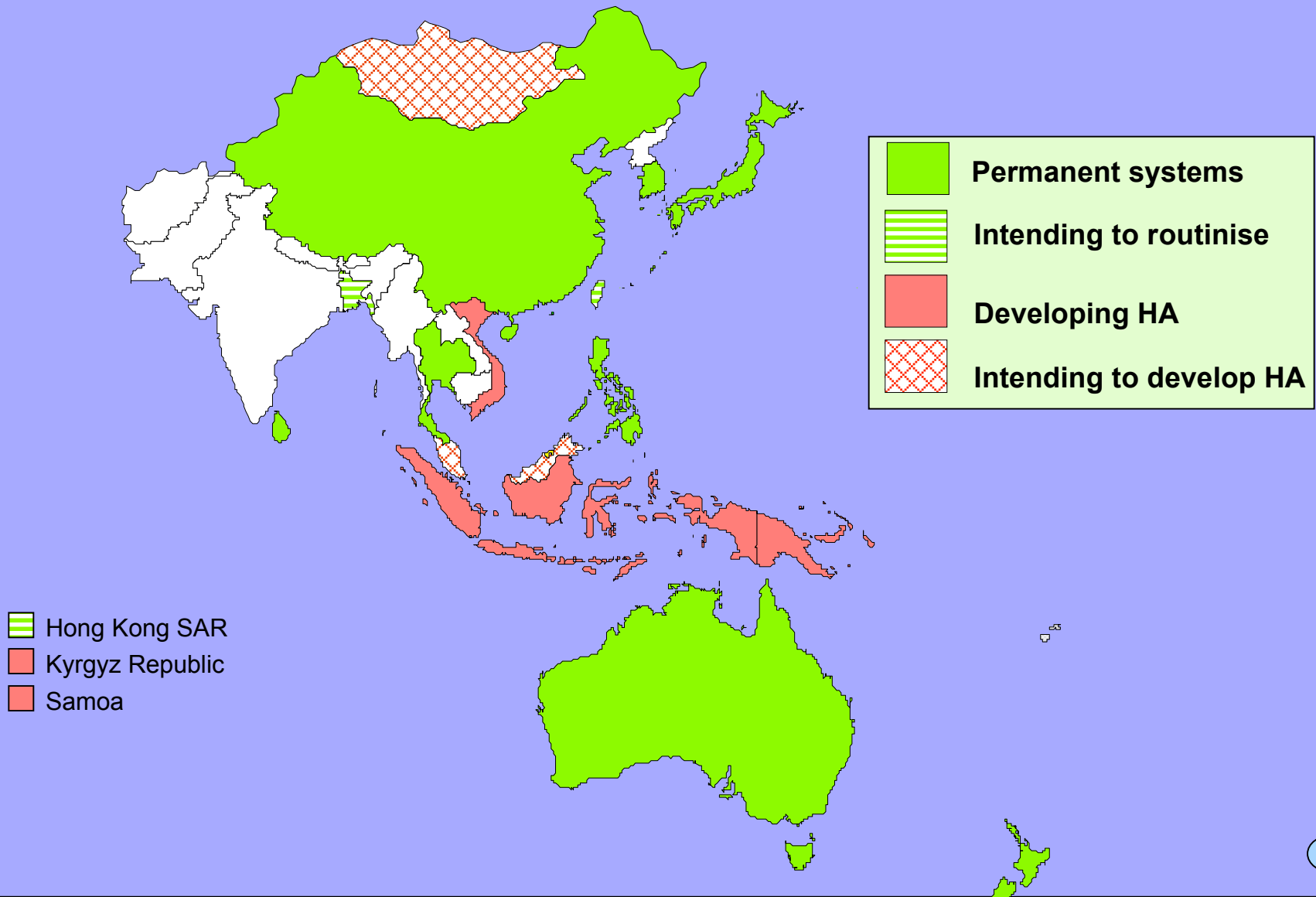
# Health Expenditure History

- 1960-67 Brian Abel-Smith for WHO
  - Ceylon, Singapore
- 1960s onwards
  - Japan Health Ministry NME Estimates
- 1970s
  - OECD health data
  - National series in Australia, New Zealand, Korea
- 1990
  - Philippines HA, China HA
- 1997-2000
  - Thailand, Sri Lanka, Bangladesh, Hong Kong, Taiwan

# Health Accounts Status in Asia-Pacific 1990



# Health Accounts Status in Asia-Pacific 2001



# Situation in 2000

- Routine annual health expenditure estimates
  - Mostly OECD economies
  - 3-4 developing countries in Asia
- Not comparable
  - Varying concepts, definitions, methods
- Not accessible
  - Only available compilation from OECD

# Key Developments

- Asia-Pacific NHA Network established, 1998
- OECD SHA released in 2000
- First regional health accounts meeting, Cebu, Philippines, May 2001
- WHO NHA Unit established, 1998-2000
- Consultation between OECD/Paris and regional countries on development of OECD SHA, 1998-

# Objectives of OECD SHA



## Developed by OECD:

- To provide standard reporting tables for international comparison
- To provide an internationally harmonised boundary for health care activities
- To provide a consistent framework for analysing health systems
- To provide a rigid framework for building NHA to permit consistent reporting over time

# Features of OECD SHA



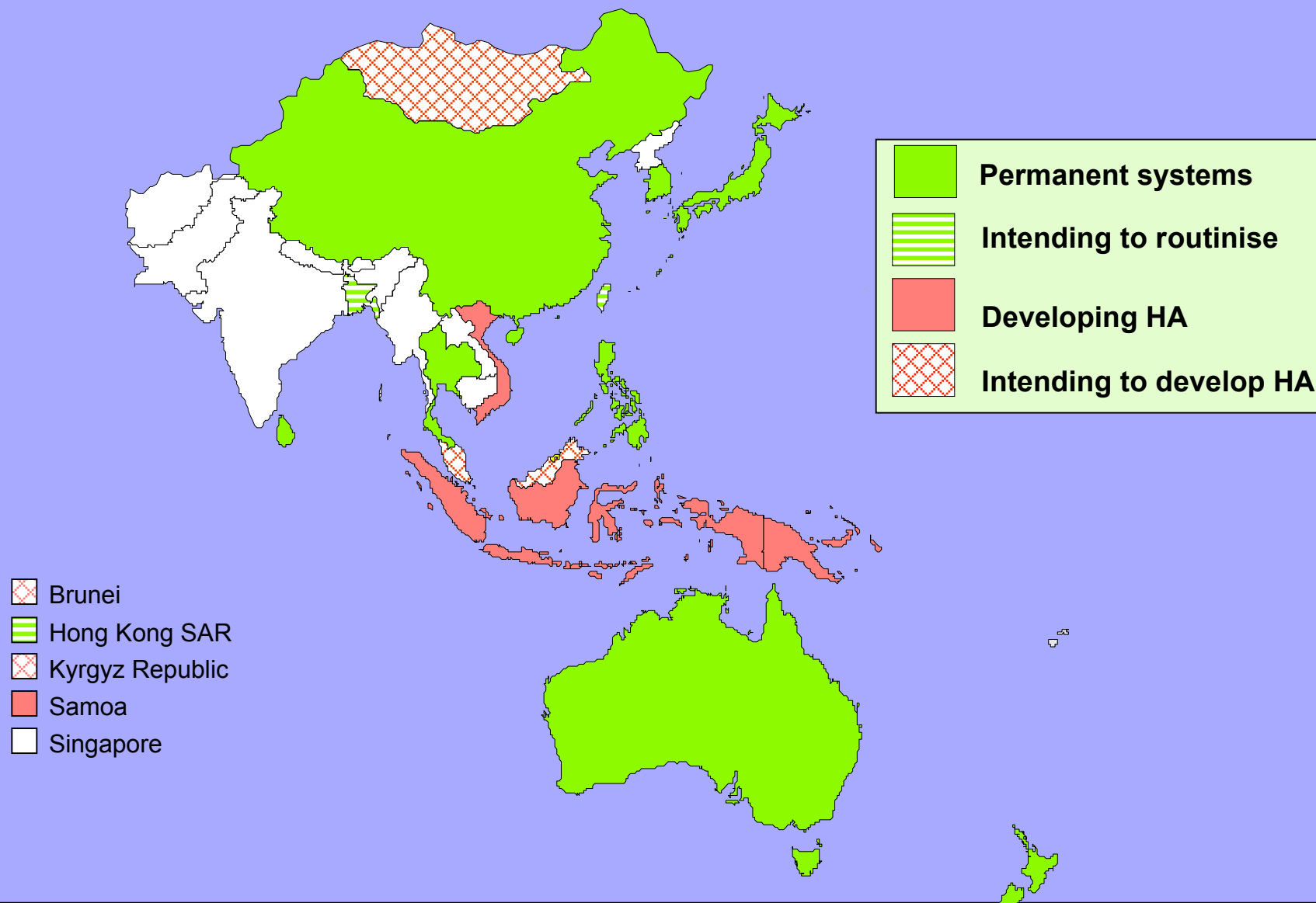
- Provides explicit and comprehensive boundary of health and health-related production
- Analyzes health expenditures in three dimensions: sources, providers and functions
- Detailed sets of classifications for the uses of spending: providers and functions
- Linkages with other international classifications, including SNA
- Basis for adaptation to meet specific national requirements



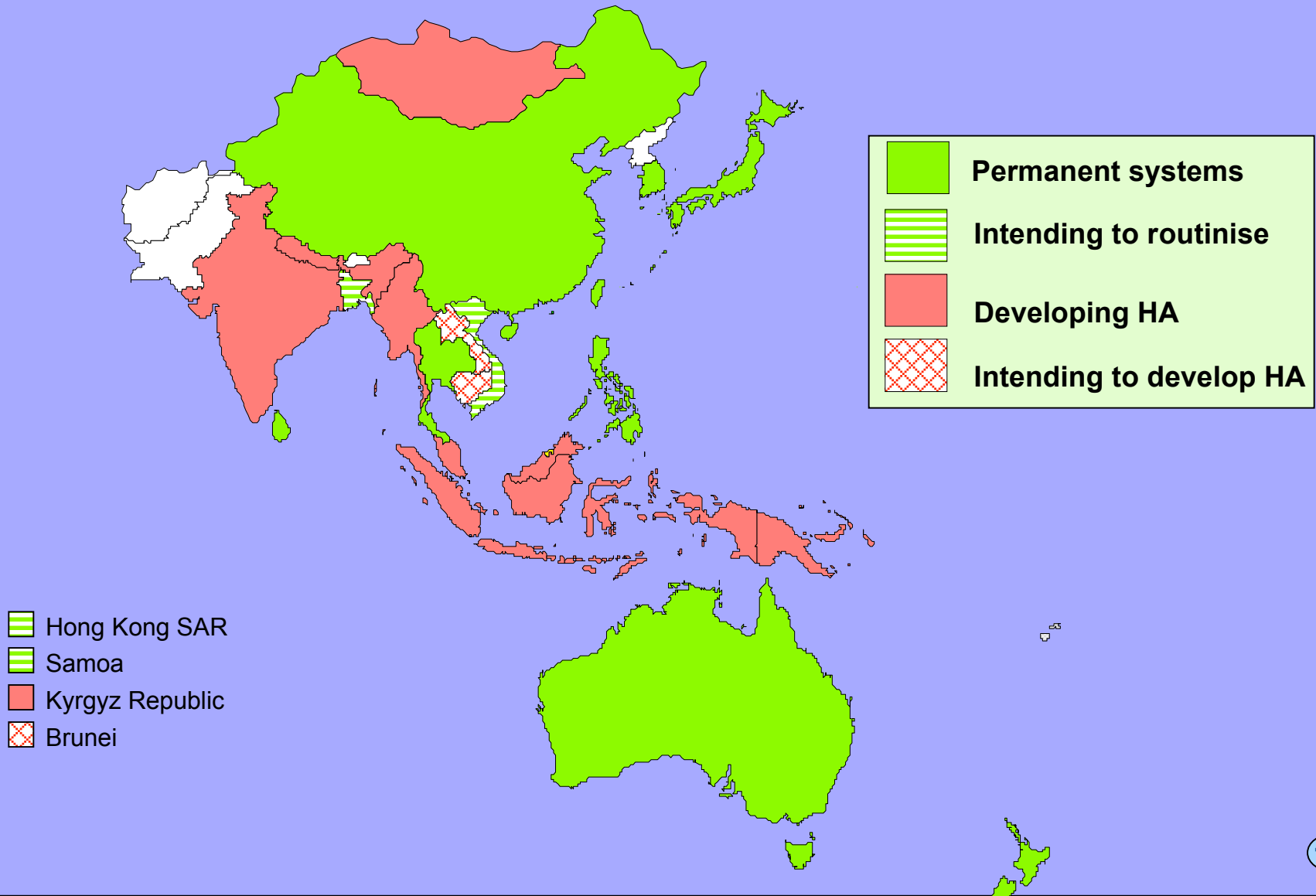
# Key Developments 2001-2005

- Widespread adoption of OECD SHA as reporting standard in Asia-Pacific region
  - Korea, Sri Lanka, Australia, Japan, Samoa, Thailand
  - Bangladesh, China, Malaysia, Mongolia, Nepal, Taiwan, etc
- Use of OECD SHA as secondary system
  - Main health accounts based on national frameworks with mapping to OECD SHA
- Increasing awareness of problems
  - Lack of harmonization in methods, definitions
  - Lack of regional mechanism for reporting data
- OECD RCHSP-APNHAN Meeting, Seoul 5-6 December 2005

# Health Accounts Status in Asia-Pacific 2001



# Health Accounts Status in Asia-Pacific 2005



# Institutional trends

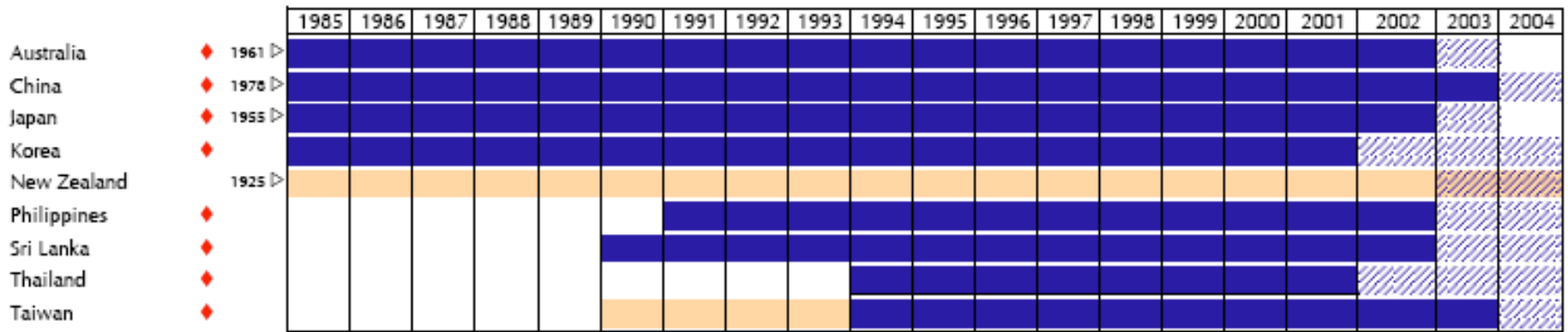
- Shift to fewer involved agencies within individual countries
- Commissioning responsibility - health ministries predominantly
- Technical production - shift away from health ministries towards specialised health economics/statistical technical agencies

# Status Summary

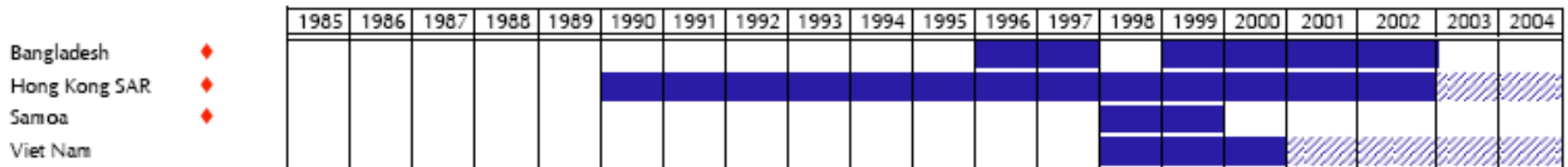
- Permanent systems with continuous updates (10)
  - OECD states: [Australia](#), [Korea](#), [Japan](#), New Zealand
  - Others: [China](#), [Hong Kong SAR](#), Philippines, [Sri Lanka](#), Taiwan, [Thailand](#)
- NHA systems with intent to routinise (6)
  - [Bangladesh](#), [Malaysia](#), [Mongolia](#), Papua New Guinea, [Samoa](#)
- Developing NHA systems
  - Release by end-2005: [Nepal](#)
  - Others: Indonesia, India, Kyrgyz Republic, Myanmar, Viet Nam
- Considering development of NHA systems
  - Brunei, Cambodia, Laos

# Availability of NHE estimates

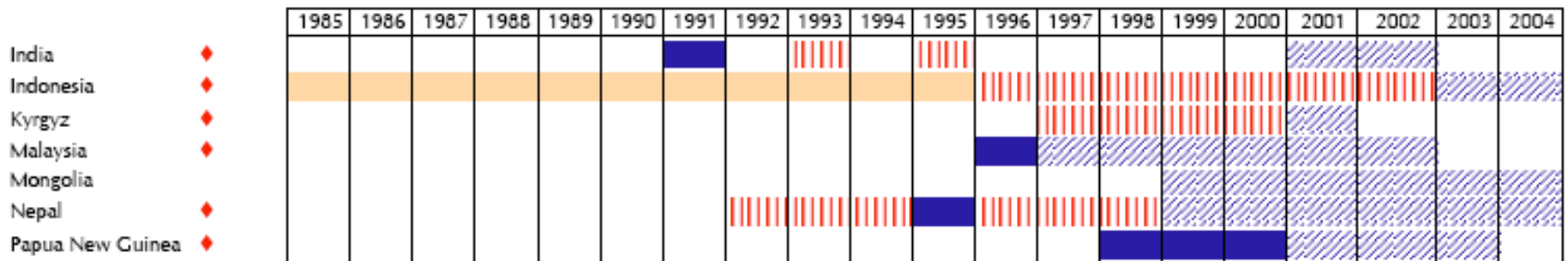
**GROUP I:** Territories with permanently established NHA systems with routine updates



**GROUP II:** Territories with NHA systems intending to produce routine updates in future



**GROUP III: Territories currently constructing NHA systems**

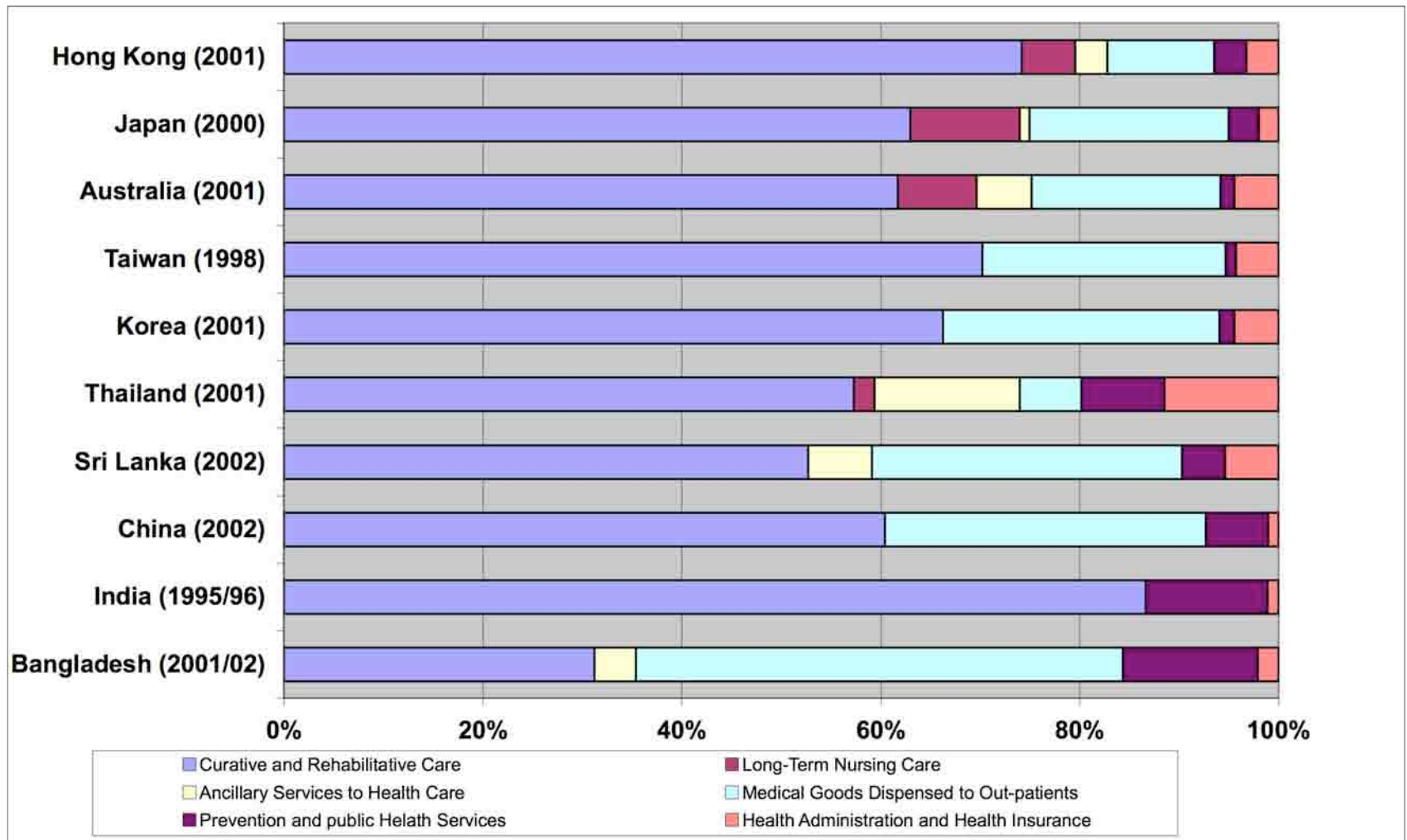


# Current Developments

- Growing potential for cross-national comparison within OECD, within Asia and between OECD and Asian countries
- Expanding research agenda exploiting availability of comparable health expenditure data in region
  - E.g., Equitap, modeling of impact of ageing on health care costs, disease-specific expenditures
- Focus on improving methods
  - Out-of-pocket methods

# SHA Comparisons

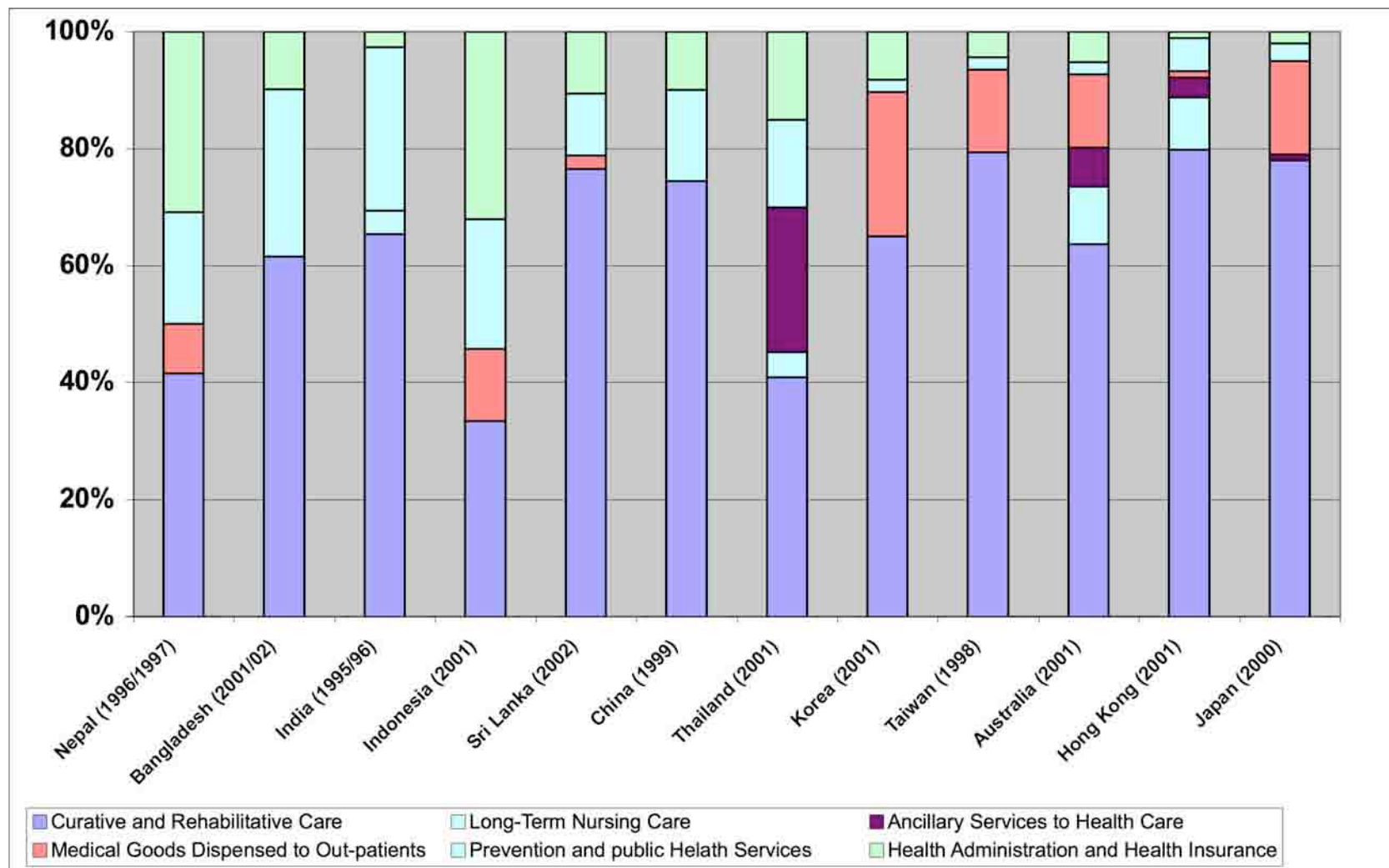
THE by ICHA-HC functional category





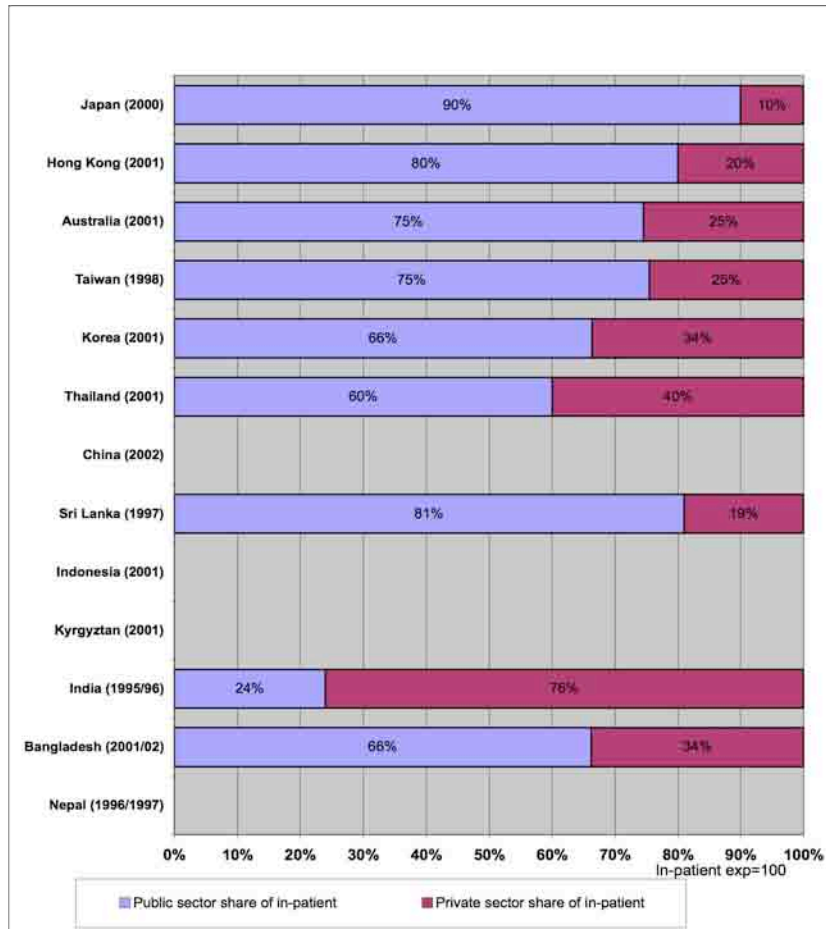
# SHA Comparisons

Public expenditure by ICHA-HC functional category

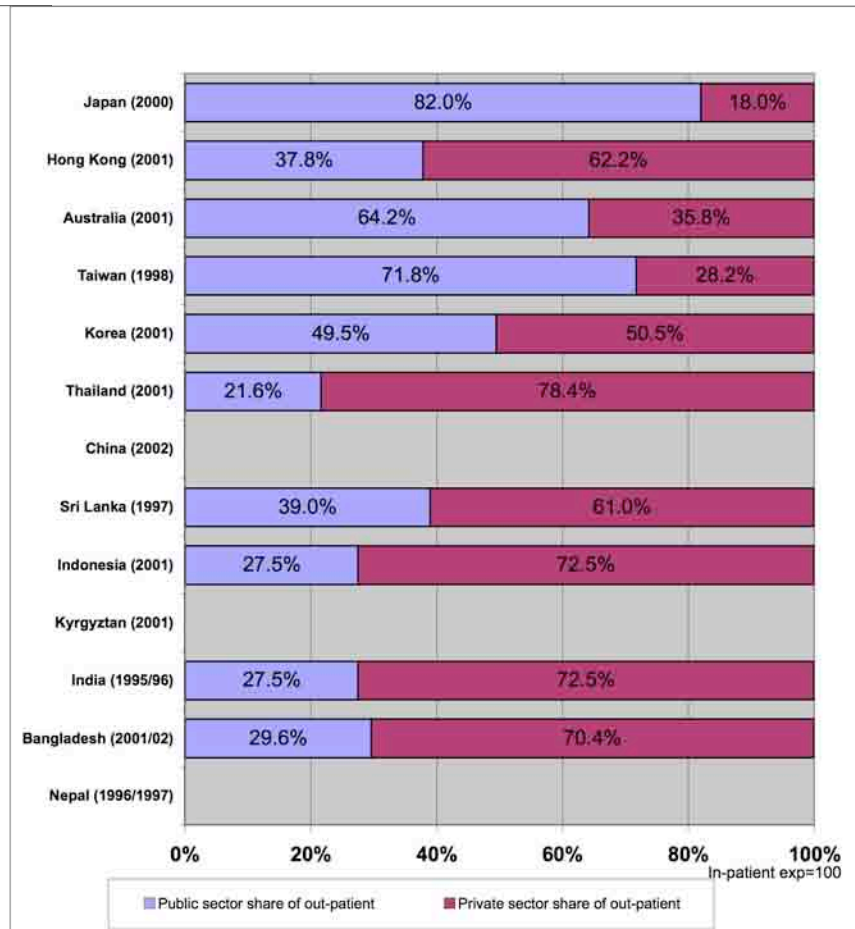


# SHA Comparisons

## Financing of Inpatient/Outpatient care by source of financing



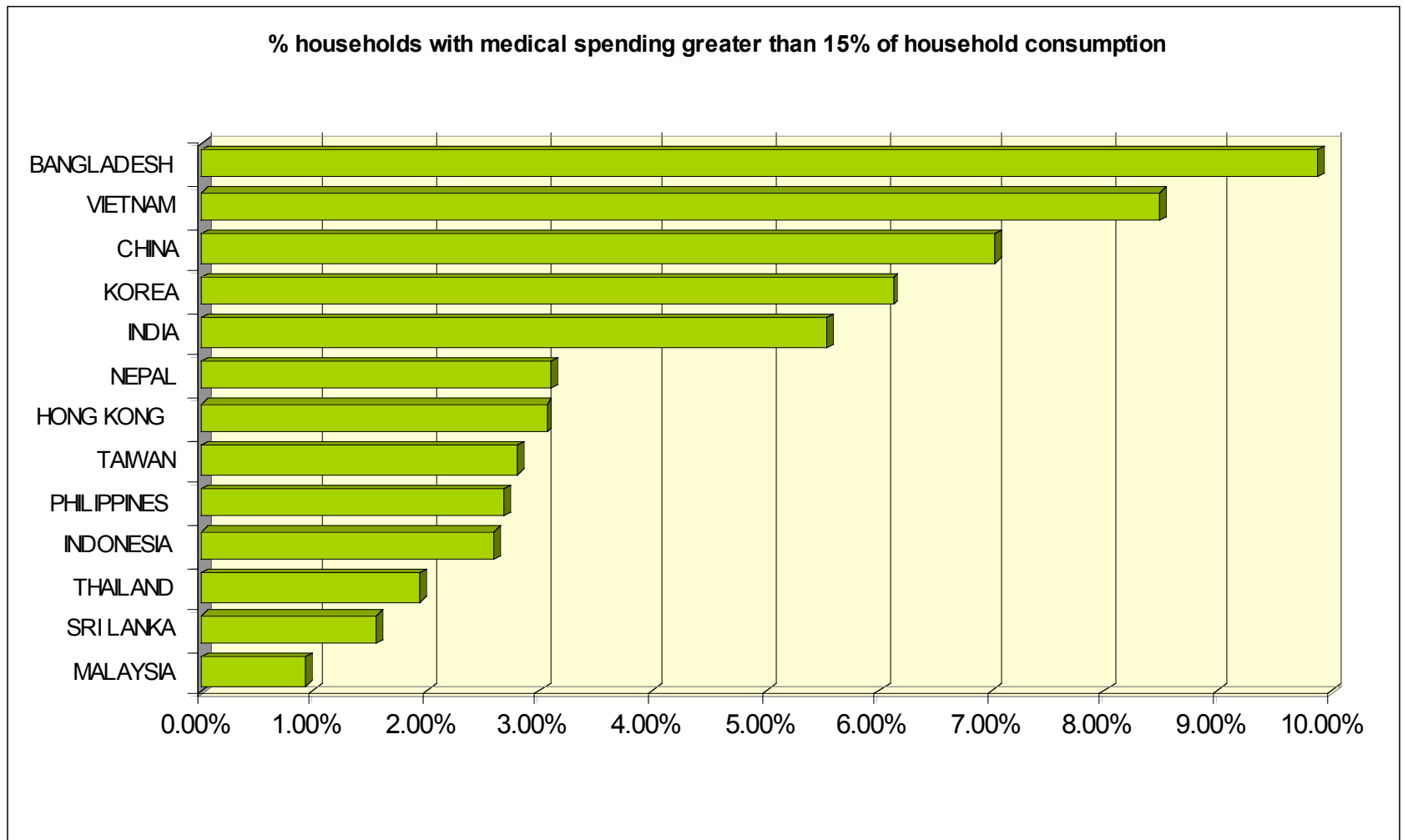
Inpatient care



Outpatient care

# Health Systems Analysis: Equitap

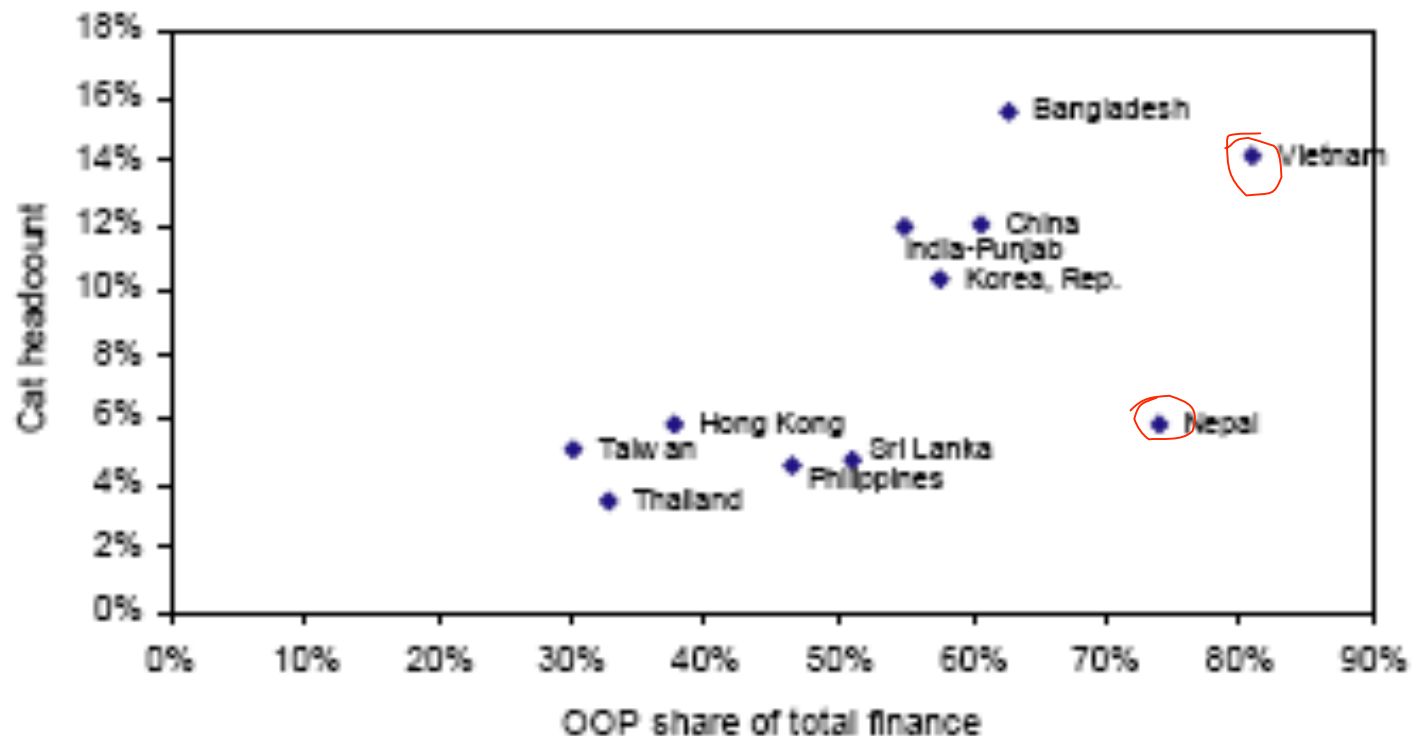
Distributional analysis of expenditure and catastrophic impacts



# Health Systems Analysis: Equitap

Distributional analysis of expenditure and catastrophic impacts

Fig 3a: Catastrophic impact of OOPs  
(OOP > 10% of tot consumption)



# Future Agenda

- Establishment of regional system for annual reporting of health expenditure data to supplement OECD process
- Research on methods to improve quality of estimates
- Collaboration for harmonization of statistical systems, methods and data

Thank You