

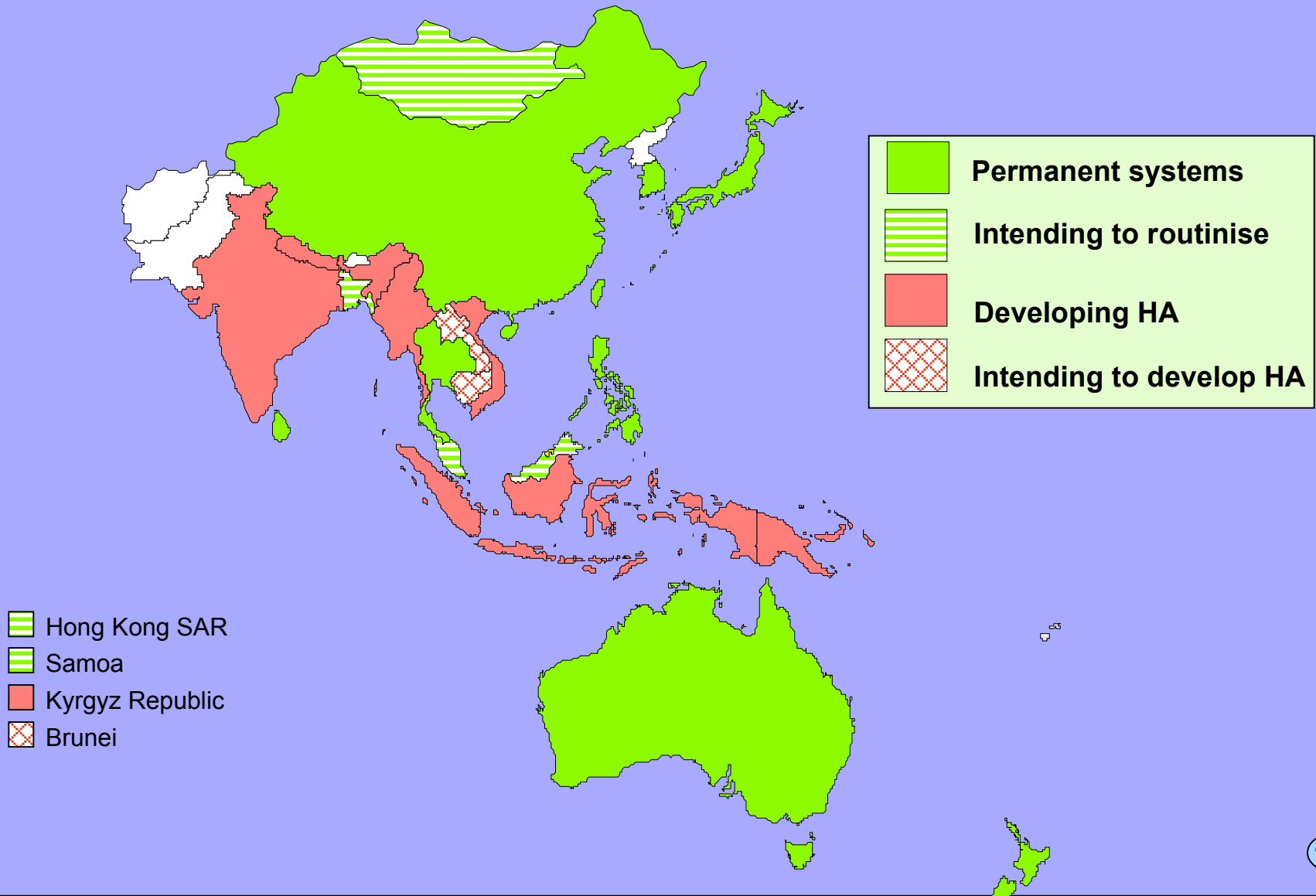
Regional Health Accounts Data Collection



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**OECD/Korea RCHSP-APNHAN Meeting of Health
Accounts Experts**
Seoul, Korea
December 4-6, 2005

Health Accounts Status in Asia-Pacific 2005

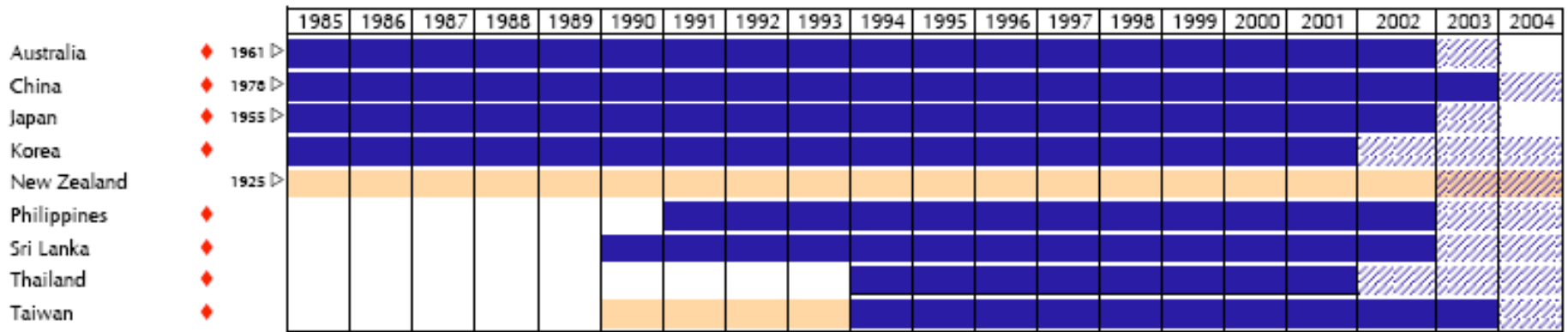


Current ability to report annually

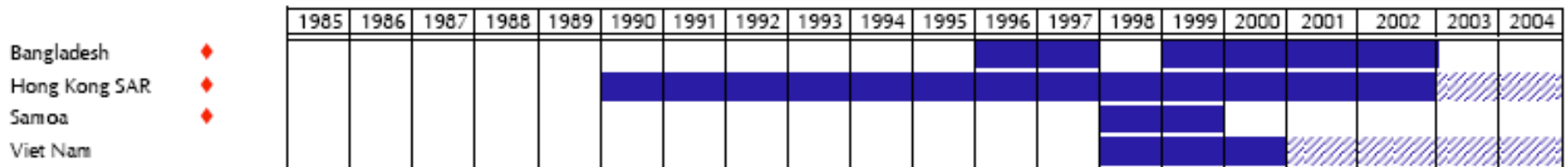
- Permanent systems with continuous updates (10)
 - OECD states: [Australia](#), [Korea](#), [Japan](#), New Zealand
 - Others: [China](#), [Hong Kong SAR](#), Philippines, [Sri Lanka](#), Taiwan, [Thailand](#)
- NHA systems with intent to routinise (6)
 - [Bangladesh](#), [Malaysia](#), [Mongolia](#), Papua New Guinea, [Samoa](#)
- Developing NHA systems
 - Release by early-2006: [Nepal](#)
 - Others: Indonesia, India, Kyrgyz Republic, Myanmar, Tonga, Viet Nam
- Considering development of NHA systems
 - Brunei, Cambodia, Laos, Maldives

Availability of NHE estimates

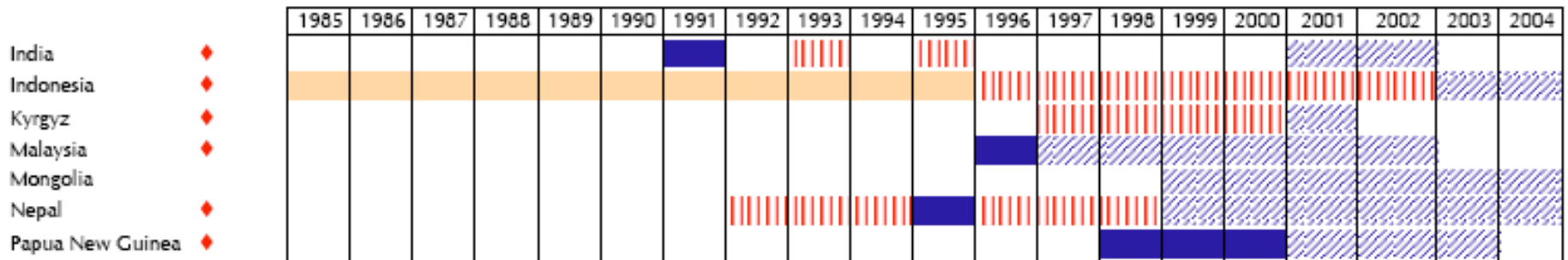
GROUP I: Territories with permanently established NHA systems with routine updates



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



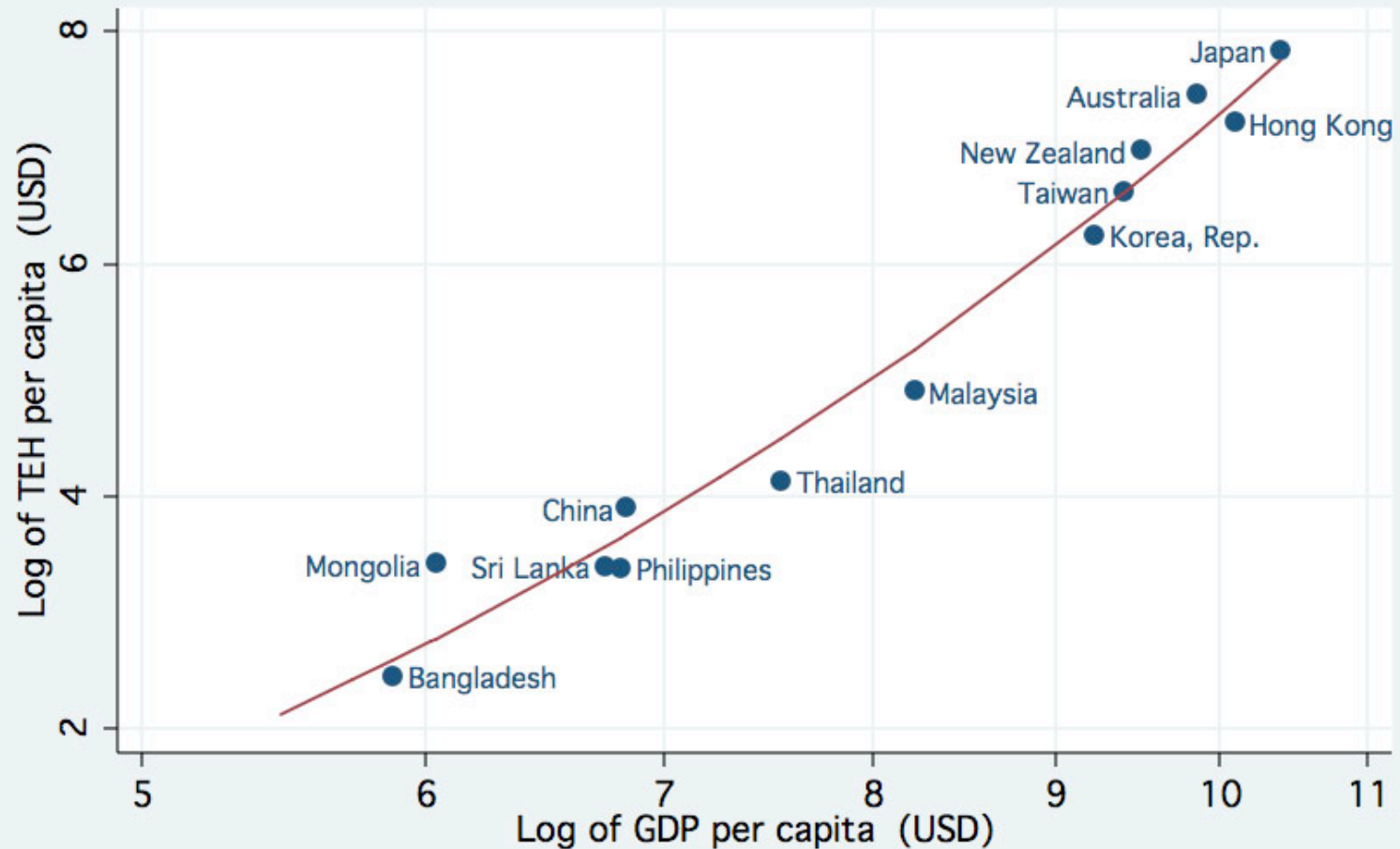
GROUP III: Territories currently constructing NHA systems



Expenditures (TEH) versus income

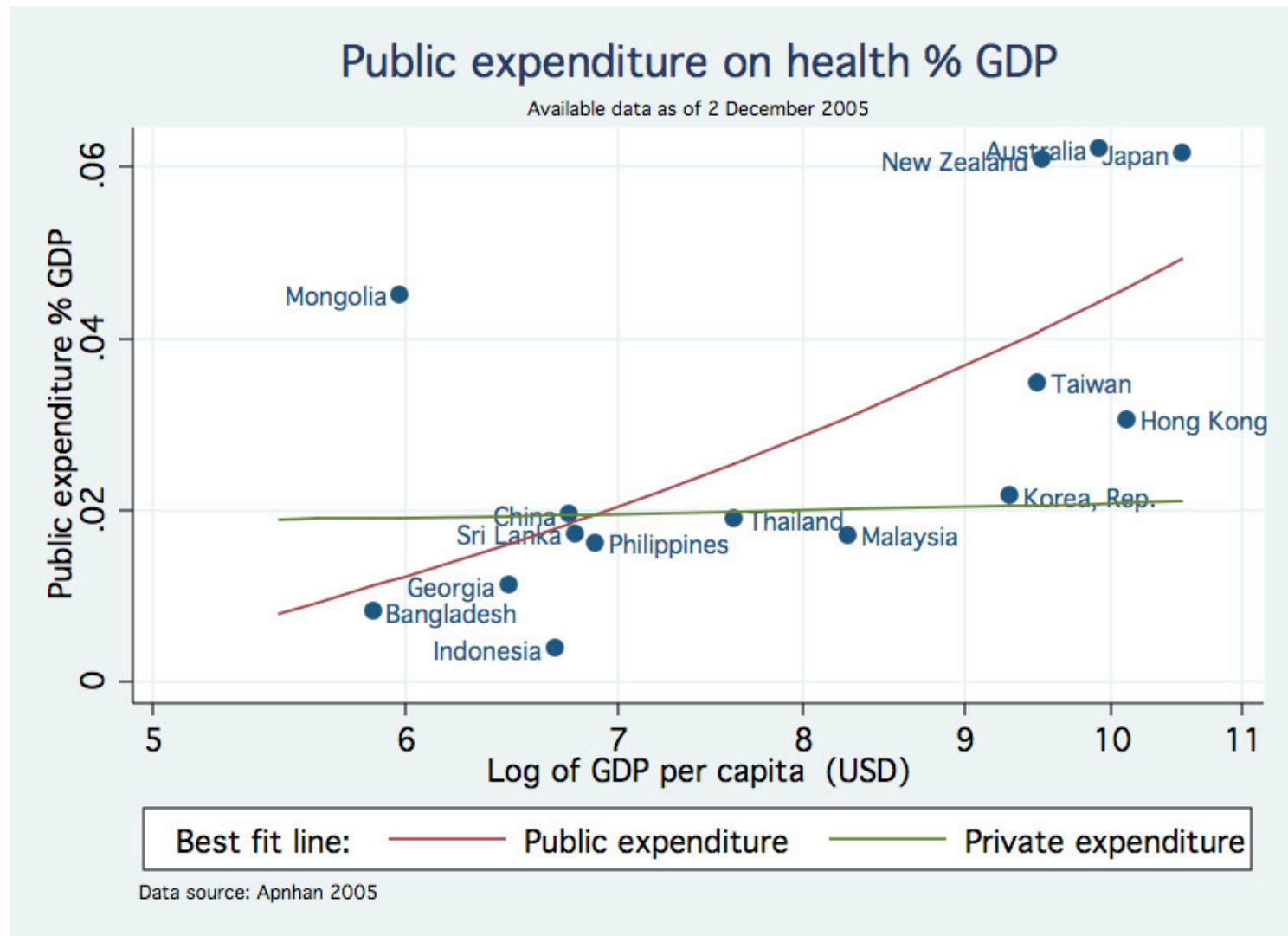
Total health expenditure vs. GNP per capita

Available data as of 2 December 2005

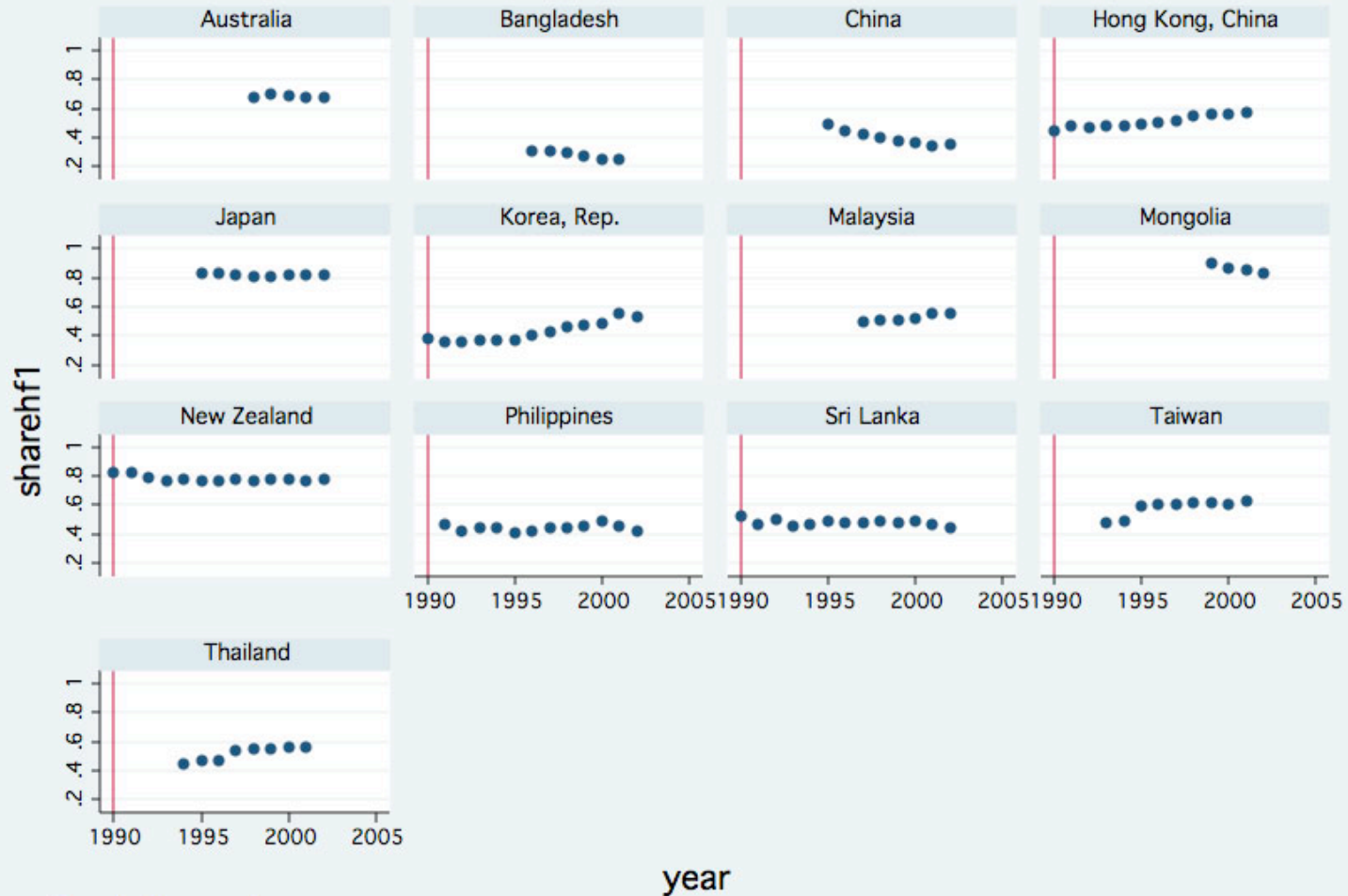


Data source: Aphnan 2005

Income trends in public-private mix

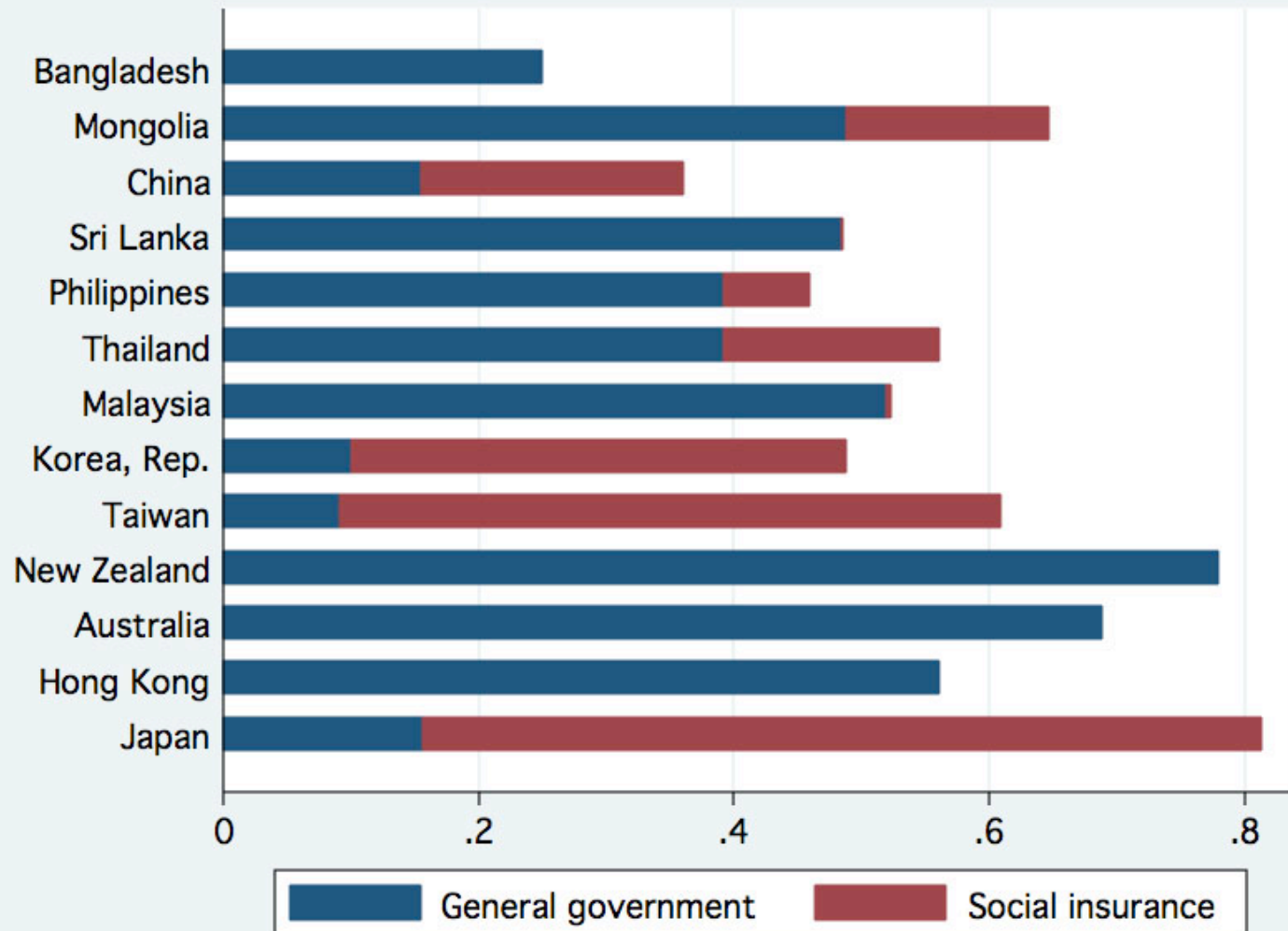


Trends in public spending (HF1)

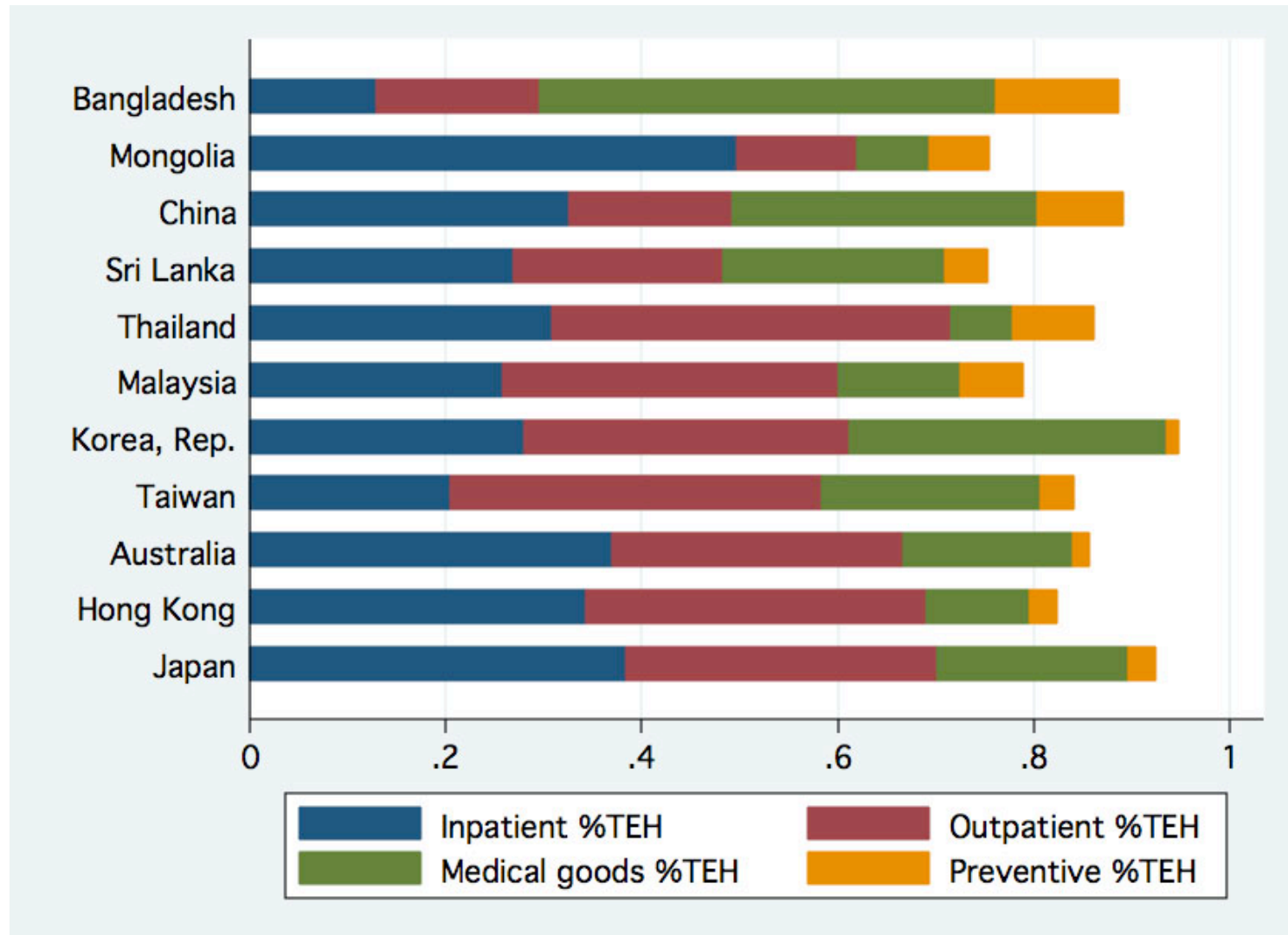


Graphs by countryname

Source of public financing (ICHA-HF)

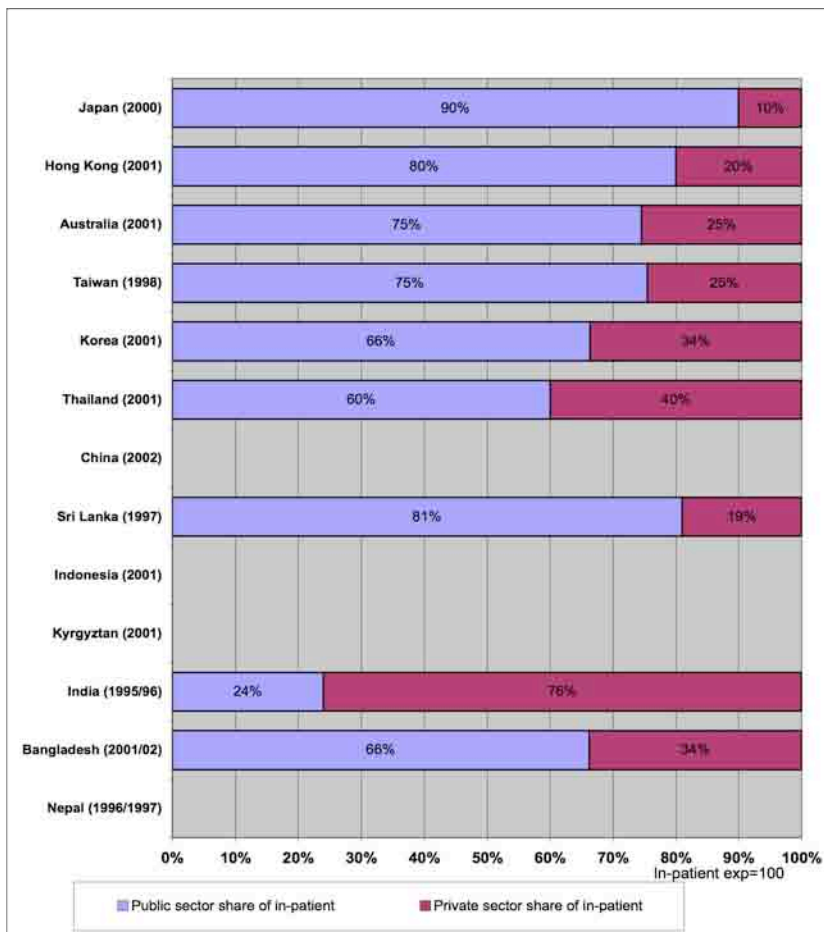


Composition of spending (ICHA-HC)

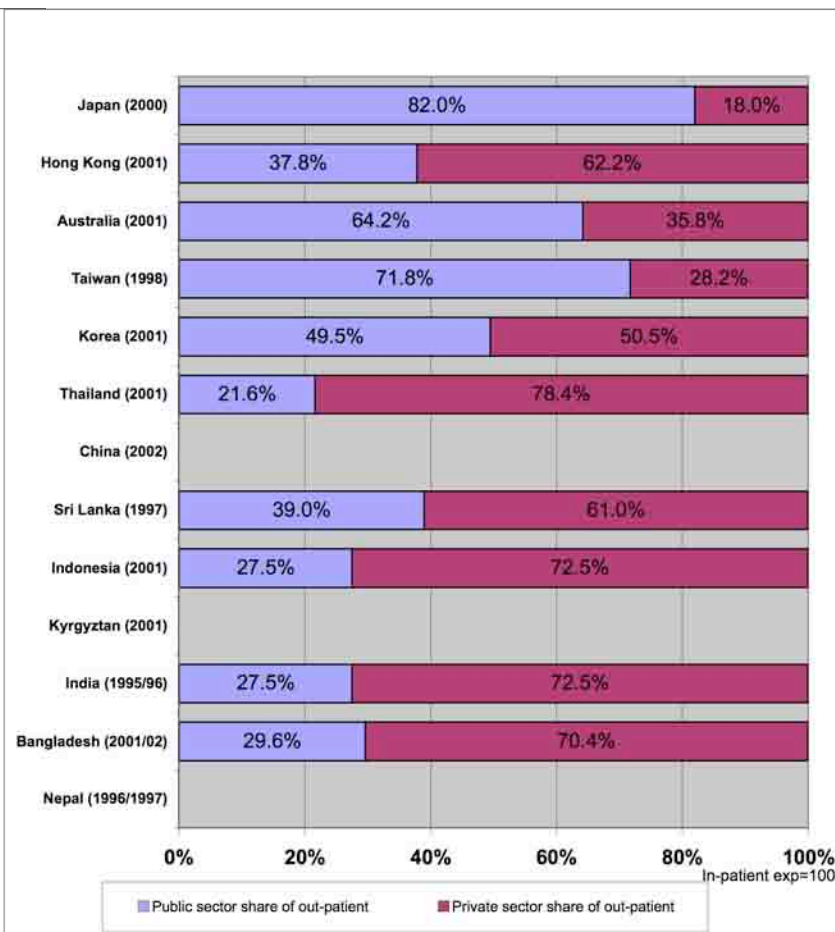


Financing of patient services

Financing of Inpatient/Outpatient care by source of financing



Inpatient care



Outpatient care

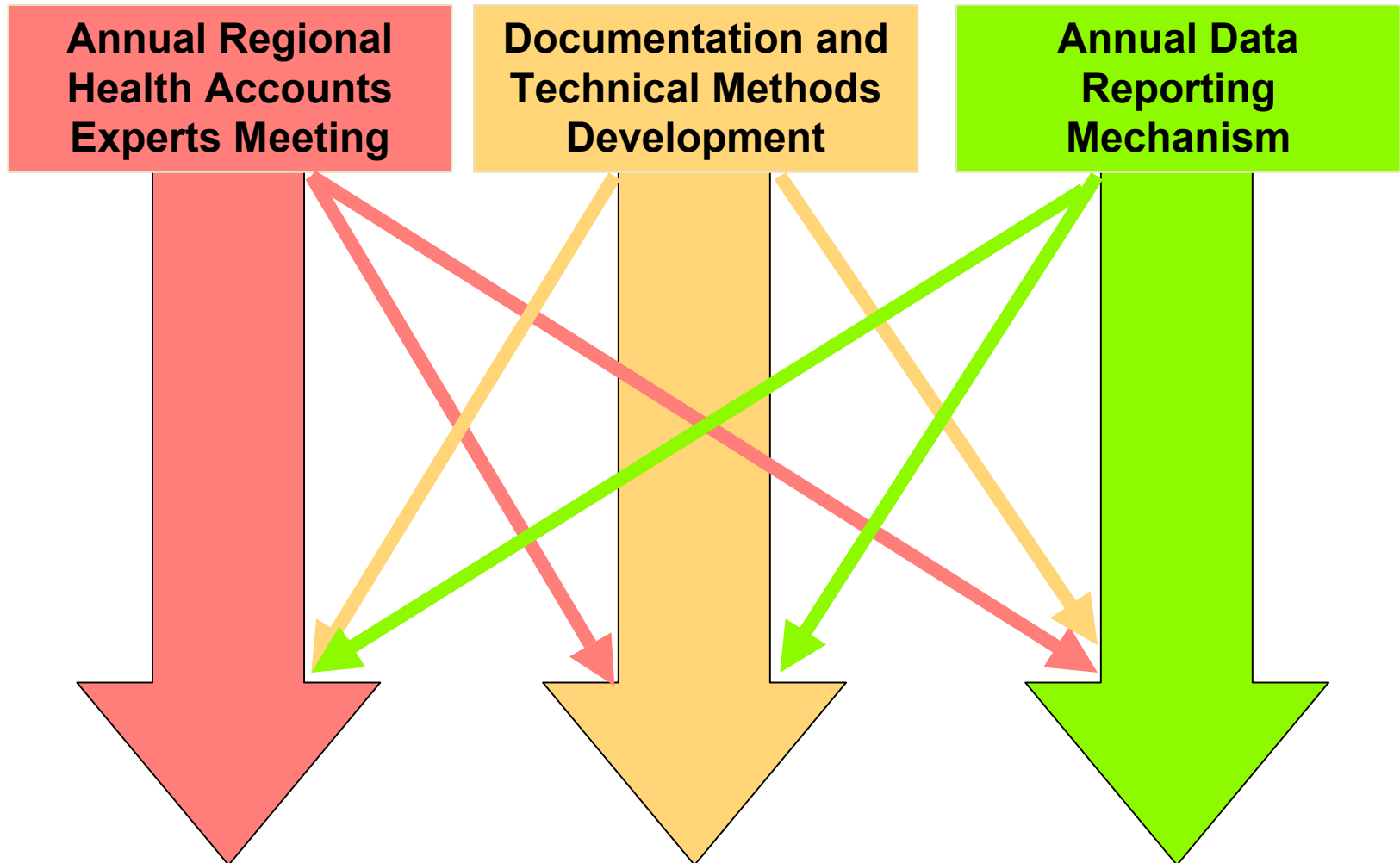
Current issues

- Lack of mechanism to collate, review and report data at regional level
- Need to consolidate work in countries with first phase HA estimates
 - Peer support may help
 - Support for lessons sharing
- Improvement of quality in HA estimates
 - Documentation of methods
 - Improvement of methods
 - Sharing of experience

A Regional Agenda

- 1) Establish a multi-partner joint HA data reporting mechanism
- 2) Annual regional meeting of health accountants
- 3) Documentation of health accounts implementations

A Way Forward



Thoughts on Annual Regional Health Accounts Experts Meeting

- Should model on OECD Health Accounts Experts Meetings
- Agenda should consist of:
 - Stock-taking of work and progress in countries
 - Stock-taking of regional collaboration and data collection
 - Discussion of next year agenda and regional work plan
 - Sharing of national experiences and methodological projects
- Annual Experts Meeting could provide platform for training workshops
- Meeting should be at a fixed time each year
 - Best timing may be 2-4 months before OECD Paris Meeting so as to allow feedback from region on SHA implementation
- OECD approach of all participants self-funding attendance will not be feasible
 - Requires good collaboration between potential sponsors to fill in funding gaps
 - Can keep costs down by linking meeting to other projects

Thoughts on Documentation and Technical Methods Improvement

- Documentation must underpin quality improvement and methods improvement
- Potential initial products
 - Documentation of SHA implementations following OECD Technical Paper format
 - Commissioned projects to document and review methods used for specific items, e.g., out-of-pocket, multifunction disaggregation in hospitals, etc.
- Documentation process would require some resources centrally to support editorial and coordination work, and possibly for country work
- Could feed into and reinforce annual experts meetings

Thoughts on joint HA reporting mechanism

- WHO/HQ, WHO/WPR, WHO/SEAR, OECD, OECD RCHSP, APNHAN and other interested agencies (World Bank, ILO)
- Work on the basis of reporting by national data correspondents/technical experts
 - Requires quality assurance process at regional level
 - *Subject to later authorisation by WHO/national authorities*
- Need to adopt three track approach
 - SHA implementers should report SHA-based results/tables
 - Non-SHA implementers should have option of reporting simplified data table, e.g., minus functions
 - Non-NHA countries must be covered by other arrangement, such as existing WHO process, with option of graduation
- Timing
 - OECD members have to adhere to March deadlines
 - But regional deadline might be later to allow final discussions at regional annual experts meeting

Thank You