



Malaysia NHA

Updating and Future Institutionalization

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Issues

- Global trends
- Regional trends
- Institutional home
- Frequency of updating
- Procedures
- Publication & dissemination

International Development

1960: USA National Health Accounts

1963 - 67: WHO (Abel-Smith)

First comparative studies of national health expenditures

1970s: OECD Secretariat

OECD co-operation to control health spending ⇒ OECD Health Data ⇒
Comparative analysis of determinants of health spending

1990s: Extension of NHA outside OECD region

China, Philippines, Thailand, Egypt, Russia, Hong Kong, Sri Lanka . . .

1998- : International Collaboration

Collaboration of WHO, OECD, World Bank

2000: OECD NHA Standard

Endorsed by WHO, World Bank, USAID

A System of Health Accounts

HEALTH



OECD

Guide to producing national health accounts



with special applications for low-income and middle-income countries



WORLD BANK



WORLD HEALTH ORGANIZATION



THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

A "System of Health Accounts" OECD (2000)



Developed by OECD:

- To provide standard reporting tables for international comparison
- To provide an internationally harmonized boundary for health care activities
- To provide a consistent framework for analyzing 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

ICHA Classification of Functions

HC.1 Services of curative care

HC.1.1 Inpatient care

HC.1.2 Day cases of curative care

HC1.3 Outpatient care

HC1.4 Home care

HC.2 Services of rehabilitative care

HC.3 Services of long-term nursing care

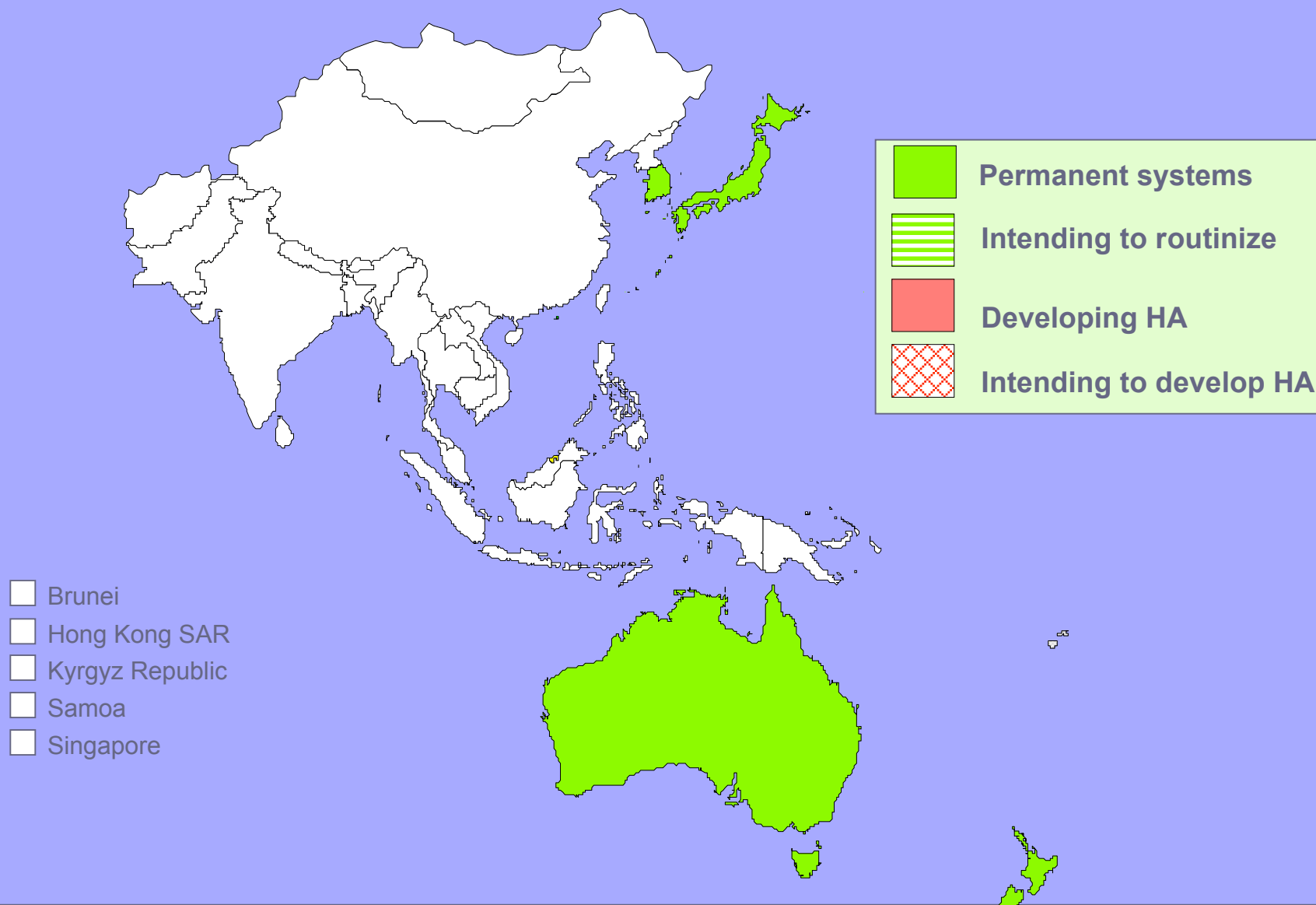
HC.4 Ancillary services to health care

HC.5 Medical goods dispensed to out-patients

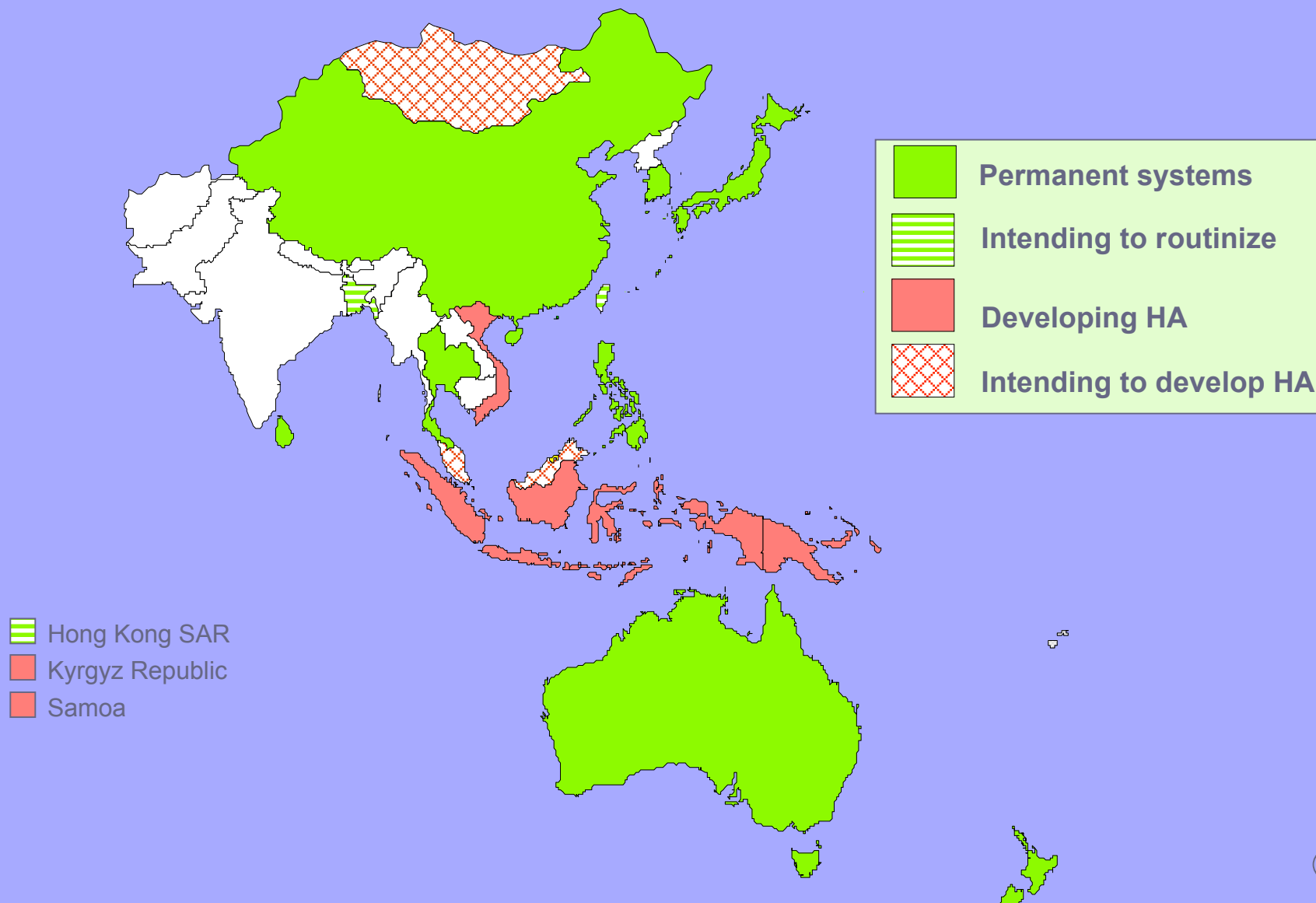
HC.6 Prevention and public health services

HC.7 Health administration and health insurance

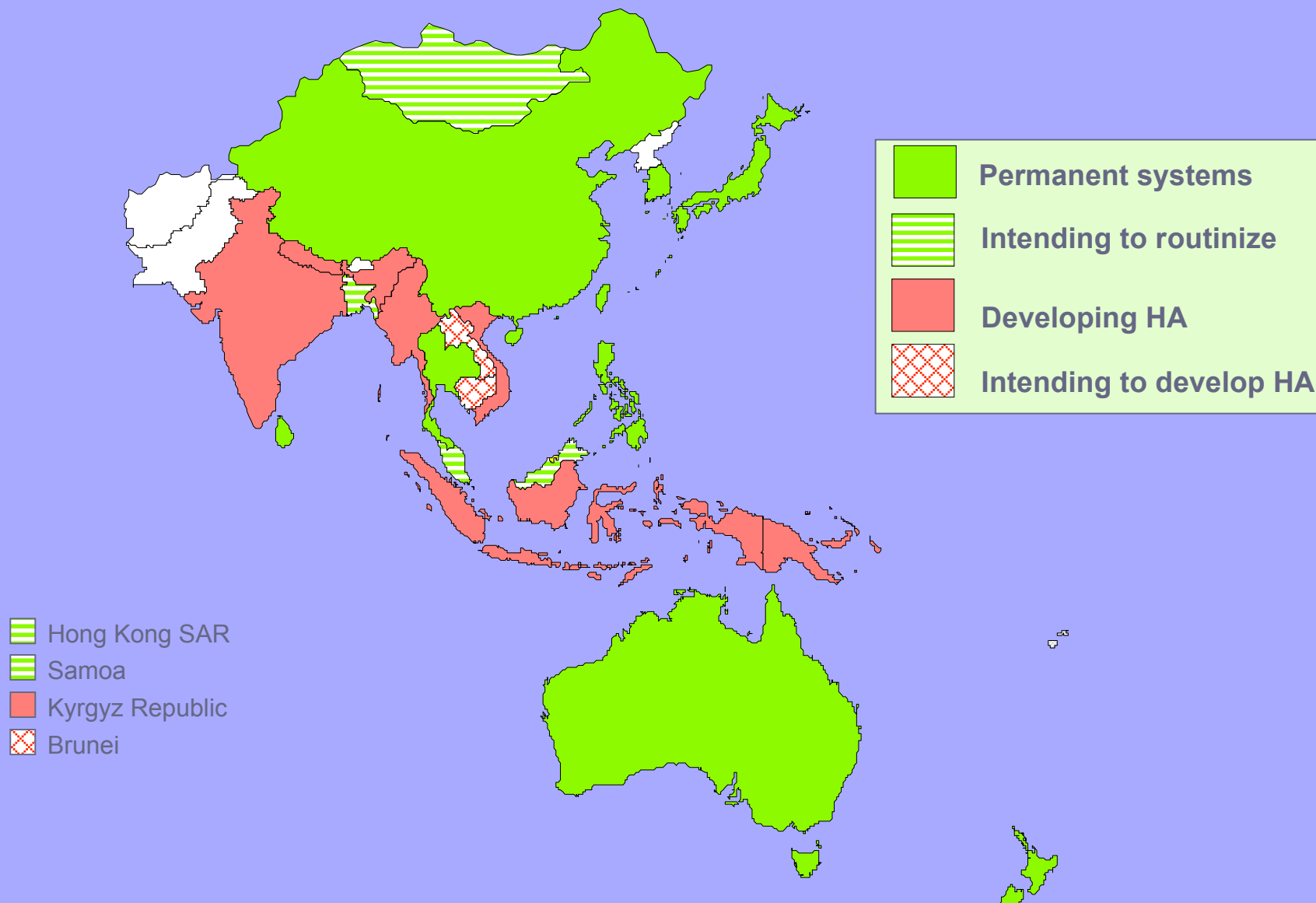
Health Accounts Status in Asia-Pacific 1990



Health Accounts Status in Asia-Pacific 2001



Health Accounts Status in Asia-Pacific 2006



HA Status 2006

- ☞ Permanent systems with continuous updates (10)
 - OECD: **Australia**, **Korea**, **Japan**, New Zealand
 - Others: **China**, **Hong Kong SAR**, Chinese Taipei, Philippines, **Sri Lanka**, **Thailand**
- ☞ HA systems with intent to routinize (8)
 - **Bangladesh**, **India**, **Malaysia**, **Mongolia**, Papua New Guinea, **Samoa**, Viet Nam
- ☞ Developing HA systems
 - Others: **Nepal**, Indonesia, Kyrgyz Republic, Myanmar, Tonga
- ☞ Considering development of NHA systems
 - Brunei, Cambodia, Laos

* **Can report OECD SHA**

OECD  **아시아 지역 보건계정 전문가 회의** 
Joint OECD/Korea RCSP - APNHAN Meeting of Health Account Experts
Hosted by the Joint OECD/Korea RCSP / December 4-6, 2005 / Imperial Hall, Olympia Hotel, Seoul

Joint OECD Korea RCSP APNHAN
Meeting of Health
Account Experts

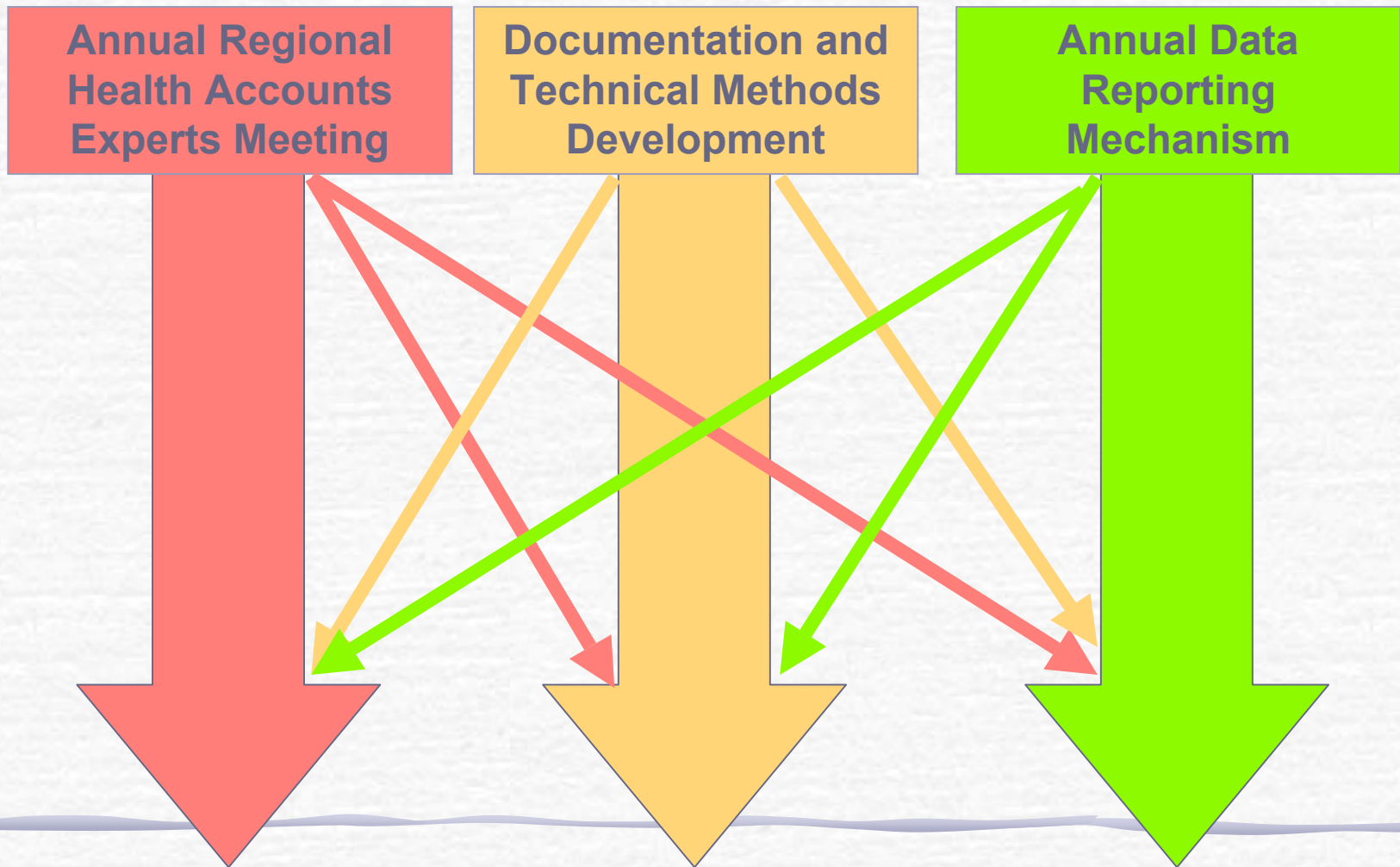


The Seoul 2005 Agenda

The Seoul 2005 Goals

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

The Seoul 2005 Vision



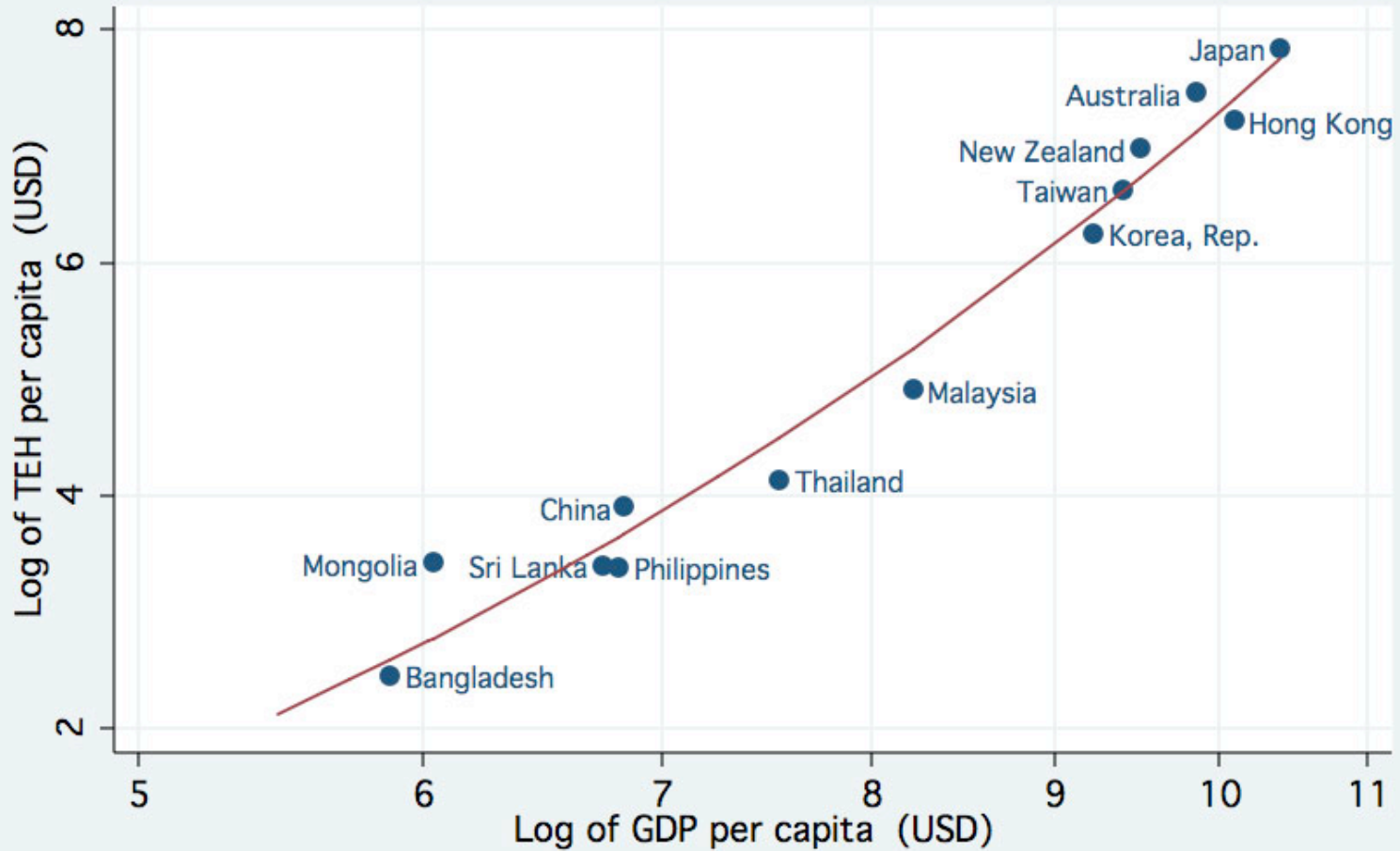
Post-Seoul Developments

- Decision by RCHSP to host Annual HA Meetings to 2007
- RCHSP Green Paper Project launched
- Joint Asia-Pacific Data Collections launched by WHO, APNHAN, RCHSP

=> Goal of common regional HA database

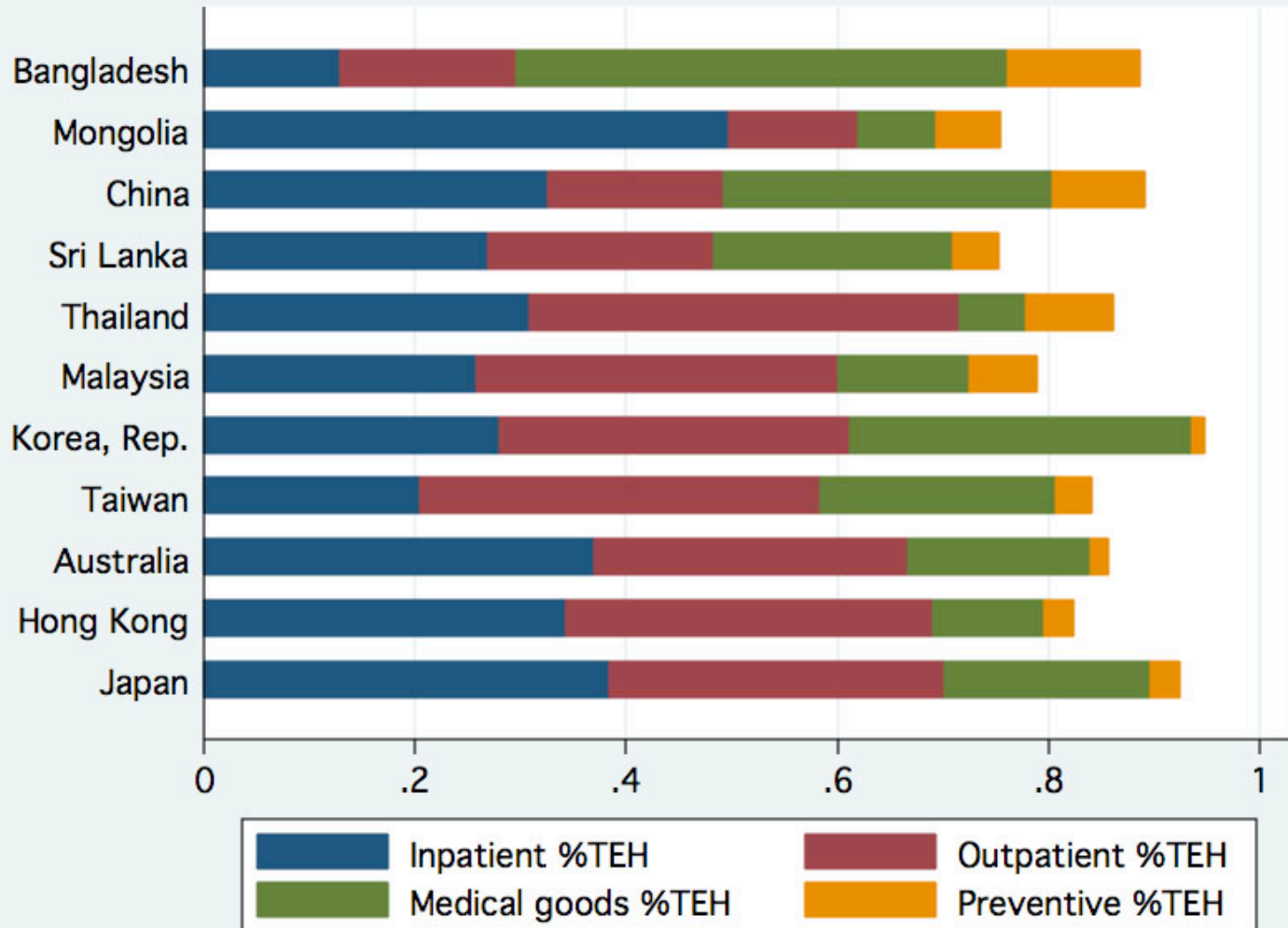
Total health expenditure vs. GNP per capita

Available data as of 2 December 2005



Data source: Aphan 2005

Composition of spending (ICHA-HC)



Emerging trends

- ☞ Equity or distributional analysis
 - <http://www.equitap.org/>
- ☞ Sub-national accounts
 - Australia, Sri Lanka, China
- ☞ Disease-based estimates
 - Australia, Sri Lanka, Thailand

Institutional home

Evolution of strategy

- DoS -> MoH -> MoH MNHA Unit

Issues

- Technical capacity
- Credibility and legitimacy

Institutional home

- ☞ Technical capacity
 - Data collection and analysis
 - Survey & health service research methods
 - Tracking of health system developments
 - Importance of tacit knowledge
- ☞ Credibility & Legitimacy
 - Must be seen to be impartial
 - Trusted by data providers (public and private)
- ☞ Challenges
 - Retention of technical staff & institutional memory
 - Technical improvement

Institutional home

Global experience

- Specialized health statistics/economics/research agencies with close links to MoH
 - Australia, Canada, Germany, Philippines, China, Sri Lanka
- Since introduction of OECD SHA standard, shift to specialized external agencies
 - Japan, Korea, Thailand, Hong Kong
- Only a few countries maintain within MoH
 - USA, Mexico, Taiwan, Mongolia

Institutional Arrangements

Country	Commissioning	Lead technical Agency
Canada	Health ministry	CIHI - Independent health statistics agency
Germany	Health ministry	BASYS - Economic research agency
Philippines	Health ministry	NSCB - National statistical office
China	Health ministry	CNHEI - Public health economics research agency
Japan	Health ministry	IHEP - Semipublic health economics research agency
Australia	Health ministry	AIHW - National health statistics agency
Sri Lanka	Health ministry	IHP - Autonomous health policy research agency
USA	Health ministry	CMMS - Specialised department of DOHW
Mongolia	Health ministry	NCHD - Specialised health statistics centre under MoH

Frequency of updating

Recommend annual updating

- Retention of technical skills and know-how likely to be difficult without continuity
- Most data sources are revised annually - including key data sources for estimating private
- Policy makers and users will want annual data
- International reporting obligations (WHO, OECD RCHSP) are annual

Countries with annual updating

- Most OECD countries, Japan, Korea, China, Thailand, Sri Lanka, Hong Kong, Philippines

Best practice in procedures

- ☞ Avoid imposing burdens on data providers
 - Focus on collecting data in the form it exists
 - Mistake to force changes in data systems for sake of NHA
- ☞ Private expenditures
 - Avoid reliance on household survey data - not reliable or readily available
- ☞ Appreciate importance of tacit knowledge and retention of key staff

Parting thoughts

- MNHA gives Malaysia a technically-sophisticated statistical system meeting international standards
- Will allow Malaysia to fully benefit from emerging standards based reporting in Asia-Pacific region
- BUT... Need to focus on
 - Transition to annual updating and shortening time lag in reporting
 - Maintaining low-cost, proven best practice methods for data collection and estimation