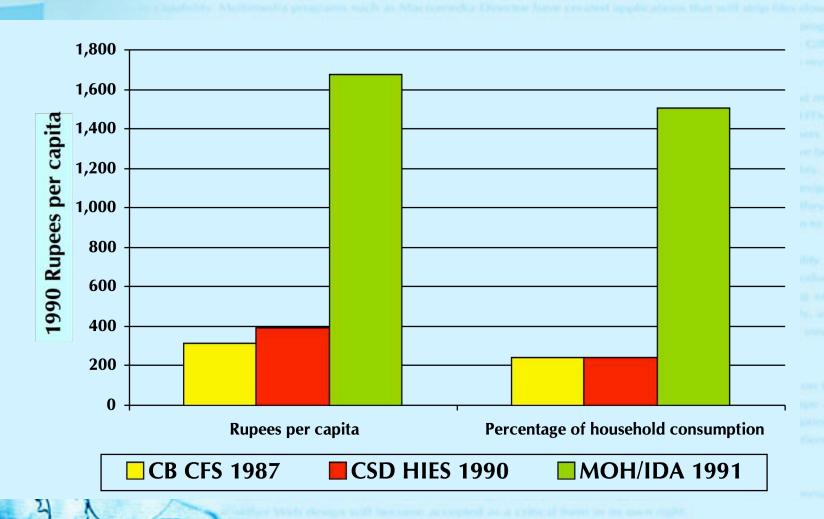
# Alternative Tracking Methods for Household Expenditure

Ravi P. Rannan-Eliya
Institute for Health Policy (IHP)
Sri Lanka



Consultation on National Health Accounts
& External Resource Flows
Ellison Institute for World Health
Alexandria, VA
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# Problems of Household Survey Data



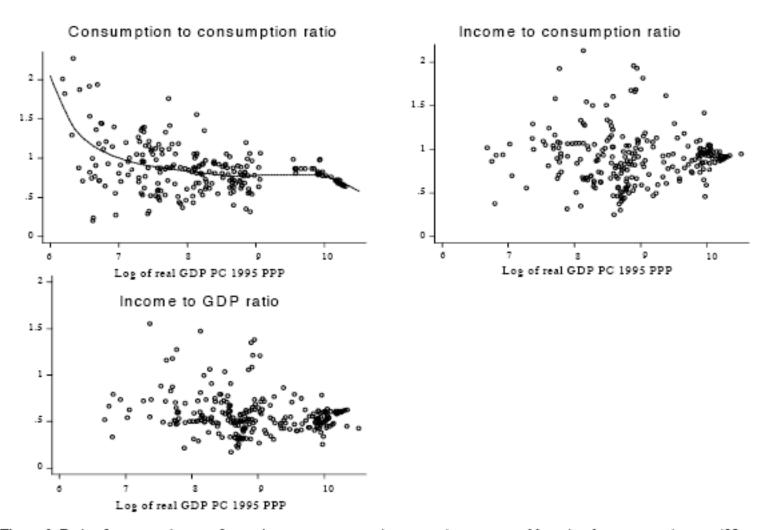
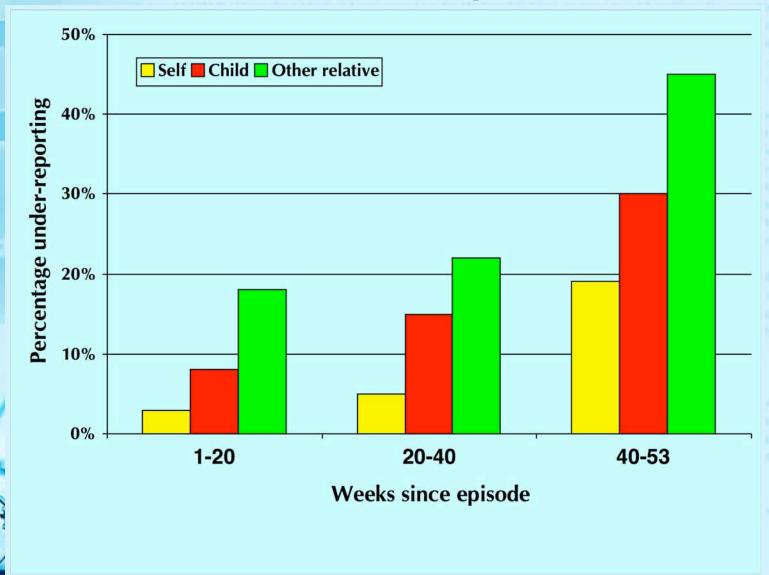


Figure 2: Ratio of survey estimates of mean income or consumption per capita to comparable national accounts estimates: 498 surveys, 124 countries, years from 1979 to 2000. Unweighted.

Deaton (2003)

# Recall loss for hospitalizations



## Recent Estimation Experience

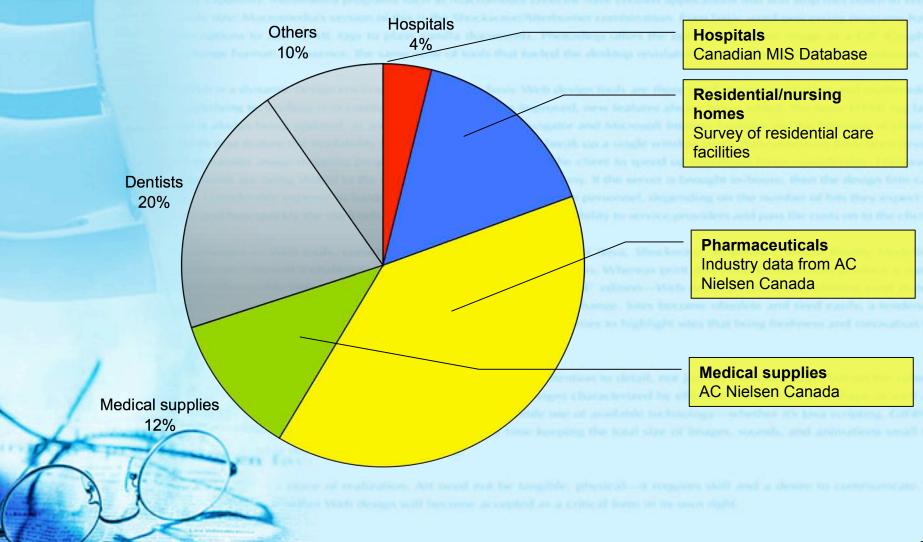
#### Problems with household survey data

- Suffer from significant non-sampling errors
  - Eg: recall loss, telescoping, etc.
- Sampling errors if complete population is not covered
- Existing surveys may lack sufficient detail to meet SHA requirements
- Surveys are costly, not timely, and are not available every year

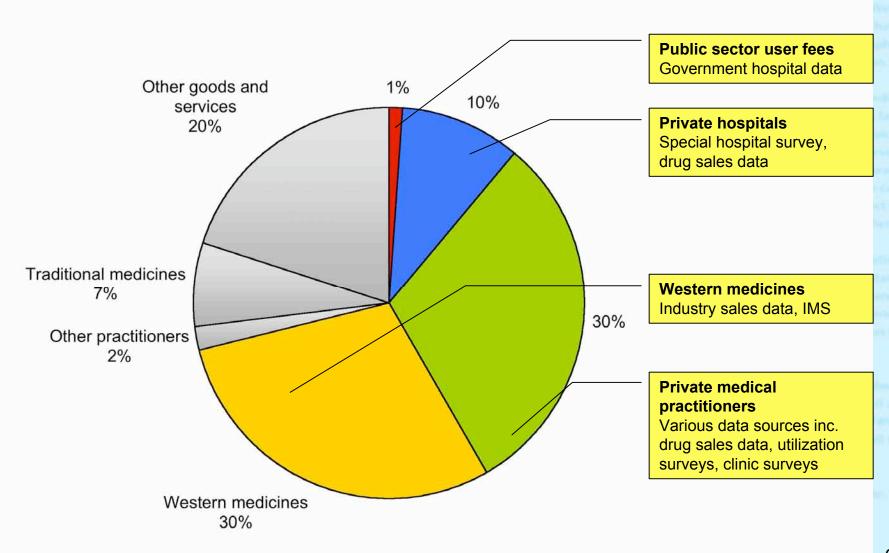
#### **Emerging approach**

- More intensive use of supply-side data and other projection techniques, e.g., pharmaceutical retail sales data, revenue of medical providers, facility use statistics, etc
- Systematic quantification of non-sampling bias using independent data, and adjustment of survey data
- Reliance on household survey data only for minor part of estimations

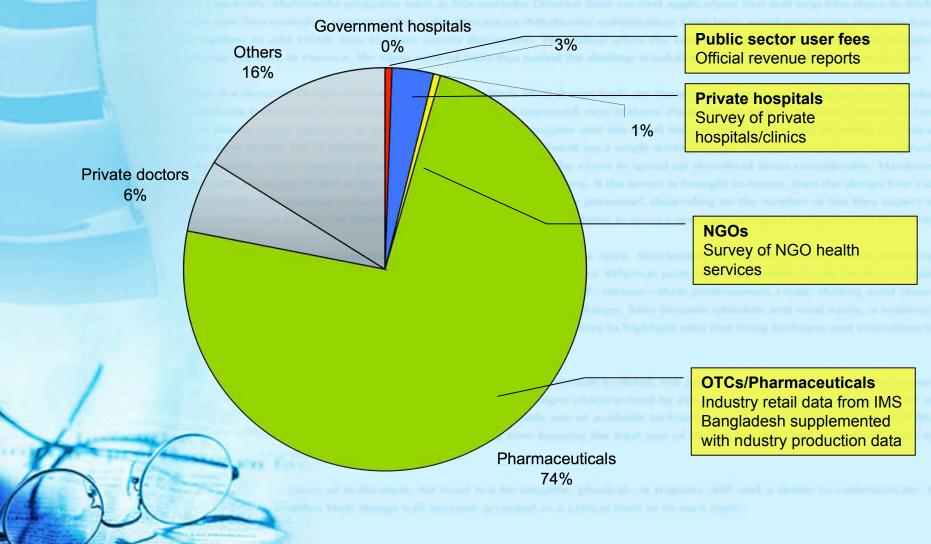
### Household Spending in Canada



#### Household Spending in Sri Lanka



#### Household Spending in Bangladesh



# Alternative Approach

- Identical conceptually to those used in income accounts
  - Production-side estimates
  - Triangulation
- But does not imply that estimates are identical to the national accounts
  - Health accounts can afford to devote more technical resources and exploit more data sources

# Existing Methods (1)

- Pharmaceuticals
  - Industry/production side retail data
    - IMS-Health (SL, Bangladesh, HK, Taiwan, Malaysia)
    - AC Nielsen (Canada)
    - Drug Accounts (Thailand)
- Private hospitals
  - National surveys of hospital revenues
    - USA, Bangladesh, Sri Lanka, Hong Kong, Mongolia
  - Triangulation from insurance data
    - Australia, Taiwan

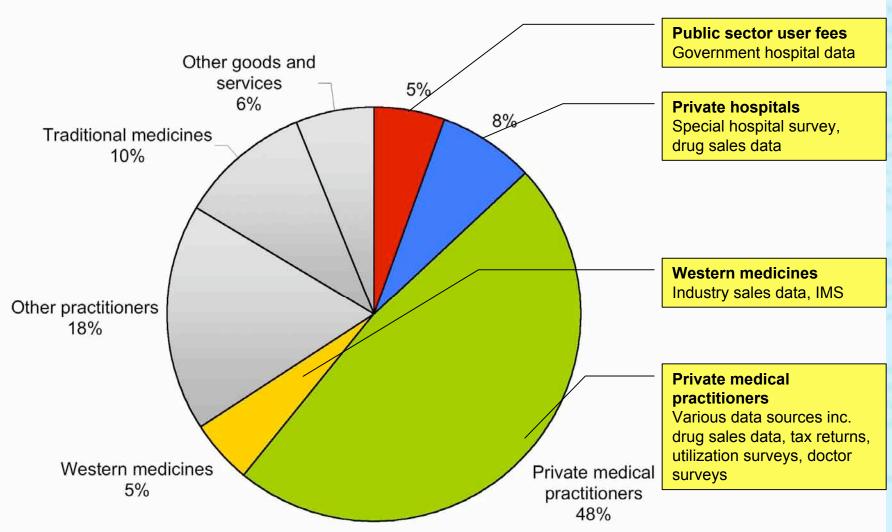
# Existing Methods (2)

- Private physicians
  - Tax data universally unreliable (including USA)
  - Price \* Quantity (PQ) approach
    - Use different surveys/sources to estimate P and Q separately
    - Hong Kong, Sri Lanka, Thailand, Malaysia
- Traditional providers, dentists, paramedicals
  - Special surveys of providers, insurance data
    - Hong Kong, Korea, Japan
  - Triangulation from household survey data
    - Calibrating using other reliable components

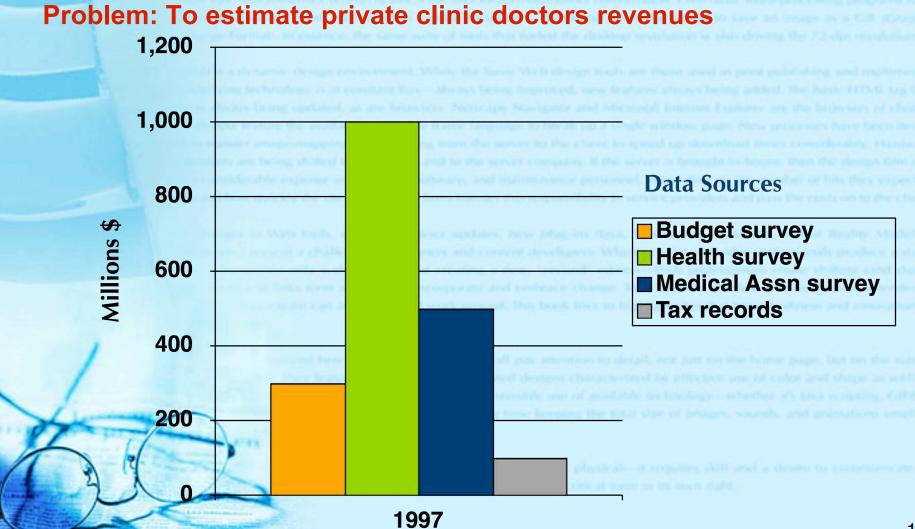
# Existing Methods (3)

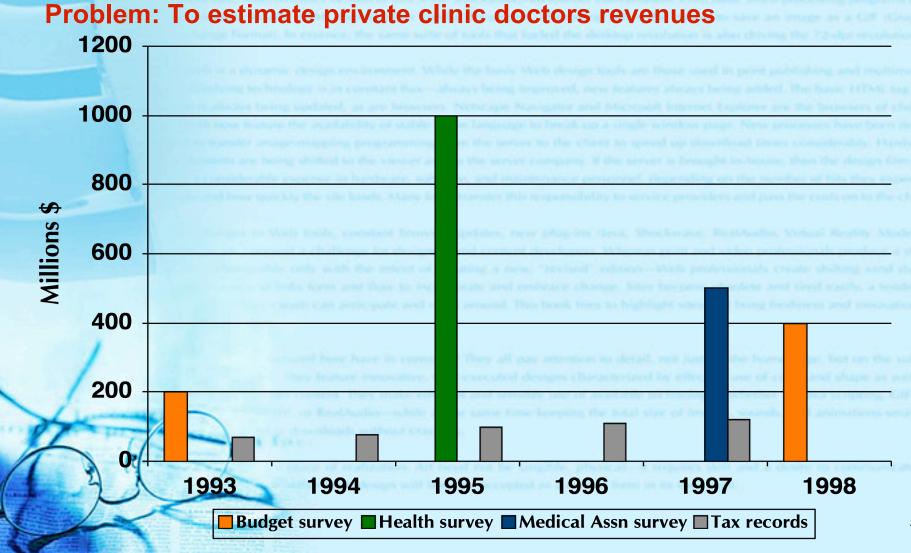
- Combining methods in composite trend estimate
  - Focus on estimating elements as time series, not single cell estimates (temporal consistency)
  - Requirement that estimates be consistent with data sources at multiple times
  - Emphasis on accuracy of trends, not just levels
  - Focus on understanding trends, not single year cross-section

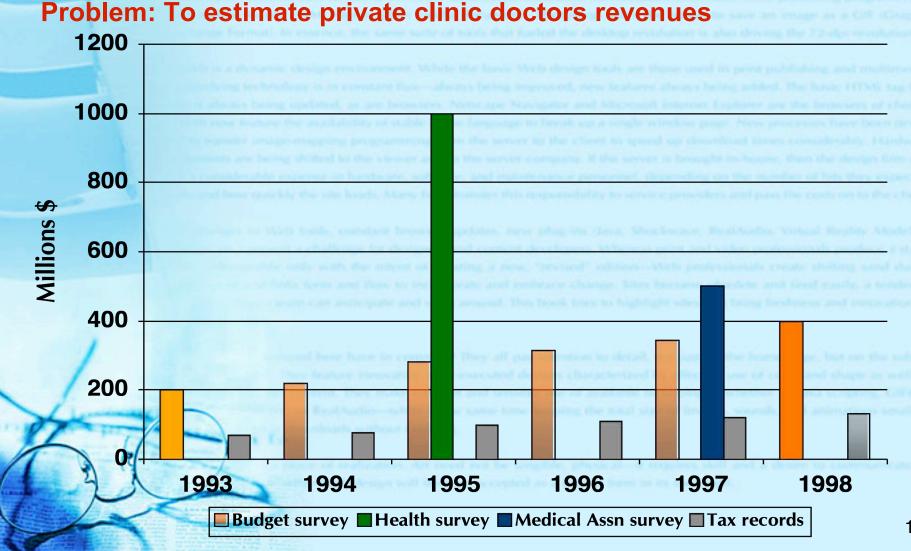
## Household Spending in Hong Kong

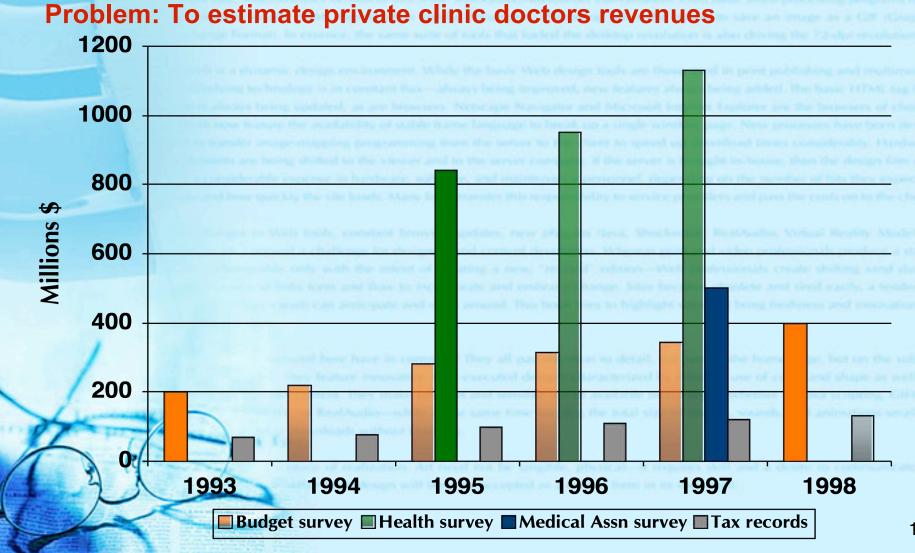


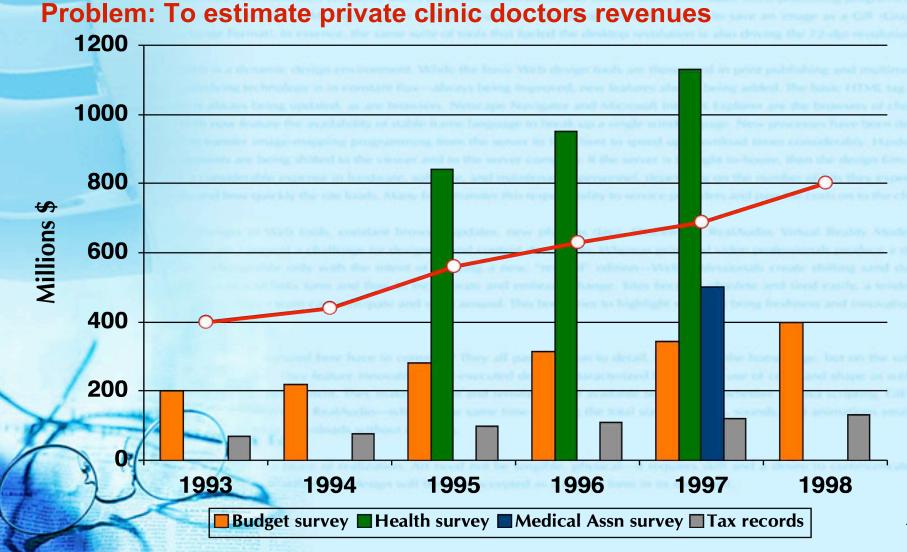
# Duplicate measurement in theory





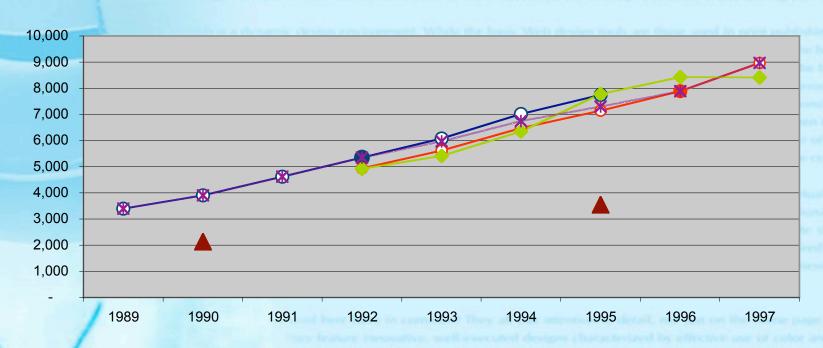






# Trend Estimation Example

Hong Kong DHA: Comparison of estimates of private doctors' revenues



- GHS 1992

**─**○ GHS 1996

– IMS and tax data

HES 90/95

\* Proposed DHA estimate

#### Issues

- Cookbooks partially available (WHO PG, Eurostat Guide)
  - Priority is to document existing sources outside OECD
  - Lack of OECD-type process outside OECD to improve methods through cross-national discussion
- Cookbook not sufficient
  - Exact methods will vary between country and over time
  - Requires capacity to evaluate, select and modify methods continuously
- Scarcity and hidden nature of data
  - Often best overcome through multiple-year estimates reconciling different data methods
  - Difficult to do well from outside country

# Agenda for future

- Regional and global stock-taking of methods
  - Currently not funded
- Meeting-based mechanisms for experts outside OECD to share, review and improve methods on routine basis
  - Currently under-funded