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OECD/Korea RCHSP-APNHAN 2nd Meeting of Health Accounts Experts Seoul, Korea July 26-27, 2006

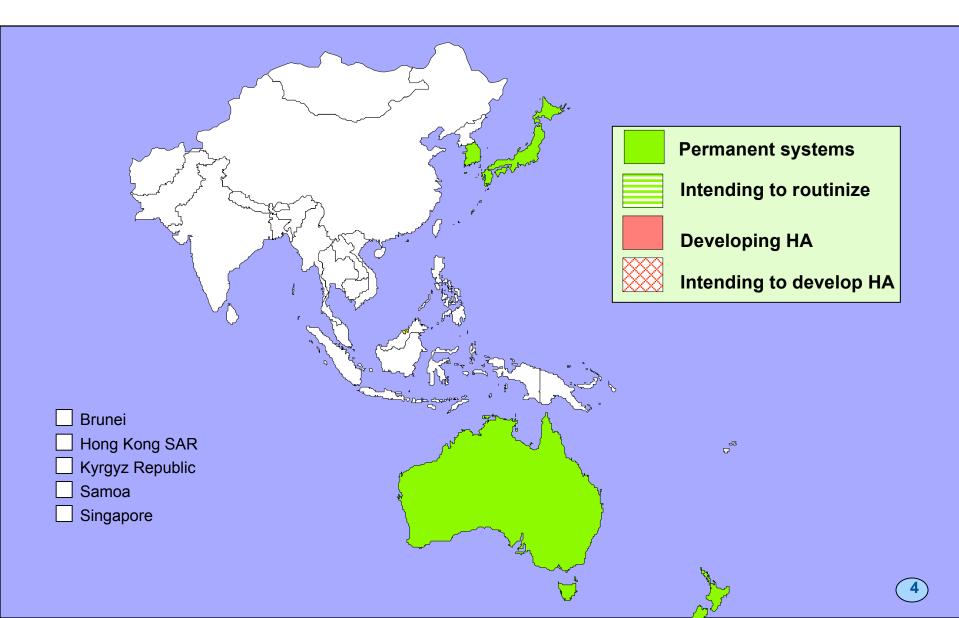
### Outline

How we got here
Seoul 2005
Joint Asia-Pacific HA Data Collections
Issues & Challenges

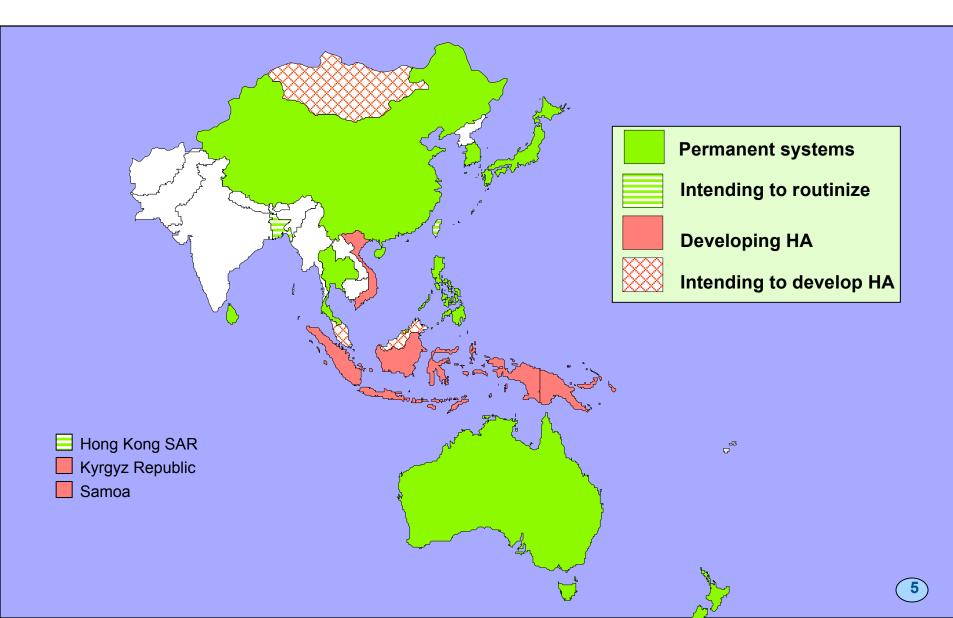
### How we got here

- 1990s: Initiation of efforts in individual Asian developing countries to establish NHAs
  - Philippines, China, Thailand, Sri Lanka, Bangladesh ...
- 1998: APNHAN established with WHO support
- 2000: OECD SHA, WHR 2000
- 2000: Rockefeller WHO Millenium Grant to APNHAN
- 2001: 1st Regional health accounts meeting (Cebu)
- 2003-2005
  - Apnhan meetings Bangkok (2002), Manila (2003) Hong Kong (2003), Colombo (2005)
  - Equitap project 2001-2005
  - Increasing demand for comparative data

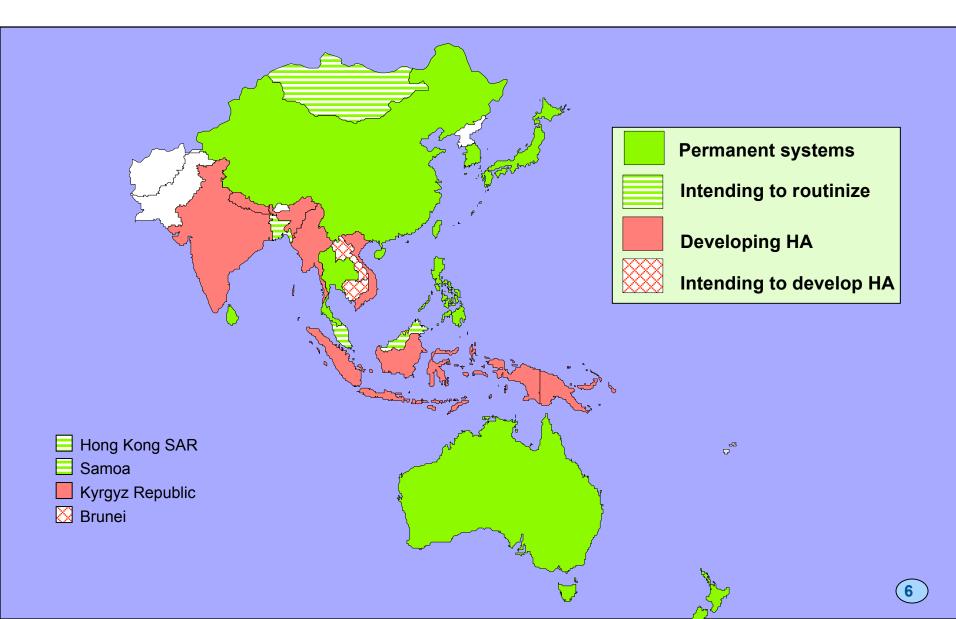
#### Health Accounts Status in Asia-Pacific 1990



#### Health Accounts Status in Asia-Pacific 2001



#### Health Accounts Status in Asia-Pacific 2005



### HA Status 2006

Permanent systems with continuous updates (10)

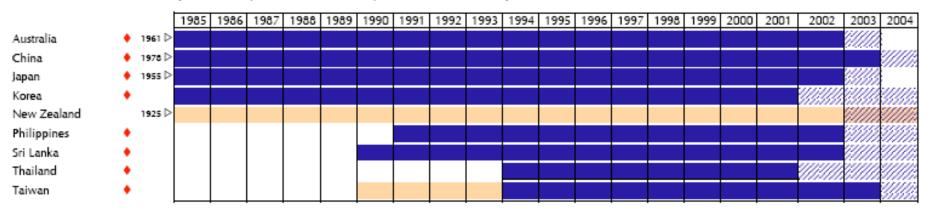
- OECD: <u>Australia</u>, <u>Korea</u>, <u>Japan</u>, New Zealand
- Others: <u>China</u>, <u>Hong Kong SAR</u>, Chinese Taipei, Philippines, <u>Sri</u>
   <u>Lanka</u>, <u>Thailand</u>
- HA systems with intent to routinize (8)
  - <u>Bangladesh</u>, <u>India</u>, <u>Malaysia</u>, <u>Mongolia</u>, Papua New Guinea, <u>Samoa</u>, Viet Nam
- Developing HA systems
  - Release by end-2006?: <u>Nepal</u>
  - Others: Indonesia, Kyrgyz Republic, Myanmar, Tonga
- Considering development of NHA systems
  - Brunei, Cambodia, Laos



### Key Events 2001-2005

- Widespread adoption of the WHO-endorsed OECD SHA as statistical standard in Asia-Pacific region
  - Korea, Sri Lanka, Australia, Japan, Samoa, Thailand
  - Bangladesh, China, Malaysia, Mongolia, Nepal, etc
- Use of OECD SHA for international reporting
  - Main health accounts based on national frameworks with mapping to OECD SHA
- Increasing demand for comparative data by countries/agencies
  - E.g., Australia, Malaysia, Mongolia; WHO, WB, ADB, ILO, etc
- Increasing awareness of problems
  - Move towards harmonization in methods, definitions
  - But lack of regional mechanism for reporting data
- WHO NHA data collection
- RCHSP establishment 2005
- OECD-WHO-Eurostat Joint SHA Collection Agreement

### Availability of NHE estimates

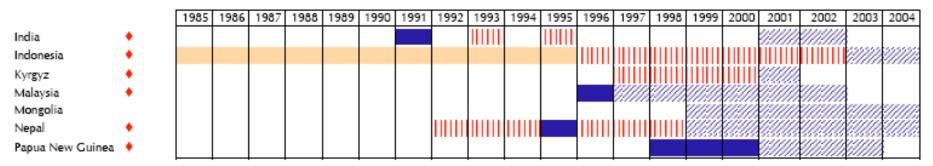


GROUP I: Territories with permanently established NHA systems with routine updates

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

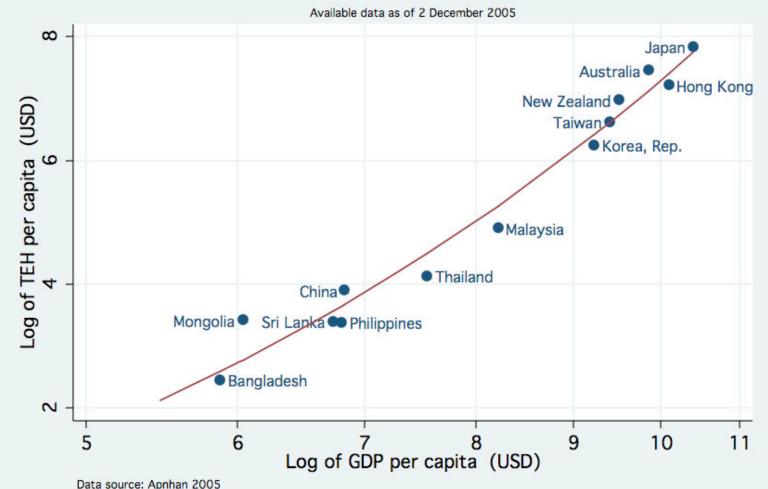
		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bangladesh	•																				
Hong Kong SAR	•																				9//////
Samoa	•																				
Viet Nam																		11111	///////	01111	9////h

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

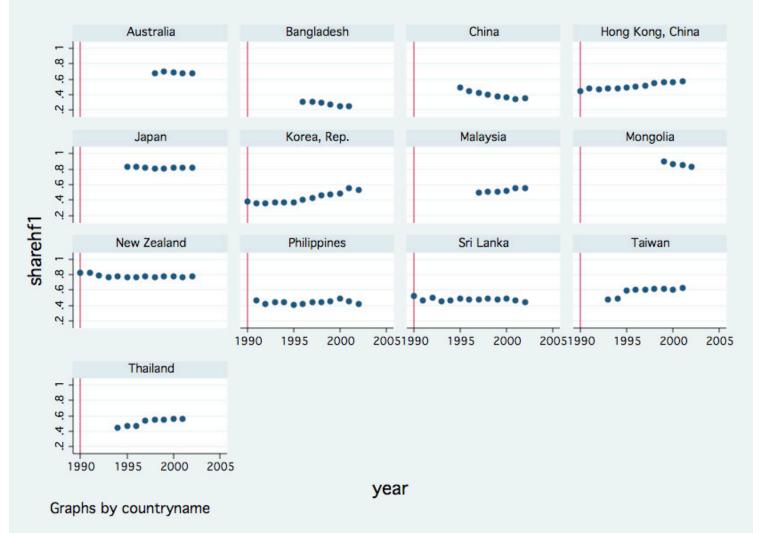


#### Expenditures (TEH) versus income

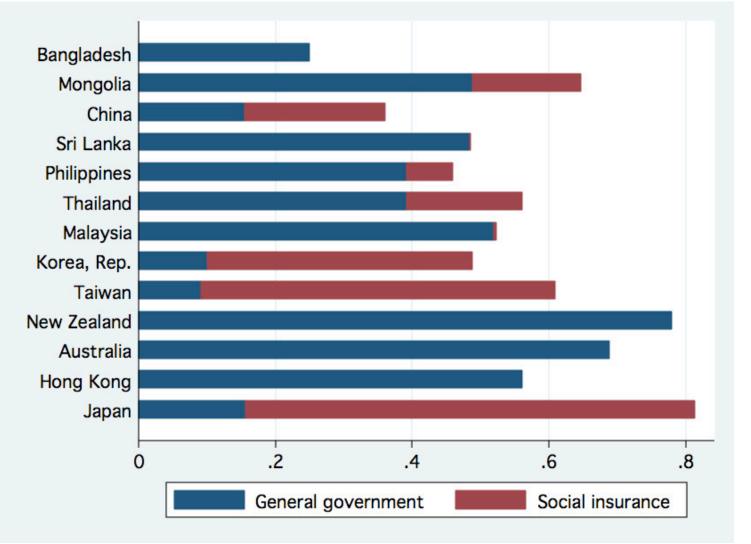
Total health expenditure vs. GNP per capita



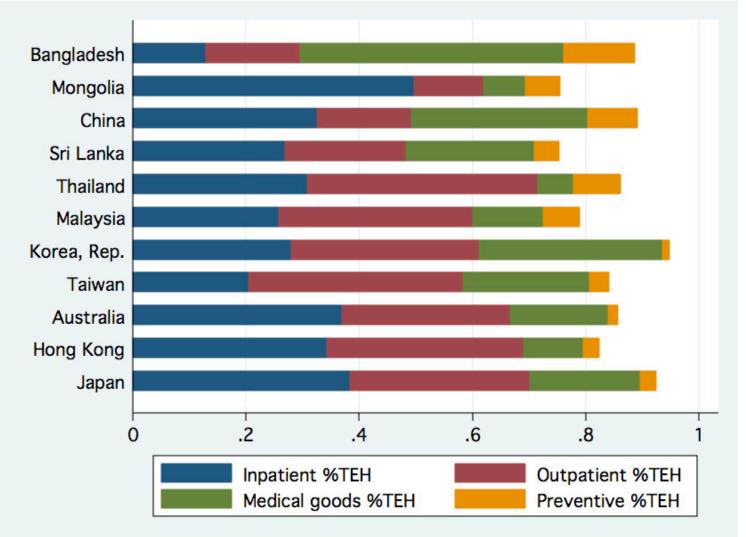
### Trends in public spending (HF1)



#### Source of public financing (ICHA-HF)



#### Composition of spending (ICHA-HC)



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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, Segul

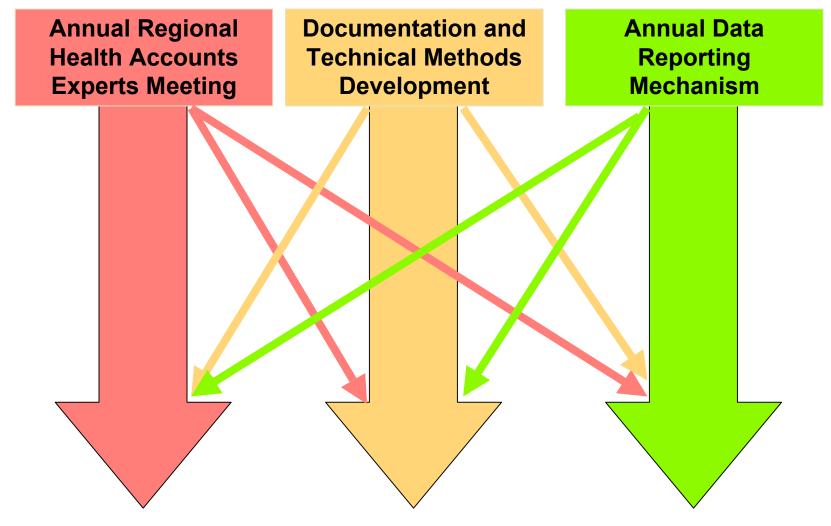
Joint OECD Korea RCSP APNHAN

# The Seoul 2005 Agenda

### The Seoul 2005 Goals

- 1) Establish a multi-partner joint HA data reporting mechanism
- Annual regional meeting of health accountants
- 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

### Joint HA Data Collection Pilots

#### 3 Processes

- (1) WHO APW through IHP
  - Sri Lanka, Bangladesh, Thailand, China, Mongolia, Philippines, Tonga, Vietnam, Nepal, Papua New Guinea, Malaysia, Singapore, Samoa

#### (2) RCHSP

• Hong Kong, Chinese Taipei

#### (3) OECD

• Australia, Korea, Japan, New Zealand

### **Common Procedure**

#### RCHSP Collection

- SHA Matrices (x5) for 2 years
- Notes to Joint SHA Questionnaire
- HD Questionnaire
- WHO APW Collection
  - SHA Matrices (x5) for 2+ years
  - Notes to Joint SHA Questionnaire
  - HD Questionnaire Version W (includes added variables)
  - WHO Mini Template 2006

### Issues

- Institutional jurisdictions
- Coverage and relevance to non-NHA countries
- Focal points
- Timing & process
- Variable set
- Acknowledgements & Copyrights
- Publication & Dissemination
- Resources

### Institutional jurisdictions

- WHO
  - Mandate and policy excludes Hong Kong, Chinese Taipei
  - No communication, No publication
- RCHSP
  - Coverage unrestricted, but lacks mandate to work with non-OECD WHO developing member states

#### APNHAN

- Expert network - not a legal entity or official status

# Q: Should and how do we collaborate for benefit for all in region?

### Country focal points

#### WHO constraints

- Can only ask national authorities for official process, but can engage in "technical consultations" with experts
- Practical considerations
  - Experience indicates that communication only with national authorities is often not effective in many developing countries

# Q: Can AP HA Collection depend only on formal process through national authorities?

### Countries with limited capacity

#### With NHA capacity

- Use of SHA standard may not be feasible in countries producing non-SHA compliant NHA estimates?
- Limited NHA capacity
  - WHO still needs to produce HA estimates for all
  - Joint SHA mechanism likely to exclude countries with developing capacity

# Q: How do we deal with and respond to needs of other countries?

### **Timing and Process**

#### Pilot 2006

- Process started late too little time for adequate responses (10 weeks only)
- WHO needs estimates by September
- Feedback?
  - Current process has no formal feedback mechanism as in OECD-WHO-Eurostat process, except AP HA Experts Meeting
  - Joint Questionnaire revisions may affect us in region

# Q: How important is the timing? Do we need a link to the OECD-WHO-Eurostat process?

### Variable set

#### WHO Collection

- More extensive than OECD-WHO-Eurostat Joint Data Collection - more variables
- Practicality issue with developing countries
- Responses
  - Do not have to complete whole questionnaire
  - But is there a mechanism as with OECD-WHO-Eurostat process to ensure feedback on practicality

## Q: Are the variables too many? Are they all feasible? Do we need a feedback process?

### Acknowledgements

#### WHO APW text

- Restricts acknowledgements only to IHP as the contractee
- Against spirit of partnership
- Recognition important as financial compensation inadequate or limited
- WHO considerations
  - Legal restrictions?
  - Lack of space in WHR Appendix?

# Q: Is this an issue? Is there an acceptable solution?

### Copyright over data

#### WHO APW text

- Asserts exclusive copyright over data collected
- Publication embargo until after WHR 2007
- Concerns
  - How can WHO assert copyright or control publication of our own country data?
  - Will WHO block a regional data publication?

#### Mitigations

Wording revised to exclude pre-existing data, with respondents advised to file disclaimers

# Q: Is there an acceptable compromise? Can WHO reassure?

### Publication & Dissemination

#### WHO WHR needs

- Need to embargo publication until WHR 2007
- Regional and country needs
  - Driving regional interest is a regional database
  - Who is to take responsibility?
  - How is WHO process to be aligned with regional database initiative?
  - How do we include Hong Kong, Chinese Taipei

Dissemination

# Q: How should data be disseminated? Do we need a regional database? Who?

### **Resources and financing**

#### OECD Data Collection

- Official mandate/obligations
- No payment for respondents/meeting participants, but funded secretariat to coordinate
- RCHSP-APNHAN-WHO processes
  - More likely that respondents face significant resource constraints no obligations
  - Quality improvement needs funded coordination & input of regional expertise
- RCHSP does not have adequate budget

Q: How should this be funded? One sponsor or many?

Thank You