

Asia-Pacific NHA Network (APNHAN)

Regional developments
2006-2007

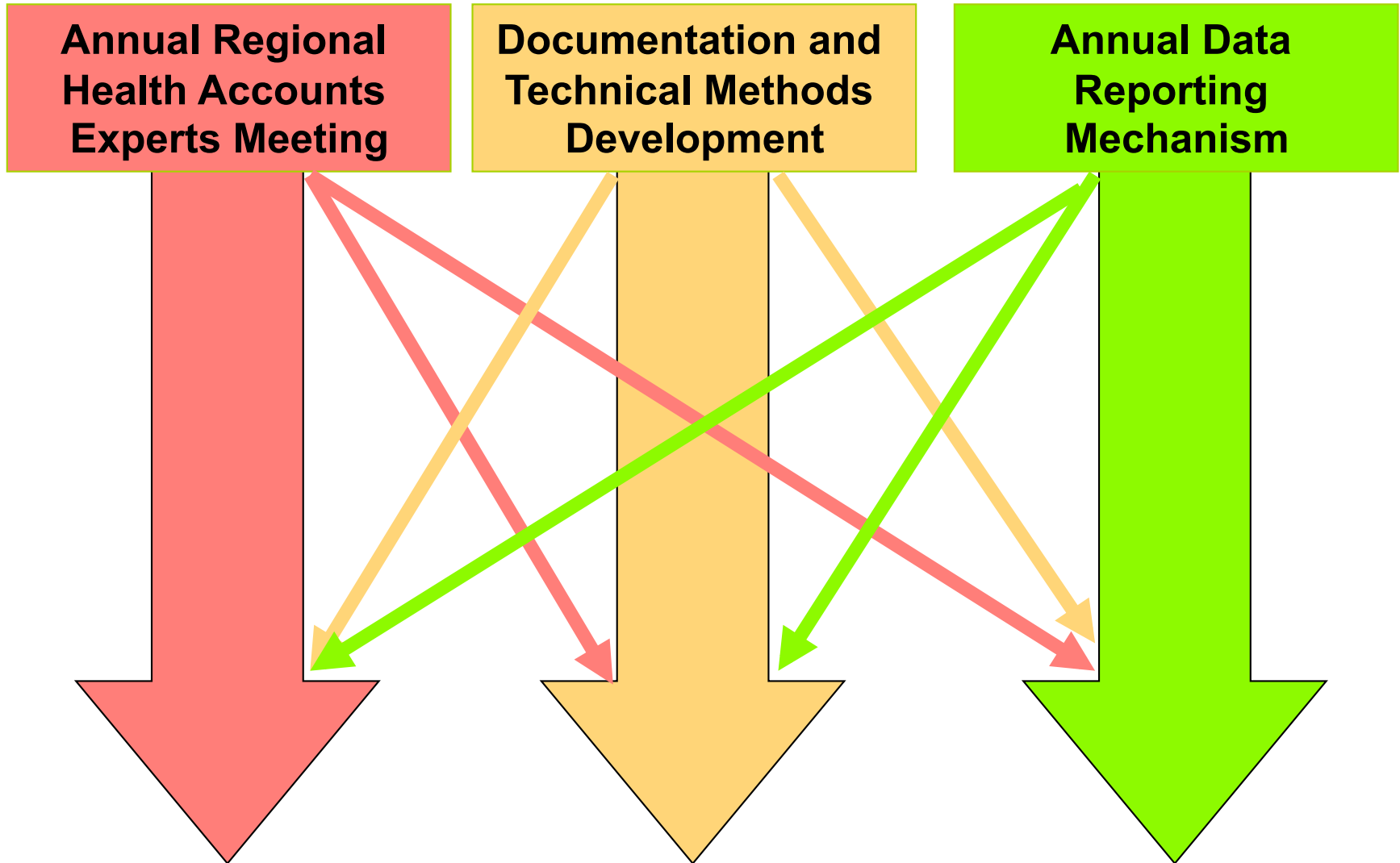
OECD  **아시아 지역 보건계정 전문가 회의**  보건복지부
Joint OECD/Korea RCSP - APNHAN Meeting of Health Account Experts
Hosted by the Joint OECD/Korea RCSP / December 4~6, 2005 / Imperial Hall, Olympia Hotel, Seoul

Joint OECD Korea RCSP - APNHAN
Meeting of Health Account Experts



OECD RCHSP-APNHAN HA Experts Meeting, Seoul 4-6 Dec 2005

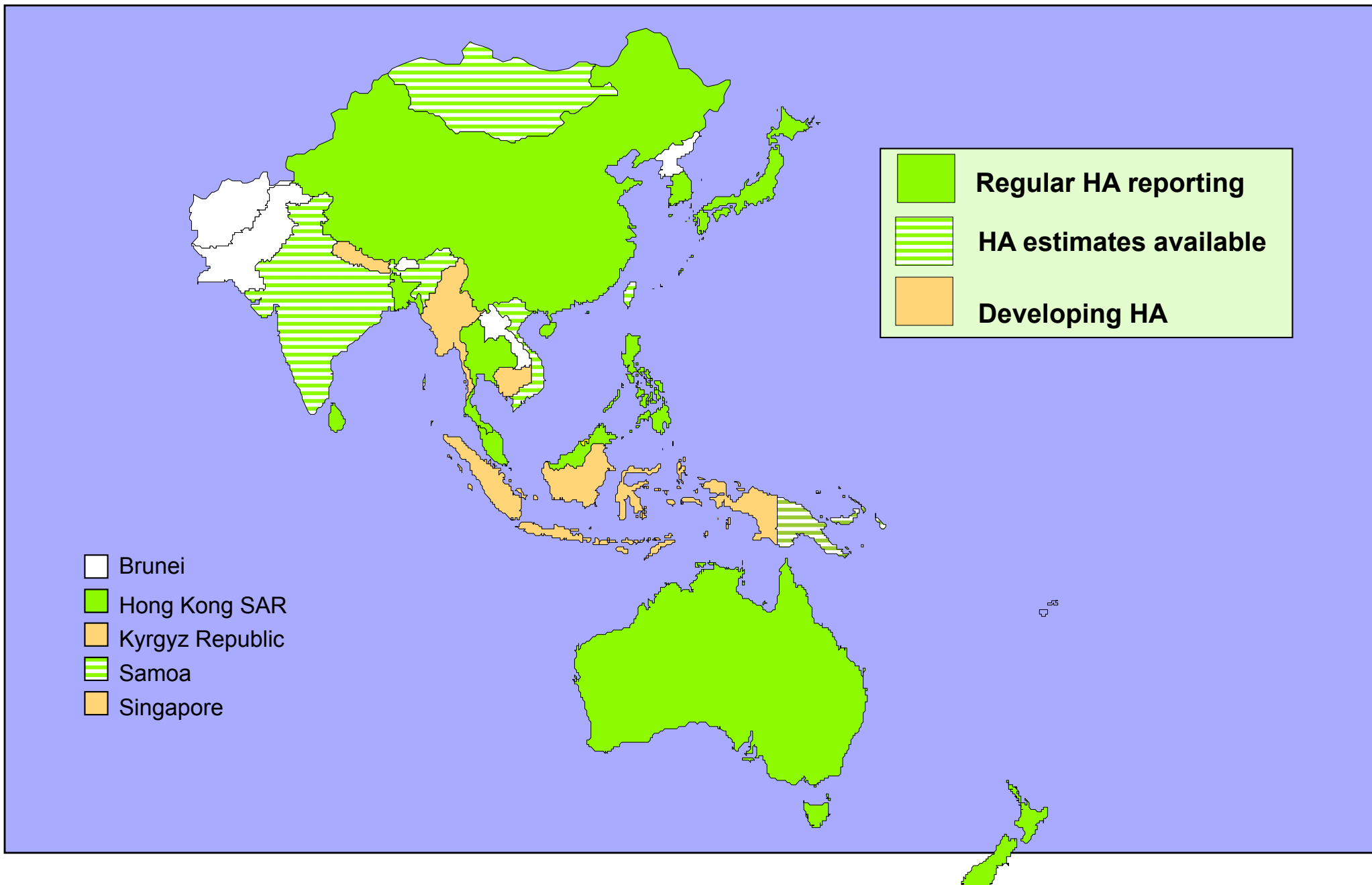
The Seoul 2005 Vision



Activities 2006-2007

- **Annual HA Experts Meetings, OECD RCHSP-APNHAN, Seoul**
 - July 2006, June 2007
 - Reviews of country experiences and progress, regional data collection, SHA implementation experience
- **Regional Health Accounts Data Collection**
 - Joint collaborations involving WHO, APNHAN and RCHSP
 - Special session with OECD/HQ at IHEA, Copenhagen, 2007
- **Documentation and Harmonization**
 - RCHSP SHA Green Papers
 - Focused review papers
- **SHA Revision Process**
 - Discussed at HA Experts Meeting, June 2007
 - Strong interest in non-OECD countries in contributing to process, identification of technical issues
 - Options - Feedback through OECD RCHSP, Coordination with WHO?

Health Accounts Status in Asia-Pacific 2007



Asia-Pacific Health Accounts Data

- 2006
 - Joint SHA collections
 - WHO-APNHAN - 9 territories
 - RCHSP-APNHAN - 3 territories

- 2007
 - Joint SHA collections
 - WHO-APNHAN - 8 territories
 - RCHSP-APNHAN - 3 territories

Asia-Pacific Health Data 2006 Questionnaire Pilot

Country: #N/A (ISO Country Code)

Core Variable Status

About this page: This front page is meant to highlight the availability of core variables in the questionnaire.

For each variable listed here, the automatic links can give 1 of 3 messages:

- 1) "No values reported at all" - the variable is entirely empty (red)
- 2) "Latest year reported is (e.g.) 2004" - there are observations, up to and including 2004 (yellow)
- 3) "Variable is up-to-date" - Data exist for 2005 (green)

Please do not make any comments on this sheet. It is only here to serve as an automatic overview.

Expenditure on health

| | |
|----------|--------------------|
| Total: | No values reported |
| Public: | No values reported |
| Private: | No values reported |

Current expenditure on health

| | |
|----------|--------------------|
| Total: | No values reported |
| Public: | No values reported |
| Private: | No values reported |

Investment on medical facilities

| | |
|----------|--------------------|
| Total: | No values reported |
| Public: | No values reported |
| Private: | No values reported |

Health R&D

| | |
|--------|--------------------|
| Total: | No values reported |
|--------|--------------------|

Expenditure on prevention and public health

| | |
|--------|--------------------|
| Total: | No values reported |
|--------|--------------------|

Expenditure on curative and rehabilitative care

| | |
|--------|--------------------|
| Total: | No values reported |
|--------|--------------------|

Expenditure on long-term nursing care

| | |
|--------|--------------------|
| Total: | No values reported |
|--------|--------------------|

Expenditure on in-patient care

| | |
|----------|--------------------|
| Total: | No values reported |
| Public: | No values reported |
| Private: | No values reported |

Expenditure on curative-rehabilitative in-patient care

| | |
|--------|--------------------|
| Total: | No values reported |
|--------|--------------------|

Expenditure on long-term in-patient care

| | |
|--------|--------------------|
| Total: | No values reported |
|--------|--------------------|

OECD/RCHSP SHA Technical Papers

- Published 2007
Bangladesh, Chinese Taipei, Hong Kong SAR, Mongolia, Korea, Thailand, Sri Lanka
- *Planned 2008*
China, Malaysia, Tonga, Philippines



Findings of recent SHA implementations

- SHA implementation feasible and presenting no special conceptual challenges in the developing countries of region
- Participation in Pilot Joint SHA Questionnaire collections indicates ability of subset of countries to report using Jt Qnr
- Initial comparative analysis of SHA data indicate similar patterns in financing and spending to those seen in OECD reviews, but lower levels of spending than expected in some countries
- Known issues for SHA revision
 - Financing classification - need to include new types of funding mechanism, including mandatory personal saving accounts schemes, community health insurance schemes in China, Nepal, etc,
 - Treatment of pharmaceuticals present problems for country comparisons given differences in physician dispensing