

Comment Unit 7

RESPONSE TO MEETING OF HEALTH ACCOUNTS

Summary

This note is in response to the presentations at the Meeting of Health Accounts Experts, October 8-9. The following document has been prepared by Jonathan Cylus for USAID's Health Systems 20/20 project and is intended to briefly address some issues which have been highlighted by lower-income African countries as having particular significance.

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UNIT 7

ISSUE- NEW CLASS DISTINCTIONS.

WHO presented their new categories for health spending by function. There were many changes from SHA 1.0, including new class distinctions—acute care, long-term care, and chronic care to replace the previous curative, rehabilitative, and long-term care classes. Though the efforts by WHO to amend this unit are encouraging, the proposed categories may be challenging in the Sub-Saharan African NHA context. For one, how would one separate long-term care and chronic care? Would an AIDS patient be considered long-term or chronic? And if that AIDS patient came down with pneumonia, would he or she be an acute care patient, or a long-term care or chronic care patient suffering from an acute condition?

The representative from Korea gave a follow up presentation which concluded that there should be a public health category instead of one for prevention, and that this category should exclude individual services such as immunizations (which would remain in outpatient care). In Sub-Saharan African countries, both individual preventive care and community preventive care are of great importance to policymakers. A category that monitors spending on mosquito control programs but not yellow fever vaccinations may not be very valuable to African policymakers trying to understand the level of spending on preventive medicine. The proposed category here would misrepresent the level of total spending on preventive medicine and misguide those who are directing funds. Though we realize that it is difficult to distinguish between the vaccination given as part of an outpatient visit and the total vaccination program, (HC 6) it would be satisfactory to have a subcategory of HC 1.3 that included outpatient preventive activities (i.e. vaccinations) in addition to perhaps another category that related to program costs..

CONCLUSION

The issues discussed above represent a sample of the incompatibilities with the SHA proposals outlined at the OECD meeting and some of the NHA needs of lower-income countries. We are excited about the progress that has been made thus far on the SHA revisions and are looking forward to reviewing the units after the regional consultations. Clearly, while many presentations have already emphasized that the key challenge to revising the SHA is considering for differences in the priorities and statistical capabilities between higher and lower income countries, there is still more work that can be done.