

Revision of the

System of Health Accounts

ORGANISATION
FOR ECONOMIC
CO-OPERATION
AND DEVELOPMENT



World Health
Organization

Comment Unit 10

Comments on Unit 10: Classification of Financing Schemes

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Submitted on 30/01/2009
Document code 10103

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Comments on Unit 10: Classification of Financing Schemes

The Federal Statistical Office shares the view of OECD presented in the Input-paper that a revision of the classification of the Financing Scheme/Financing Agent dimension (HF) is needed. We also support the idea that the methodology of classifying transactions needs to be reviewed.

From our experience with policy-makers, researchers and media the “public/private” split of total health expenditure has been used as a standard tool for the interpretation of differences in health care systems because it seems one of the most obvious.

However the exemplary cases explained in para. 22 make a good case for the development of a more unambiguous classification system that reflects recent changes in health financing systems and allows for meaningful international comparisons.

We share the concern outlined in the paper that the definition of the HF-dimension as a classification of institutional units is not conducive from a health policy point of view.

We therefore strongly support OECD suggestion to define the financing dimension (ICHA-HF) as a **classification of Financing Schemes**.

The Input-paper also presents two possible options (para. 83-85) on where to draw the boundaries between the major groups on the first-digit level of the new HF-classification (formerly called “public” and “private”).

The difference between the two options is basically the question if inter-personal redistribution within a compulsory insurance scheme is a prerequisite to be classified as a compulsory protection scheme.

We believe that it should be not.

From our point of view option B is preferable as it makes the compulsion to take out health insurance the decisive factor for the classification of a specific scheme. We are convinced that this criterion would be easier to handle for most countries and it would also make more sense from a health policy point of view.

Option A would immediately confront us with a problem that has not been addressed sufficiently in the Input-paper:

How should we treat compulsory protection schemes where premiums basically depend on the individual risk of the individual but where premiums are limited by law to an upper ceiling? In this scheme there exists a certain component of inter-personal redistribution.

For this reason we prefer option B.