

Comments Unit 1

Unit 1: Comments on Early draft

Summary

Back in October 2009, the IHAT presented a early draft of the first chapter of the new SHA manual. Health accountants were invited to i) share information on the use of Health Accounts results in policy development and decision making; and ii) provide feedback on how to improve early draft of the chapter.

This documents includes all comments received up until 31st December 2009.

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Unit 1 Comments on Early draft

Sri Lanka IPS 21/10

1.Share information on the use of Health Accounts results in policy development and decision making; This would be inconsistent with para 37 below.

37."Accounting rules and principles from the SNA are sometimes in conflict with the need of data in health policy analysis, causing conflict with the *policy sensitivity* and *relevance criteria* of the indicators provided by the SHA. In addition, these considerations limit the possible expansion of expenditure boundaries and the extent to which classification of expenditure categories can be developed."

SHA should develop a system to capture expenditure of catastrophic incidence such as tsunami or internally displaced people. Sri Lanka is a case point. "Health accounts are a systematic description of financial flows related to health care. Its intention is to describe a health system from an expenditure perspective."

USA 03/11

The article "An Overview of the NHEA with Implications for Cost Analysis Researchers", published July 2009, Volume 47, Issue 7, Supplement 1 in *Medical Care* provides information and discusses the uses of the National Health Expenditure Accounts.

France 20/11

While we can agree with the proposal made by the IHAT for Unit 1 about the purposes and the principles of SHA.2, we nevertheless have a main objection about the proposed extension : at point 26, the additional dimensions proposed for SHA.2 go much further than what has already been agreed upon the primary objectives of SHA.1.

In particular, we strongly disapprove the extension of the questionnaire to expenditure by disease, age and gender, for several reasons :

a) First, this item was not included in the roadmap defined in the last SHA meeting for the revision of SHA 1.0. This revision aimed at improving the comparability and the global coherence of the SHA statistics. It did not consist in any way to extend the scope of these statistics.

b) France will not be able to provide such statistics. The French team may claim some experience on the issue of providing statistics by disease. Indeed, they lead one of the six pilot studies on that subject. And it proved to be a very hard and heavy task. To be precise, the DREES had not sufficient resources to achieve the project all by itself and had to manage the project by outsourcing it partly to a team of researchers. A lot of methodological work had to be done and many different data

sources had to be used to achieve the results. Evidently, such a work can hardly be foreseen on a regular basis.

c) Until now, the method used to progress in SHA relied on a global method, consensus, which allowed a lot of progress. That is why France, as was also said by Belgium, Germany and Luxembourg, considers it a risky business to break this consensus down. Moreover, it is a key point that all the OECD countries progress at the same pace because it is the only way to improve quality and comparability of the data collection. Our conviction is that a great number of countries like France will not be able to provide such statistics and several will provide flawed statistics. This will enlarge the gap between the participants of SHA.

As a result, France is opposed to the extension proposed in document DELSA/HEA/HA(2009)5.

Poland 20/11

1 In Poland the National Health Account results are announced every year in the "Monitor Polski", according to the Polish Law on official statistics

2 General comments: Generally, we agree with the ideas contained in this unit. Unit is written briefly and coherently. We believe that this is a step forward (in line with the expectations of countries) in relation to the previous version (proposal). We are pleased that in the Introduction it is emphasized that, "Health accounts are a systematic description of **financial flows** related to health care. Its intention is to describe a health system from an **expenditure perspective**." Clearly highlighted aspects of expenditure are return to the original concept of SHA as a system which is designed to measure precisely these values. List of additional classifications (classification of beneficiaries: age, gender, disease, socioeconomic characteristic, or region, classification of RC resource costs, classification of health goods and services, classification of human resources, classification of fixed assets, classification of financial transactions, classification of financial assets) is very long and very hard to realize but as we understand they are optional and will not constitute the subject of international comparisons so they are acceptable.

We understand the policy relevance of all basic and optional tables, namely the fact that it can contribute to better achievement of health policy goals in a country-specific settings. However, this extended framework of SHA 2.0, which seems to evolve gradually into satellite health accounts, cannot be fully covered by Polish statistics. The possible requirement to present some of the above-mentioned data configurations in joint questionnaire can be really problematic and, therefore, make us incapable of completing all the basic tables proposed

Phrase: "Especially important when developing SHA 2 has been the alignment with the first version, to make it feasible for countries to migrate from the old to the new standard, and build time series which are consistent." is also a step in the right direction

Jordan 23/11

Answer to questions

1 Jordan: National Health Accounts results were used in Jordan to inform health policy. (examples are National Agenda formulation in 2005 and NHS 2008 – 2012)

2 Jordan:

- This is a very important chapter in our opinion, as it is our guide to convince policy makers in our countries about the need and the use of NHA. Therefore, we suggest focusing more on giving real practical and direct use of NHA by countries of different levels to be used for advocacy efforts. We need real examples from developed countries as well(one cannot tell GCC countries about examples from Tanzania or similar countries, they want to know how USA or OECD used NHA in their decision making and policy formulation);
- Real case studies may be very convincing and may guide countries also;
- Listing of and guide on the production of different useful indicators

Tunisia 23/11

Tunisia: It will be important to add examples from the MENA region. In Tunisia for example, despite the non- institutionalization of NHA, policy makers use NHA data to make decisions. Maybe we can focus on OECD countries to highlight their periodic use of NHA data

Iceland 25/11

Health accountants are invited to:

1. share information on the use of Health Accounts results in policy development and decision making;
The health accounts based on SHA are useful and applicable in policy development and decision making and will be used in the future.
2. provide feedback on how to improve this chapter
We understand the purposes & principles of SHA and welcome them. It is our feeling that this chapter needs no improvement

Finland S Varjonen Consultant 07/12/09

Paragraph 3. Usefulness for what? Sounds enigmatic. Is it possible to add something?

Paragraph 5. ditto