

Optimising Use of Health Accounts in Health Decision Making

Roxanne Brizan-St.Martin (Mrs.)
Research Associate
HEU, Centre for Health Economics
The University of the West Indies
St. Augustine

October 27th, 2016
11th Caribbean Conference on Health Financing

Introduction

- A well functioning health system of critical importance for achieving national policy objectives and the SDGs.
- Purpose of health financing; make funding available, set the right incentives, ensure access to healthcare for all.
- The link between sustainability and efficiency must be strengthened.
- Evaluate actions; doing the right things and avoiding wastage.

History and Background

SHA 1.0 (OECD 2000)



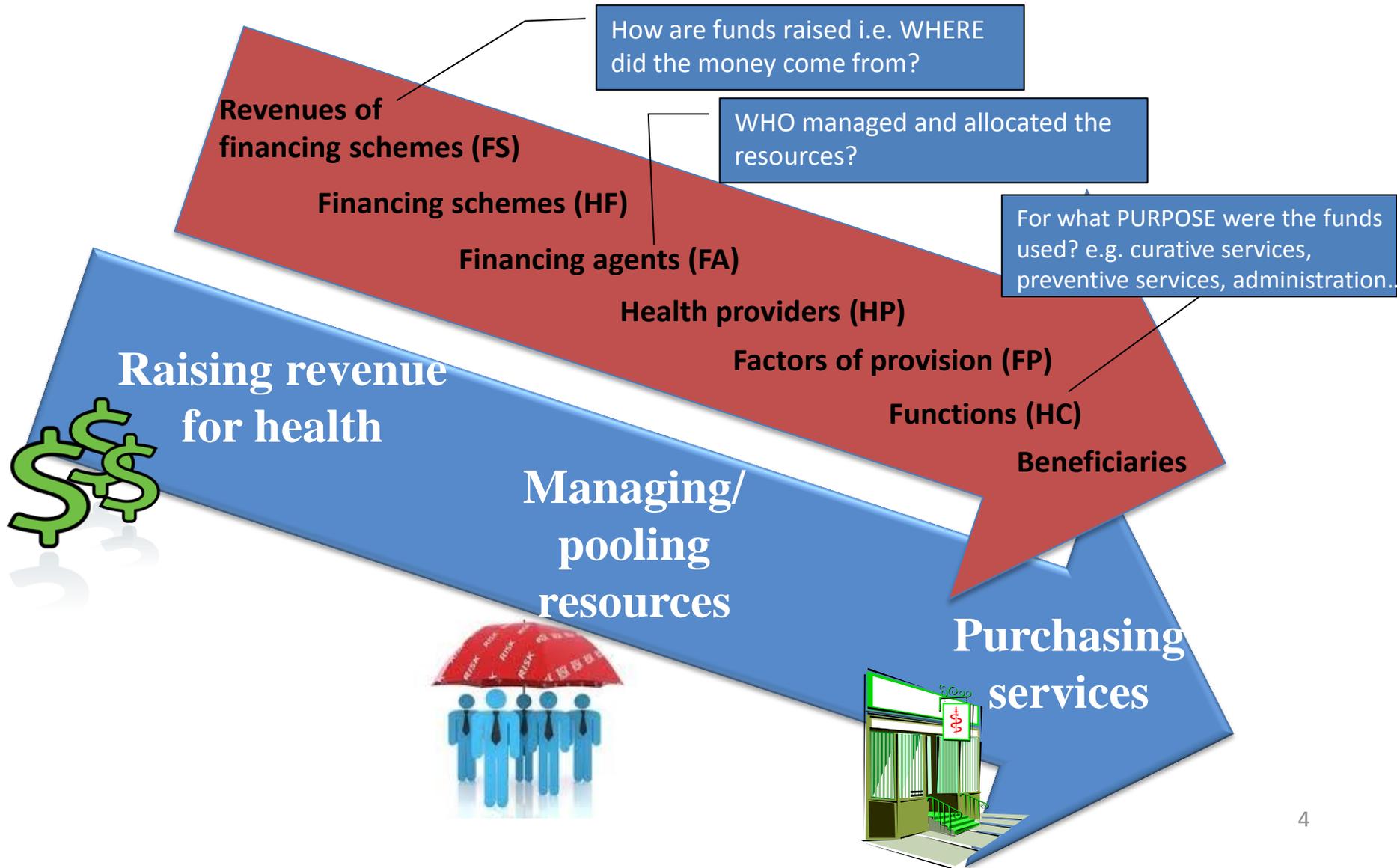
Producer's Guide for NHA (2003) –
extension of SHA 1.0, adapted for developing country context



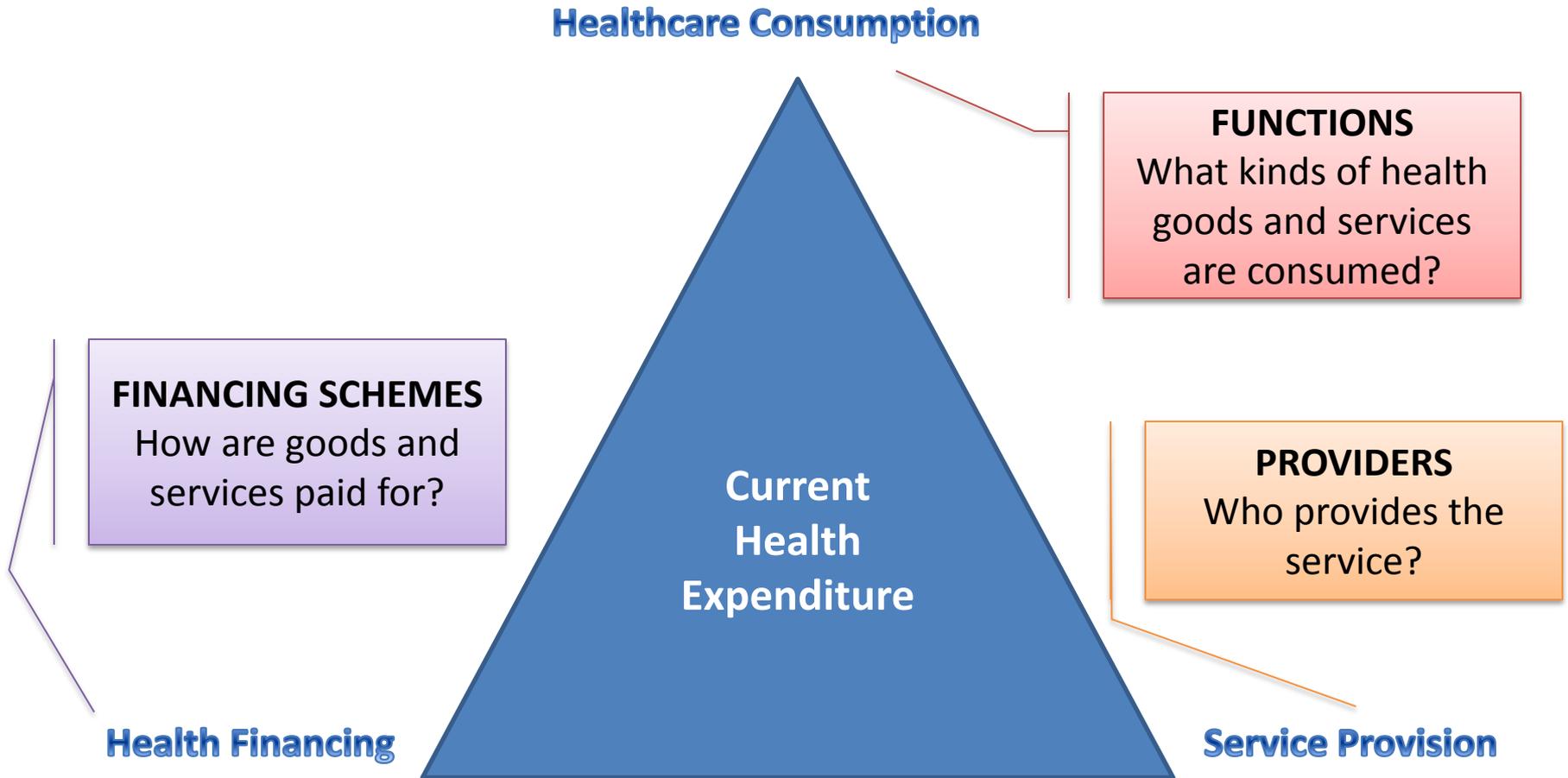
SHA 2011

*Update of NHA (2003) based on experiences and health
system trends*

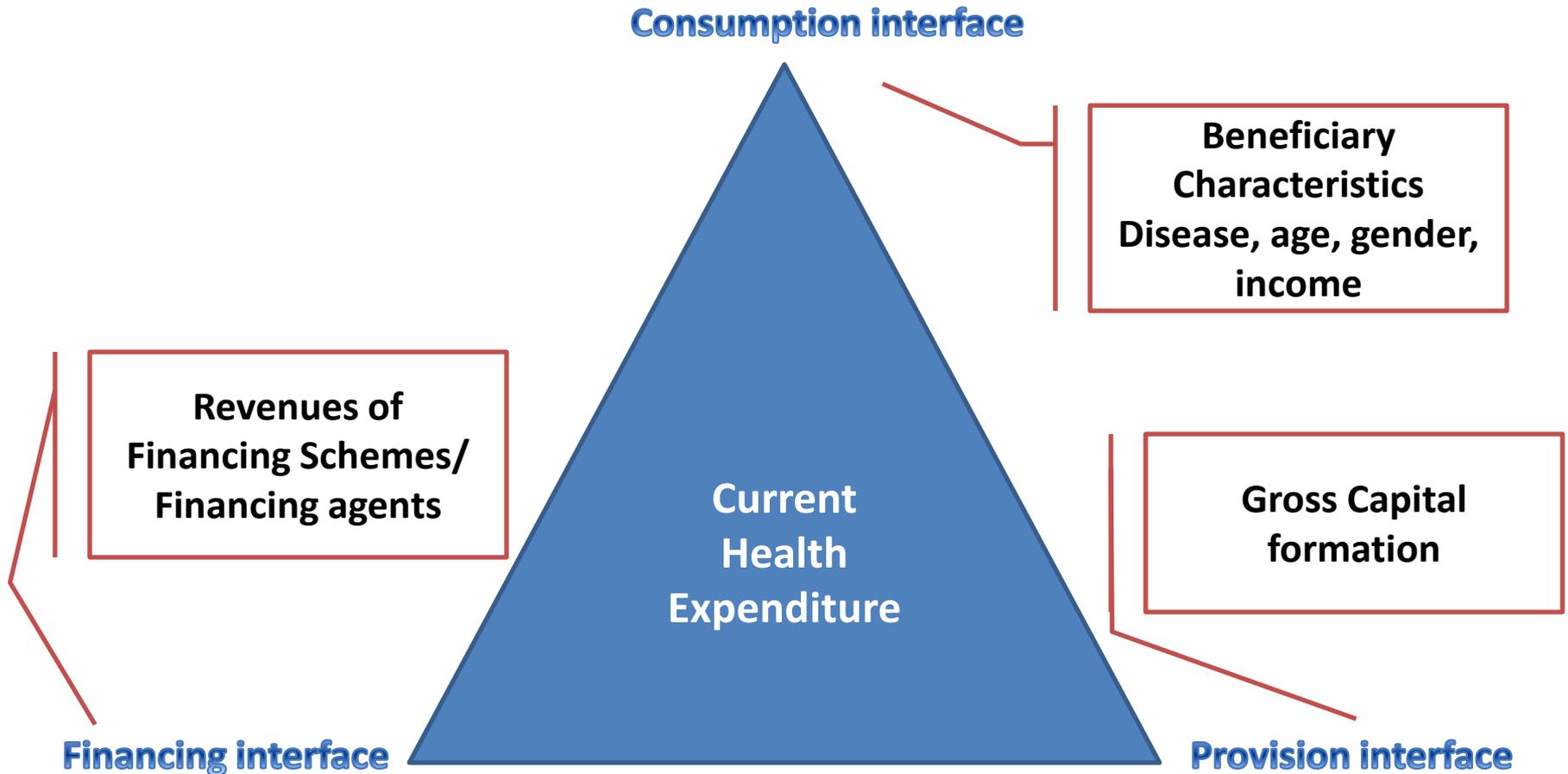
SHA classifications provide snapshots along the health financing flow



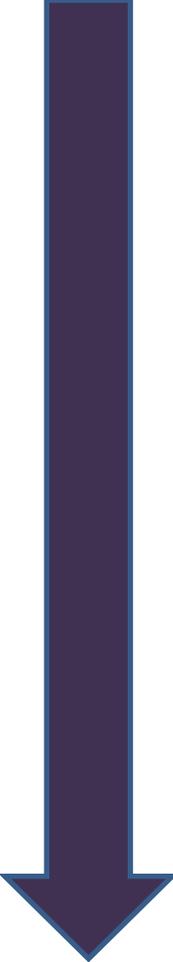
Tri-axial Framework of the SHA: Core Classifications



Tri-axial Framework of the SHA: Extended Classifications



When you buy paracetamol from the pharmacy...



Revenues of financing scheme:

FS. 6.1. Other revenues from households n.e.c

Financing scheme:

HF. 3. Household out of pocket payment

Financing Agent:

FA. 5. Households

Health Providers:

HP. 5.1. Pharmacies

Factors of Provision:

FP. 3.2.1 Pharmaceuticals

Functions:

HC. 5.1.2 Over-the-counter-medicines

Beneficiaries:

GBD.nsk. Unspecified... could also classify by gender, age, income etc.

Process for Conducting Health Accounts

- Capacity Building: training
- Work Planning: technical team and steering committee
- Data Collection
- Data Analysis and Validation
- Dissemination

Health Accounts in the Caribbean

Context of the drive to Health Accounts

- Given economic climate in the region we must pay attention to the cost of providing care.
- Need to develop a culture of efficiency in the health sectors of the region.
- Strengthen Health Sector Reform process in the Region; to ensure access, contain costs and improve quality of care.
- Call to do better with the resources that we have and enable managers of the health system to make a clear link between financial data and health.

Why track health spending?

Is health care spending impoverishing the population?

Is our financing of health sustainable?

Who contributes to health care spending?

Are we spending enough on health-care?

Is health care spending aligned with national priorities?



Key health spending indicators of countries in the region who have conducted HAs

Indicator	Barbados	St Kitts and Nevis	Dominica	Caribbean Average
THE per capita at exchange rate (USD\$)	1,291	857	403	551
THE as % GDP	8.7	6	6.1	6.1
Government health spending (GHE) as % THE	55.5	40	62	61
GHE as % total government spending	11.1	8.9	15.5	12
OOP spending as % THE	39	56	34	32

Source: Nakhimovsky et al 2013, Bhuwanee et al 2013, Ministry of Health Barbados 2014

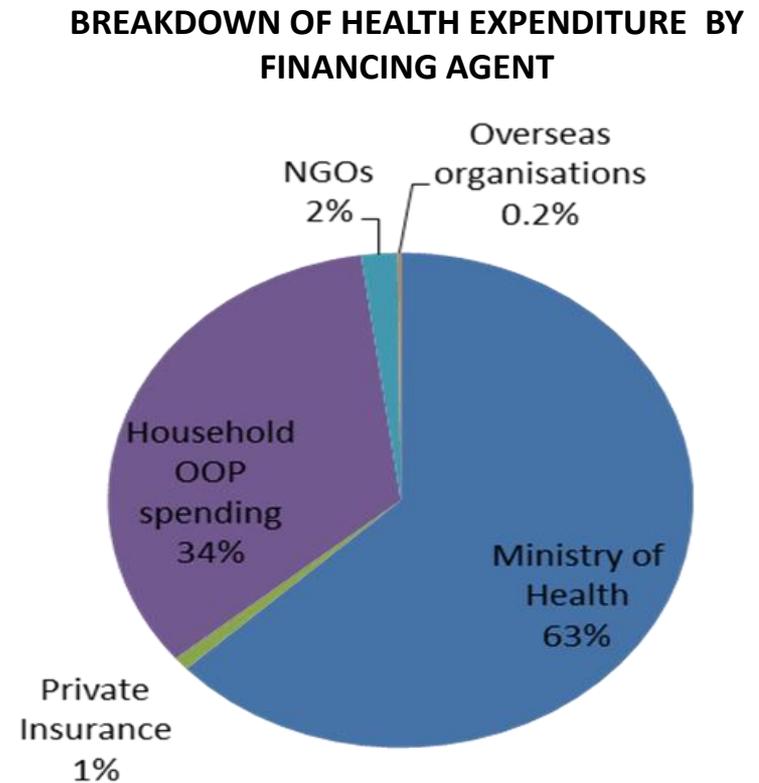
Results: Dominica and St Kitts and Nevis

	Dominica	St Kitts and Nevis
Sources of Health Funds	Government (62%) Household OOP (34%)	Household (56%) Government (27%)
Managers of health funds	Ministry of Health (63%) Households (34%)	Households (55%) Ministry of Health SK (28%)
Health Providers	Princess Margaret Hospital (45%) Private providers (23%)	Gov't Hospital SK (39%) Private providers (15%)
Health services purchased	Outpatient care (45%) Inpatient care (36%)	Outpatient care (47%) Inpatient care (34%)

Source: Nakhimovsky et al 2013 and Bhuwanee et al 2013

Dominica Health Accounts

- Domestic financing will need to respond to rising health costs and demand for health care.

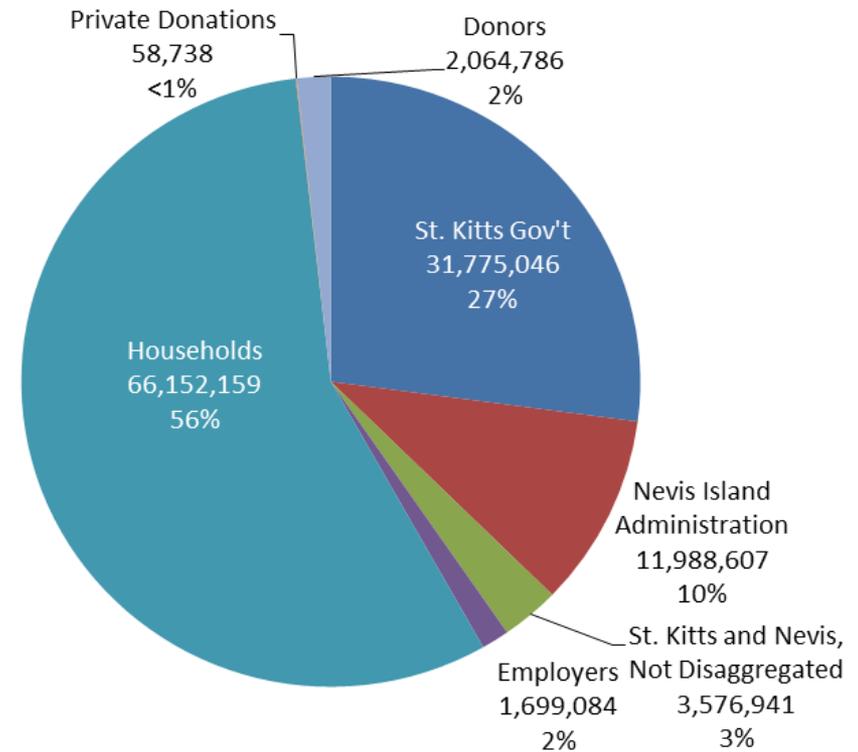


Source: Bhuwanee et al. 2013

St. Kitts & Nevis Health Accounts

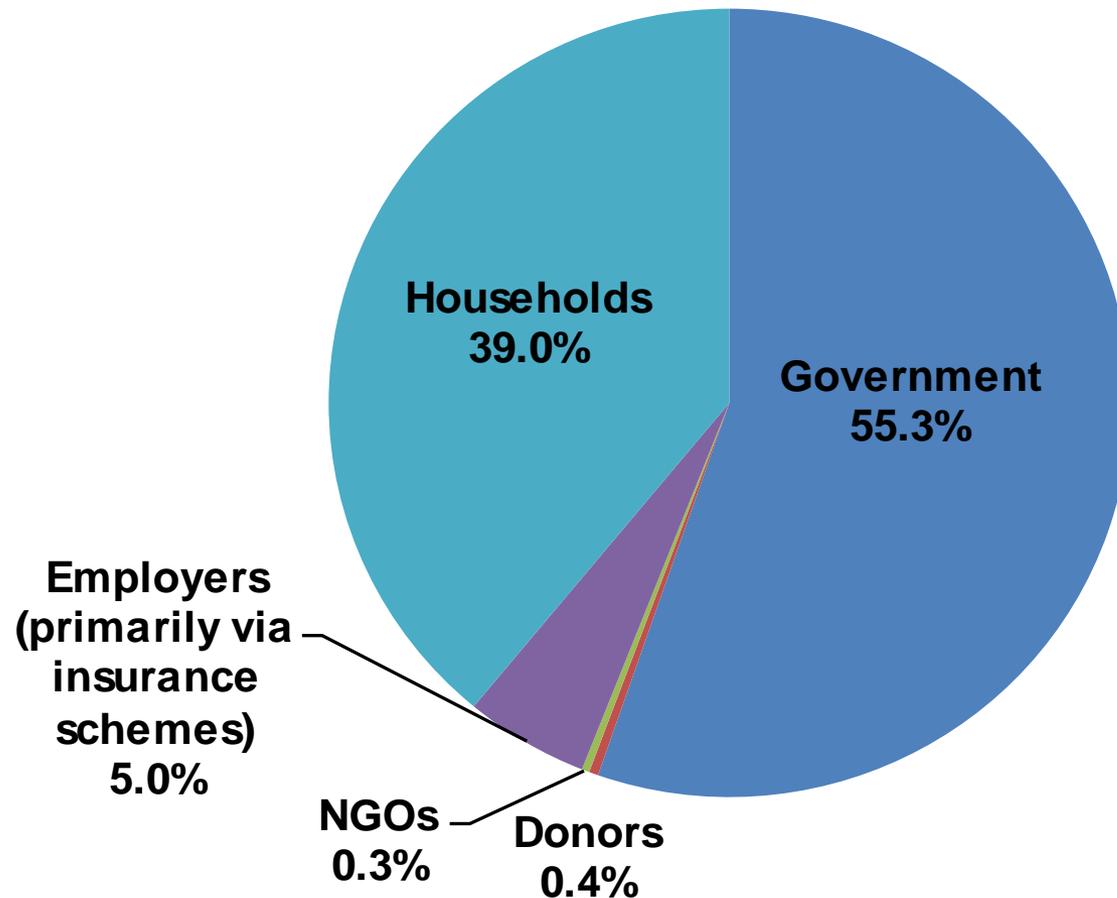
- High OOP expenditure motivated discussions to promote greater risk pooling across the population.
- Dual practice likely accounts for a large part of OOP payments.
- Government spending on health is below regional average.
 - Nevis Ministry of Health used 2012 health accounts results to successfully negotiate a 6% increase in budget allocation to health.

BREAKDOWN OF HEALTH EXPENDITURE BY FINANCING SOURCE



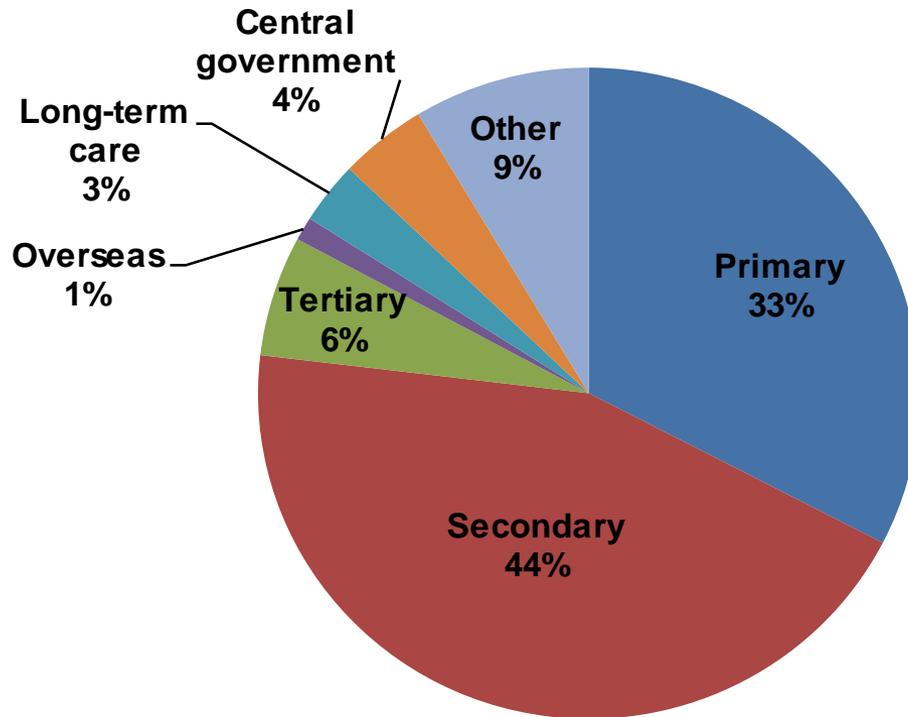
Source: Nakhimovsky et al. 2013

Who is financing health spending in Barbados?



Source: Ministry of Health Barbados 2014

How does health spending compare at different levels of the health system?



Tertiary care includes ICUs at QEH, Psychiatric unit at QEH and Psychiatric hospital

Secondary care includes all other hospital spending, including Geriatric hospital

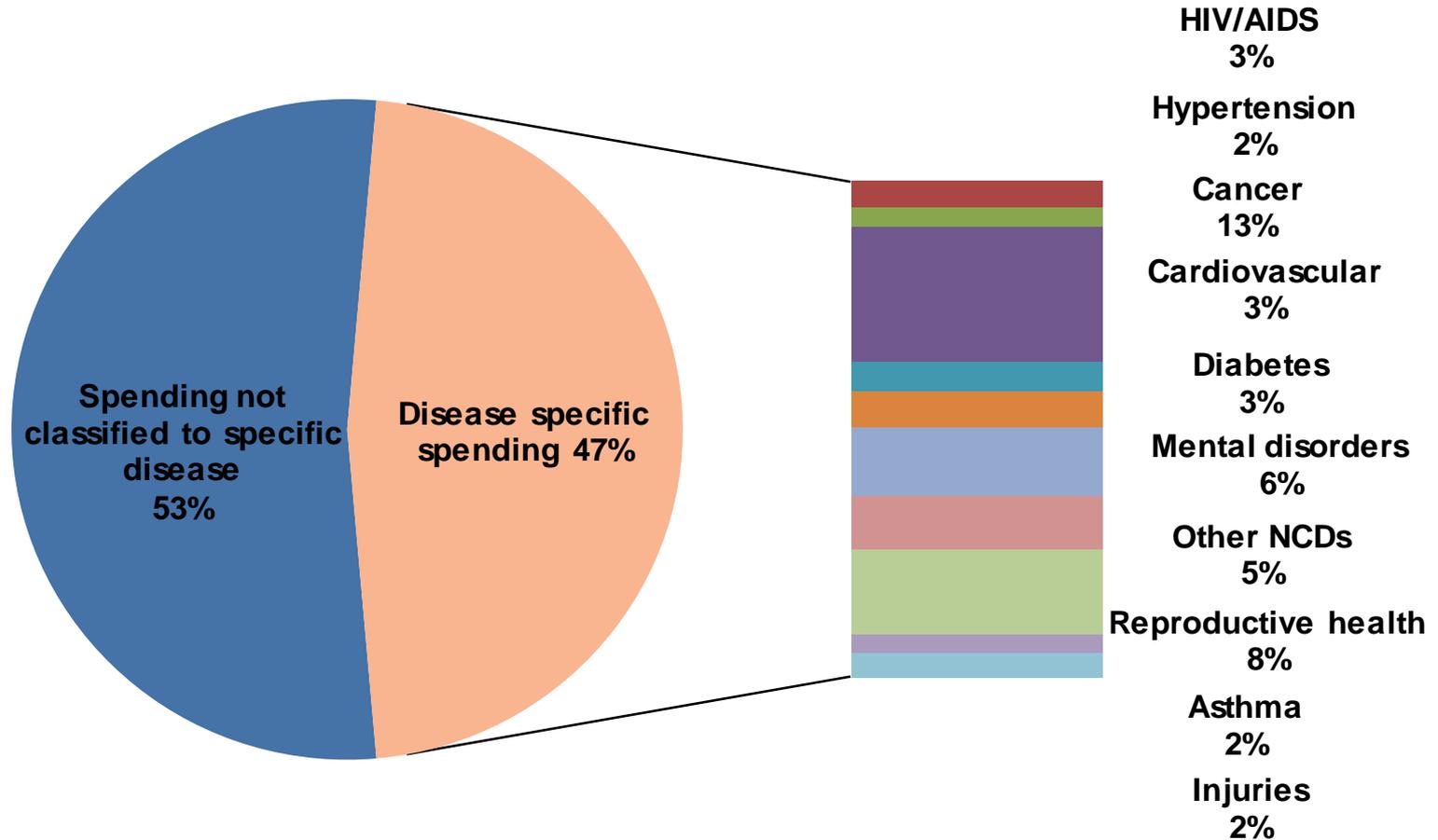
Other includes purchase of drugs / medical goods at private pharmacies and ancillary services

Source: Ministry of Health Barbados 2014

Limitations with Health Accounts in the Caribbean

- Linking available data to the classifications of the SHA.
 - Lack of disaggregated government data.
 - Limited private sector data.

Which diseases and health conditions does Barbados spend on?



Source: Ministry of Health Barbados 2014

Institutionalization of Health Accounts

- Official mandate and incorporated in budgets.
- Proper in-country team capacity.
- Stakeholder engagement.
- Systematic data collection and coordination.
- Reporting of results.

Conclusion

- Essentially, health accounts should be viewed as integral to the overall health reform process.
- Identification and analysis of key stakeholders in the health sector.
- Analysis of financing gaps and linkages between health expenditure and health outcomes.
- Need to be routine part of our health sector- culture of efficiency.

Links to Health Accounts Reports

- <https://www.hfgproject.org/barbados-2012-13-health-accounts-report/>
- <https://www.hfgproject.org/wp-content/uploads/2014/06/St-Kitts-and-Nevis-2011-NHA-and-HIV-Subaccounts-Final-Report.pdf>
- <https://www.hfgproject.org/wp-content/uploads/2014/06/2010-11-Dominica-NHA-and-HIV-Subaccount-Analysis-Report.pdf>