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Technical Briefing
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How Can Health Accounts Inform Health Sector Investments? Lessons from Country Applications



Abt Associates Inc.

In collaboration with:

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) | Johns Hopkins Bloomberg School of Public Health (JHSPH) |
Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

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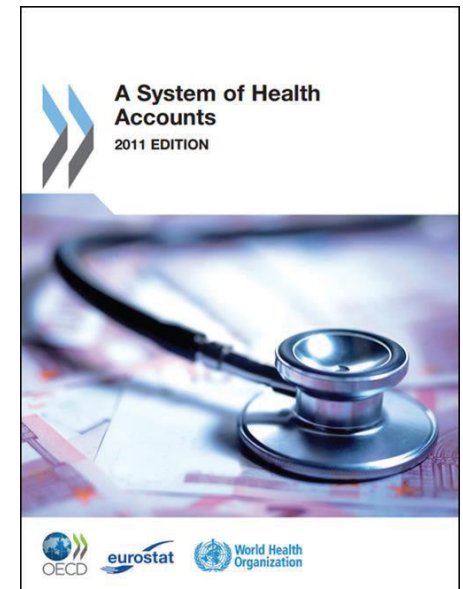


Outline

- ▶▶ Overview of Health Accounts
- ▶▶ Using Health Accounts to inform Resource Mobilization
- ▶▶ Using Health Accounts to inform Pooling
- ▶▶ Using Health Accounts to inform Purchasing

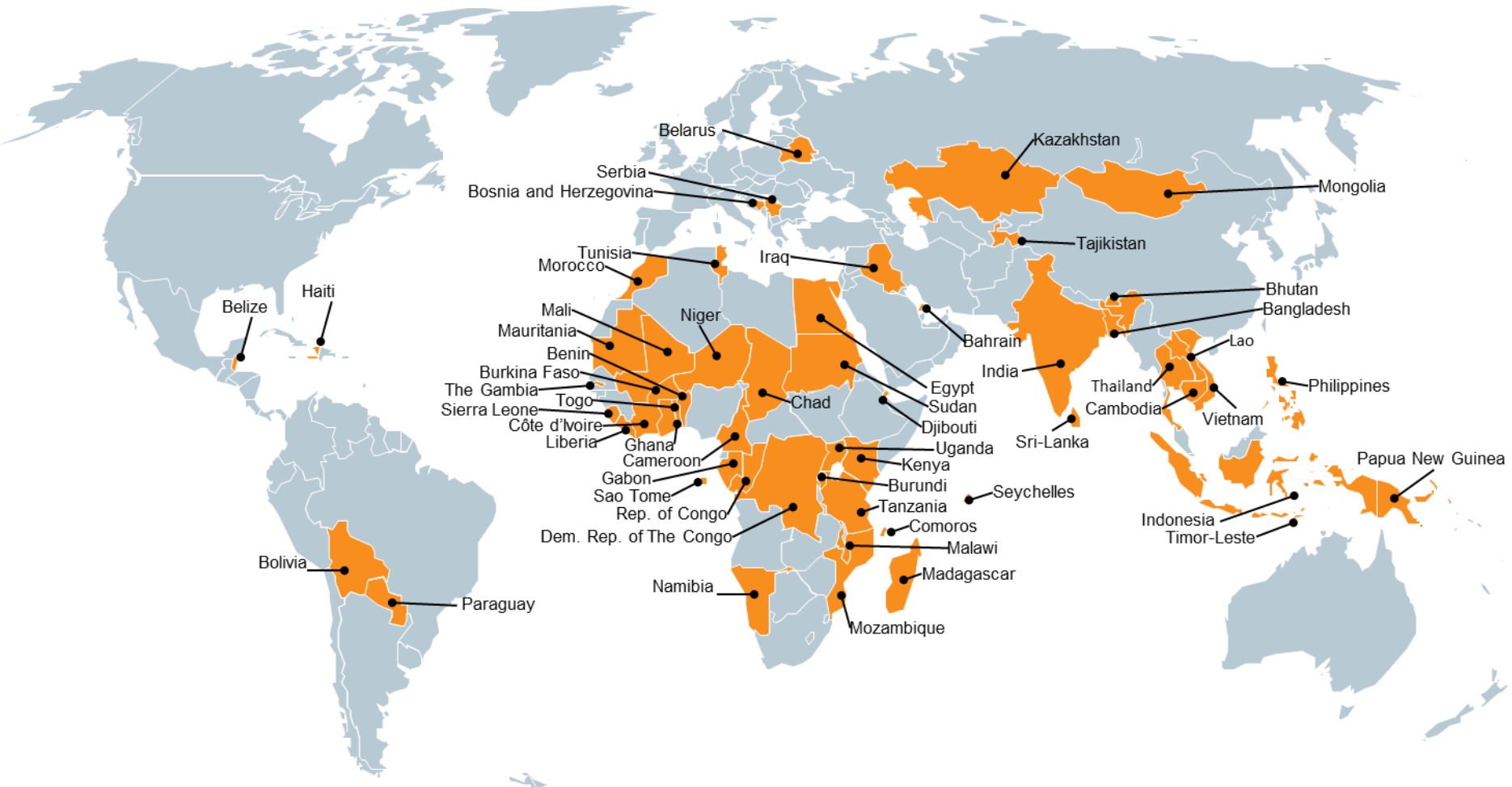
What are Health Accounts?

- ▶ HA are based on the **System of Health Accounts** framework (SHA 2011)
- ▶ Tool that tracks both the **magnitude** and **flow** of resources in the health sector
- ▶ Uses a **comprehensive approach**, looking at TOTAL resource flows to the sector
 - ❖ public, private, and donor contributions
- ▶ Uses a **standard set of tables** to organize flow of resources in an easy-to-understand manner
- ▶ Provides room for countries to incorporate their **country-specific categories** for looking at the spending breakdown (sub-classification)

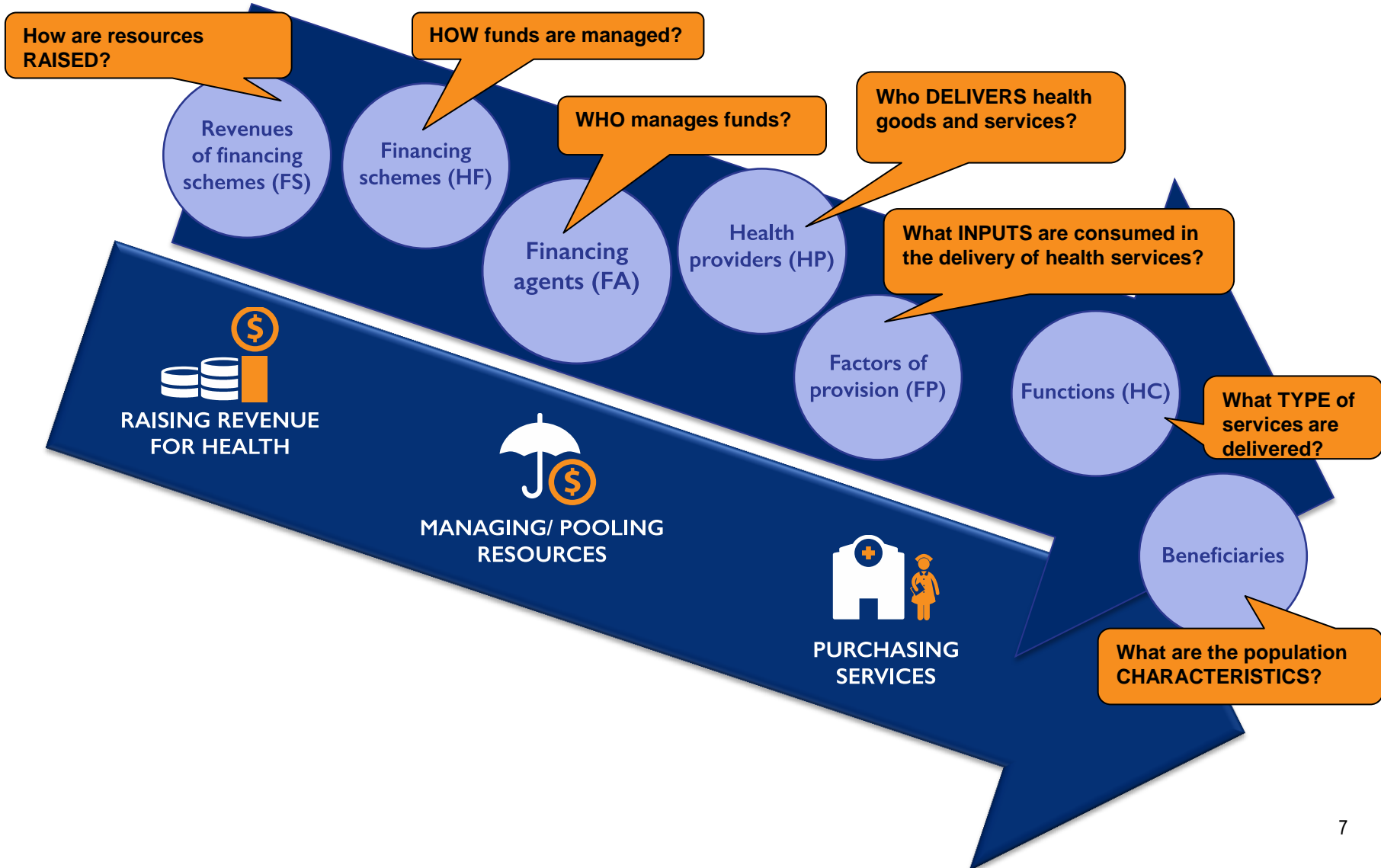


Global application of SHA 2011 framework

Countries Conducting HA By Region: 38 African countries; 9 American; 11 Middle Eastern; 10 European; 16 Asian



Health Accounts provides snapshots of the three health financing functions



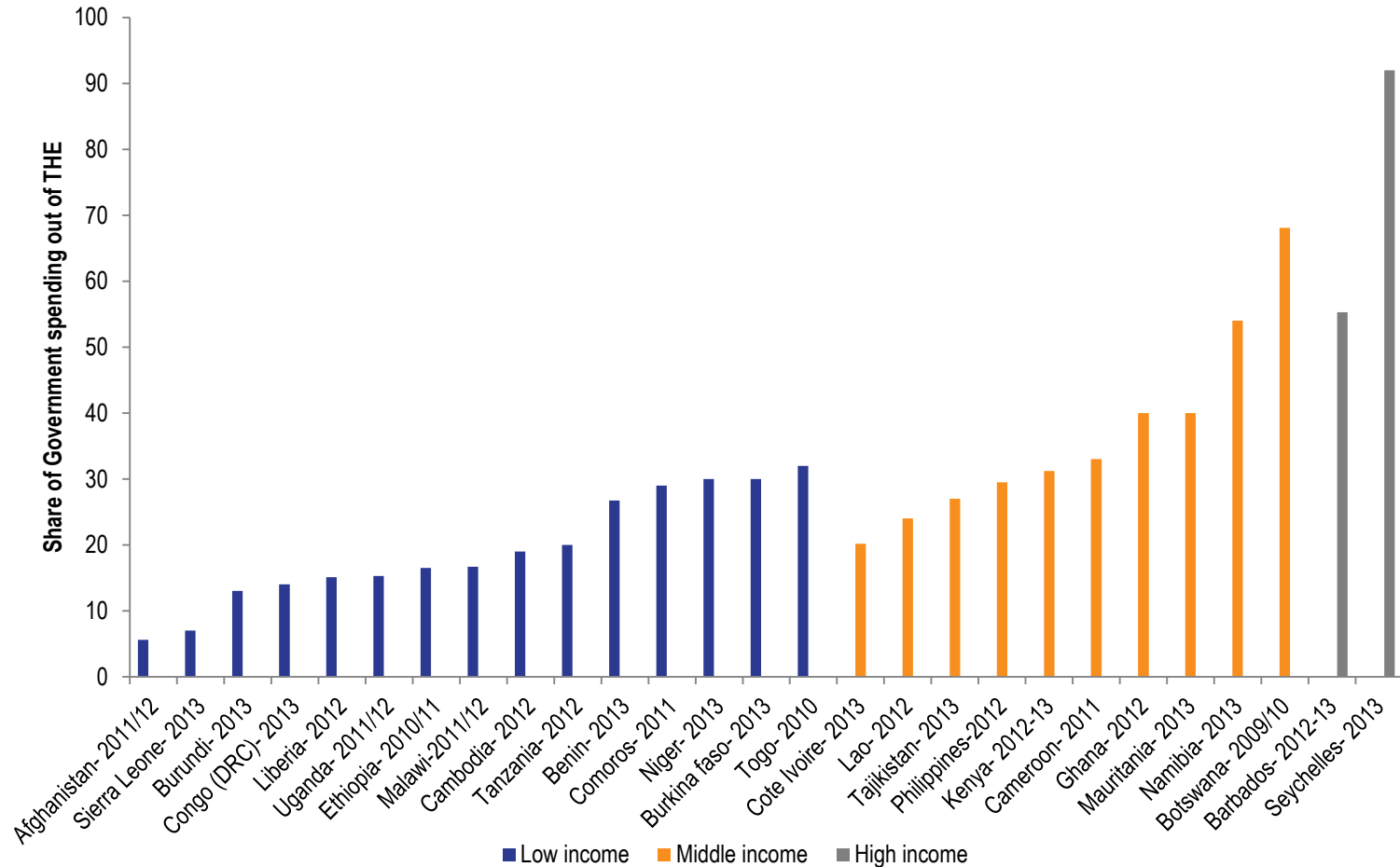


HEALTH FINANCING FUNCTION #1: RESOURCE MOBILIZATION



Resource Mobilization: How sustainable is financing for health?

Share of Government Spending as % of Total Health Spending

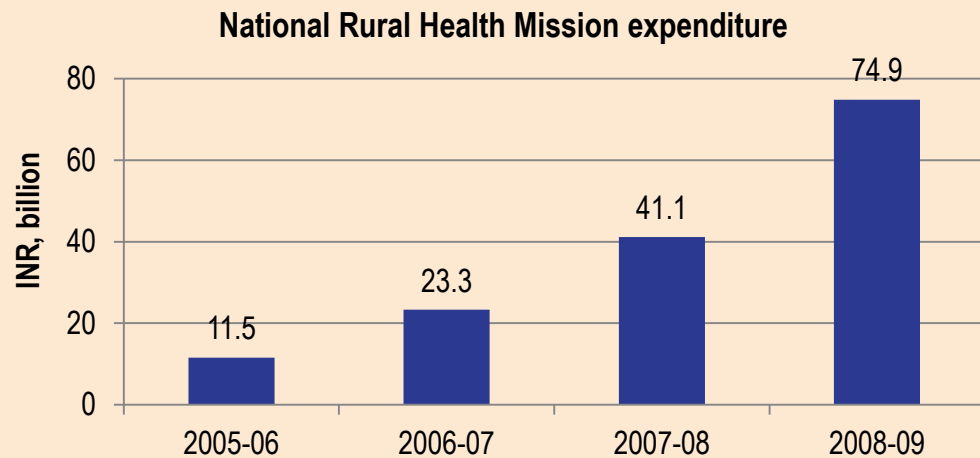


Source- National Health Accounts reports

India: Health Accounts and the establishment of National Rural Health Mission



- India's 2004-05 HA showed low public spending for health compared with high OOP payment
- Led to the establishment of the National Rural Health Mission to increase public financing for health
- Additional \$3.3 billion was invested in the health sector

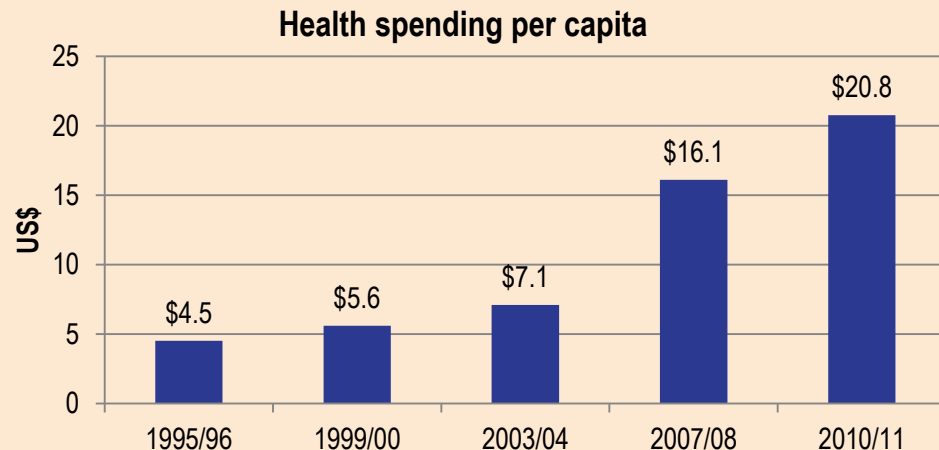


Source- Ministry of Health and Family Welfare, Govt of India

Ethiopia: Revenue retention at health-facility level



- HA highlighted low investments in health and led to push to increase resources for health
- Government spending on health (as a proportion of GGE) increased from 5% to 5.6% between 2007/08 and 2010/11.
- Revenue retention policy enabled facilities to keep and reinvest user fees in the facility



Ethiopia: Revenue retention at health-facility level



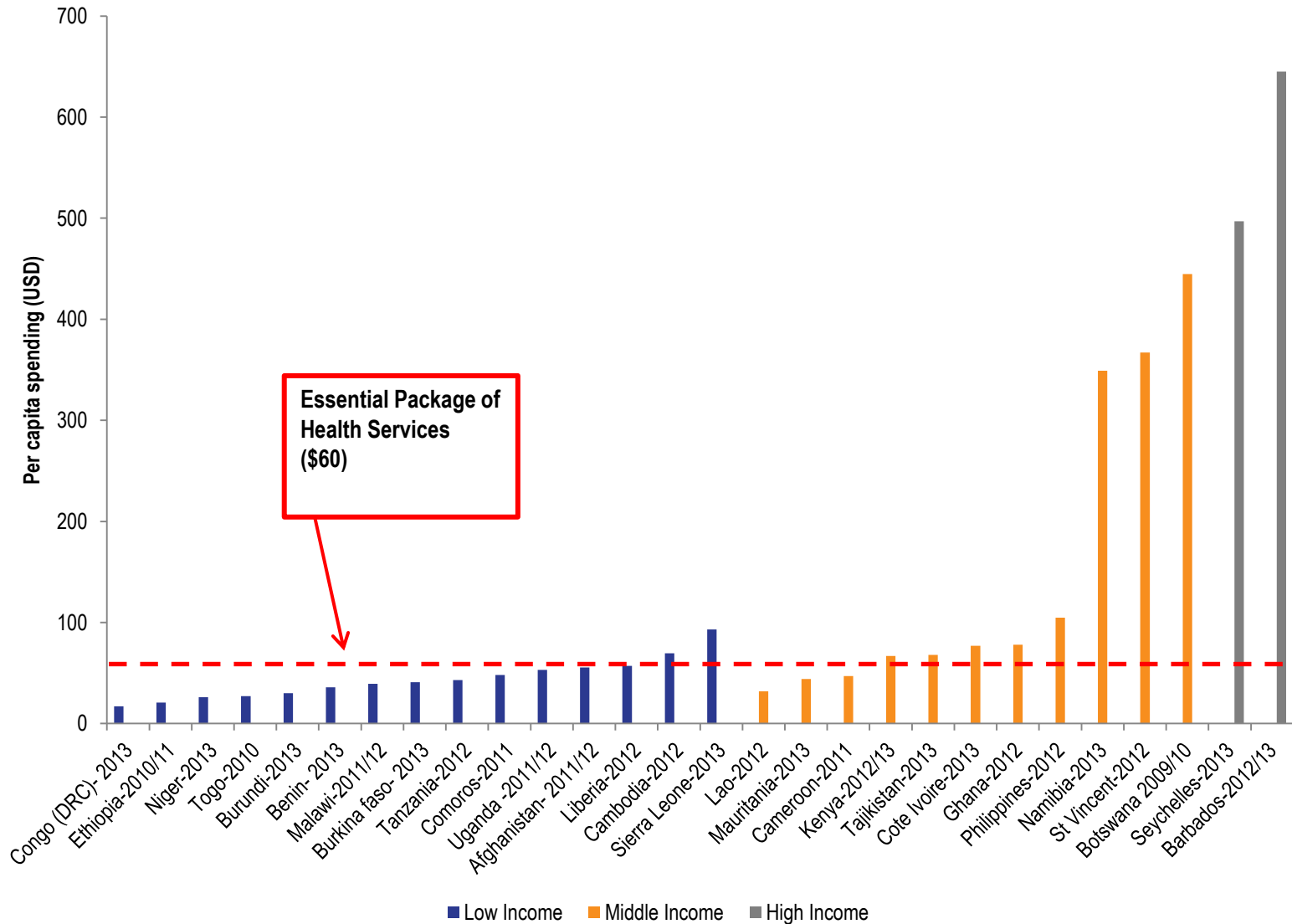
BEFORE



AFTER



Resource Mobilization: Is health funding sufficient to achieve international benchmarks?



Source- National Health Accounts reports

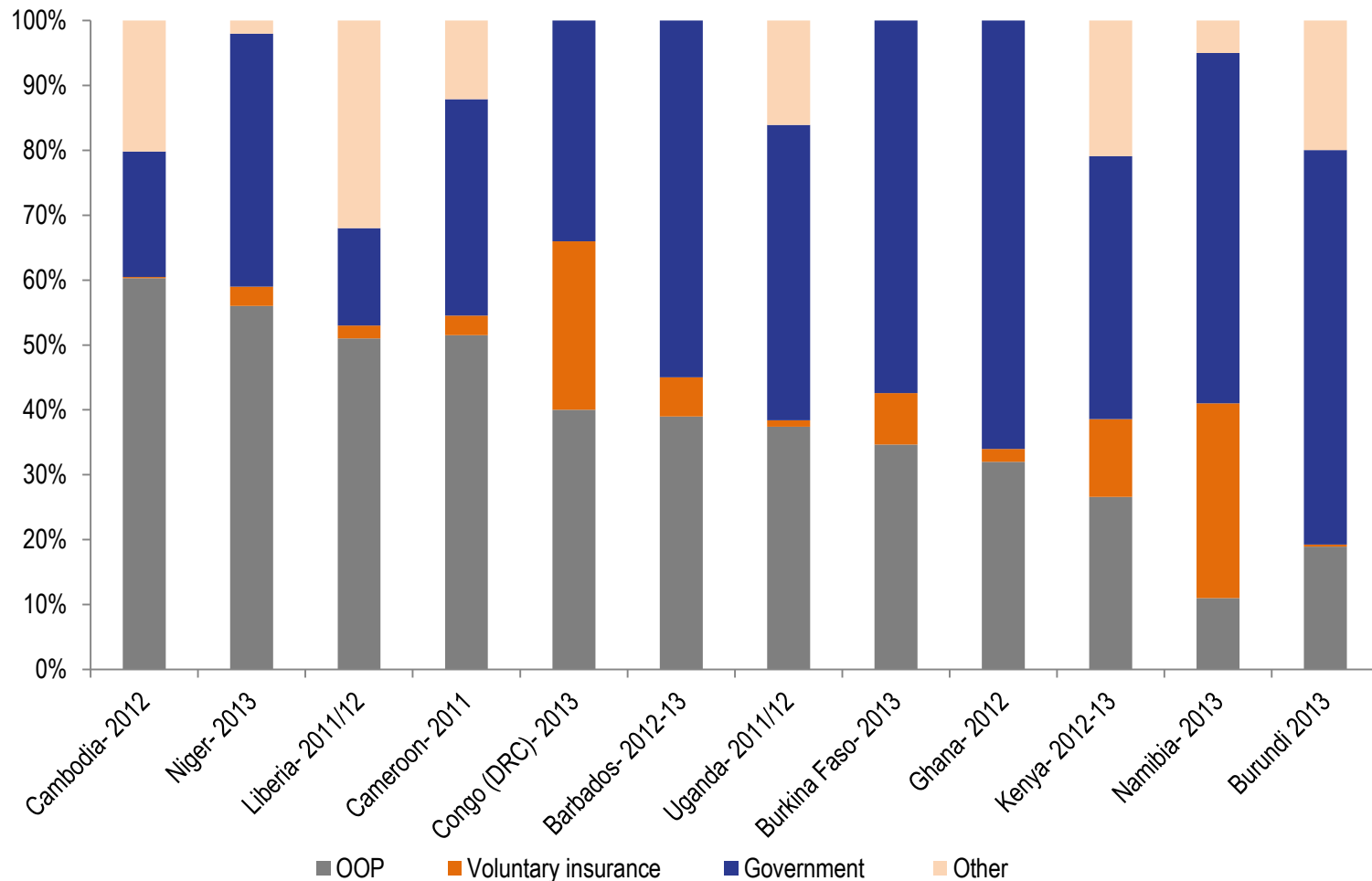


HEALTH FINANCING FUNCTION #2: RISK POOLING



What are the opportunities to increase pooling of health resources?

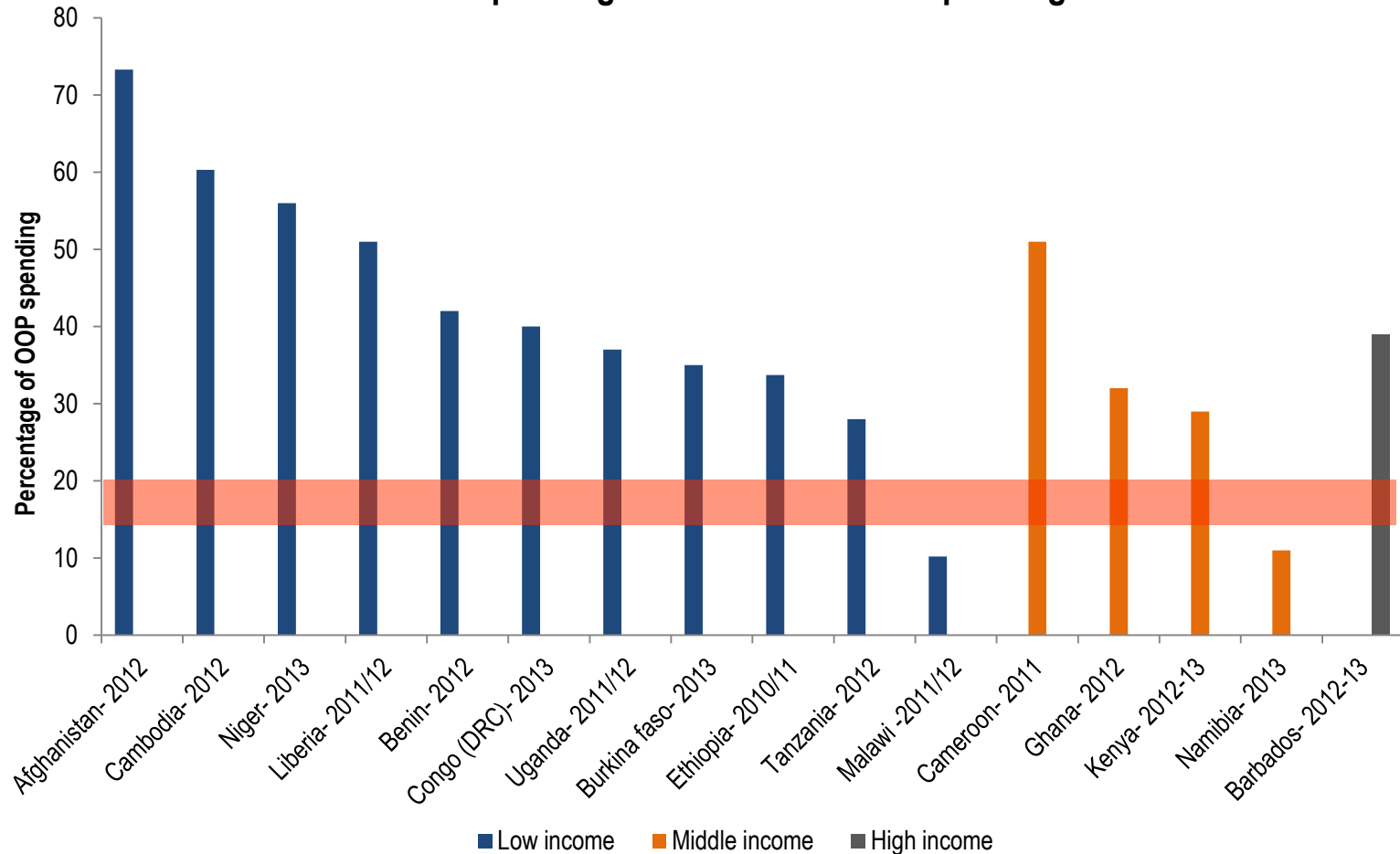
Financing scheme spending by country



Source- Countries National Health Accounts reports

Are households incurring catastrophic spending?

OOP spending as % of total health spending

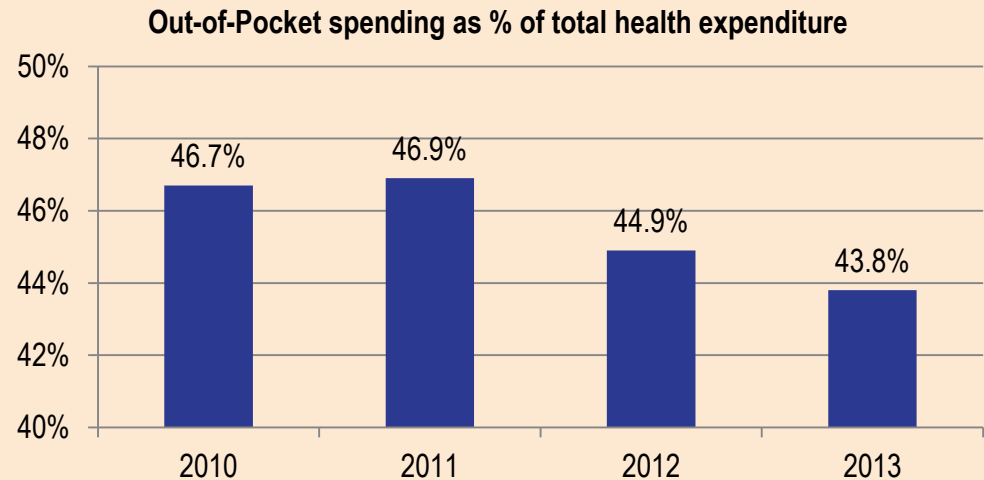


Source- National Health Accounts reports

Indonesia: tracking progress towards UHC for 250 million people



- Pro-poor insurance scheme (Jamkesmas) has been expanding population coverage and benefits
- National health insurance (JKN) has combined 5 insurance schemes to become the primary mechanisms for achieving UHC
- Use of Health Accounts to measure progress of JKN



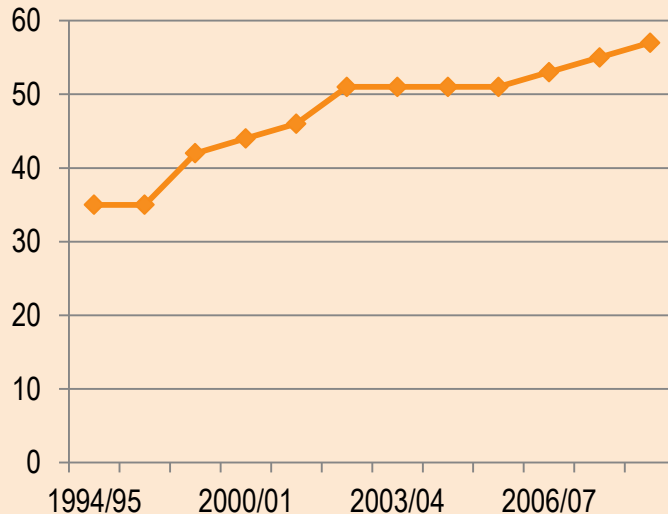
Source- National Health Accounts reports

Egypt: assessing the effectiveness of National Health Insurance Scheme



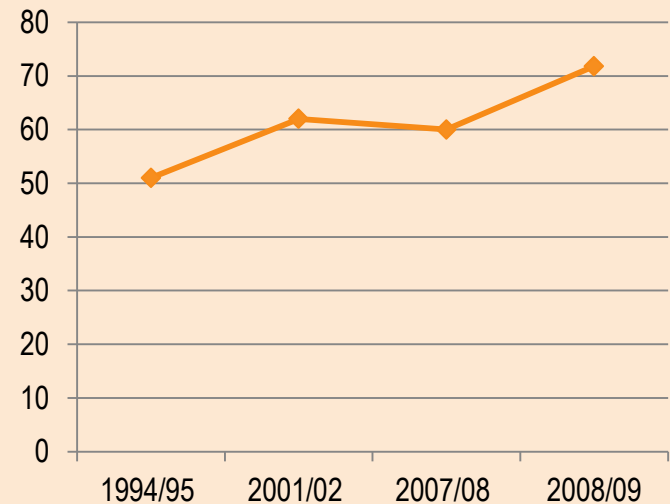
- Egypt has been expanding its National Health Insurance scheme to provide financial risk protection to its population
- Egypt used HA with coverage data to assess the effectiveness of health insurance schemes

% of Population Insured by HIO



Source- National Health Accounts, HIO

OOP spending as percentage of total health spending





HEALTH FINANCING FUNCTION #3: PURCHASING





Health Accounts and purchasing function

- ▶▶ Does spending respond to the disease burden?
 - ❖ Use of spending, disease burden data, and costing data
- ▶▶ Is spending aligned with national priorities?
- ▶▶ Are there opportunities to increase the efficiency of spending on inputs?
 - ❖ Spending data can be compared with output and outcome data to
 - ▶ Identify areas of concern e.g. potential efficiency challenges
 - ▶ Compare spending and health performance with peer countries

Namibia: Using HA to reallocate resources to disease burden



- Reproductive health is stated-priority for Namibia in order to stop increasing trend of maternal mortality
- 2008/09 Health Accounts: 10% of spending on RH vs. 29% for HIV/AIDS
- Using Health Accounts for greater advocacy led to 450% increase in spending on RH (2012/13 Health Accounts)

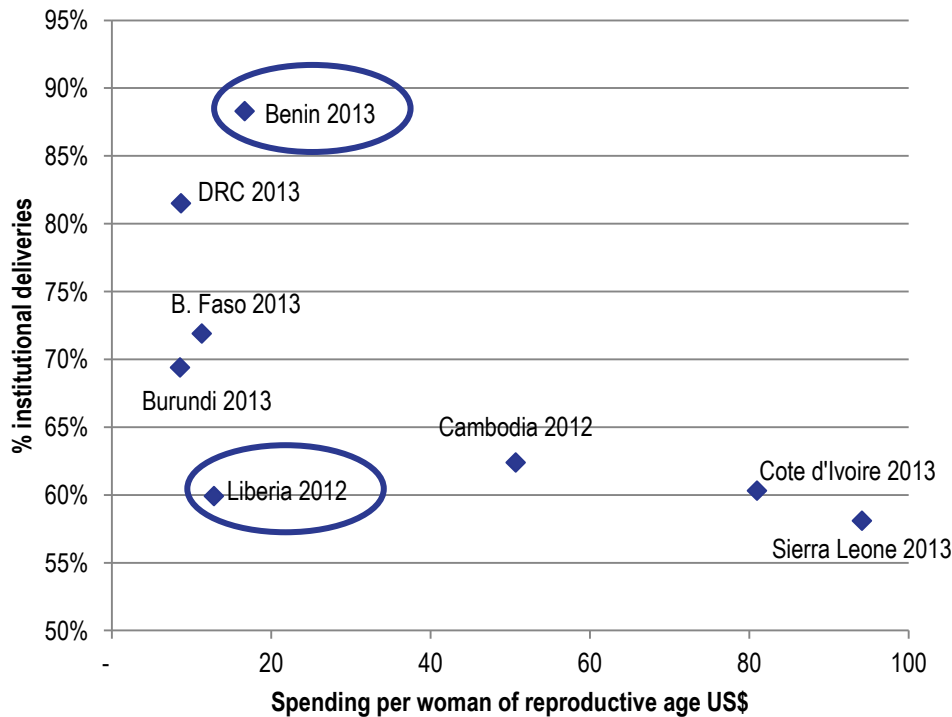
Caribbean: Using Health Accounts to reallocate resources to national priorities



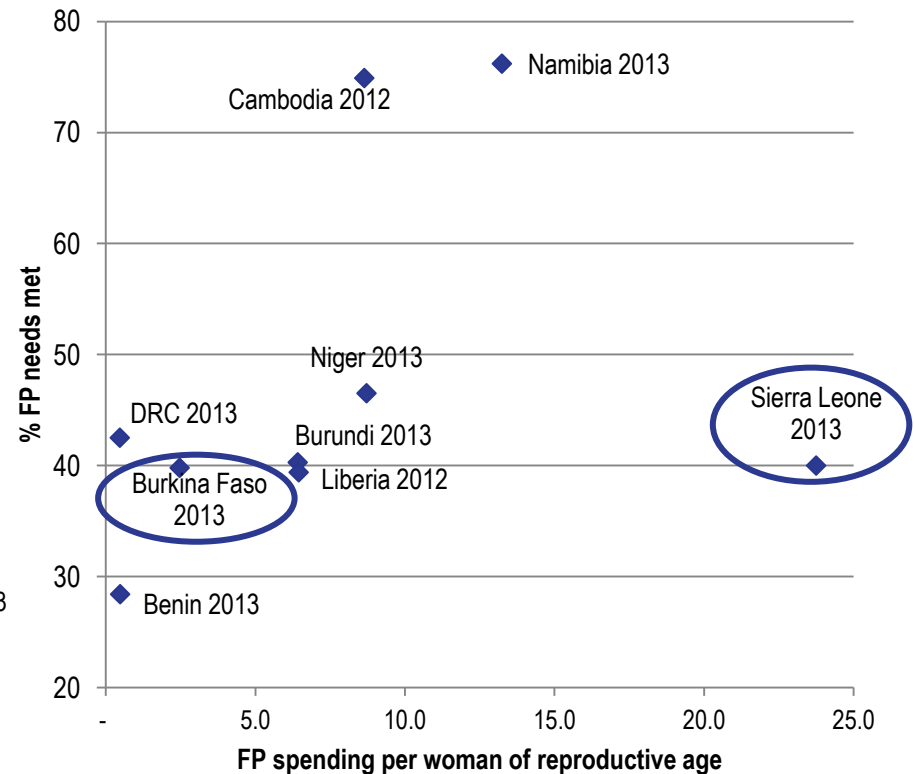
- Prevention spending = 3% of spending in Barbados (2012-13 HA) and 4% in Dominica (2011-12 HA)
- NCDs account for approx. 80% of deaths
- Treatment of increasing burden of NCDs is unsustainable → prevention is crucial
- In 2015, both countries introduced 10% excise tax for sugary drinks (Barbados, Dominica) and sugary foods (Dominica)
- Revenues raised will be allocated to health sector, including health prevention and promotion

Using health spending and output data to inform efficiency

Maternal health spending per capita vs. % institutional deliveries



FP spending per capita vs. % FP needs met





Q&A



**Karishmah
Bhuwanee**



**Heather
Cogswell**



**Tesfaye
Dereje**

Resources: www.hfgproject.org

Briefs

- ❖ [Follow the Money: Making the Most of Limited Health Resources](#)
- ❖ [Policy Primer: Using Health Accounts to End Preventable Child and Maternal Deaths](#)
- ❖ [Production and Use of Health Accounts in India: What Can We Learn from the Experience so Far?](#)
- ❖ [System of Health Accounts 2011: What is SHA 2011 and How Are SHA 2011 Data Produced and Used?](#)
- ❖ [System of Health Accounts \(2011\) and Health Satellite Accounts \(2005\): Comparison of Approaches](#)
- ❖ [Tracking Urban Health Expenditures – Preliminary Results from Secondary Analysis of Bangladesh National Health Account](#)
- ❖ [Understanding Health Accounts: A Primer for Policymakers](#)

Health Accounts Reports

- ❖ [Comptes de la Sante au Burundi: 2012-2013](#)
- ❖ [Dominica 2010-2011 National Health Accounts and HIV Subaccounts](#)
- ❖ [Namibia 2012-13 Health Accounts Report](#)
- ❖ [Saint Kitts and Nevis 2011 National Health Accounts and HIV Subaccounts](#)

Questions? Email us at: hfgproject@abtassoc.com.





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