20th Meeting of the Advisory Expert Group on National Accounts,
5, 12 and 13 July 2022, Remote Meeting

Agenda item: 3

WS.5 Health and Social Conditions
Outcome of Global Consultation

The guidance note WS.5 Health and Social Conditions completed its global consultation early May. A total of 46 experts representing 46 economies responded.
Respondents largely agreed to the recommendations in the guidance note, with overall support for the inclusion of health and social conditions in extended accounts. However, several respondents raised practical issues, mainly related to the availability of micro data sources and lack of resources.

There will most likely be no need to modify any of the recommendations, but some of the text will need to be updated in view of some of the comments made, amongst others to better clarify the distinction between what is proposed for the core accounts and what for the extended accounts.

The feedback received from the global consultation will be reviewed by the area group, and the guidance note will be updated in the coming period accordingly, aiming to have an updated version in September/October, available for endorsement by the end of the year.

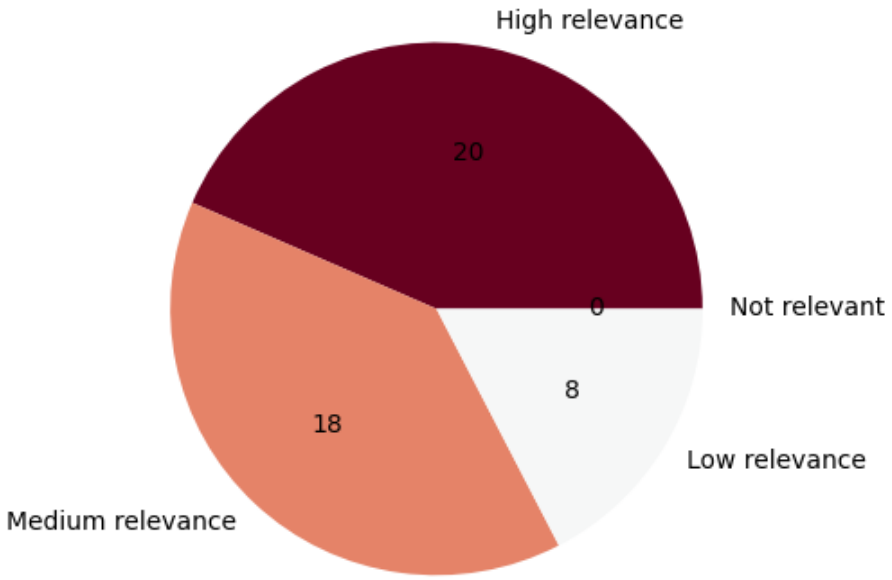
Questions to the AEG:

1. Do you agree that the outcome of the global consultation does not warrant any changes to the recommendations in the guidance note?
2. Where do you think further clarifications may be needed in the guidance note in view of the outcome of the global consultation?
3. Do you have any other comments with regard to the guidance note?

Report on the global consultation of WS.5 Health and Social Conditions

A total of 46 respondents contributed to this consultation, 36 of which agreed to the publication of their verbatim responses which are provided below. The figures reflect the answer of all 46 respondents.

1A. Is this topic of relevance for your country? 1B. Please elaborate.



Brasil (Brazilian Institute of Geography and Statistics IBGE): High relevance
The Health Satellite Accounts (HSA) are an extension of the System of National Accounts (SNA). They widen the analytic power of the National Accounts for specific economic sectors, as is Healthcare. The Brazilian Health Satellite Accounts are the product of cooperation between the Ministry of Health (MS), the National Supplementary Health Agency (ANS), Oswaldo Cruz Foundation (FIOCRUZ), the Brazilian Institute of Geography and Statistics (IBGE) and the Institute for Applied Economic Research (IPEA). Analyses of the healthcare sector usually focus on the consumption/expenditure dimension. However, as any economic sector, healthcare also generates income and employment. In addition to information on sectoral income and employment, the Health Satellite Accounts provide data on production, consumption and foreign trade of health goods and services. To improve the

methodology of the health satellite accounts, it is important to discuss proposals for indicators of health care in the System of National Accounts (SNA).

French Polynésie (ISPF): High relevance
for the country but not low relevance for ISPF

Angola (National Statistic Office): High relevance
NSO of Angola is making a deep job in irder to help the polycemankers take a good decision and beside of this to reach the top of world stastistic country all around the world

United States (Bureau of Economic Analysis): Medium relevance

South Africa (Statistics South Africa): Medium relevance
Healthcare is a topic of debate in the country with a lot of support for a National Health Insurance Scheme. However, in the work programme of Stats SA we have other competing priorities so will not be in a positon to engage in this field of statistics any time soon.

Palestine (Palestinian Central Bureau Of Statistics): Medium relevance
Palestine seeks to make further investments in strengthening the capacity building to better use HA data to inform policy.

Sudan (Central Bureau of Statistic): Low relevance

Netherlands (Statistics Netherlands): High relevance
Health is a major part of the total economy. So good volume measures are important for good GDP estimates. Figures are more and more important for policy makers. Unpaid or partly paid family care is an important source of well-being. Transitions from market to informal production should be monitored.

Denmark (Statistics Denmark): Medium relevance

Ukraine (State Statistics Service of ukraine): Low relevance

Albania (Statistical Institute - INSTAT): Low relevance

Malaysia (Department of Statistics Malaysia): High relevance
The topic is relevant for compilation GDP and Malaysia National Health Accounts statistics.

Slovenia (Stattistical Office of the Republic of Slovenia): Low relevance
It Is sufficiently addresed in SHA, therefore this topic isn't on our priority list. Besides, no extra user needs were detected so far.

México (INEGI): High relevance
Given the importance of the healthcare sector in Mexico, it is important to promote the SNA as the primary economic statistical framework for consultation by policymakers, so it is relevant to meet the new needs of users indicated in this guidance note.
INEGI annually produces the Healthcare satellite account of Mexico, which presents annual results tables including production accounts, income generation, supply and use, public and

private consumption, employment, as well as other non-monetary indicators. It should be noted that the satellite account presents results on the economic value of unpaid household work in health care, based on information generated by the Unpaid household work satellite account of Mexico, which allows estimating the expanded GDP of the health sector by including both public and private economic activities and unpaid activities carried out by households for the care of their sick.

Mozambique (National Institute of Statistics): Medium relevance
I put medium relevant because in this country we still face problems on data sources. We do compile in cooperation with the Ministry of Health a Health Satellite account, but not in regular terms.

Egypt (CAPMAS): High relevance

Hungary (Hungarian Central Statistical Office): High relevance
Development of additional indicators would be useful for health policy makers.

Republic of Korea (Bank of Korea): High relevance

Turkiye (Turkish Statistical Institute): Medium relevance
In TurkStat, data collection and analysing studies on health expenditures according to the methodology of the System of Health Accounts have been compiled from 1999 by Social Statistics Department.

United Kingdom (Office for National Statistics): High relevance
The UK has a high degree of interest in the development of Health Accounts and measures of the output of public services such as healthcare. The UK has been an active participant in international discussions on both subjects, including presenting at OECD working parties and collaboration with OECD to conduct interviews of NSIs and produced a report on the international comparability of non-market output.

Tanzania (National Bureau of statistics): High relevance
As a statistical Office the topic is relevant because improving coverage, classification and compilation of Health Statistics will improve the GDP estimates and other sector indicators necessary for the respective sector stakeholders including policy makers.

Qatar (Planning and Statistics Authority): Medium relevance

Russian Federation (Rosstat): Medium relevance

Canada (Statistics Canada): Medium relevance
This is an important component in measuring the well-being of our citizens, as part of a broader initiative to cover well-being aspects. This would be a good first step.

Portugal (Statistics Portugal): High relevance
This topic is very relevant for Statistics Portugal. Since 2004, the Health Satellite Account

has been compiled based on the System of Health Accounts (SHA) and closely related to the European System of Accounts (ESA)/SNA principles, concepts and methods.

Cyprus (Statistical Service): Low relevance

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): High relevance

Germany (Federal Statistical Office (Destatis)): Low relevance
Most of the proposals made in the GN pose high micro data demands. For Germany we don't see realistic perspectives on how to satisfy these demands anytime soon. We also do not see any advantage in transferring a satellite (SHA) that has proven its worth to the core system of NA. On the contrary, there is a risk of overloading the core system. With these preconditions in mind, we consider the proposals of low relevance for Germany.

Australia (Australian Bureau of Statistics): Medium relevance
The measurement of health and social conditions is of medium/high relevance in our economy and for users of our statistics. The ageing population and impacts of the COVID-19 pandemic on the health and social assistance industries are among many reasons for increasing focus on these estimates. Improving estimates of output of the Healthcare industry is currently an area of focus on our forward work program, further highlighting the relevance of these estimates.

Additionally, the opportunity to help improve the alignment of the national health accounts and the estimates of health in the National accounts in a systemic and structured way is a key interest.

Lithuania (Statistics Lithuania): Medium relevance

Indonesia (BPS-STATISTICS INDONESIA): High relevance
With a high rate membership of mandatory health insurance, currently Out of Pocket is still considerably high in Indonesia. Policy makers need more granular data on health systems and the beneficiaries while maintaining National Health Accounts (NHA) and National Account to be more consistent.

France (Insee): Medium relevance

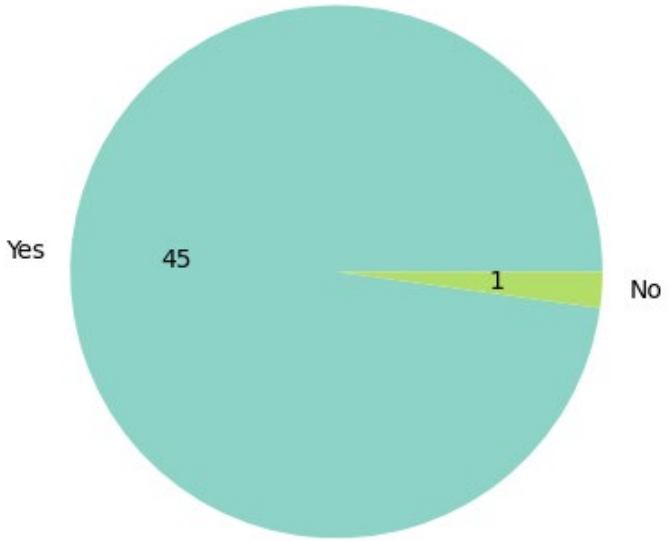
Latvia (Central Statistical Bureau of Latvia): Medium relevance

Chile (Central Bank of Chile): High relevance
Improving the volumen indicator of health in the core accounts is a priority for our future work. The extensions of SNA proposed in the guidance note are also relevant, but in second priority.

Sweden (Statistics Sweden, NSI): High relevance
At Statistics Sweden we compile SHA. The SHA is widely used in the society.

Peru (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): High relevance
El Perú, viene realizando esfuerzos en la medición de la Salud, para el cual en el 2019 se creo el Comisión Nacional de Cuentas de Salud (CNCS), a través del Decreto Supremo N°020-2019-SA, bajo la condición de Comisión Multisectorial de Naturaleza Permanente, con el objetivo de realizar el seguimiento de la información del financiamiento y gasto en salud del sistema de salud peruano a través de la mejora permanente del proceso de elaboración de las Cuentas de Salud. La comisión está conformada por representantes de diversas entidades públicas, privadas y sociedad civil.

2A. Do you support the proposal to improve methods for estimating health expenditure in constant prices/volume terms including accounting for treatment of changes in the quality of care, following further research/experimentation? 2B. If no, please elaborate.



Brasil (Brazilian Institute of Geography and Statistics IBGE): Yes

French Polynésie (ISPF): Yes

Angola (National Statistic Office): Yes

United States (Bureau of Economic Analysis): Yes

South Africa (Statistics South Africa): Yes

Palestine (Palestinian Central Bureau Of Statistics): Yes

SUDAN (Central Bureau of Statistic): Yes

Netherlands (Statistics Netherlands): Yes

Denmark (Statistics Denmark): Yes

Ukraine (State Statistics Service of ukraine): Yes

Albania (Statistical Institute - INSTAT): Yes

Malaysia (Department of Statistics Malaysia): Yes

Slovenia (Stattistical Office of the Republic of Slovenia): Yes

México (INEGI): Yes

Mozambique (National Institute of Statistics): Yes

Egypt (CAPMAS): Yes

Hungary (Hungarian Central Statistical Office): Yes

Republic of Korea (Bank of Korea): Yes

Turkiye (Turkish Statistical Institute): Yes

United Kingdom (Office for National Statistics): Yes

Tanzania (National Bureau of statistics): Yes

Qatar (Planning and Statistics Authority): Yes

Russian Federation (Rosstat): Yes

Canada (Statistics Canada): Yes

Portugal (Statistics Portugal): Yes

Cyprus (Statistical Service): Yes

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): Yes

Germany (Federal Statistical Office (Destatis)): Yes

Australia (Australian Bureau of Statistics): Yes

Lithuania (Statistics Lithuania): Yes

INDONESIA (BPS-STATISTICS INDONESIA): Yes

France (Insee): Yes

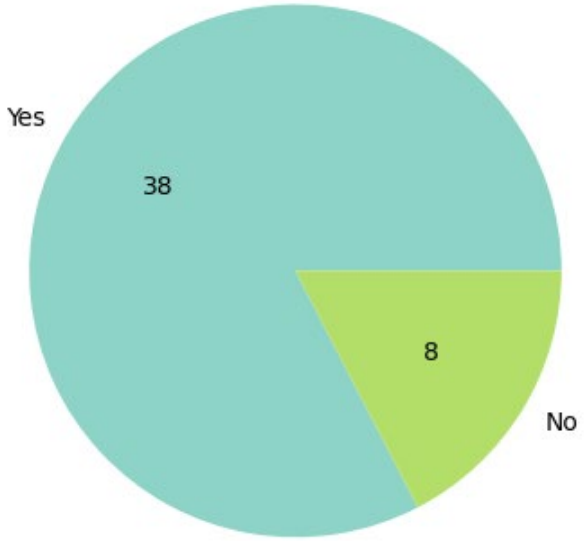
Latvia (Central Statistical Bureau of Latvia): Yes

Chile (Central Bank of Chile): Yes

Sweden (Statistics Sweden, NSI): Yes

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): Yes

3A. Do you agree with including in extensions of the SNA core framework a set of additional indicators of health shown in Box 1, based on the system of health accounts in the SHA 2011? 3B. If yes, do you have any views on indicators that you would prioritize to include or exclude? If no, please explain.



Brasil (Brazilian Institute of Geography and Statistics IBGE): Yes
In my opinion, it is important to measure gross capital formation in the healthcare sector

French Polynésie (ISPF): Yes
Ispf haven't the legitimacy to place itself in this register, it would be necessary to see directly with the Polynesian government

Angola (National Statistic Office): No
Not immediately, first of all I believe we need to do a structural work for comprehend which

indicators we can consider for this type of activity. I mean we must to collect the indicators who reflect this activity before to test them

United States (Bureau of Economic Analysis): Yes
Prioritize expenditures as a share of GDP, per capita expenditures, and expenditure by health care function.

South Africa (Statistics South Africa): Yes
We have limited experience in this field, so do not have a definitive list of priorities

Palestine (Palestinian Central Bureau Of Statistics): Yes
We can add details of health expenditure by (household, government, NPISH, ..) in the tables of expenditure side.

SUDAN (Central Bureau of Statistic): Yes
It is useful to separate chapter for agreement according to age so that volume can be calculated based on childhood

Netherlands (Statistics Netherlands): Yes
Important indicators are labour inputs, expenditure by age, gender, income groups and disease categories. Number of hospital beds is a bad indicator.

Denmark (Statistics Denmark): No

Ukraine (State Statistics Service of ukraine): Yes

Albania (Statistical Institute - INSTAT): Yes

Malaysia (Department of Statistics Malaysia): Yes
Yes, provided the data is available.

Slovenia (Stattistical Office of the Republic of Slovenia): No
In our opinion, the inclusion of additional indicators is not necessary because the subject is adequately addressed in SHA.

México (INEGI): Yes
We do not have suggestions for additional indicators, however, it is recognized that within the indicators mentioned in Table 1, expenditure disaggregated by age and gender of the beneficiary has recently gained special relevance as it is related to a wellbeing approach that goes beyond the traditional approach to national accounting.
It is also recognized the importance of constructing cross-indicators between health expenditure and others that allow us to better analyze the well-being of households, for example, health expenditure by household income deciles.

Mozambique (National Institute of Statistics): Yes
My priority goes to the health classification and the way we can measure it item.

Egypt (CAPMAS): Yes

Hungary (Hungarian Central Statistical Office): Yes
Yes: health expenditure by age and gender
Yes: health expenditure by income group of beneficiaries

Republic of Korea (Bank of Korea): Yes
We don't have any special views on indicators to strongly include.

Turkiye (Turkish Statistical Institute): No
It is difficult to expend the estimations health expenditure by age and gender of beneficiaries, and expenditure by income group of beneficiaries in NA.

United Kingdom (Office for National Statistics): Yes
We would be interested in hearing firmer proposals on the implications of such a move but would support the inclusion of Health Accounts-based spending estimates. The UK already produces Health Accounts, so along with the vast majority of OECD and EU member states would be able to produce estimates for:

- expenditures as a share of GDP
- per capita expenditures
- expenditure by health care function
- Expenditure by financing scheme

Expenditure by age and gender of beneficiaries and expenditure by income group of beneficiaries are subjects of interest to our users, but the UK currently lack the means of producing such estimates, partly due to reasons of data privacy which we cannot change. The UK would be interested in any proposals for how such indicators could be estimated without resorting to person-level data.
Physical measures of assets and breakdown by the International Standard Classification of Occupations (ISCO-08) are outside the scope of the Health Accounts and while the UK delivers some data for these areas inclusion of these items should be considered a separate issue to alignment of Health Accounts and National Accounts and we do not propose prioritizing them and would not necessarily be able to produce all.

Tanzania (National Bureau of statistics): Yes
Special Groups - Health and Social care expenditure by specific groups e.g women, youths, Children, disabled
Gender aspects - Health and social care expenditure by specific gender,Men,women

Qatar (Planning and Statistics Authority): Yes
Expenditures as a share of GDP and per capita expenditures would be prioritized since data for its calculation is already available and they are easy to understand by users. Expenditure by health care function, by age and gender will require the collection of data that is not currently collected by the statistics authority.

Russian Federation (Rosstat): Yes
Indicators of sources of financing of health services

Canada (Statistics Canada): Yes
Expenditure by age and gender of beneficiaries, and expenditure by income group of beneficiaries will be difficult to measure, as well as by Financing scheme. Priority would be given to expenditures, per capita and by function.

Portugal (Statistics Portugal): No
We do not agree with the extension of SNA core framework. We consider that these indicators should be based on available SHA data or SHA could adapt in order to obtain the indicators. It is not feasible to compile data exclusively to calculate these indicators on SNA.

Due to lack of detailed information, there are some indicators of expenditure by age, gender of beneficiaries and by income group of beneficiaries that could hardly be provided. In addition, it may also be difficult to provide capital formation indicators. Gross capital formation is outside the scope of the SHA regulation and is not available for all countries.

Cyprus (Statistical Service): Yes

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): Yes

Germany (Federal Statistical Office (Destatis)): No
Providing data on the additional breakdowns (by age, gender, income group of beneficiaries etc.) requires high quality micro data. Especially households that are affected a lot by care services are hard to capture in household surveys. Without a high quality micro data basis the micro-macro linking can result in statistical artifacts without reliable content.

Australia (Australian Bureau of Statistics): Yes
We have no additional feedback other than that these indicators are best tailored to the specific requirements of each country's user needs.

Lithuania (Statistics Lithuania): No
Additional burden to NA statisticians/lack of resources

INDONESIA (BPS-STATISTICS INDONESIA): Yes
As the main purpose of health accounts is to support health policy making by health information provision mainly from expenditure perspective, then tri-axial health systems breakdown (function, provider, and financing) can be regarded as first priority.
Adding socio demographic information e.g. beneficiary age in to NHA framework will also meet National Transfer Accounts (NTA) needs which both can provide information on some well-being dimension.
While breakdown by beneficiary income seems more challenging.

France (Insee): Yes
For the time being we should prefer to exclude :
- expenditure by age and gender of beneficiaries
- expenditure by income group of beneficiaries

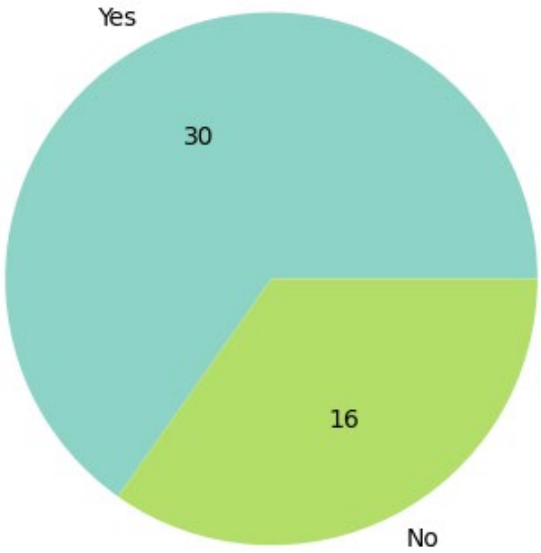
Latvia (Central Statistical Bureau of Latvia): Yes
We prioritize: expenditure as share of GDP, per capita expenditure, expenditure by health cares employment in health. Less priority - expenditure by gender and age, by income groups of beneficiaries as it can be hard to measure if HBS is not available regularly.

Chile (Central Bank of Chile): Yes
Some of them are already been elaborating by the Ministry of Health but we want to improve statistics of health functions and providers

Sweden (Statistics Sweden, NSI): Yes
We prefer simple indicators like relations to GDP, NNP and total population. Indicators subdivided by gender, age and income groups will introduce additional measurment problems and will, in reality, only be achievable for a small group of wealthy countries. More interesting would be to subdivide indicators by regions within the country which might be achievable for a larger group of countries.

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): Yes
Nos interesa contar con la información en cantidades del 01 Servicios Hospitalarios y 03 Servicio de consulta médica y dental, esto permitirá elaborar el Índice de Volumen Físico de los Servicios de Salud

4A. Do you agree with the proposal to extend the production boundary in extended or supplementary tables to include unpaid household provision of health and social care? 4B. If yes, do you have specific recommendations? If no, please explain.



Brasil (Brazilian Institute of Geography and Statistics IBGE): Yes

French Polynésie (ISPF): Yes
It's difficult in a samll country like French Polynésian to be able to recover needful data

Angola (National Statistic Office): Yes
this infomormation can increase the quality of informal sector

United States (Bureau of Economic Analysis): Yes

South Africa (Statistics South Africa): Yes

Palestine (Palestinian Central Bureau Of Statistics): No
I think the data sources are limited and depend on the implementation of special surveys such as (time use survey)

SUDAN (Central Bureau of Statistic): Yes
caring for people with disabilities by their families

Netherlands (Statistics Netherlands): Yes
Hours worked on unpaid household provision will be the best indicator to monitor changes from production boundary to production outside the production boundary of the system of national accounts.

Denmark (Statistics Denmark): No

Ukraine (State Statistics Service of ukraine): No

Albania (Statistical Institute - INSTAT): Yes

Malaysia (Department of Statistics Malaysia): Yes
Malaysia will need to establish a special survey (e.g: Time use survey) to collect unpaid household data if the proposal agreed. There is also a concern that this element (unpaid household component) would be deviate from the business accounting element if it is included in the core of SNA framework.

Slovenia (Stattistical Office of the Republic of Slovenia): No
With this extension the production boundary would be to wide.

México (INEGI): Yes
It is recommended that the information on unpaid work in health care that is included in extended or complementary tables, consider disaggregation by sex, given that there are important differences between the volume of hours dedicated by women and men in unpaid household healthcare activities.

Mozambique (National Institute of Statistics): No

Egypt (CAPMAS): Yes

Hungary (Hungarian Central Statistical Office): Yes

Republic of Korea (Bank of Korea): Yes
We conceptually agree with the proposal to extend the production boundary, but we need to be very prudent when we actually measure it.

Turkiye (Turkish Statistical Institute): Yes
It is difficult to define salary of unpaid household provision of health in National Accounts. In current accounts there is not any estimation for NACE Rev2 98.20 " Undifferentiated service-producing activities of private households for own use" and Household Satellite Account in Turkiye.

United Kingdom (Office for National Statistics): No
The UK does not support the inclusion of unpaid household provision of care within the health accounts for a number of reasons. Firstly, the headline statistic from the Health Accounts is healthcare expenditure as a percentage of GDP. Inclusion of a spending component in the numerator, which is not in the denominator, would limit the usefulness of

this measure. The UK uses Health Accounts to compare this and the breakdowns of Health Accounts to other similar countries with the policy questions around whether too little is being spent (leading to questions of whether there is funding for sufficient healthcare provision) or whether too much is being spent (indicating inefficiency). Inclusion of a monetary estimate unpaid care would cloud both comparisons. For instance, more unpaid care could be seen as a negative consequence of lower spending on formal care.

Furthermore, the Health Accounts boundary is very specific, including personal care/support with basic activities of daily living (bathing/dressing/walking etc) and excluding support with instrumental activities of daily living (shopping/cooking/managing finances etc). To an extent time-use data based on HETUS/ICATUS would help, but getting international comparisons of formal/paid care separated by these two categories may be challenging.

The UK prefer the current approach of separately accounting for unpaid care in the household satellite account as opposed to the health accounts. However, we be willing to consider looking at unpaid work (split by health/personal care and social care) as a (or two) memorandum reporting item(s) outside the core SHA framework, where it would not affect the headline metrics or analysis categories of Health Accounts.

Tanzania (National Bureau of statistics): Yes
Gender aspect - unpaid household provision of health and social care by Gender

Qatar (Planning and Statistics Authority): No

Russian Federation (Rosstat): Yes
In the case of framework extensions will refer to additional tables and will not affect the GDP

Canada (Statistics Canada): Yes
Yes, extended or supplementary tables can be compiled to include the unpaid household provision of health and social care, however, care should be taken to ensure other types of unpaid
household work are not discounted. We would prefer a full set of supplementary tables covering
unpaid household work.

Portugal (Statistics Portugal): No
Besides involving additional work on the implementation of an accounting system parallel to the SHA, we consider that it is important to have an overall strategic approach on unpaid work, i.e., an articulated, consistent perspective within the system and not just within health. Additionally, there are several practical issues concerning data difficulties, namely monetary valuation. We think that being more flexible, SHA could be adapted to meet these information needs.

Cyprus (Statistical Service): No

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): Yes

Germany (Federal Statistical Office (Destatis)): No
We think that recording unpaid work is a very ambitious task because it requires exact definitions of what shall be captured as care services. Furthermore it requires high quality data to make a good estimation from the micro to the macro level. Adequate data on the micro level does not exist until now.

Australia (Australian Bureau of Statistics): Yes
We agree with the proposal to extend the production boundary in extended/ supplementary accounts to include unpaid household provision of health and social care as outlined in the guidance note. We highlight that we do not agree that the production boundary should be extended in the core accounts and suggest that this be made explicit to avoid any confusion. We also agree with the recommendations in the guidance note that the extension of the production boundary recommended here is aligned and consistent with the proposals made in the guidance note WS3 and others to ensure that any supplementary or extended accounts that are included in the update to the SNA in this area are consistent and complimentary.

Lithuania (Statistics Lithuania): No
Lack of data sources/difficulties to measure

INDONESIA (BPS-STATISTICS INDONESIA): Yes
It should be in line with other guidance notes on unpaid households service works.

France (Insee): Yes

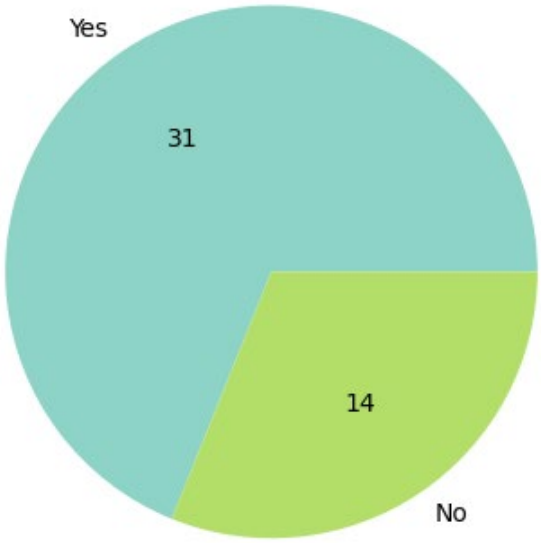
Latvia (Central Statistical Bureau of Latvia): Yes
No, we don't have.

Chile (Central Bank of Chile): Yes
It is relevant to define a common standart to measure unpaid services in orden to allow international comparison in this matter.

Sweden (Statistics Sweden, NSI): No
The main principle in the SNA is to include unpaid household labour in market activities. This proposal will mainly add labour and output in non-market activities. This proposal will also increase the measurement problems and reduce the over all reliability of data.
First of all, we do not think it is a good idea to introduce a lower degree of statistical reliability in the SHA. The SHA is a well established framework and including unpaid household provision of health care will not increase the analytical usefulness of the SHA.

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): No

5. Do you agree with the creation of extended supply and use tables for health care and social care to help ensure consistency and completeness of the analysis of health and social care?



Brasil (Brazilian Institute of Geography and Statistics IBGE): Yes

French Polynésie (ISPF): Yes

Angola (National Statistic Office): Yes

United States (Bureau of Economic Analysis): Yes

South Africa (Statistics South Africa): Yes

Palestine (Palestinian Central Bureau Of Statistics): Yes

SUDAN (Central Bureau of Statistic): Yes

Netherlands (Statistics Netherlands): Yes

Denmark (Statistics Denmark): No

Ukraine (State Statistics Service of ukraine): Yes

Albania (Statistical Institute - INSTAT): Yes

Malaysia (Department of Statistics Malaysia): Yes

Slovenia (Stattistical Office of the Republic of Slovenia): No

México (INEGI): Yes

Mozambique (National Institute of Statistics): Yes

Egypt (CAPMAS): Yes

Hungary (Hungarian Central Statistical Office): No

Republic of Korea (Bank of Korea): No

Turkiye (Turkish Statistical Institute): No

United Kingdom (Office for National Statistics): No

Tanzania (National Bureau of statistics): Yes

Qatar (Planning and Statistics Authority): Yes

Russian Federation (Rosstat): Yes

Canada (Statistics Canada): No

Portugal (Statistics Portugal): No

Cyprus (Statistical Service): No

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): Yes

Germany (Federal Statistical Office (Destatis)): No

Australia (Australian Bureau of Statistics): Yes

Lithuania (Statistics Lithuania): No

INDONESIA (BPS-STATISTICS INDONESIA): Yes

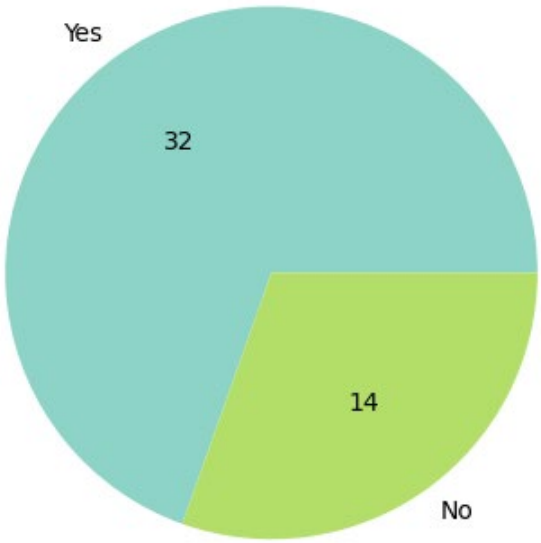
France (Insee): Yes

Latvia (Central Statistical Bureau of Latvia): Yes

Sweden (Statistics Sweden, NSI): Yes

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): Yes

6. Do you agree with including in the SNA, for use in the extended accounts, the SHA 2011 classifications of health care functions (HC), health care providers (HP), and financing schemes (HF)?



Brasil (Brazilian Institute of Geography and Statistics IBGE): No

French Polynésie (ISPF): Yes

Angola (National Statistic Office): Yes

United States (Bureau of Economic Analysis): Yes

South Africa (Statistics South Africa): Yes

Palestine (Palestinian Central Bureau Of Statistics): No

SUDAN (Central Bureau of Statistic): No

Netherlands (Statistics Netherlands): Yes

Denmark (Statistics Denmark): No

Ukraine (State Statistics Service of ukraine): No

Albania (Statistical Institute - INSTAT): Yes

Malaysia (Department of Statistics Malaysia): Yes

Slovenia (Stattistical Office of the Republic of Slovenia): No

México (INEGI): Yes

Mozambique (National Institute of Statistics): Yes

Egypt (CAPMAS): Yes

Hungary (Hungarian Central Statistical Office): No

Republic of Korea (Bank of Korea): Yes

Turkiye (Turkish Statistical Institute): No

United Kingdom (Office for National Statistics): Yes

Tanzania (National Bureau of statistics): Yes

Qatar (Planning and Statistics Authority): Yes

Russian Federation (Rosstat): Yes

Canada (Statistics Canada): Yes

Portugal (Statistics Portugal): No

Cyprus (Statistical Service): No

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): Yes

Germany (Federal Statistical Office (Destatis)): No

Australia (Australian Bureau of Statistics): No

Lithuania (Statistics Lithuania): No

INDONESIA (BPS-STATISTICS INDONESIA): Yes

France (Insee): Yes

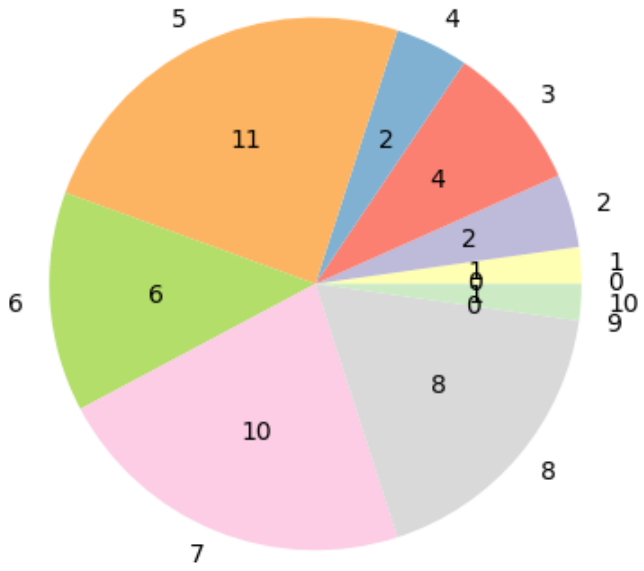
Latvia (Central Statistical Bureau of Latvia): Yes

Chile (Central Bank of Chile): Yes

Sweden (Statistics Sweden, NSI): Yes

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): Yes

7A. How do you regard the feasibility of the options in this Guidance Note? (0-10 from not feasible at all to highly feasible) 7B. If you have comments about the feasibility of specific proposals, please provide details.



French Polynésie (ISPF): 1
government involvement is necessary, there are information systems to be built

Angola (National Statistic Office): 8
SNA is a tool who can converge different statistical handbooks for allow their comparabilty, and also it´s very flexible according to the reality to each country. It´s mean as always possible the SNA handbook can be updated

United States (Bureau of Economic Analysis): 7

South Africa (Statistics South Africa): 5

Palestine (Palestinian Central Bureau Of Statistics): 8
No

SUDAN (Central Bureau of Statistic): 4

Netherlands (Statistics Netherlands): 6
Feasibility proposal 36 (imputed values for unpaid household production of health care and long-term social care): this requires the use of time use surveys: for the next round (2030?)

these will have to deliver then the necessary data to make estimates possible. That might be problematic.

Denmark (Statistics Denmark): 5

Ukraine (State Statistics Service of ukraine): 3
We will consider this work as the tables of health satellite accounts with indicators related to output and consumption of goods, services of health care according to the SNA system.

Albania (Statistical Institute - INSTAT): 5

Malaysia (Department of Statistics Malaysia): 6
No Comment.

Slovenia (Stattistical Office of the Republic of Slovenia): 3
/

México (INEGI): 8
No additional comments

Mozambique (National Institute of Statistics): 7

Egypt (CAPMAS): 6

Hungary (Hungarian Central Statistical Office): 7

Republic of Korea (Bank of Korea): 7

Turkiye (Turkish Statistical Institute): 8

United Kingdom (Office for National Statistics): 7
We consider:
- The extension of SNA to include standard Health Accounts expenditure variables and quality adjustment of healthcare output as feasible.
- Production of non-Health Accounts expenditure variables for expenditure by age and gender of beneficiaries and expenditure by income group of beneficiaries as desirable but not currently fully feasible for all healthcare.
- Production of extended Supply-Use Tables as neither desirable or fully feasible.

Tanzania (National Bureau of statistics): 10
No comment

Qatar (Planning and Statistics Authority): 5
Although the Guidance Note is clear and the options seem attractive and doable, there are current data limitations in our organization that will limit the possibility of applying the recommendations in the short and medium term.

Russian Federation (Rosstat): 5

Canada (Statistics Canada): 6
The options will require significant effort to achieve due to a lack of data.

Portugal (Statistics Portugal): 6
From our perspective SHA should adapt to satisfy new data needs and not SNA.

SNA classifications are very aggregated compared to the classifications used in the SHA. For example, the ICHA-HP of the SHA does not have direct correspondence with NACE. In the Health Accounts, it is necessary to classify, annually, the providers according to the ICHA HP, one by one. The classification of financing schemes also does not correspond directly to the classification of institutional sectors of national accounts. HF.1 (General government) is not equivalent to current public expenditure. For example, in Portugal, there is a case of an entity (the social insurance scheme for public sector workers and civil servants - ADSE) that belongs to the general government sector and is included in public expenditure in the national accounts but is classified in HF.21 (voluntary schemes) in the SHA.
From our perspective, SNA is the system of all national accounts. It makes no sense creating new nomenclatures, eventually not fully aligned with other "strong" nomenclatures (ISIC, COICOP, CPA), structural and universal in SNA.

Cyprus (Statistical Service): 3

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): 5

Germany (Federal Statistical Office (Destatis)): 2
See above remarks about the lack of relevant micro data.

Australia (Australian Bureau of Statistics): 7
The largest challenge in producing extended accounts on health and social conditions is the measurement and valuation of unpaid household provision of care. There are not currently data sources available to us that would allow for the measurement of this area of health care at this stage. Work has been previously carried out by the ABS in producing detailed health estimates and reconciling them with national health account estimates produced under the SHA, suggesting that the majority of the other proposals in this guidance note are feasible.

Lithuania (Statistics Lithuania): 3

INDONESIA (BPS-STATISTICS INDONESIA): 8
Need collaboration with Price Statistician to capture the degree of health care quality.

France (Insee): 5

Latvia (Central Statistical Bureau of Latvia): 8

Chile (Central Bank of Chile): 6

Sweden (Statistics Sweden, NSI): 7
We are of the opinion that the main focus regarding revision of the SNA should be on quality adjustments of health care expenditures in volume. With some additional development it will be feasible to include such quality adjustments.
Time-use surveys are of less good quality in relation to accounting data. We believe this is even worse in case of soft activities like health and social care. Together with the problem of valuing the non-market output by costs this will introduce additional estimation problems in the accounts.

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): 7
Es bastante viable y entendible la Nota Orientativa

8. Do you have any other comments in relation to the proposals in this Guidance Note?

Angola (National Statistic Office): no

United States (Bureau of Economic Analysis): No.

Palestine (Palestinian Central Bureau Of Statistics): No

SUDAN (Central Bureau of Statistic): Giving special consideration to health disasters

Netherlands (Statistics Netherlands): The guidance note mentions "changes to SHA2011". However, the proposed changes are of such a nature, that a revision of SHA2011 is called for. Moreover, the boundaries of SHA2011 are set by the classification of functions. In order to keep time series as stable as possible, the current boundaries of SHA2011 for Health are to be respected. However, in order to be able to be linked to the SNA, SHA should cover even more than it is covering now in the health care related functions. Health and social care according to SHA2011 is not the same as e.g. Section Q of ISIC / NACE. The definition of WHO of health could be guidance ("Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.")

Albania (Statistical Institute - INSTAT): No

Malaysia (Department of Statistics Malaysia): No comment

Slovenia (Stattistical Office of the Republic of Slovenia): /

México (INEGI): In Mexico, the Ministry of Health is in charge of informing the Health Expenditure measured with the SHA methodology.

Turkiye (Turkish Statistical Institute): No.

United Kingdom (Office for National Statistics): The UK is keen to be further involved in these topics, including the quality adjustment for healthcare. The UK already produces a quality adjustment for healthcare output, which is not applied within the National Accounts but is produced for productivity measurement purposes. Whilst domestically we have estimates of the required quality adjustment for the post-1997 period, we consider the

main challenge with quality adjustment to be establishing a clear international consensus on how to measure changes in quality in health services so that they can be applied across countries in a consistent and comparable manner. We would direct attention to our previous article in Eurona on this topic:
https://ec.europa.eu/eurostat/cros/content/measurement-public-goods-lessons-10-years-atkinson-united-kingdom-fred-foxton-joe-grice-richard-heys-james-lewis_en

Tanzania (National Bureau of statistics): No

Canada (Statistics Canada): Question 2: Estimating health expenditure in constant prices/volume terms including accounting for treatment of changes in the quality of care is of high importance. Without that – there is not much evidence that the input deflation of costs is inferior to the count of health treatments. But the lack of data on this type of detail (Canadian context) will be an issue and could make the cost of conversion to the new regime prohibitive.
Question 5: extended SUT might not always be possible, but developing a "skinny" version would be a good start.
Question 6: HC and HP will be possible, HF will be difficult.

Portugal (Statistics Portugal): It seems that, on the one hand, the SNA wants to rely on the SHA to request additional indicators and supplementary tables but, on the other hand, as the SHA does not meet its information needs and it is not possible to use SHA data, it is necessary to implement a new accounting system. Since satellite accounts have a higher degree of flexibility in comparison to national accounts, possibly it would be preferable to adapt satellite accounts to new data needs.

Australia (Australian Bureau of Statistics): In general, we are supportive of the proposals outlined in this guidance note and are supportive of the proposal that extended supply use tables would give the most complete picture of health and social conditions from a national accounts perspective. We support these proposals as a means of producing more detailed and comprehensive health and social conditions estimates that are consistent with the SNA but also want to ensure that these proposals are not replacing the SHA and the national health accounts already produced.

We also note that the split between long term care for health vs long-term care for social conditions is an important one and that although the "OECD. 2018. Accounting and Mapping of Long-Term Care Expenditure under SHA 2011" was included in the Reference, its contents (in terms of long-term care health vs long-term care social) might not be elaborated enough in the main text of the guidance note.

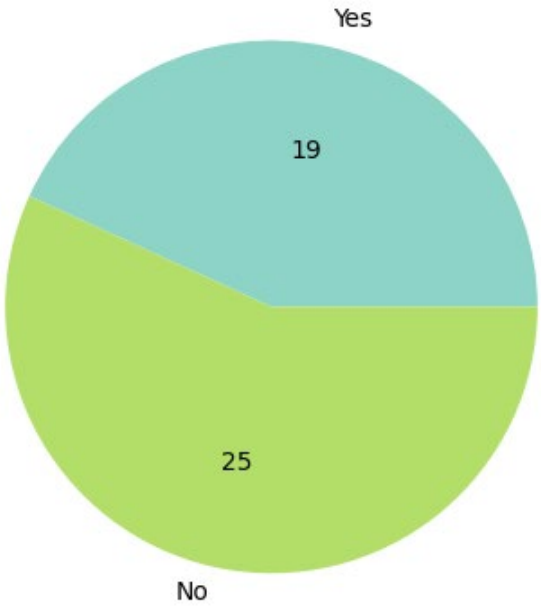
Lithuania (Statistics Lithuania): A more detailed and clearer guide with more specific instructions would be needed.

INDONESIA (BPS-STATISTICS INDONESIA): No.

Latvia (Central Statistical Bureau of Latvia): No.

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): Mayores comentarios referentes a cómo obtener los datos para los valores constantes del gasto de consumo y la producción de salud y alimentación de los indicadores de análisis.

9. Would your institution be interested in participating in an experimental estimate exercise?



Brasil (Brazilian Institute of Geography and Statistics IBGE): Yes

French Polynésie (ISPF): No

Angola (National Statistic Office): Yes

United States (Bureau of Economic Analysis): No

South Africa (Statistics South Africa): No

Palestine (Palestinian Central Bureau Of Statistics): Yes

SUDAN (Central Bureau of Statistic): Yes

Netherlands (Statistics Netherlands): Yes

Denmark (Statistics Denmark): No

Ukraine (State Statistics Service of ukraine): No

Albania (Statistical Institute - INSTAT): No

Malaysia (Department of Statistics Malaysia): No

Slovenia (Stattistical Office of the Republic of Slovenia): No

México (INEGI): No

Mozambique (National Institute of Statistics): Yes

Egypt (CAPMAS): Yes

Hungary (Hungarian Central Statistical Office): Yes

Republic of Korea (Bank of Korea): Yes

Turkiye (Turkish Statistical Institute): No

United Kingdom (Office for National Statistics): Yes

Tanzania (National Bureau of statistics): Yes

Qatar (Planning and Statistics Authority): Yes

Russian Federation (Rosstat): No

Canada (Statistics Canada): Yes

Portugal (Statistics Portugal): No

Cyprus (Statistical Service): No

Tajikistan (Statistics Agency under the President of the Republic of Tajikistan): Yes

Germany (Federal Statistical Office (Destatis)): No

Australia (Australian Bureau of Statistics): No

Lithuania (Statistics Lithuania): No

INDONESIA (BPS-STATISTICS INDONESIA): Yes

France (Insee): No

Latvia (Central Statistical Bureau of Latvia): Yes

Chile (Central Bank of Chile): No

Sweden (Statistics Sweden, NSI): No

PERU (INSTITUTO NACIONAL DE ESTADISTICA E INFORMATICA): Yes