

Global Consultation: WS5 Health and Social conditions

MEETING OF THE ADVISORY EXPERT GROUP JULY 2022

PRESENTED BY ANN LISBET BRATHAUG



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Area Group on Health and Social Conditions

Ann Lisbet Brathaug (Statistics Norway – chair of the group from July 2021), Elisabeth Hopkins (Statistics Sweden), Ciara O’Shea (Central Statistics Office Ireland), Paolo Passerini (Eurostat), Maria Pettersson (Statistics Sweden), Dylan Rassier (U.S. Bureau of Economic Analysis – chair of the group until July 2021), Lisbeth Rivas (International Monetary Fund), and Rachel Soloveichik (U.S. Bureau of Economic Analysis)



Agenda

- Background

- Results summary

- Changes or clarifications required?

- Key issues arising from the consultation



Background

- The objective; present proposals for indicators of health care in the *System of National Accounts (SNA)*
- **The *System of Health Accounts 2011 (SHA 2011)* provides the foundation for the proposals**
- The SHA framework was established in 2000 (result of a joint cooperation between OECD, Eurostat and World Health Organization)
- More than 40 countries are reporting data to OECD according to this framework
- For EU countries the reporting is regulated (*Regulation (EC) No 1338/2008 of the European Parliament and of the Council also covering statistics on health care expenditure and financing*)



Recommendations in the guidance note

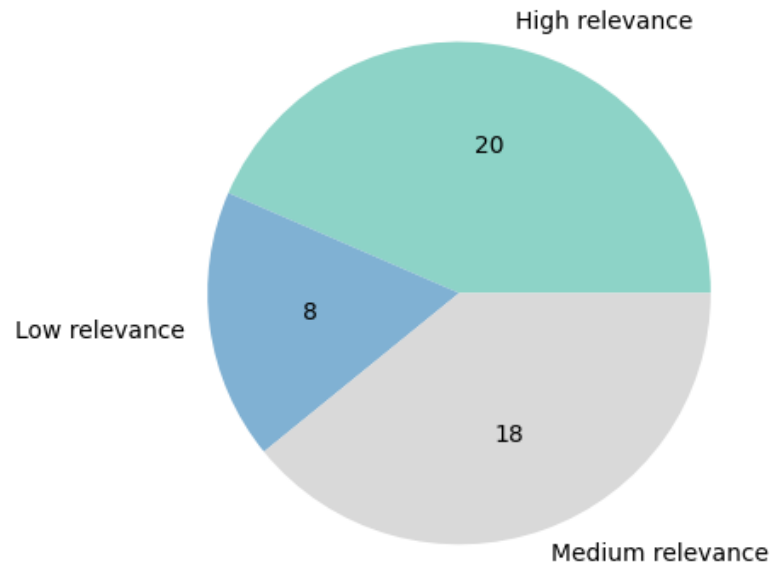
- It is proposed to base the indicators on data already developed in the *SHA 2011*, using existing SHA-classifications
- The indicators are considered appropriate for extended or supplementary tables
- Only one of the proposals in this Guidance Note is relevant for the central framework of the *SNA* (core accounts);
 - Improving estimates of health services in constant prices (expenditure in volume terms)
 - Improving methods to capture changes in quality of care
 - This will benefit the core national accounts as well as the extended accounts for health and social care

Summary of the global consultation

- 9 questions with possibility for elaborations
- A total of 46 respondents contributed to the consultation
(anonymous contributions are not included)



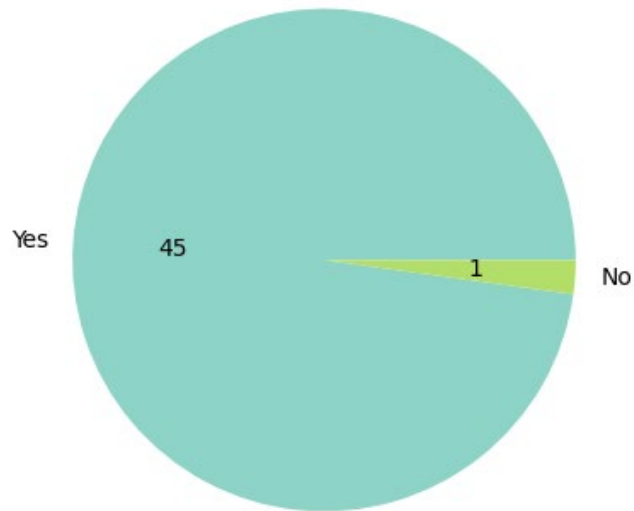
1. Is this topic of relevance for your country?



Comments:

- Help policymakers - health care is a topic of debate in countries
- Health is a major part of the total economy – constant prices important
- Why include it in SNA when it is already covered in the SHA? Should not overload the core accounts
- Have already well established social insurance scheme for both healthcare and long-term care – do not need more statistics
- Key interest; opportunity to improve the alignment of the national health accounts and the estimates of health in the NA in a systemic and structured way

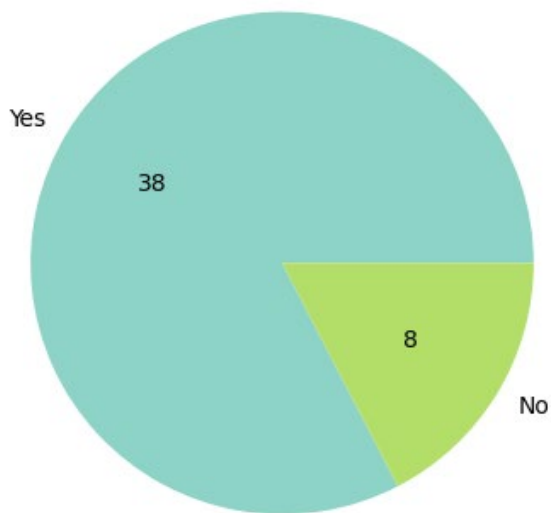
2. Do you support the proposal to improve methods for estimating health expenditure in constant prices/volume terms including accounting for treatment of changes in the quality of care, following further research/experimentation?



Comments:

- Only one comment (from Japan):
 - We do not oppose if this means the international organizations will undertake further research in this area. That said, while intensive research on quality-adjusted deflators (or quantity indicators) in healthcare and long-term care services has been conducted in Japan, significant difficulty of explicitly adjusting quality change in these services with currently available source data is recognized in this research.

3. 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?

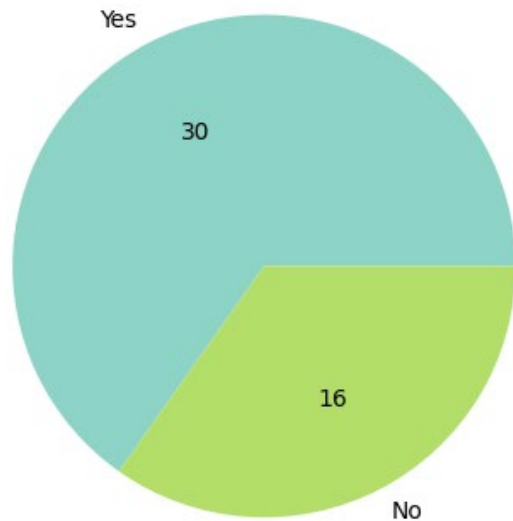


Comments

- Prioritize expenditures as a share of GDP, per capita expenditures, and expenditure by health care function
- Important indicators are labour inputs, expenditure by **age, gender**, income groups and disease categories
- Difficult to extend the estimations of health expenditure by age and gender of beneficiaries, and expenditure by income group of beneficiaries in NA – **data source issues (including quality of data sources)**
- Additional burden to NA statisticians/lack of resources



4. 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?



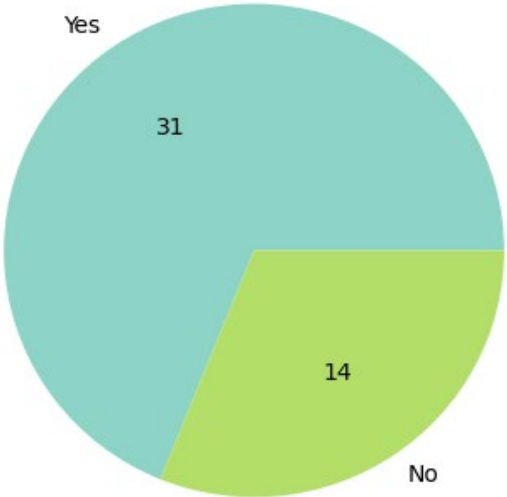
Comments

- Data sources are limited
- With this extension the production boundary would be too wide
- Inclusion of a spending component (unpaid household work) in the numerator, which is not in the denominator, would limit the usefulness of this measure
- 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

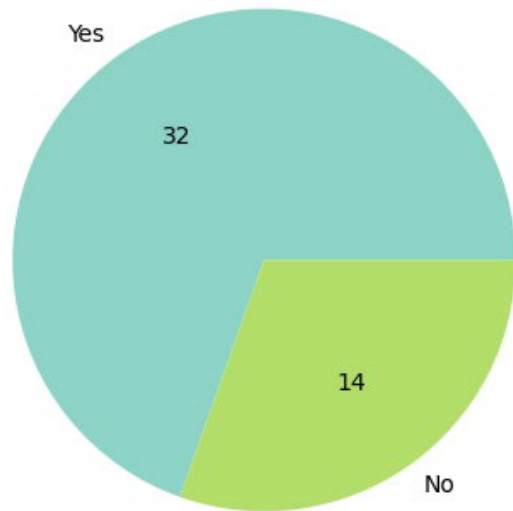
5. Do you agree with the creation of extended supply and use tables for health care and social care to help ensure consistency and completeness of the analysis of health and social care?

Comments

- No specific comments



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)?

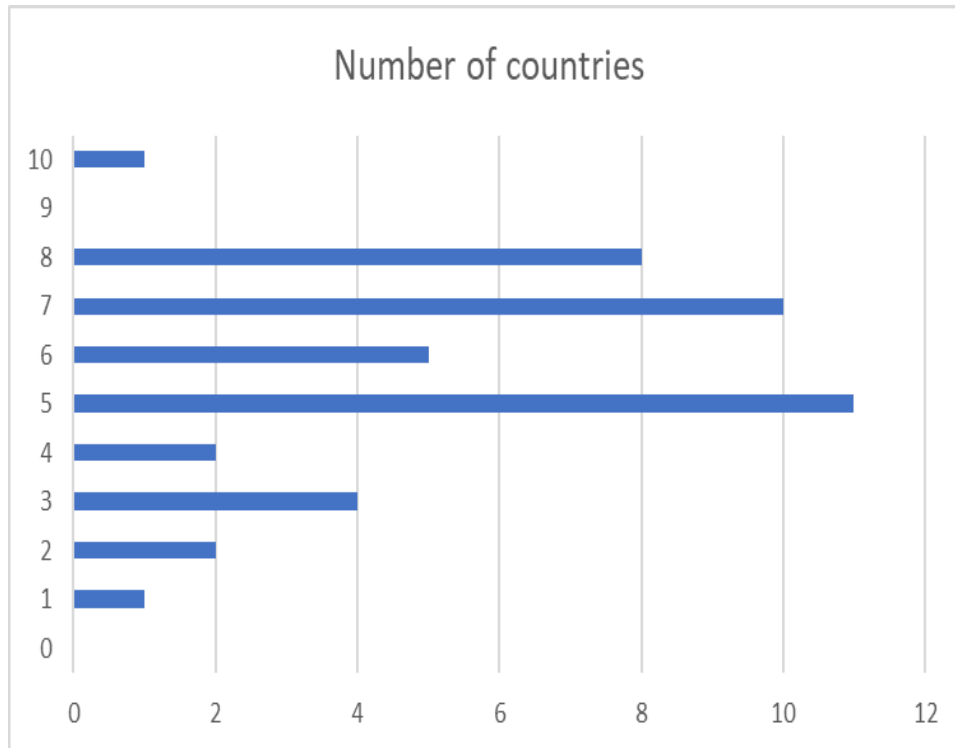


Comments

- No specific comments

7. How do you regard the feasibility of the options in this Guidance Note?

Rating: 0-10 from not feasible at all to highly feasible



Comments

- Data source limitations
 - Especially, challenges regarding data for unpaid household work (time use surveys are mentioned)
 - Challenge to distribute expenditure data on gender, age and income groups
- SUT not desirable nor fully feasible
- Resource constraints

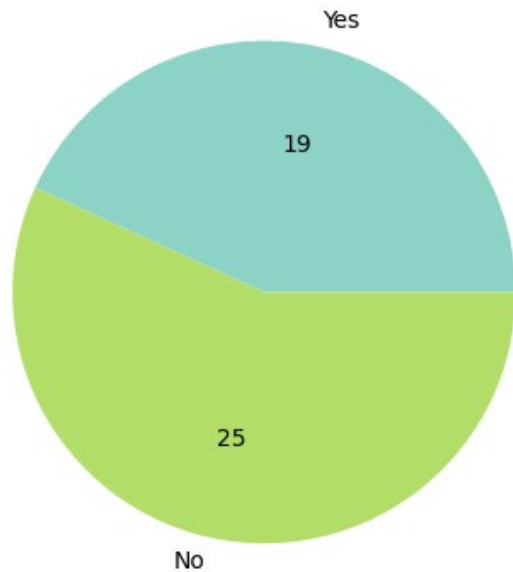


8. Do you have any other comments in relation to the proposals in this Guidance Note?

- In general, support to the proposals outlined in the guidance note
- In order to keep time series as stable as possible, the current boundaries of SHA2011 for Health are to be respected
- Giving special consideration to health disasters
- Estimating health expenditure in constant prices/volume terms including accounting for treatment of changes in the quality of care is of high importance
- Support to include long-terms social care, however long-term health vs long-term care social is not elaborated enough in the main text of the guidance note



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



Countries interested in testing:

- Afghanistan, Angola, Brazil, Canada, Egypt, Hungary, Indonesia, Latvia, Mozambique, Netherlands, Palestine, Peru, Qatar, Republic of Korea, Sudan, Surinam, Tajikistan, Tanzania, United Kingdom

Changes or clarifications needed to the Guidance Note?

- Global consultation resulted in overall support for the inclusion of health and social conditions in extended accounts
- The feedback received from global consultation will be reviewed by the area group, and the guidance note will be updated (some clarifications seems to be necessary)
- Aim for an update of the guidance note in September/October, available for endorsement by then end of the year



Key issues

- Distinction between core accounts and extended accounts needs to be clarified
- Lack of data sources, especially micro data
- Resource constraints



Thank you!

