

Health Statistics and Accounts

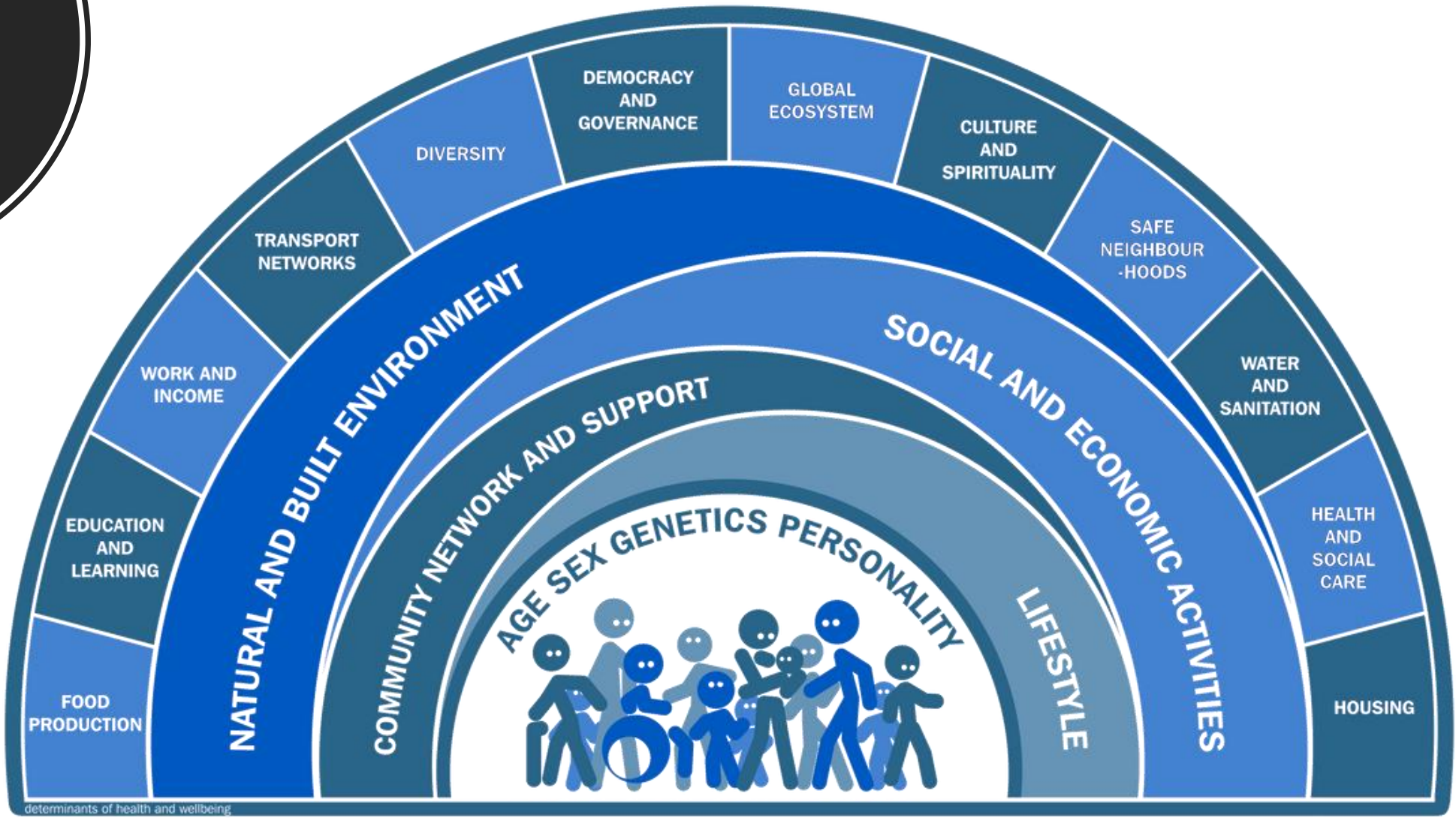
Steve MacFeely



**World Health
Organization**



Health does not exist in a vacuum



The need to desilo

Published on Data Blog

Civil registrations and vital statistics: it's not just important, it's a matter of life and death

HAISHAN FU & STEVE MACFEELY | DECEMBER 12, 2022

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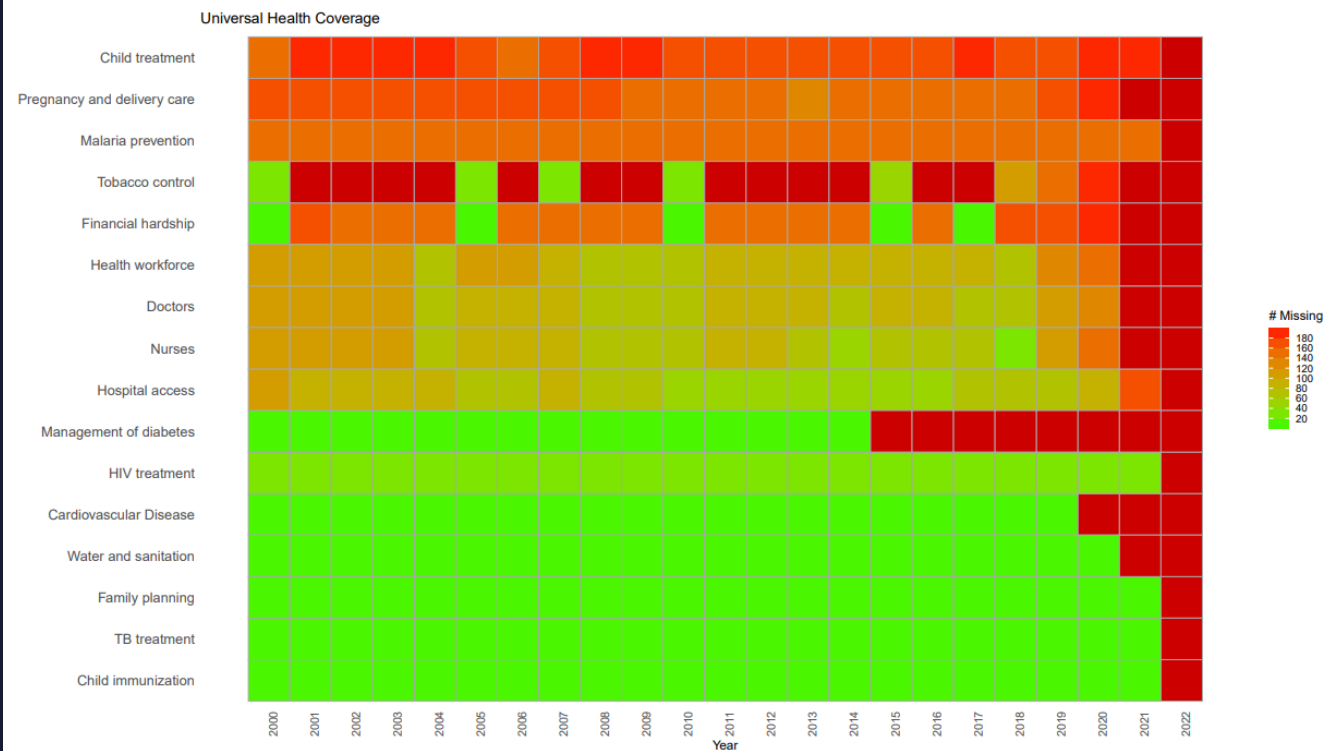
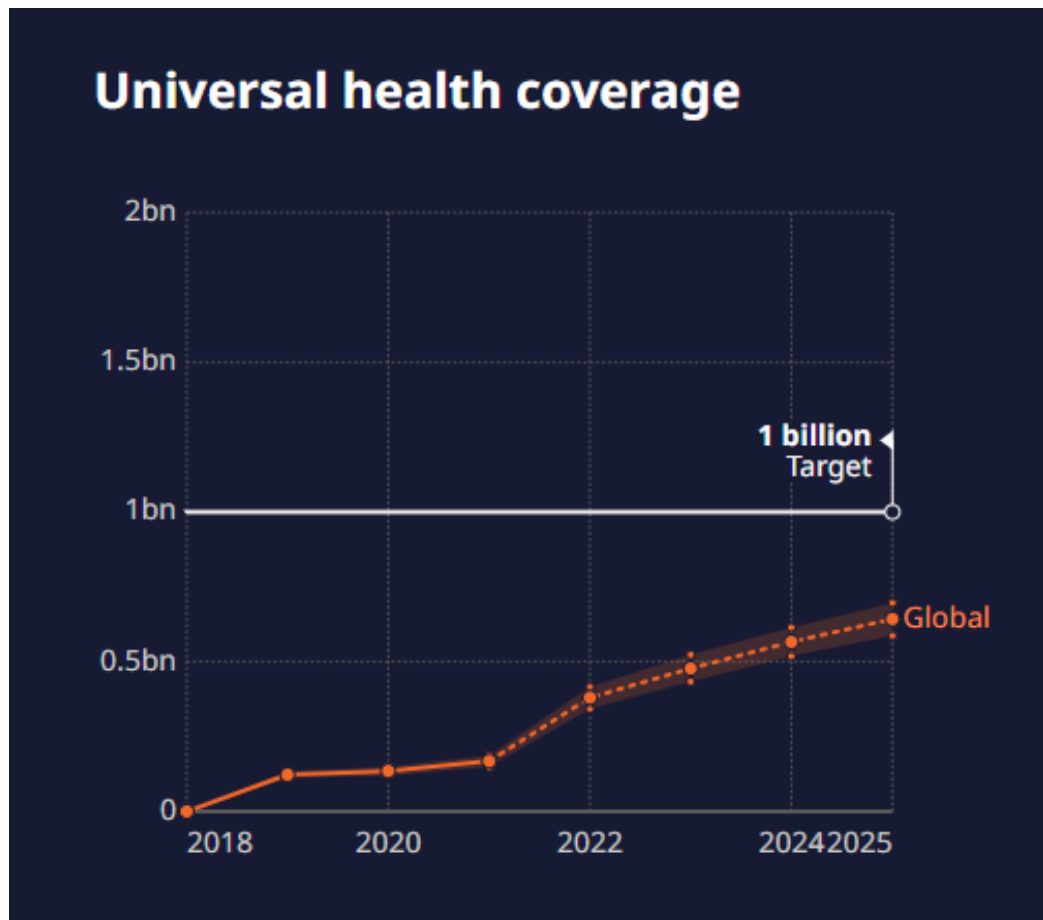


“We have to stop thinking of this as a health problem and start looking at it as a whole-of-government issue” – *Steve MacFeely*

“It’s a bit of a Catch-22. When you don’t have good data, you turn to clever mathematical models. They can be really quite wrong at the country level, but global funders and politicians think, ‘Oh, we’ve got data,’ which then undermines the case for investing in more robust fixes” - *Prabhat Jha*

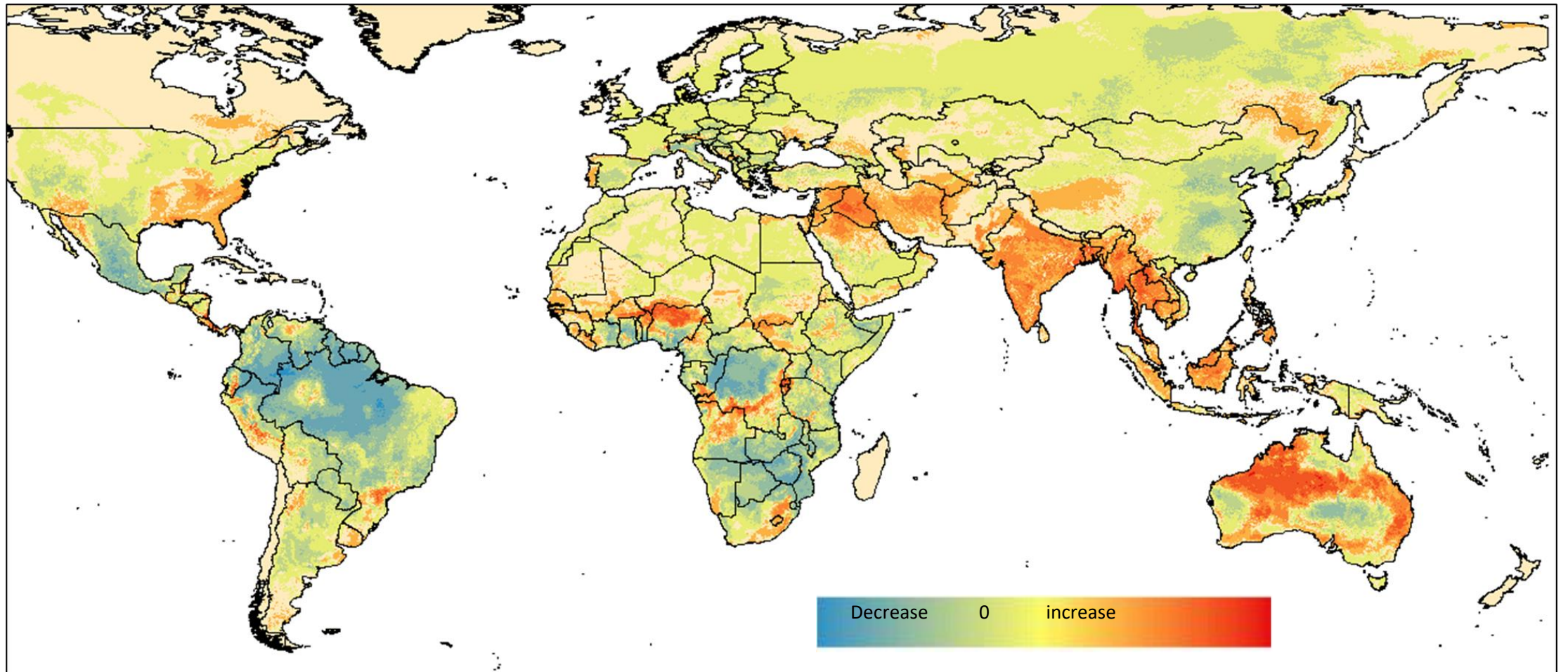
The mixed blessing of models:

Uncertainty and Synthetic data

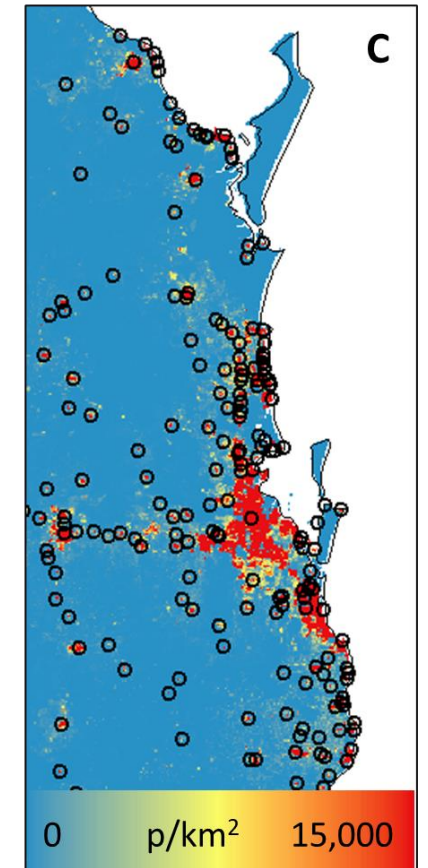
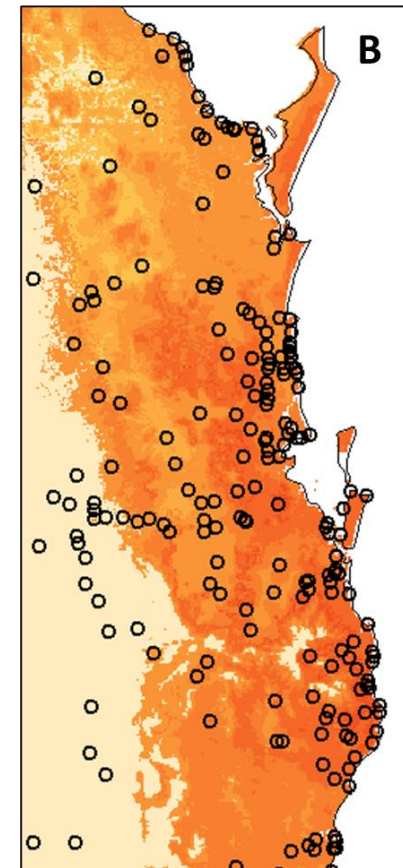
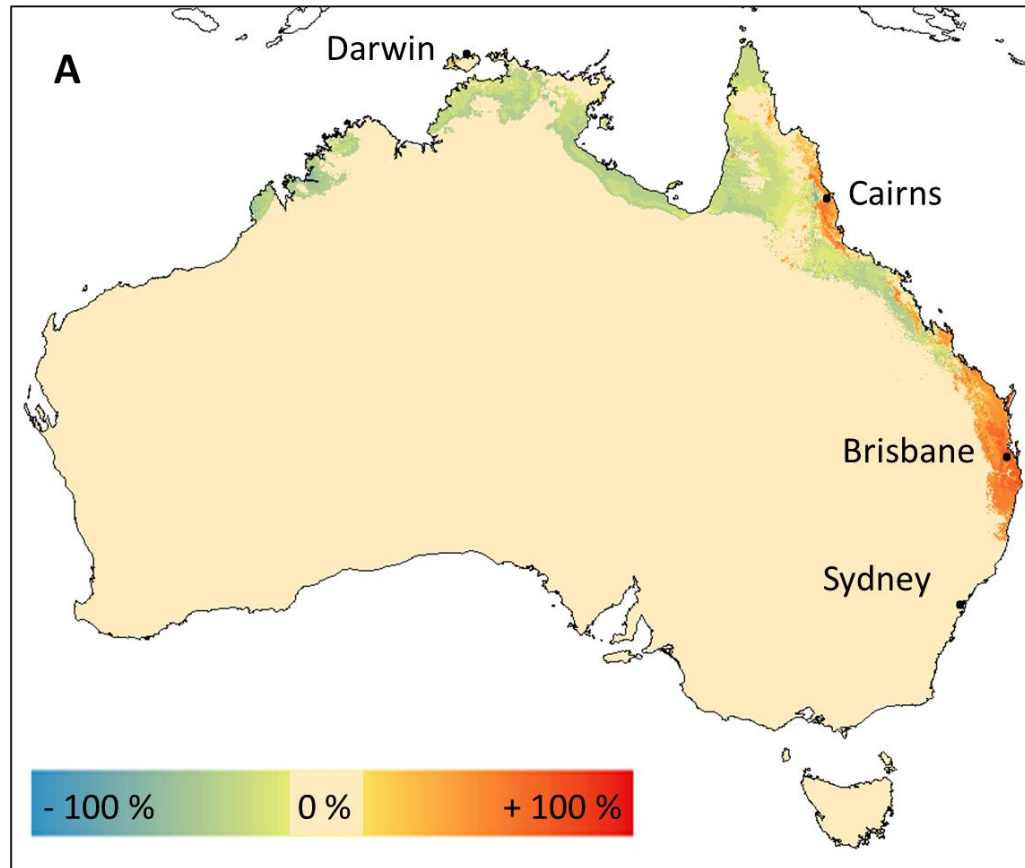


Disease (and climate) don't respect borders:

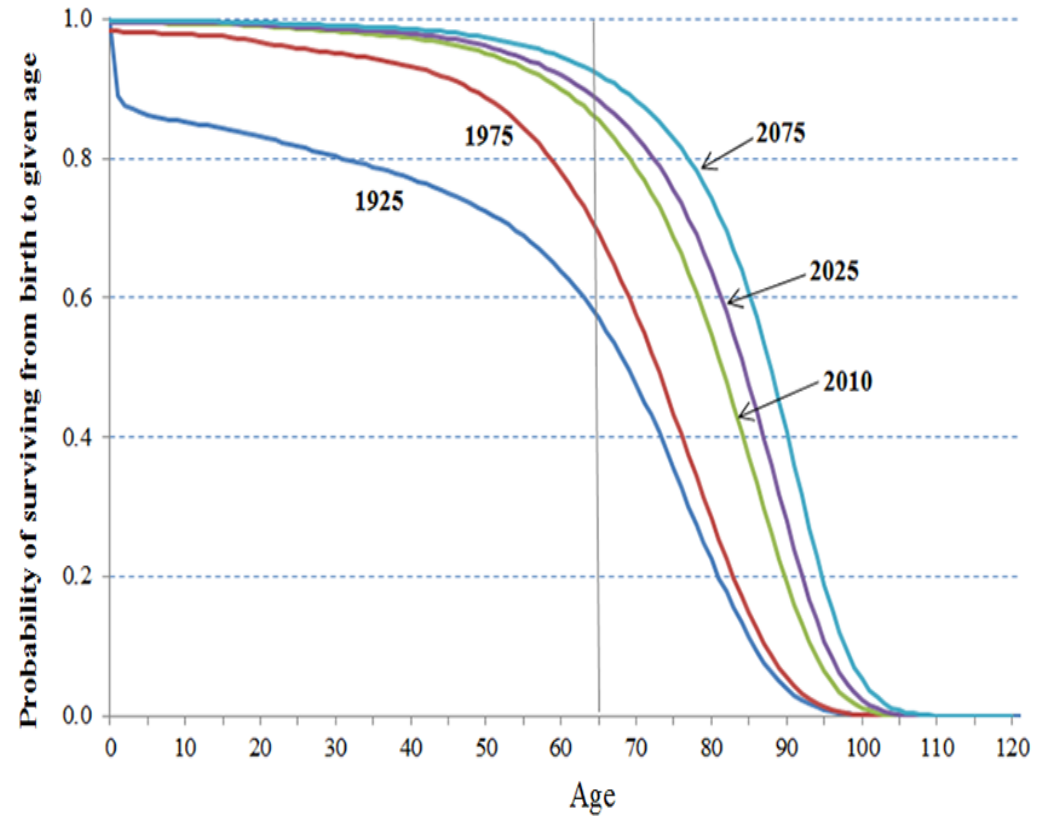
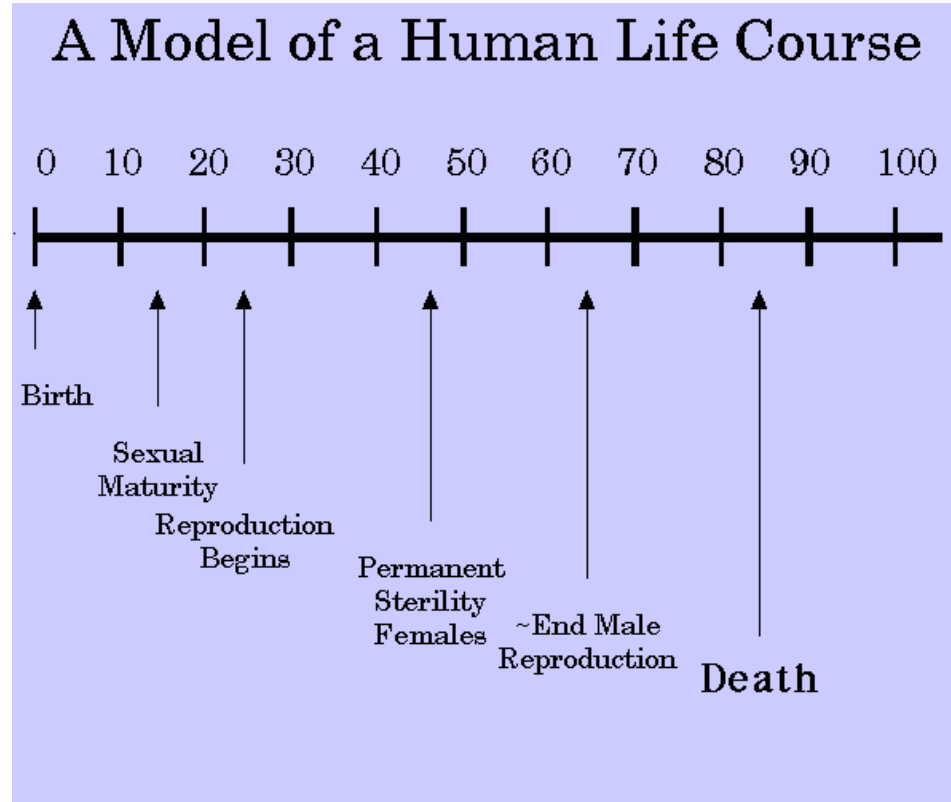
Snake Range Distribution Changes – 2050



E.g.: Coastal Taipan (*Oxyuranus-scutellatus*)



Balancing: Demography is destiny



Brief history of WHO Health Accounts (HA) program

WHO commissioned country studies on health expenditure analysis (Abel Smith: 1963, 1967).

OECD started to publish annual health data report for Member States and associated countries

Establishment of WHO HA program.

WHO, the World Bank, and USAID published *Producer's guide* ("Guide to Producing National Health Accounts"), as operational support for middle- and low-income countries (based on SHA 1.0).

WHO converted GHED from SHA1.0 to SHA2011.

The first annual *Global Health Expenditure Report*.



Since the 1980s, the OECD includes HA in their annual meetings on data and methodological analysis.

World Bank published *World Development Report 1993 Investing in Health*, a report discussing the importance of health expenditure (REF).

This fueled support for health accounts and encouraged some countries to follow suit.

OECD published A System of Health Accounts, *SHA 1.0*.

WHO published health expenditure data as an annex of *World Health Report 2000*.

WHO publishes online global database (GHED)

WHO, OECD, and Eurostat, jointly published revised version of A *System of Health Accounts, SHA2011*

Concept and methodology:

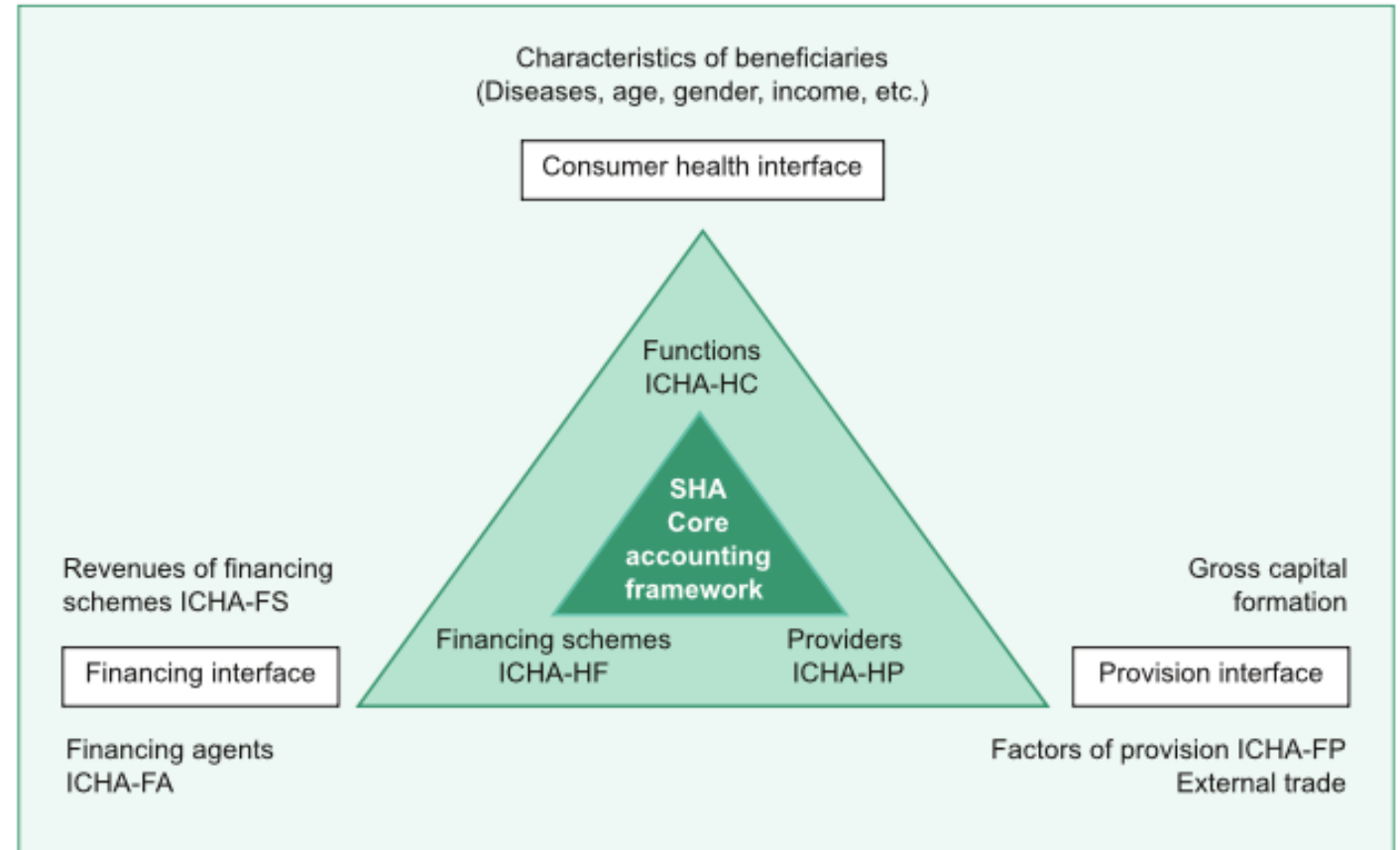
Boundary for tracking health expenditure

All activities with the primary purpose of improving, maintaining and preventing the deterioration of the health status of persons and mitigating the consequences of ill-health through the application of qualified health knowledge.

Current expenditure on health care

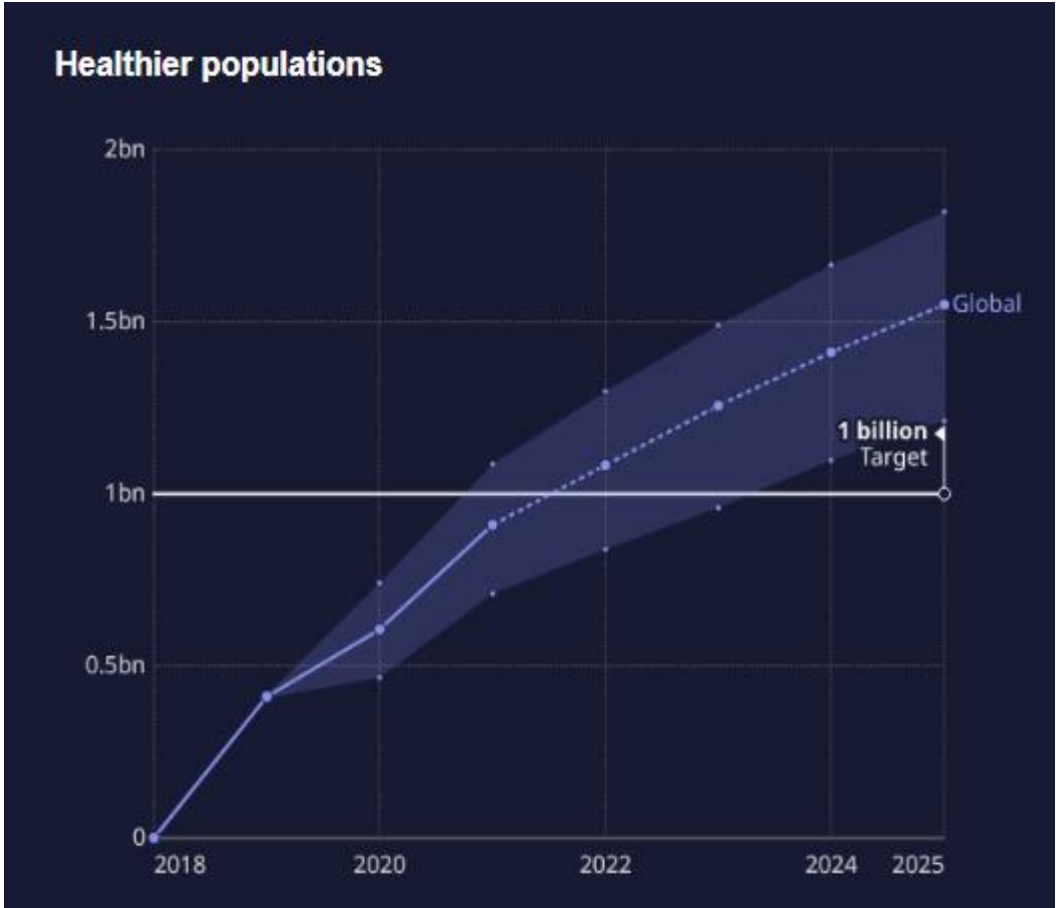
Final consumption expenditure of resident units on health care goods and services.

SHA 2011 Tri-axle Framework



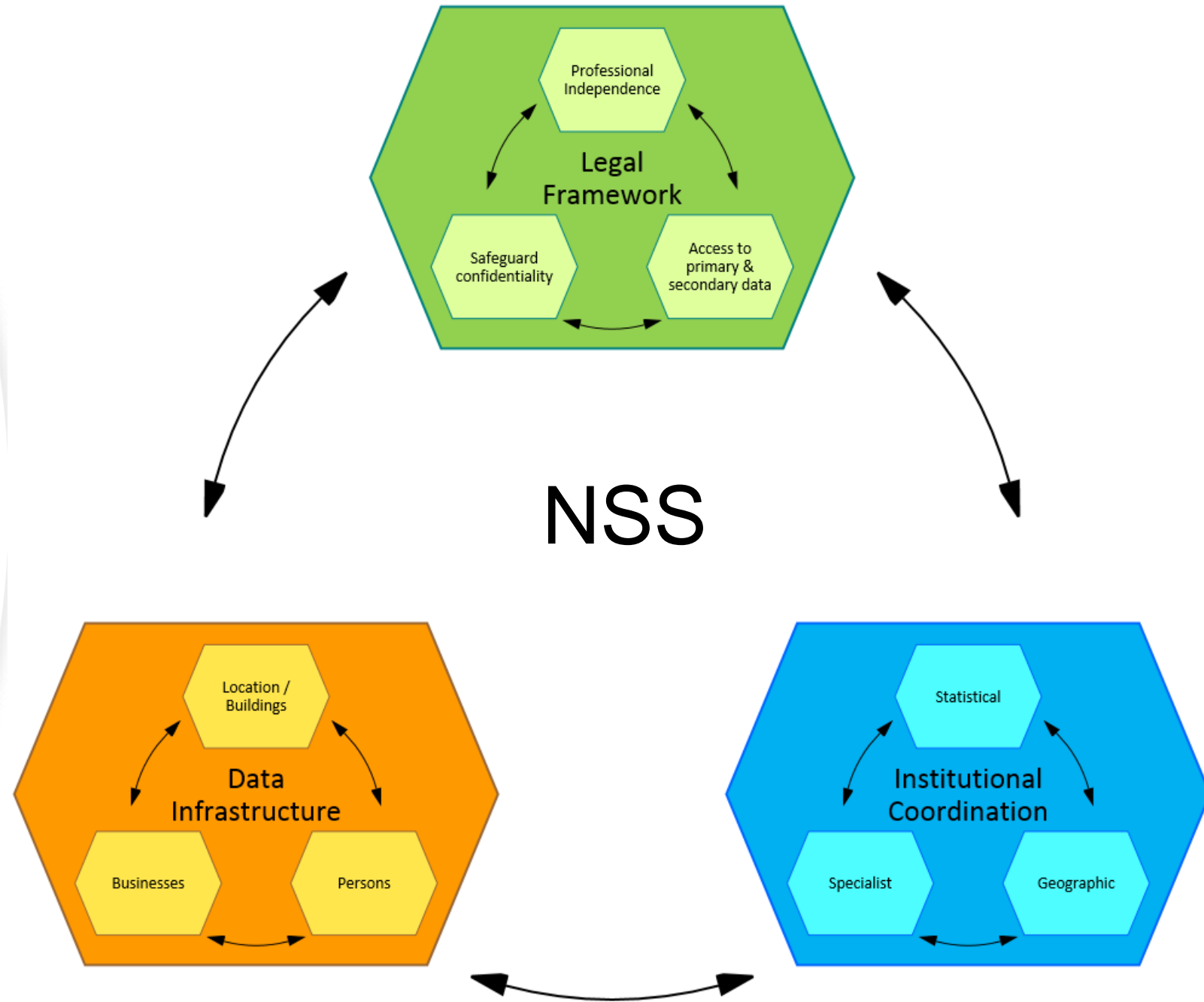
ICHA: International classification for health accounts

Full-circle – health and Wellbeing



NSS Fundamental Pillars & Components

Source: MacFeely, S. & N. Barnat (2017). Statistical Capacity Building for Sustainable Development: Developing the fundamental pillars necessary for modern national statistical systems. *Statistical Journal of the International Association of Official Statistics*, Vol.33, No. 4, pp. 895 - 909.



Key messages

1. Health doesn't exist in a bubble – must be linkable to other social and economic domains. Need to de-silo health
2. Models can be useful – but we must be transparent (honest) about quality
3. Disease and climate do not respect borders or administrative boundaries – need to look at functional space (GIS is important)
4. Balancing and constraints are important. Perhaps more can be done here?
5. Health Accounts developing – reconcile consumer (demand) with provision (supply) and finance
6. Health and wellbeing – may lead to a reconceptualization of 'healthier' population
7. NSS – requires data infrastructure, legal (governance) infrastructure and institutional (soft) coordination