

2019 iHEA Basel Congress

Pre-congress sessions organized by WHO-HQ

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Outline of the presentation

- Structure of pre-congress
- Day-1 Discussion Topics
- Day-2 Discussion Topics
- Country Recommendations



Structure of pre-congress

- Participants
 - Dr Kay Khaing Aye Mauk, Lecturer, University of Public Health
 - Dr. Phyu Win Thant, Assistant Director(NIMU) Ministry of Health and Sports
- Venue : University of Basel, Switzerland
- Duration : 13th-14th July 2019
 - 13th July 2019
 - 9 am – 5 pm : Global Health Expenditure Tracking
 - 14th July 2019
 - Morning session: Household health expenditure tracking
 - Evening Session : Benefit cost analysis



Day 1: 13th July 2019
Global Health Expenditure Tracking



Global Health Expenditure Tracking

- In 2017, WHO began publishing global health expenditure data (GHED) using the System of Health Accounts (SHA 2011) framework
<http://apps.who.int/nha/database/Home/Index/en/>
- GHED presents
 - detailed information on the role of governments, households and donors in funding health services
 - the financing arrangements through which these funds are channeled and spent.



Global Health Expenditure Tracking

- High quality health expenditure data can enhance decision-making and accountability, both directly through use at country level, and indirectly through the availability of internationally comparable information.
- Pre-congress covered
 - the data sources
 - the estimation methods
 - the policy use of health expenditure data with specific focuses



Session 1: Disease and program specific expenditure deep-dive

- SHA 2011 framework is used to produce expenditures by disease and program intervention areas using five mutually exclusive main categories
 - Infectious and parasitic diseases
 - Reproductive health
 - Nutritional deficiencies
 - Non-communicable diseases
 - Injuries



Session 1: Disease and program specific expenditure deep-dive

- Discussion points
 - the potential users of the disease/program specific expenditure data
 - variables and indicators that are useful for different users: donors, global health initiatives and national policy makers
 - the methods and data sources used to produce the disease expenditures



Session 2: Domestic government spending & external aid on health: policy implications

- Domestic government spending on health
 - critical for achieving UHC and SDG 3.
 - one of the key indicators for monitoring government commitment to health.
- However, external funding is still essential in most low income countries to meet the funding gaps for basic services.



Session 2: Domestic government spending & external aid on health: policy implications

- The discussion points are:
 - the drivers of public spending on health from macro-fiscal perspectives: economic growth, fiscal capacity and prioritization of health
 - the dynamic between external aid and domestic public spending on health: country preparation for changes in level of external aid



Session 3: Domestic government spending on health and health aid: which number to use?

- Health expenditures from both domestic public sources and external are of great interest for national health financing policy and global health policy.
- Issues:
 - Globally there are many efforts on data collection and data estimation of external aid on health.
 - It is often confusing to see different sets of numbers
 - Challenges and future direction in tracking health aid expenditure



Day 2: 14th July 2019 (Morning Session)



Measure What Matters: Household Survey Data on OOP Health Expenditure (Hand-on training)

- OOP indicators are compiled from household surveys that are routinely conducted by National Statistical Offices to primarily inform national accounts and monitoring of living standards.
- Issues
 - Surveys are not standardized across countries
 - Considerable variation in the comprehensiveness of the health expenditure list, its specificity, the choice of the recall period and the method of data capture



Day 2: 14th July 2019 (Evening Session)



The Benefit-Cost Analysis Reference Case: What It Is and How to Use It

- Objectives of the session:
 - To provide general guidance for conducting cost-effectiveness analysis
 - To increase the comparability of these analyses, improve their quality, and expand their use on guidance on investments in low- and middle-income countries.



Country Recommendations

- In Myanmar, Expenditure tracking with NHA (1998-2015): using SHA 1.0
- Currently, it is updated following a new methodology(SHA 2011)
- SHA 2011
 - more thorough, deep and timely understanding of the flows and levels of spending by various entities in the country's health system
 - the way funding was used to deliver health services and good to the people.



Country Recommendation

- *Shift from single disease only resource tracking to the common exercise*
 - Minimize multiple parallel data collection initiatives
 - Ensure Internal Consistency
 - Less labor intensive & time consuming



Country Recommendation

- *Routine expenditure data collection in line with Health Management Information System(HMIS) unit*
 - For annual production of proper NHA in our country
 - To get the expenditure data from
 - MOHS
 - other health related ministries
 - private sectors including donor organizations/ INGO/ CSO
 - It ensures reporting at more regular, consistent intervals, and reduce errors, allowing the process to focus more on the reporting of data and its use for national planning purposes.(less data collection time & effort)



Country Recommendation

- *Standardization of instruments used to collect data on OOPs*
 - To improve accuracy & reliability of estimates
 - To better inform financial protection monitoring and national health accounts
 - MOHS needs to collaborate with Central Statistical Office (Ministry of Planning and Finance) for household expenditure surveys



Country Recommendation

- ***Strengthening capacity development*** (training) within the institutions responsible for undertaking health accounting exercises, as well as disease-specific resource tracking, at both National and **State/Regional levels**.



Country Recommendation

- *Strengthen the Ministry's oversight & stewardship function on health expenditure data base*
 - Promote the utility of health expenditure data for policymaking on equitable and efficient budget allocation and program implementation
 - Give strategic guidance to donors to ensure their assistance is fully aligned with Gov's priorities



Country Recommendation

- *Capacity Strengthening on country level cost-effectiveness analysis and budget impact analysis*
 - To identify the essential package of health services which is the goal of National Health Plan and prevent the false-promise issue when rolling out
 - To answer the policy questions of how to best reallocate the health care budget to improve health



Thank you



**Health spending targets:
no magic number**

WHO studied data from **83** countries:

28
low
income

28
lower-middle
income

27
upper-middle
income

GOOD performance is happening at **LOW** spending levels

POOR performance is happening at **HIGH** spending levels