

2nd Regional consultation on the revision of the System of Health
Accounts for EMRO and EURO regions at WHA Headquarters
Geneva, Switzerland, 25-29 May 2009

**Discussion of Proposal U 11:
Classification by beneficiary/ recipient
characteristics**

**Chokri Arfa
Tunisia**

Background

- Statistics on expenditure by the different groups of population helps to address issues related to sustainability, equity and fairness (rich or poor countries).
- Statistics by beneficiaries/recipients can reveal when population groups are spending more on health than others, be it an age group, a region, a group of patients, etc.
- There's a need to measure and monitor disparities in health spending

Analyzing Health Expenditures

- Classification of Health expenditures by :
 - type of disease (or illness)
 - SEC (age, sex, education, poverty groups....)
- Data ??? (OCDE Countries / EMRO Countries)
 - On the distributional of expenditures per unit of population
 - On the linkage between Exp & SEC / Hexp & HF
 - At the users level, providers level
 - On the aggregation at National level

Clarifications

- Proposal / Final Report (Input document)
- How to insure comparability across countries regarding the classification of health expenditures by diseases (or illness) given the non-availability data of the global burden of disease for EMRO countries.
- The linkage between classification by beneficiary and classification by Health Function

Clarifications

- By diseases (1st , 2nd diagnostic)
- By age structure (seven classes)
- Regional classification : the use of households survey (national or regional sample)

Proposal (1)

- Include classification of expenditure by HI type : it's relevant for policy-makers in our countries.
- Include tools to measure health equity because in EMRO countries the out-of pocket is very higher (43% for Tunisia, 50% Jordan and around 60% in Lebanon)

Proposal (2)

- **Health need across expenditure quintiles**

(Health need based on the availability of health outcome measures : the presence of a disability –list-, the presence of a chronic condition- list- and being a mother of a newborn)

- **Health use : Health services utilization, Health Facilities utilization, spending on health insurance.**

Proposal (3)

- Others SEC (income/wealth/ expenditures quintiles, poverty level/vulnerable groups, insured/not insured, education...)
- Standardization of health expenditures classification across SEC
- Health functions & Health-related functions

Methodological Aspects

- Cost of illness studies : methodology ?
- Patient -level data: using patient level records the expenditures is estimated by patient characteristics (+ and - experience) / Univ HI but CNAM Tunisia + Ministry of PH.
- Data Exp/ diseases : provider-generated data
- Households Survey data (it's time that MoPH and HI conduct this kind of survey)

Question

NHA, SHA 1 or SHA 2

Thank You
For
Your Attention