



National Health Accounts in Serbia

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Geneve 27.05.2009

SHA is organized around tri-axial system

SHA system report health expenditures for commonly defined healthcare systems in a well-defined, commonly agreed way, classified by:

- sources of funding;
- types of healthcare providers;
- type of service

Sources of funding (HF) in Serbia

1 Public Financing

A) BUDGETS

- Central budgets
- Regional and local budgets

B) SOCIAL SECURITY

- Public Sickness Funds (mandatory)

2 Private Financing

- Households
- Employers

3 Rest of the world

Public HF in Serbia 1

A) BUDGETS

- C: Ministry of Health (MoH)
- C: Ministry of Social Affairs (MoSA)
- C: Ministry of Defence (MoD)
- C: Ministry of Education (MoE), Justice (MoJ)
- C: Commission of Refugees and Displaced Persons
- R: Autonomous regions
- R: Municipalities

B) SOCIAL SECURITY

- National Health Insurance Fund (NHIF)
- Military Health Insurance Fund (MHIF)

Private HF in Serbia 1

Private Households:

- Direct out-of-pocket (oop) expenditures
- Private co-payments
- Private donations

Corporations:

- Employers (Occupational Health)

Discrepancies in data

- The NHA team compared the data they received
- from sources of funding (as being spent) with
- those they received from the health care providers (as having received).
- There were the following discrepancies:

Discrepancies in data

Source of Funding	Reference Year	Health Expenditures	
		by source of funding	by provider
		in Dinars absolute	
Ministry of Health budget (MoH)	2004	1 862 680 220	2 012 217 000
Ministry of Social Affairs budget (MoSA)	2004	52 946 000	
Ministry of Defense budget (MoD)	2004	4 357 999 000	
Ministry of Education budget (MoE)	2004	0	
Ministry of Justice	2004	125 000 000	
Commission for refugees and displaced persons	2004	0	
Central government	2004	6 398 625 220	2 012 217 000
Autonomous regions (AR)	2004	377 410 922	552 759 000
Municipalities (mun)	2004	277 182 000	659 549 000
General Government excl. Social Security	2004	654 592 922	1 212 308 000
Health Insurance Fund (HIF)	2004	76 495 284 272	61 265 542 000
Military Health Insurance Fund (MHIF)	2004	1 598 001 000	
Social Security	2004	78 093 285 272	61 265 542 000
General Government	2004	85 146 503 414	64 490 067 000

Problems

- More clarification:
 - Who is funding health?
 - Where does the money come from (what do we mean -in health system or to health provider)?
 - Who are the holders of primary income?
 - NHIF as a main financier of health system in all ex Yugoslav countries.
 - The fact is that NHIF act as a financing source and financing agent. – Question is how far backwards we should go if we stick with current classification?

Conclusion and recommendation

- Each country has health financing system consisting of sub-systems set, as its main BUILDING BLOCKS
- For better understanding of money flow in every country SHA should show all the stages of the money flow from the holders of primary income to beneficiaries.

NHIF

- Act as a collecting revenues organization receiving compulsory contributions paid by:
- all employees and employers,
- the self-employed, farmers,
- transfers from social funds and budgets,
- co-payments.

NHIF

- NHIF is pooling resources
- Act as a purchasing organization
- NHIF is planning to serve as a purchasing organization for more than one financing sub-system
- - beside managing social insurance scheme, they are going to offer voluntary insurance

**Financing
sub-system
(scheme)**
National
Health Insurance

PARTICIPATION

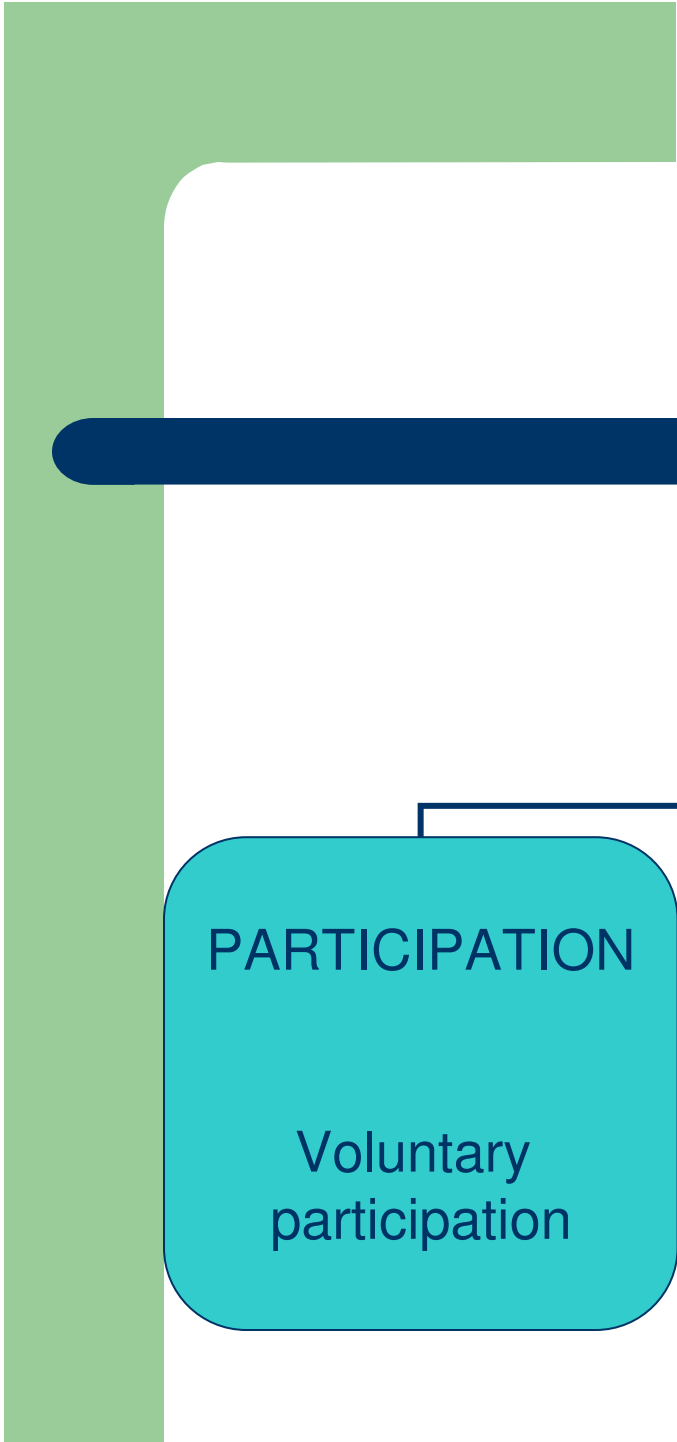
Compulsory
participation

**BASIS FOR
ENTITLEMENT**

Entitlement
based on
citizenship

FUND-RAISING

Compulsory
Insurance
Contribution

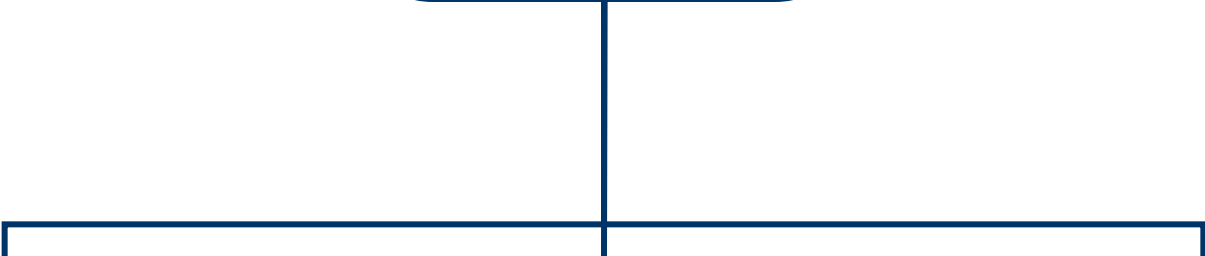
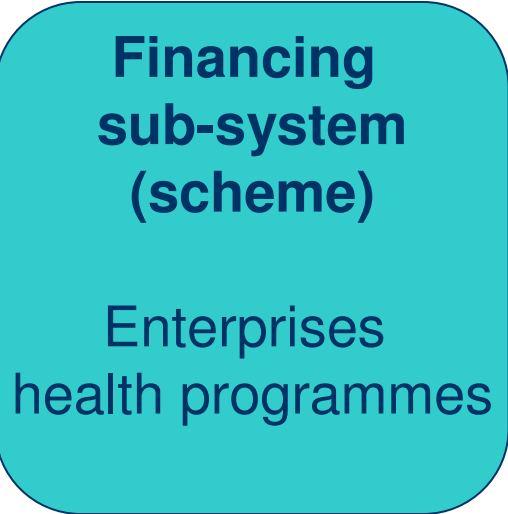


**Financing
sub-system
(scheme)**
Out-of-pocket
payment

PARTICIPATION
Voluntary
participation

**BASIS FOR
ENTITLEMENT**
Individual
willingness to pay

FUND-RAISING
Out-of-pocket
payment



Financing schemes

- Serves better in provision of transparent and comparable building blocks of countries health financing systems
- Financing schemes are expected to provide a system flexible enough to incorporate future changes like our NHIF is planning to offer voluntary insurance

Institutional unit (IU)

- **Financing sub-system (scheme)** is operating by **institutional unit**
- **I.U.** is an economic entity that is capable in owning assets, incurring liabilities and engaging in economic activities and transactions with other entities. (FS,FA)
- At the moment when I.U. execute payment to provider, we are not aware what financing schemes they manage.

Financing schemes, types of revenues and institutional units

- **Compulsory social insurance/ Financing schemes**
- Social insurance contributions/ **Types of revenues**
- National Health Insurance Agency/ **Collecting agencies**
- National Health Insurance Agency/ **Purchasing agents**

ICHA code Sources of funding in SHA manual HF /Financing schemes

- HF.1 General government /Government programs
- HF.1.1 General government excluding social security funds
- HF.1.2 Social security funds /Compulsory social insurance
- HF.2 Private sector /Voluntary private schemes
- HF.2.1 Private social insurance /Voluntary private insurance
- HF.2.2 Private insurance (other than social insurance) / Non-profit institutions Health programs
- HF.2.3 Private households /Enterprises H.p.
- HF.2.4 Non-profit institutions serving households (other than social insurance)
- HF.2.5 Corporations (other than health insurance)
- HF.3 Rest of the world /Households out of pocket payment
- HF.4 Foreign programs



Thank you for your attention!

Questions for discussion

- 1. Are the main purposes of the SHA framework for health financing adequately defined? Paragraph 4-Y
- 2. Is this financing scheme and IU an adequate starting point?-Y
- 3. Are the main proposed categories of ICHA-HF appropriate? table 4 enterprise as a providers of health services or not?
- 4. Which option for grouping HF categories table 5?-option A

Questions for discussion

- 5. Are the main proposed categories of IU appropriate? Table 7-Y 7b
- 6. Are the main categories of revenues appropriate? Table 9-Y9b
- 7. Do the proposed tools provide sufficient information concerning the allocation of the main financing sub-system? Table 1,2

Questions for discussion

- 8. Do the proposed tools provide sufficient information concerning the revenue-raising of the main financing sub-system? Table 10, 11, 12? Stick with similar numbers as previous for FSch. And IS like FS
- 9. Are the tools proposed for accounting adequate and sufficient?

Questions for discussion

- 10. What other tools would be useful to present in this unit?
- 11. What are gains, and what are losses compared with current?
- 12. To what extent these classification is feasible to implement?