

Status of OECD SHA Implementation in

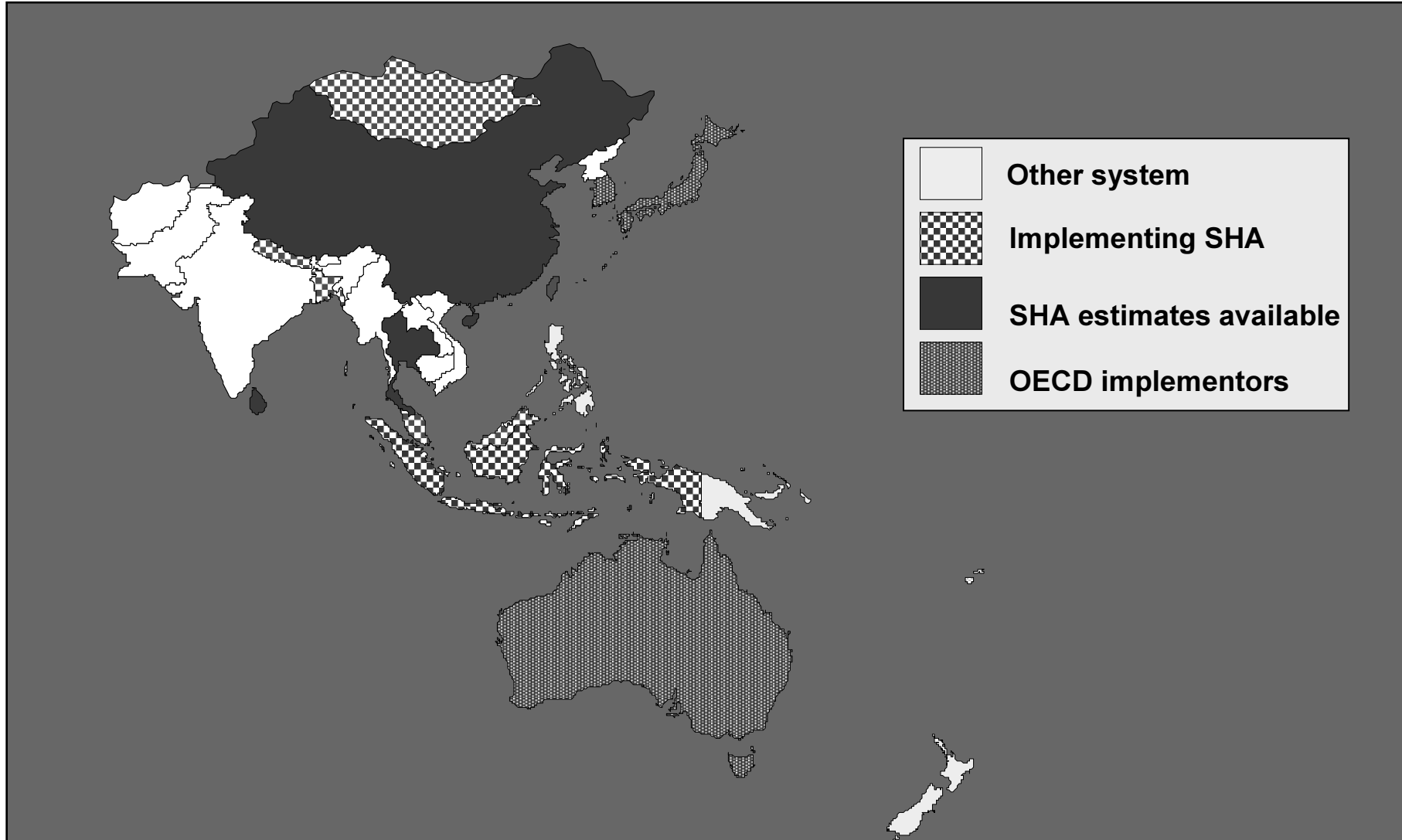
Asia-Pacific

OECD Meeting of Experts in
National Health Accounts

Paris, France

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Adoption of OECD SHA in Asia-Pacific



Status of SHA Implementation

Institutionalised

- China
- Sri Lanka
- Samoa
- Taiwan
- Thailand

- Korea
- Japan
- Australia

SHA tables available in next 12 months

- Bangladesh
- Hong Kong SAR
- Malaysia
- Mongolia
- Nepal

Benefits gained from SHA

- ❑ Increased comparability of expenditure estimates across Asia-Pacific countries and across time
- ❑ Facilitation of design of new health accounts systems
- ❑ Support for national specificity alongside international comparability
- ❑ Encouragement for estimating inpatient/outpatient and other categorisations

Issues to date

- Lack of categories for financing sources
 - Provident funds individual medical expenditures (Malaysia, Singapore, Sri Lanka)
- Lack of sufficient detail in preventive/promotive health category of ICHA-HF
- Confusion over inclusion of expenditures associated with unqualified-unlicensed/traditional providers
- Confusion over status of key Tables 1-5

General assessment

- ❑ OECD SHA feasible and adaptable in wide range of non-OECD settings - requires some minimal revisions
- ❑ Feasible to introduce national modifications whilst retaining international comparability with dual tables
- ❑ Range of problems reported similar to OECD countries
- ❑ Little evidence of any problems/issues specific to developing countries

Linked regional activities

□ Equitap

- Linking SHA estimates to distributional analyses of financing and expenditures
- 14 countries
- Funded by EU and others

□ Asia-Pacific Regional Health Database

- Funded by Rockefeller Foundation
- Minimal progress to date
- Needs linkage with WHO activities