Adopting the System of Health Accounts (SHA) 2011 in the Compilation of the Philippine National Health Accounts (PNHA)

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Outline of Presentation

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- 2. Framework: PNHA and PNHA-SHA
- 3. Adoption of SHA 2011 in the Compilation of the PNHA
- 4. Results of the 2017 PNHA
- 5. Ways Forward



Introduction

 What is the Philippine National Health Accounts (PNHA)?

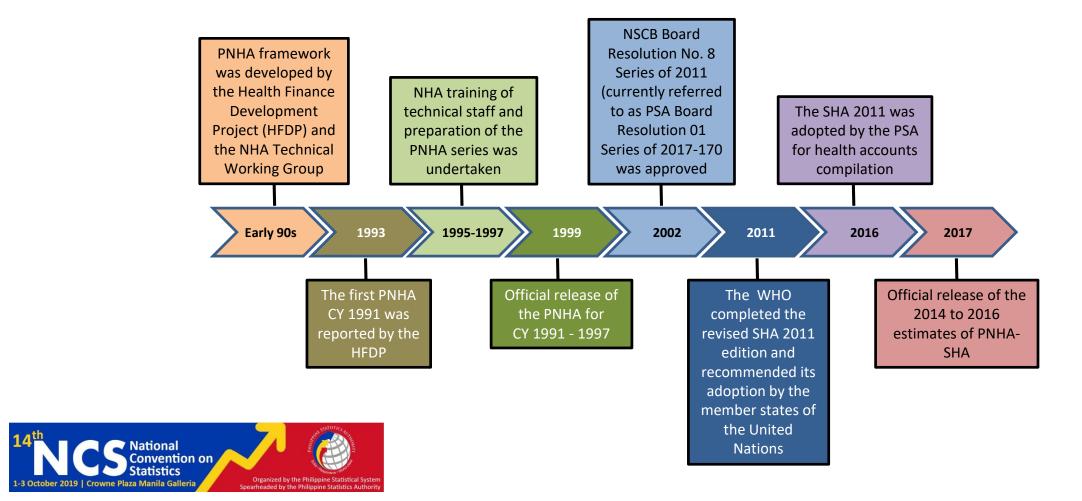
It is one of the satellite accounts being produced by the Philippine Statistics Authority which provides details on the total health expenditures of the country. It presents data on the country's health spending, health financing and health management over a defined period of time.





Introduction

Historical Development of the Philippine National Health Accounts (PNHA)



Framework: PNHA

- Total health care expenditures is the sum of expenditures on goods and services for the preventive, curative, therapeutic and rehabilitative care of residents of the Philippines for the primary purpose of improving health.
- Health care being provided were personal health care, public health care and others which are paid for by the government, social insurance, private sources and the rest of the world.





Framework: PNHA

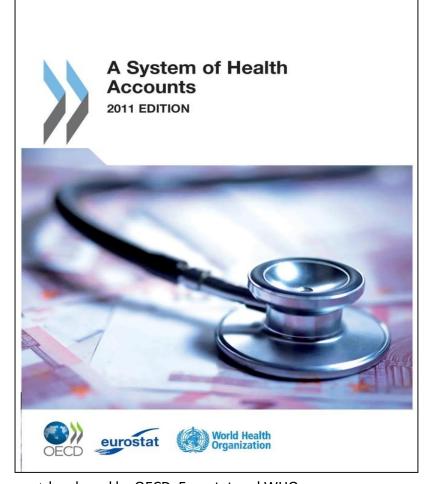
Uses of	Sources of Funds					TOTAL
	Government		Social	Private	Rest of	TOTAL
	National	Local	Insurance	Sector	the World	
Funds						
Personal						
Public						
Others						
Total						



Framework: PNHA Based on the System of Health Accounts (SHA) 2011

• The SHA 2011 defines health care expenditures as:

"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."



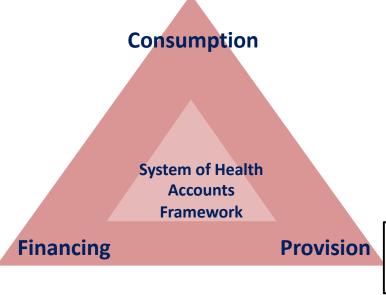


Framework: PNHA Based on the System of Health Accounts (SHA) 2011

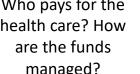
 Health expenditures are classified in 12 ways to describe the financing, provision and consumption aspects of expenditures following the tri-axial framework.

"what is <u>consumed</u> has been <u>provided</u> and <u>financed</u>"

What types of health care goods and services were consumed?



Who pays for the health care? How are the funds managed?



Who provided the health care goods and services?



Adoption of SHA 2011 in the Compilation of PNHA

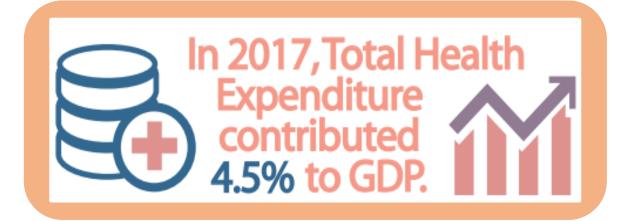
- The PNHA now consists of two (2) major aggregates (CHE and HK) which are categorized in 12 classifications according to the three (3) axes of consumption, provision and financing.
- Measurement of CHE is now based on four criteria as stipulated by SHA 2011.
- With the adoption of SHA 2011, the health financing dimension is now mainly defined by the health financing schemes (i.e., government schemes, insurance schemes, household out-of-pocket, etc.).

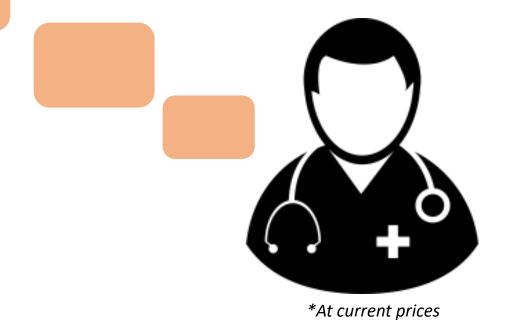


Adoption of SHA 2011 in the Compilation of PNHA

- Actual estimation is performed for each financing agent referred to as components. Supplemental data called distribution keys were also utilized in the generation of breakdowns for basic health expenditure data which have no details.
- The PNHA-SHA also produces aggregates on health capital formation.







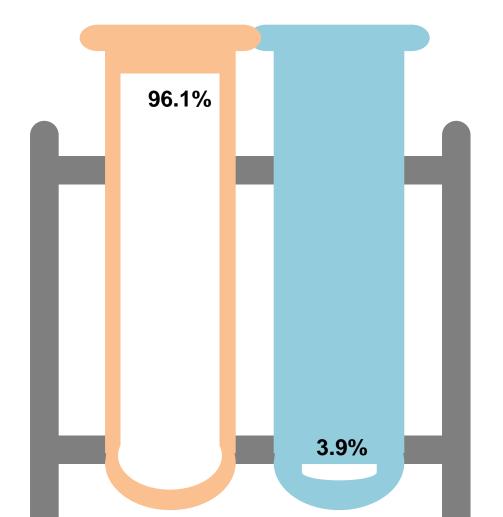


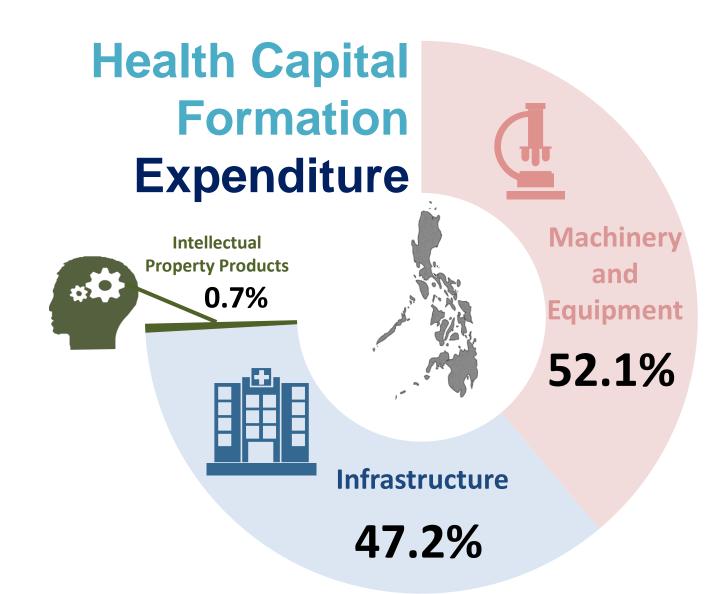
Total Health Expenditure by Type

96.1% Php 684.4b
Current Health Expenditure

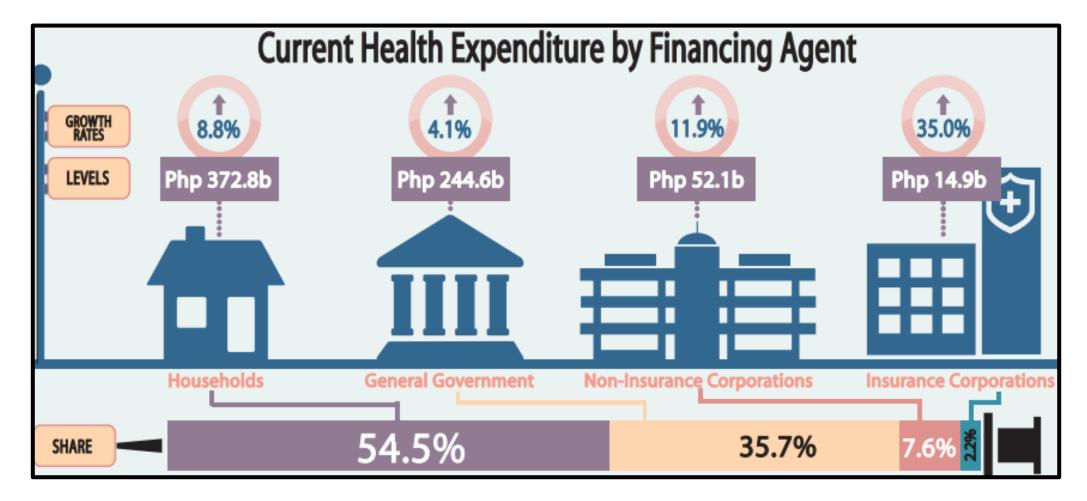
3.9% Php 27.9b
Health Capital Formation
Expenditure















Pharmacies
Php 186.6b
Or 50.1%



Private General Hospitals

Php 97.5b Or 26.1%

Providers of Ambulatory Health Care

Php 50.3b Or 13.5%





Ways Forward

- PSA intends to publish the SHA 2011 recommended cross-tabulations of estimates, which can provide better indicators for health policy and decision making.
- Better research/studies on the distribution keys employed in the PNHA-SHA may be carried out to improve the statistics on the beneficiary characteristics of health consumers.
- Methodologies of the estimation of some of the components may also be enhanced further and data sources with more detailed information may be sought for more accurate estimates.

