

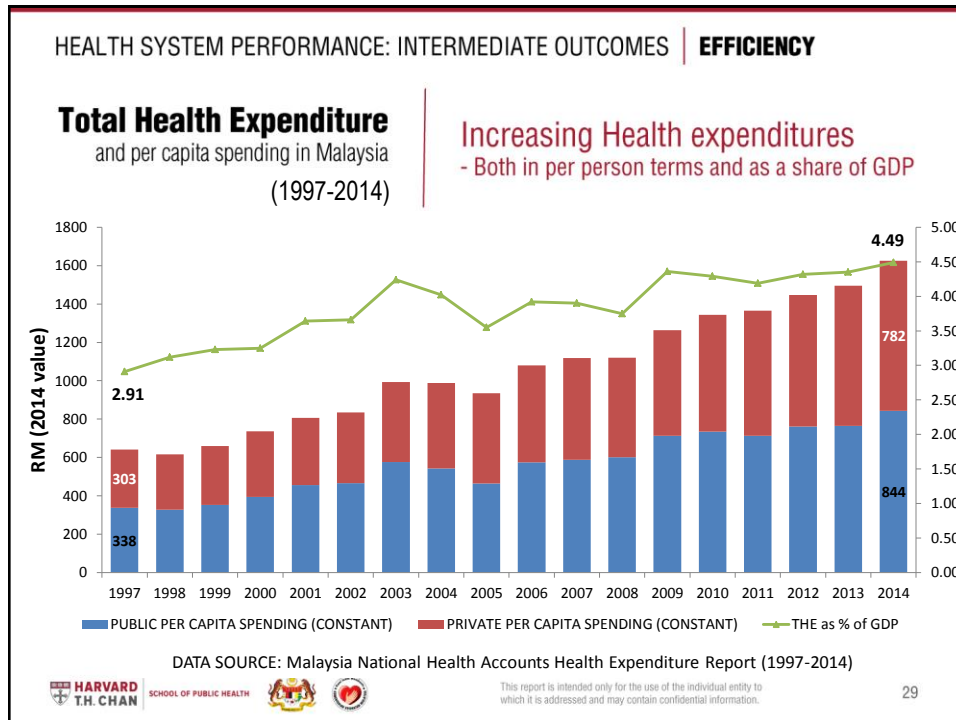
# Use of National Health Accounts (NHA)

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## Use of NHA – 1++++

- Provide information on aggregate health expenditure - at national level and also broken down as public and private sector spending
- Total actual ringgit value
- As a percentage of GDP
- Per capita ringgit values
- Trend analysis over time – using a constant year value

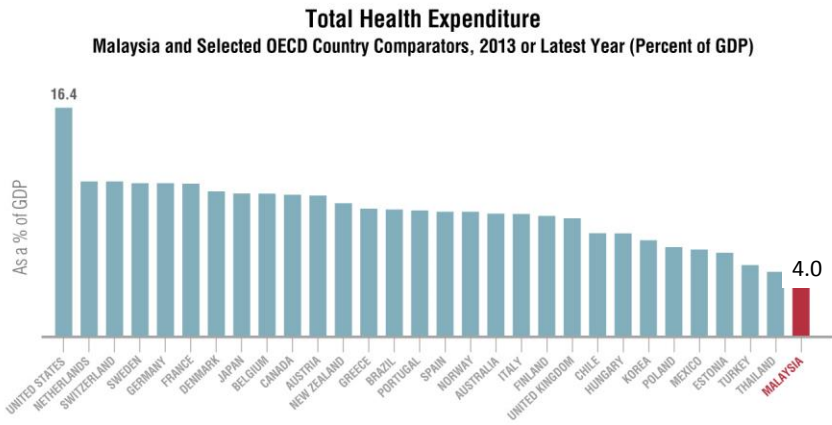


## Use of NHA – 2,3,4

- Standardization enables comparison with other countries
- Different measures or units used for comparing
- Consideration of financing policies – how are financial resources raised and used to influence the health system
- Specific focus on areas of concern e.g. government spending, OOP

## HEALTH SYSTEM FUNCTIONS | FINANCING

## Malaysia spends a lower share of GDP on health than any OECD country, and Thailand



DATA SOURCE: OECD, World Bank World Development Indicators (Thailand) and Malaysian National Health Accounts (SHA 2013)



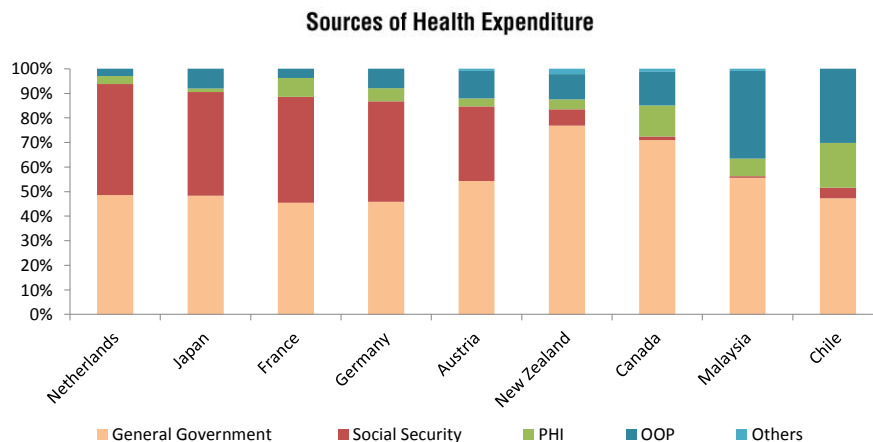
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## HEALTH SYSTEM FUNCTIONS | FINANCING

## Sources of Financing

Health system is financed in nearly equal part through public and private spending



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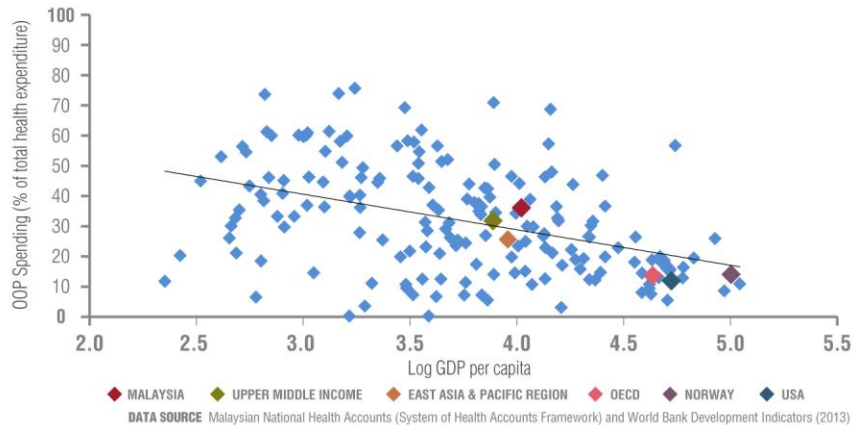
## HEALTH SYSTEM PERFORMANCE: FINAL OUTCOMES

## FINANCIAL RISK PROTECTION

### Out-of-Pocket Expenditures on Health

Relative to per capita income (2013)

As a share of total health expenditure,  
OOP spending is high  
relative to income level



HARVARD  
TH. CHAN

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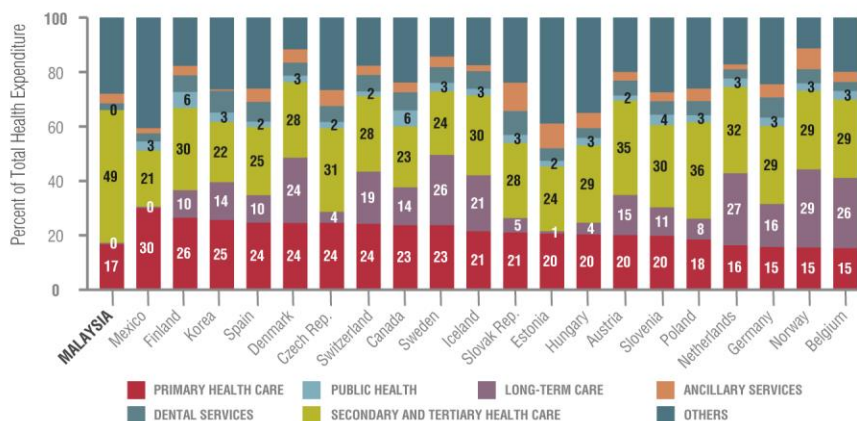
## Use of NHA – 5++

- Provide information on what areas of health care is being funded
- Efficiency analysis - particularly allocative efficiency.

HEALTH SYSTEM PERFORMANCE: INTERMEDIATE OUTCOMES | **EFFICIENCY****Total Health Expenditure by Function**

Malaysia and Selected OECD Countries (2013)

Malaysia spends a lower proportion of health resources on primary and long-term care compared to OECD



DATA SOURCE: Malaysian National Health Accounts Systems of Health Accounts Framework (2013), OECD (2013)



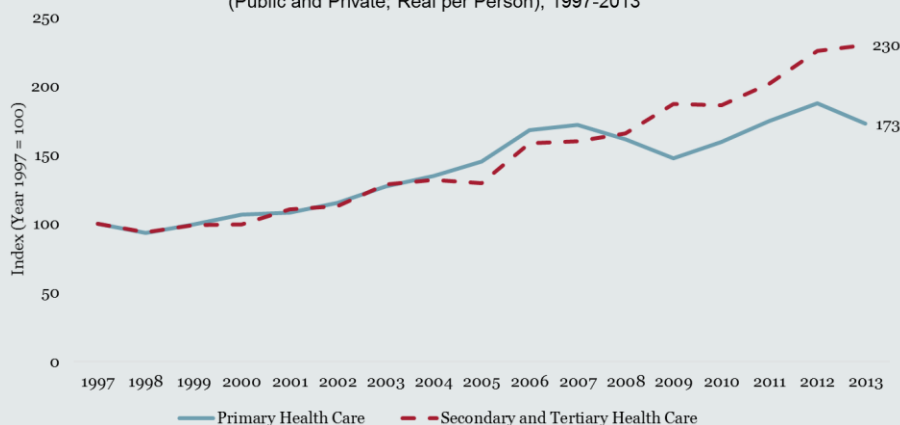
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## Over time, resources have shifted toward secondary and tertiary health care

Indexed Expenditure on Primary Health Care and Secondary and Tertiary Health Care (Public and Private; Real per Person), 1997-2013



Data Source: Malaysian National Health Accounts; International Monetary Fund World Economic Outlook



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## Use of NHA – 6+++

- Provides information on health expenditure from 3 aspects
  - From where
  - To whom
  - What for

## Health Account Dimensions

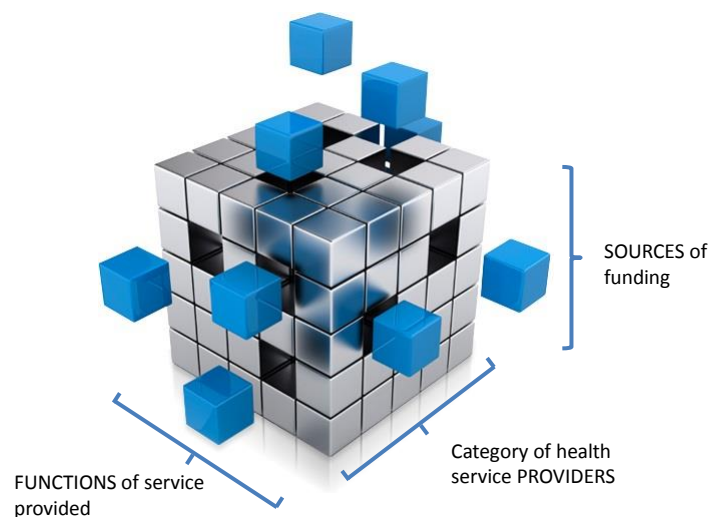
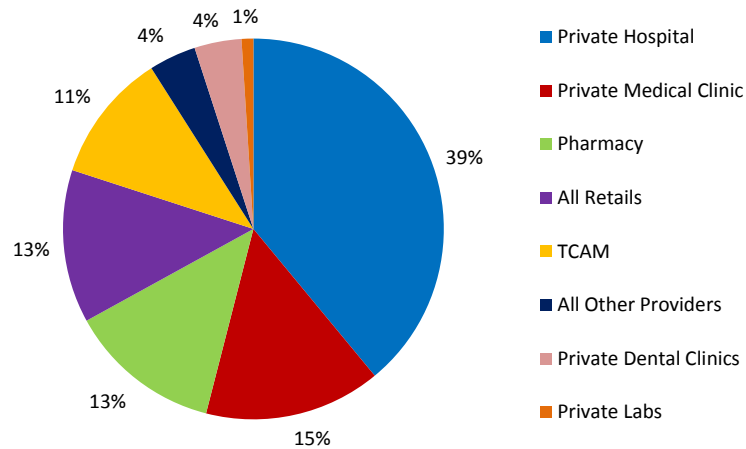


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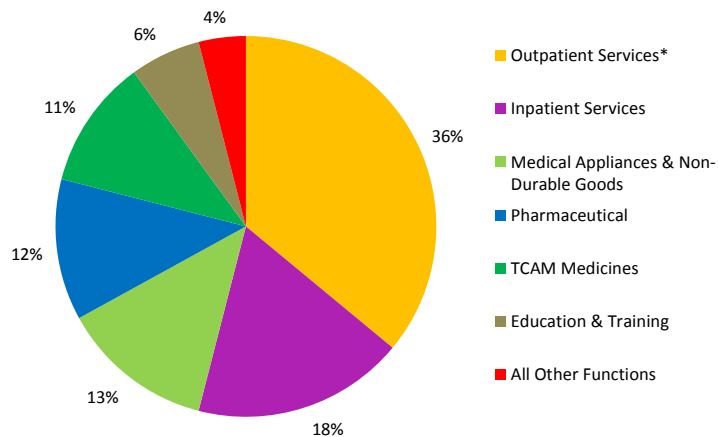
## OOP to whom?



**OOP Health Expenditure TO Private Providers of Health Services, 2014**

DATA SOURCE: Malaysia National Health Accounts, Health Expenditure Report 1997-2014 Pgs 76 & 77

## OOP for what?



**OOP Expenditure by Functions of Health Services, 2014**

Note: \*Data includes home care

DATA SOURCE: Malaysia National Health Accounts, Health Expenditure Report 1997-2014 Pgs 79 & 80

## Use of NHA – 7+++

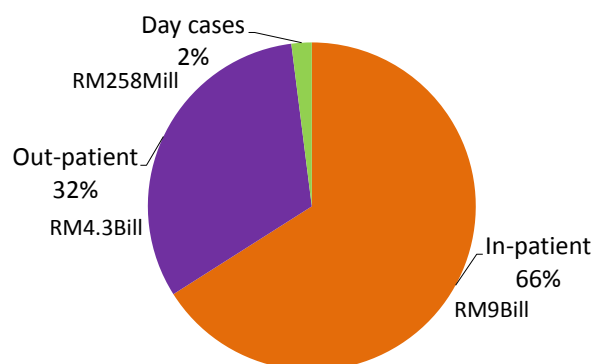
- Costing is integral to the NHA work and output – very policy and research relevant in many aspects
- The System of Health Accounts (SHA) framework requires NHA team to estimate unit cost for inpatient episode and bed-day, day care and outpatient for **hospitals**
- Top down costing methodology
- ? For disease specific NHA estimates and SHA 2011 framework – modification based on patient records

## Hospital Expenditures for what?

**Total MOH Hospital Expenditures RM13.6Bill**

Apply proportion of 2002 MNHA costing study  
Inpatient - 66%  
Daycare - 2%  
Outpatient - 32%

? More refined going by different hospital categories



**MOH Hospital Expenditure by Curative Care Functions of Health Services, 2014 – Pgs 54 & 55**

Note: \*\* Excludes MOH development expenditure of hospitals

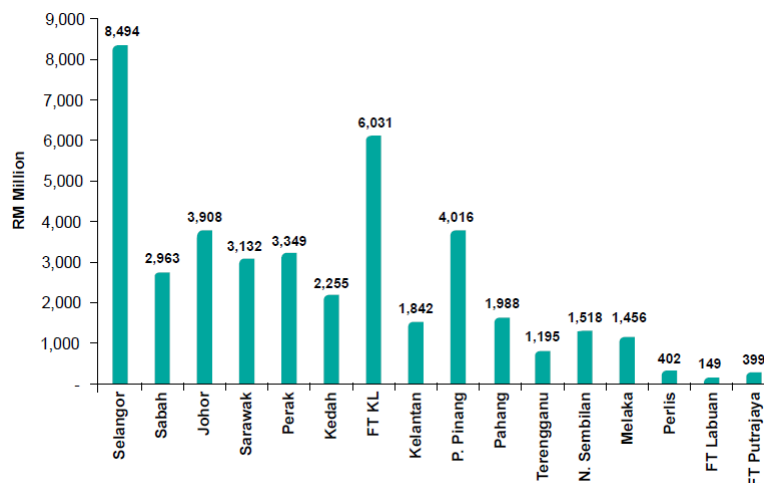
DATA SOURCE: Malaysia National Health Accounts, Health Expenditure Report 1997-2014



## Use of NHA – 8

- Provide information on disaggregated health expenditure
- National level
- Subnational levels e.g. state, district
- Disease specific e.g. HIV/AIDs, Breast Cancer, End Stage Renal Failure (ESRF)

## State Health Accounts



Total Health Expenditure by State, 2014

DATA SOURCE: Malaysia National Health Accounts, Health Expenditure Report 1997-2014 Pgs 70 & 71

## **Use of NHA - 9**

- NHA is actually a data repository of multiple data sets
- Each in itself is a rich source of information – much more policy relevant information can be provided if analysis is done
- E.g. Accountant general's data set on MOH spending

## **Use of NHA - 10**


- Using information on who is funding what areas of health care
- Becomes an important source of data for wider areas of analysis
- Together with other sources of information
- Equity analysis

## Use of NHA - 11

- Using information on national health expenditures
- Becomes an important source of data for wider areas of analysis
- Together with other sources of information
- Health Care Demand Analysis – to understand the relationship between various factors and its impact on health expenditures
- Projecting health expenditures under various conditions

## Baseline Expenditures and With Different Scenarios

- **Data source**
  - MNHA Estimates of spending
  - SHA version classified by ICHA HC functions
- **Components**
  - Inpatient spending
  - Outpatient spending
  - Preventive
  - Administration


  - Public
  - Private
- **Possible scenarios**
  - Status quo with just population demographic changes
  - Public sector strengthening
  - Private sector growth

## Use of NHA - 12

- Using information on national health expenditures
- Becomes an important source of data for wider areas of analysis
- Together with other sources of information
- Health Care Demand Analysis – to understand the relationship between various factors and its impact on health expenditures
- Estimating any country level health budgeting per capita

## NHA Data used in calculating country level health budgeting per capita

