Global Health Expenditure Tracking

Pre-conference during iHEA (Saturday, 13th July)

The System of Health Accounts 2011 (SHA 2011) is an updated version of the international framework tracking financial resources in the health sector from sources through to uses. In 2017, WHO began publishing global health expenditure data (GHED) using the SHA 2011 framework. GHED presents detailed information on the role of governments, households and donors in funding health services—and the financing arrangements through which these funds are channeled and spent.

High quality health expenditure data can enhance decision-making and accountability, both directly through use at country level, and indirectly through the availability of internationally comparable information as a global public good. The preconference will cover the data sources, the estimation methods and the policy use of health expenditure data with specific focuses on three technical areas: domestic government spending on health and external aid, disease and program specific expenditure, and health expenditure by functions and primary health care.

Session 1. Disease and program specific expenditure deep-dive.

The 2011 released System of Health Accounts (SHA 2011) framework is used to produce expenditures by disease and program intervention areas using five mutually exclusive main categories – namely, infectious and parasitic diseases, reproductive health, nutritional deficiencies, noncommunicable diseases, and injuries. Vertical program approaches to tracking these expenditures (e.g. National AIDS Spending Assessment for HIV/AIDs and Joint Reporting Framework for immunization) serve a different objective than the SHA 2011 framework, and utilize different scopes, boundaries and data sources. As a result, the expenditure amounts generated from these various disease-specific methodologies and those from SHA 2011 can significantly deviate from each other. Even within the same scope and boundary, results can fluctuate wherever a different method is used for allocating shared expenditures – e.g. health workforce salaries – or when data come from different primary sources.

Structure of the session:

In this session we will discuss the following topics:

1. Who are the potential users of the disease/program specific expenditure data? What variables and indicators are useful for different users: donors, global health initiatives and national policy makers?

2. What are the methods and data sources used to produce the disease expenditures? And how frequently are countries able to produce their health accounts disease estimates?

3. Presentation of country case studies

Coffee break

Session 2. Measuring Primary Health Care expenditure without knowing what it is?

The functional classification of the System of Health Accounts 2011 delineates health care activities by type: individual or collective services; basic purpose (curative, rehabilitative, long-term care, preventive); and mode of provision (inpatient, day-care, outpatient and home-based). The functional classification provides important information on service delivery and support policy makers in tracking the implementation of health system strategies, including strategies promoting primary health care.

Structure of the session:

The session starts with a survey poll and a short presentation by the chair. It is followed by panel discussion. Panel members are from countries and global partners

Lunch break

Session 3: Domestic government spending and external aid on health: policy implications

Domestic government spending on health is critical for achieving UHC and SDG 3. It is one of the key indicators for monitoring government commitment to health. However, external funding is still essential in most low income countries to meet the funding gaps for basic services. The focuses of this session are:

1. Understanding the drivers of public spending on health form domestic sources from macro-fiscal perspectives: economic growth, fiscal capacity and prioritization of health

2. Understanding the dynamic between external aid and domestic public spending on health: when fungibility occurs and what is the potential role of health aid beyond filling the funding gap?

Structure of the session:

Panel discussion

Coffee break

Session 4: Domestic government spending on health and health aid: which number to use?

Health expenditures from both domestic public sources and external are of great interest for national health financing policy and global health policy. Globally there are many efforts on data collection and data estimation of external aid on health. With the increasing interest in external aid, it is often confusing to see different sets of numbers. The session will bring

together major players in this area to talk about the sources and estimation methods of external aid on health.

Structure of the session

The session includes presentations and panel discussion