
**A Report for the Survey on Measuring Expenditure
by Disease in the Asia-Pacific Region**

20

**A Report for the Survey on Measuring Expenditure
by Disease in the Asia-Pacific Region**

20

OECD KOREA Policy Centre

Health and Social Policy Programme: TECHNICAL PAPERS NO. 20

A REPORT FOR THE SURVEY ON MEASURING EXPENDITURE BY DISEASE IN THE ASIA-PACIFIC REGION

JEL Classification : I10, H51

OECD KOREA Policy Centre – Health and Social Policy Programme
SHA Technical Papers

This report is designed to make available to a wider readership health policy studies with a focus on the Asia-Pacific region.

The views and opinions expressed in this paper do not necessarily reflect the official policy or position of the OECD and the World Health Organization or of their member countries.

**Applications for permission to reproduce or translate
all or part of this material should be made to:**

OECD KOREA Policy Centre – Health and Social Policy Programme

**5F Anguk Bldg, 33 Yulgok-ro Jongno-gu,
Seoul, 03061, Republic of Korea**

Copyright OECD KOREA Policy Centre 2016

PUBLISHER'S FOREWORD

The OECD KOREA Policy Centre (“the Centre”) was established with a Memorandum of Understanding between the Korean government and the OECD to disseminate various advanced policy systems and experiences to government officials and experts in the Asia-Pacific region. The Health and Social Policy Programme, which is one of the four Programmes at the Centre, has been conducting activities including the publication of SHA technical paper (Green Paper), Korean translation of the OECD publication and in-depth study report as well as organization of various expert meetings related to health, social and pension issues.

A Report for the Survey on Measuring Expenditure by Disease in the Asia-Pacific Region is an overview of participating countries’ practices and availability of data on expenditure by disease, age and gender collected by a questionnaire, which is included in this report.

On behalf of the Centre, I would like to thank all the experts from the nineteen participating countries, WHO, the WHO Regional Office for the Western Pacific, the WHO South-East Asia Regional Office and the OECD for their contributions and efforts for this important, meaningful publication, and I hope that like the previous one, this report would also be useful for health accounts experts in the Asia-Pacific region, and beyond.

August 2016



Ra, Sung-woong, Director General of the Health and Social Policy Programme

ACKNOWLEDGEMENTS

Shuhrat Munir (Afghanistan), Ahmed Mustafa (Bangladesh), Fandy Osman (Brunei Darussalam), ChhunEang Ros (Cambodia), Yuhui Zhang (China), Yih-Shin Hwang (Chinese Taipei), Idrish Khan and Wayne Irava (Fiji), Gloria Ma (Hong Kong, China), Charu C. Garg and Indranil Mukhopadhyay (India), Mohammadreza Zakeri (Iran), Suphab Panyakeo (Lao PDR), Jameela Zainuddin (Malaysia), Moomina Abdullah (Maldives), Unurtsetseg Takhad (Mongolia), Satya Acharya (Nepal), Muhammad Ashar Malik (Pakistan), Hyoung Sun Jeong (Republic of Korea), Dileep De Silva and Neil Thalgala (Sri Lanka) and Kanjana Tisayaticom (Thailand) prepared the country reports.

Yuki Murakami (OECD) prepared the questionnaire. Luca Lorenzoni (OECD) drafted the overview of country practices, with support from Annie Chu and Maria Teresa Pena (WHO Regional Office for the Western Pacific), Lluís Vinals Torres (WHO South-East Asia Regional Office) and Chandika Indikadahena (WHO Headquarters).

TABLE OF CONTENTS

PUBLISHER’S FOREWORD	i
AKNOWLEDGEMENTS	ii
SUMMARY REPORT	1
1. A snapshot of expenditure by disease, age and gender in the Asia-Pacific region.....	1
2. Results	2
2-1. Countries and economies that reported to have produced estimates	2
2-2. Countries and economies that reported to have not produce estimates	3
3. Discussion	4
References	6
ANNEX 1. QUESTIONNAIRE	7
1. OECD Questionnaire on Expenditure Data by Disease, Age and Gender	9
ANNEX 2. COUNTRY RESPONSES	17
1. Afghanistan	19
2. Bangladesh	26
3. Brunei Darussalam	33
4. Cambodia	40
5. China	47
6. Chinese Taipei	54
7. Fiji	61
8. Hong Kong, China	68
9. India	75
10. Iran	89
11. Lao PDR	96

12. Malaysia	103
13. Maldives	110
14. Mongolia	117
15. Nepal	124
16. Pakistan	131
17. Republic of Korea	138
18. Sri Lanka	145
19. Thailand	159

A REPORT FOR THE SURVEY ON MEASURING EXPENDITURE BY DISEASE IN THE ASIA-PACIFIC REGION

1. A snapshot of expenditure by disease, age and gender in the Asia-Pacific region

1. Breakdowns of health care expenditure by different categories of disease and age groups are intended to provide policy-related information on variations in spending between population groups that are differentiated by their characteristics. Information on expenditure by disease can serve a number of purposes, such as better understand drivers of health spending, and assess the impact of reforms and ageing population.
2. In the Asia-Pacific region, many countries are undergoing rapid economic development, changes in demographic and epidemiological profiles, and increasing demand for more and better quality services. Some of the challenges include reduced donor funding for priority public health programmes, such as HIV/AIDS, tuberculosis, and immunizations. Countries and donors are keen to have more information on how health expenditures are spent. Analyses of health expenditure by disease and age groups can help serve as inputs to policy development on improving domestic financing for health and efficiency of the health system, which are important to sustaining quality health services.
3. The System of Health Accounts 2011 – SHA2011 (OECD, Eurostat and WHO 2011) comprises a chapter on “*Health spending by beneficiary characteristics*” that – among other things – states that “the estimation of expenditure by beneficiaries’ characteristics requires additional data sources, beyond those used to construct health accounts”. Thus comparability of results between different studies and countries would require consistency in the scope and types of health expenditures that are included in the comparisons, the schemes for classifying recipients or beneficiaries groups and the rules or basis by which expenditures are apportioned to individuals of different characteristics.
4. Analyses of expenditure by disease or condition are highly resource-intensive and should if at all possible be more than ad-hoc studies or research initiatives so that they can serve as a regular monitoring tool for policy makers to assess expenditure levels and trends by disease/priority area.
5. The Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO) conducted a stocktaking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. This area was identified as challenging for informing policy by country experts that attended the 2015 Asia-Pacific health accounts expert meeting in Seoul (Republic of Korea).

6. To gather information, countries and economies in the Asia-Pacific region were asked to fill in a short qualitative questionnaire to report on their practices and on the availability of data on expenditure by disease, age and gender. The questionnaire used to collect information from countries and economies is showed in Annex 1.
7. Nineteen countries and economies duly filled in the questionnaire between March-May 2016: Afghanistan; Bangladesh; Brunei Darussalam; Cambodia; China; Chinese Taipei; Fiji; Hong Kong, China; India; Iran; Lao PDR; Malaysia; Maldives; Mongolia; Nepal; Pakistan; Republic of Korea; Sri Lanka; and Thailand. This summary report provides an overview of country practices.

2. Results

8. More than two thirds of countries and economies reported that they have produced estimates of expenditure by disease, and/or age and/or gender (Table 1). The majority of those countries (11 out of 13) said that estimates are linked to an overall health accounts framework¹.

Table 1. Production of estimates of expenditure by disease by reporting country and economy

<i>Situation</i>	<i>Number of countries</i>	<i>%</i>
My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	11	55
My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	3	15
My country has not yet produced estimates of expenditure by disease (age or gender)	6	30
<i>Total</i>	<i>20</i>	<i>100</i>

9. In comparison, only almost half of OECD countries have produced or are in a position to produce some health expenditure data according to disease groups (OECD 2016). Currently, expenditure by disease data for twelve of these countries – Canada, Czech Republic, Finland, Germany, Hungary, Israel, Japan, Republic of Korea, the Netherlands, Slovenia, Sweden and Switzerland - are incorporated in the OECD.stat database.

2.1 Countries and economies that reported to have produced estimates

10. More than half of the countries and economies that produced estimates within the health accounts framework said that their estimates cover the disease, age and gender dimensions. If the age dimension is used, then five out of six countries reported to have spending broken down by 5 year groups, while one economy used 10 year groups.

¹ Thailand reported the production of estimates both linked and independent of the health accounts framework. Thus the total number of countries in Table 1 is 20.

11. The production of those estimates is an annual exercise in six countries and economies: Cambodia (results available from 2011-2014); Chinese Taipei (2005-2011); Fiji (2011-2014); Hong Kong, China (2008-2011); Lao PDR (2011-2012) and the Republic of Korea (2006-2010). China reports that the work is undertaken every second year (2012 and 2014), while estimates are available for only one year in Afghanistan (2014), India (2013), Sri Lanka (2013) and Thailand (2007).
12. Countries and economies mainly use the Global Burden of Disease as the standard classification to allocate expenditure² (Table 2). By contrast, the group of OECD reporting countries uses the International Classification of Disease as a disease classification tool (OECD 2016).

Table 2. Classification used to allocate expenditure by reporting country and economy

<i>Classification used</i>	<i>Number of countries</i>	<i>%</i>
ICD 9 or 10 Chapter level	4	33.3
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	-	-
Global Burden of Diseases groups or subgroups	7	58.3
Other (most common disease in the country)	1	8.3
<i>Total</i>	<i>12</i>	<i>100</i>

13. Five countries and economies reported that the estimates are consistent with the overall estimates from the health accounts, while six said that they are partially consistent with health spending estimates.
14. The functional classification is the dimensions of the health accounts most used to break down disease expenditure data (eight countries), while the provider classification is used in six countries and the financing classification in only three countries.
15. Three countries and economies reported that more than 50% of current health spending is ‘not allocated’ to any disease category in their latest estimates, while three countries and economies reported that between 25-50% of this spending is not allocated. Administrative spending (five countries and economies) and outpatient spending (four countries and economies) are the items that are not allocated or mainly not allocated by disease.
16. The share of inpatient days and outpatient visits, weighted with some indication of resource use is the main method used or splitting joint expenditures (four countries and economies).

² China reported the use of both ICD and GBD. Thus the total number of countries in Table 2 is 12.

17. The three countries that reported the production of some disease-specific accounts independent of the health accounts framework said that this exercise was conducted for HIV/AIDS.

2.2 Countries and economies that reported to have not produced estimates

18. Six countries reported that “My country has not yet produced data on disease accounts”. The main reasons given for that are the “Lack of the necessary in-house knowledge and expertise” (four countries, 66% of the total), “Lack of human and physical resources to undertake the work” (three countries, 50% of the total) and “Problems of data availability” (three countries, 50% of the total). Only one country said that the main reason was the “Lack of political commitment”.
19. All the six countries reported that they would hope producing estimates of expenditure by disease, five said in the coming 1-2 years (Bangladesh, Brunei Darussalam, Maldives, Nepal, Pakistan), while one said that there are plans to produce estimates but not in the next 1-2 years (Malaysia). Those six countries said that the main objective will be to better inform the national planning and budgeting process.

3. Discussion

20. This stocktaking exercise shed some light on Asia-Pacific country practices on the measurement of expenditure by disease, age and gender, and their link to SHA and national health accounts statistics.
21. Two thirds of reporting countries and economies said that they produced expenditure by disease estimates. The remaining ones – countries that did not produce expenditure by disease estimates - said that they will do so – most likely – in the coming 1-2 years. One third of countries reported to break down health care expenditure by disease, age and gender on an annual basis.
22. If the exercise was not carried out, survey results confirmed that the lack of expertise and resources (in-house capacity) were the main constraints to undertake this exercise.
23. If compared to the OECD, a higher number of Asia-Pacific countries and economies have produced some health care expenditure data according to disease and age groups. This may be due to the availability of funds from International organisations to carry out these studies and to the need of countries to strengthen domestic financing for health in light of reduced donor funding for priority public health programmes (e.g. HIV/AIDS, TB, immunisations).
24. The Global Burden of Diseases is the disease classification tool used in most Asia-Pacific countries and economies to breakdown expenditure, while the International Classification of Disease is the tool used across OECD countries.

25. Half of the Asia-Pacific countries and economies for which data are available reported that more than 25% of the total health care expenditure is not allocated to disease categories. The coverage has been more difficult in areas such as administrative spending and outpatient spending. The issues around linking specific expenditure items to disease groups continue to hamper the development of fully comparable international results.
26. The timeliness of data availability in the Asia-Pacific region may hamper the use of data for policy analysis as the production of disease accounts data tends to be not regular. This represents a challenge given that carrying out expenditure by disease or condition is a highly resource-intensive exercise which tends to be “additional” to regular work.

References

OECD (2016). Focus on health spending: Expenditure by disease, age and gender. OECD Publishing, Paris.

OECD, Eurostat and WHO (2011). A System of Health Accounts. OECD Publishing, Paris.

Questionnaire

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	
Position	
Affiliation	
Phone	
Email	

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Country Responses

AFGHANISTAN

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Shuhrat Munir
Position	National Health Accounts (NHA) Team Leader
Affiliation	Ministry of Public Health
Phone	+93 78692727
Email	Hefd.munir@gmail.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input checked="" type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input checked="" type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (the disease accounts is broken down from Function HC _____)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input checked="" type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input checked="" type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input checked="" type="checkbox"/>
.... Government salaries of health workers	<input checked="" type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input checked="" type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

As this is the first time that we will have a disease accounts, therefore, it will be a baseline for the future disease accounts, and will provide valuable information for policy makers to take in to considering while planning and deciding and developing strategies and planning for the health as well it will help in fund allocation and fund raising. Also it will provide information to the government to allocated more government fund on some of diseases for instance TB, Reproductive health disease, HIV, Child Health...) at the same time it will be a good indicators for the disease which its prevalence is too high to be focused and more fund should be allocate for it.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Allocation factors for the disease accounts, unavailability of disease specific data in the country
Finding of the most common disease as of CH and RH and for sure TB, Malaria are most common disease

BANGLADESH

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Dr. Ahmed Mustafa
Position	Deputy Director
Affiliation	Health Economics Unit
Phone	+88 02 9586821
Email	dr.amheu@yahoo.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input checked="" type="checkbox"/>
... HIV/AIDs	<input checked="" type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input checked="" type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input checked="" type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input checked="" type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input checked="" type="checkbox"/>
.... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

In addition to Financial and Physical resource constraints there are Data Gaps in hospital costing and collection of patient records from various tier of hospitals and more specifically from the private providers is a big challenge.

BRUNEI DARUSSALAM

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Dr Fandy Osman
Position	Health Facilities Officer
Affiliation	Ministry of Health, Brunei Darussalam
Phone	+6732381640
Email	fandy.osman@moh.gov.bn

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input checked="" type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input checked="" type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input checked="" type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input checked="" type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input checked="" type="checkbox"/>
... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Brunei Darussalam has not introduced National Health Accounts (NHA) / Systems of Health Accounts (SHA). Let alone producing disease accounts. This is mainly due to lack of in-house capacity and issues with breakdown in health expenditures within the Ministry of Health. Another major challenge is having a mechanism that will include all the relevant stakeholders such as the private sector and other Ministries to ensure the financing data are indicative of the actual national expenditures on health. However, through the Ministry of Health, Brunei Darussalam is now seriously looking into this matter and building the necessary capacities towards the introduction of the above. It is hoped that this important Workshop and Meeting will act as a platform for Brunei to adopt and adapt best practices from other nations and will have a way forward to introducing the said accounts.

CAMBODIA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	ROS ChhunEang
Position	Chief Bureau of Health Economics and Financing
Affiliation	
Phone	(855) 12 855 735
Email	chhuneangmoh@gmail.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (<5 year old _____)	<input checked="" type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input checked="" type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (<u>Public health facility and private</u> _____)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (<u>No institutional home and capacity, limited resources</u>)	<input checked="" type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input checked="" type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input checked="" type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input checked="" type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (<u>Planning to develop NHA report for 2015 and 2016</u> _____)	<input checked="" type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input checked="" type="checkbox"/>
.... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Spent more for CD, less for NCD, which is a challenged diseases in Cambodia. Inform for priority and budget allocation consideration.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts. Institutional capacity, availability of information, too much assumption lead to unreliable data, resources.

CHINA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Yuhui Zhang
Position	Director of China NHAs and Policy Studies, China National Health Development Research Centre
Affiliation	China National Health and Family Planning Commission
Phone	+86-13811504347
Email	zyh@nhei.cn

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input checked="" type="checkbox"/>
... By gender	<input checked="" type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input checked="" type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input checked="" type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input checked="" type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (<u>HC.1</u> (includes HC.2 and HC.3),HC.4,HC.5,HC.6,HC.7 _____)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (<u>HP.1-HP.7</u> _____)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (<u>HF.1-HF.3</u> _____)	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input checked="" type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (all expenditure was allocated _____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input checked="" type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Yes.

1. A policy brief was submitted to National Health and Family Planning Commission.
2. A paper about health expenditure by disease was published in Chinese articles.
3. Policy makers understood that main diseases, such as circulatory disease and neoplasms consumed a large portion of health expenditure, interventions focus on those diseases are prior.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

The main challenge we have is that the unavailability of data from health insurance sector and the fragmentation of health information system. As top down method was used in disease expenditure accounting, allocation keys are important for disaggregating the current health expenditure. Specific health utilization data from health insurance is not available. Therefore, ad hoc field survey was conducted to collect the data from health provider side in representative provinces.

CHINESE TAIPEI

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Yih-Shin Hwang
Position	Executive Officer
Affiliation	
Phone	+886-2-8590-6813
Email	stshin@mohw.gov.tw

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input checked="" type="checkbox"/>
... By gender	<input checked="" type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input checked="" type="checkbox"/>	<input type="checkbox"/>									

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input checked="" type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input checked="" type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input checked="" type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (<u>by age group and gender</u> _____)	<input checked="" type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input checked="" type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input checked="" type="checkbox"/>
.... Government salaries of health workers	<input checked="" type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

Note: Medical care expenditure in hospital and clinics are allocated by disease in Taiwan.

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output)	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (<u>The structure of medical care expenditure in hospital and clinics by diseases stratified by National Health Insurance enrollee status.</u>)	<input checked="" type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Based on empirical data and variation by year of medical care expenditure by gender, age and diseases to analyze the difference in expenditure on diseases by gender and the variation of the structure of expenditure by age, and provide policy suggestions for resource allocation. For example, setting of the annual global budget for Western medicine, Chinese medicine, and dentistry.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

1. The expenditure on health by diseases only includes medical care expenditure in hospital and clinics.
2. We are in an urgent need to identify the estimation of out-of-pocket expenditure on health categorized by diseases.

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Idrish Khan and Wayne Irava
Position	NHA Coordinator and NHA member
Affiliation	Fiji Ministry of Health and Medical Services; Fiji National University
Phone	
Email	ikhan001@health.gov.fj; wayne.irava@fnu.ac.fj

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input checked="" type="checkbox"/>
... By gender	<input checked="" type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input checked="" type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input checked="" type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input checked="" type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (IP and OP _____)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input checked="" type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input checked="" type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input checked="" type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input checked="" type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Informative for strategic plans, corporate plans, annual reports and other important Ministry documents and assessments.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Trying to map the total CHE to diseases
What resource weights to use for IP and OP
How to map pharmaceutical expenditure, preventive services, ancillary services to diseases

HONG KONG, CHINA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Gloria MA
Position	Senior Statistician
Affiliation	Census and Statistics Department, Hong Kong SAR Government
Phone	(852) 25824788
Email	gwsma@censtatd.gov.hk

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input checked="" type="checkbox"/>
... By gender	<input checked="" type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008/09	2009/10	2010/11	2011/12	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input checked="" type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input checked="" type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (<u>In-patient hospital services and day patient hospital services</u>)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (<u>Public hospitals and Private hospitals</u>)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>
.... Others - Please specify (<u>Have not been estimated.</u>)	<input checked="" type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input checked="" type="checkbox"/>
.... Households' out-of-pocket spending	<input checked="" type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input checked="" type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

The information have been used for internal reference only.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Hong Kong is mainly lack of data from the private sector, such as cost data and administrative record on the out-patient services. Hence, we can only produced the disease sub-accounts on in-patient and day patient services currently, and the cost weights of each disease for these two services are estimated based on the data from the public hospitals . The methodology will further be refined when reliable sources of data for the private sector are made available.

INDIA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Charu C. Garg
Position	Advisor, Health Care Financing,
Affiliation	NHSRC, Ministry of Health and Family Welfare, Government of India
Phone	+919871347423
Email	charucgarg@gmail.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (estimates by states regions can be derived _____)	<input checked="" type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input checked="" type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input checked="" type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input checked="" type="checkbox"/>
.... Outpatient spending	<input checked="" type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input checked="" type="checkbox"/>
.... Government salaries of health workers	<input checked="" type="checkbox"/>
.... Others - Please specify (All Hospitals and Ambulatory care centers _____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output)	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Estimates, not yet finalized. However there is a specific request for expenditure data for maternal and child health related diseases and non-communicable diseases.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

1. Splitting joint costs especially public expenditures on hospitals and dispensaries.
2. Splitting public expenditures on pharmaceuticals
3. Assuming self-reported primary illness under OOPs as major illness. Co-morbidities not dealt differently.
4. Expenditure split by diseases not available for firms, and NGOs
5. Provider/ facility survey – only localized information available.

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Indranil Mukhopadhyay
Position	Senior Research Associate
Affiliation	Public Health Foundation of India, New Delhi, India
Phone	+91-9868701429
Email	Indranil.m@phfi.org

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input checked="" type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (World Health Organisation, India Country Office)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input checked="" type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input checked="" type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Since there is not much work happening in this area policy makers are being gradually sensitized about the importance of disease specific accounts

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Irregular production of NHA numbers
Inadequate data for conducting disease specific accounts
Government interest to conduct disease specific account is being developed gradually, more commitment required
Inadequate funding on these areas at the national level

IRAN

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Mohammadreza Zakeri
Position	NHA Expert
Affiliation	Health Technology Assessment , Standard and Tariffs Office, Ministry of Health, Tehran, Iran
Phone	+98 21 81454320, +98 917 371 5928
Email	mrzakeriir@yahoo.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input checked="" type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input checked="" type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input checked="" type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input checked="" type="checkbox"/>
... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Mr Suphab Panyakeo
Position	Head of Health Financing Policy Division
Affiliation	Department of Finance, Lao Ministry of Health
Phone	856-20-54853444
Email	laohealthfinancing@gmail.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input checked="" type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input checked="" type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input checked="" type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

To improve resource allocation and the overall of work to strengthen health financing in Lao, to understanding how well Lao health sector perform to deliver health services, how much spend into the system, what are major sources of funding, how are the fund managed and does it go? For instance, how much spend on preventive and curative for HIV, TB, Malaria, Respiratory infections, Diarrheal diseases, Neglected tropical diseases, vaccine preventable diseases, and etc.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

- Lack of detail on expenditure data by disease from questionnaire respondents as well as from secondary data.
- Lack of detail on age and gender in the available data from annually health statistic report;
- In previous study more than a half of total expenditures on health in Lao PDR have derived from households and external funds but the accessibility to these data is limited in general publications. Therefore some estimations based on secondary data were generated, even though some of the reference data seems to be out of date;

MALAYSIA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Dr. Jameela Zainuddin
Position	Deputy Director Planning Division, Head of National Health Accounts Unit
Affiliation	Ministry of Health, Malaysia
Phone	+60 017 8871869
Email	jameela@moh.gov.my or jzmohealth@yahoo.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input checked="" type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input checked="" type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input checked="" type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input checked="" type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

MALDIVES

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Moomina Abdullah
Position	Assistant Director – Health Economics Unit, Ministry of Health
Affiliation	
Phone	+9603014429
Email	mouniabdullah@health.gov.mv

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input checked="" type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input checked="" type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

As portal is not being used yet in all health facilities and IGMH(main public hospital) started using the portal very recently it might take time to produce the disease account.

MONGOLIA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	UNURTSETSEG
Position	Officer in-charge of National Health Accounts
Affiliation	Center for Health Development
Phone	976-99905088
Email	nru_txd@yahoo.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input checked="" type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (Health Ministry of Mongolia, UNAIDS in Mongolia)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input checked="" type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (<u>Mongolian NHA have not been produced since from 2003</u>)	<input checked="" type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

1. Used for UNGASS report
2. GF used NASA report for seeking additional fund
3. MOH used NASA report for evaluation of National strategic plan for the prevention of HIV/AIDS and STI, 2010-2015

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

1. We have no practice on Full Disease distribution of NHA, therefore we cannot tell previously of the difficulties and problems that we face in producing disease accounts. Mongolia uses ICD10 for produce disease report and it seems less difficulties on related information to use but we will have the problems with human resource capability.
2. NASA had been made 3 times in Mongolia in 2010,2012 and 2014. Leading and arranging organizations were different in every year. For example, Prime minister's national committee of HIV/AIDS built a working team for 2010 and based on the Surveillance Service of National Department of Communicable Diseases built a working team that has hired 2 consultants for 2014. In addition, in that time faced with problems to calculate the expenses cause of the work was done in a short time and used for the any Organization's needing.

NEPAL

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Satya Acharya
Position	Director
Affiliation	
Phone	9779851133748
Email	Satya_aacharya@hotmail.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input checked="" type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input checked="" type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input checked="" type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input checked="" type="checkbox"/>
.... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

Not used till date

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

PAKISTAN

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Muhammad Ashar Malik
Position	Senior Instructor
Affiliation	Aga Khan University
Phone	+92-21-34864962, +92-3008292905
Email	ashar.malik@aku.edu

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input checked="" type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>										

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input checked="" type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input checked="" type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Health accounts of Pakistan are still in experimental stages. Though NHA is compiled on biannual basis but there are many issues related to NHA. Functional classification and object classification of NHA data is not yet done, there are challenges on reporting of expenditure from external resources etc.

REPUBLIC OF KOREA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Jeong Hyoung Sun
Position	Professor
Affiliation	Yonsei University
Phone	010-8794-6075
Email	tokyoparis@hanmail.net

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input checked="" type="checkbox"/>
... By gender	<input checked="" type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input checked="" type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input checked="" type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input checked="" type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (<u>All HC</u>)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (<u>All HP</u>)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (<u>All HF</u>)	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input checked="" type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output)	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (<u>There are no such cases since we classify health expenditures by disease using bottom-up method based upon medical claims for fee-for-service reimbursement</u>)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

There is other version of disease expenditure accounts that have been made and used for National Health Insurance's purpose. Here, expenditures by disease add up to the total NHI expenditure which is quite different from current health expenditure of SHA. The NHI version accounts by disease are quite often utilized for NHI policy making.

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

We are now developing disease, age, and gender accounts of more recent years in 2016.

SRI LANKA

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	DR. DILEEP DE SILVA
Position	ECONOMIC ANALYST , NHA PREODUCTION TEAM
Affiliation	HEALTH ECONOMICS CELL, MINISTRY OF HEALTH SRI LANKA
Phone	0094714965100
Email	dileepdenta@yahoo.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input checked="" type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input checked="" type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input checked="" type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input checked="" type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input checked="" type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

It was used for advocacy action on NCD prevention. 35% of CHE in Sri Lanka is on NCD

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Obtaining commitment of policy makers and institutionalization of NHA production
Ensuring routine data flows.
Challenges in obtaining Enterprise scheme data.
Conducting surveys to further optimizing disease related expenses in household OOPs.

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	DR. NEIL THALGALA
Position	TEAM LEAD NHA PREODUCTION TEAM
Affiliation	HEALTH ECONOMICS CELL, MINISTRY OF HEALTH SRI LANKA
Phone	+941717135745
Email	neil6338@gmail.com

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input type="checkbox"/>
... By gender	<input type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input checked="" type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
... By 1-year age groups	<input type="checkbox"/>
... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input type="checkbox"/>
... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
... Not available or applicable	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input checked="" type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (_____)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input checked="" type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input checked="" type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input checked="" type="checkbox"/>
.... Outpatient spending	<input type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input checked="" type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
... HIV/AIDs	<input type="checkbox"/>
... Malaria	<input type="checkbox"/>
... Neglected tropical diseases	<input type="checkbox"/>
... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (_____)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
.... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
.... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
.... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
.... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
.... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
.... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
.... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
.... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
.... For donor reporting requirements	<input type="checkbox"/>
.... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
.... To better inform the national planning and budgeting process	<input type="checkbox"/>
.... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

It was used for advocacy action on NCD prevention. 35% of CHE in Sri Lanka is on NCD

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

Obtaining commitment of policy makers and institutionalization of NHA production and ensure routine data flows.

Challenges in obtaining Enterprise scheme data.

Conducting surveys to further optimizing disease related expenses in household OOPs.

THAILAND

OECD QUESTIONNAIRE ON EXPENDITURE DATA BY DISEASE, AGE AND GENDER

OECD is conducting a stock-taking exercise to better understand the development and production of estimates of expenditure by disease and the availability of such data in the Asia-Pacific region. A short summary report will be produced based on the responses received and will be shared at the OECD KOREA Policy Centre Asia-Pacific Health Accounts Meeting in Seoul on 16-17 June, 2016.

If you have further questions or need clarifications, please contact SHA.contact@oecd.org.

Please complete the following contact information.

Name	Kanjana Tisayaticom
Position	Researcher
Affiliation	International Health Policy Program
Phone	66 81 7470835
Email	Kanjana@ihpp.thaigov.net

Please send your responses by **27 May 2016**

Questions

1. Which of the following best describe your situation?

Situation	Select
1. My country is currently or has in the past produced estimates of expenditure by disease (age or gender) linked to an overall health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 2
2. My country has produced some disease-specific accounts (e.g. HIV/AIDS, reproductive health, etc.) independent of the health accounts framework	<input checked="" type="checkbox"/> → Go to Q. 11
3. My country has not yet produced estimates of expenditure by disease (age or gender)	<input type="checkbox"/> → Go to Q. 14
4. None of the above - Please specify (_____)	<input type="checkbox"/> → Go to Q. 18

2. For those who selected Response 1 in Question 1, which of the following dimensions do your latest estimates cover?

Dimension	Select
... By disease category	<input checked="" type="checkbox"/>
... By age group	<input checked="" type="checkbox"/>
... By gender	<input checked="" type="checkbox"/>
... By other (e.g. region, socio-economic status, etc.) - Please specify (_____)	<input type="checkbox"/>

3. For which of the following years do you have a breakdown of expenditure by disease?

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							

4. To which classification and level of detail do you allocate expenditures by disease?

Disease Category	Select
ICD 9 or 10 Chapter level	<input type="checkbox"/>
ICD 9 or 10 sub-chapter level (i.e. a national or international short list)	<input type="checkbox"/>
Global Burden of Diseases groups or subgroups*	<input checked="" type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

* Note that the WHO HAPT is GBD-based

5. To what level of detail do you have spending broken down by age?

Age Category	Select
.... By 1-year age groups	<input type="checkbox"/>
.... By 5 year group (i.e. <1, 1-4, 5-10, 65+)	<input checked="" type="checkbox"/>
.... By 10 year group (i.e. <1, 1-9, 10-19)	<input type="checkbox"/>
.... Not available or applicable	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

6. Are the estimates consistent with the overall estimates from the health accounts (i.e. is the total of spending by all diseases the same as the current health spending estimate?)

Consistent	Select
Consistent with overall health spending estimates	<input type="checkbox"/>
Partially consistent with health spending estimates (i.e. public spending, selected providers and/or functions)	<input checked="" type="checkbox"/>
Not consistent with current health accounts aggregates - Please specify (_____)	<input type="checkbox"/>

7. Which of the following dimensions of the health accounts are your disease expenditure data broken down by?

Break-down	Select
Functional classification (HC) - Please specify (<u>in patient care</u>)	<input checked="" type="checkbox"/>
Provider classification (HP) - Please specify (_____)	<input type="checkbox"/>
Financing classification (HF) - Please specify (_____)	<input type="checkbox"/>
Others - Please specify (_____)	<input type="checkbox"/>

8. How much of current health spending is 'not allocated' to any disease category in your latest estimates?

Share of expenditure unallocated	Select
.... < 10%	<input type="checkbox"/>
.... 10-25%	<input type="checkbox"/>
.... 25-50%	<input type="checkbox"/>
.... > 50%	<input checked="" type="checkbox"/>

9. What of the following items would you say are not allocated or mainly not allocated by disease?

Share of unallocated expenditure	Select
.... Pharmaceutical expenditure	<input type="checkbox"/>
.... Outpatient spending	<input checked="" type="checkbox"/>
.... Households' out-of-pocket spending	<input type="checkbox"/>
.... Administrative spending	<input checked="" type="checkbox"/>
.... Government salaries of health workers	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

10. What was the main method(s) for splitting joint expenditures, e.g. in hospitals?

Share of unallocated expenditure	Select
.... Share of inpatient days and outpatient visits, weighted with some indication of resource use (cost or days (input)/minutes(output))	<input type="checkbox"/>
.... Share of inpatient days and outpatient visits, unweighted	<input type="checkbox"/>
.... Expert opinion	<input type="checkbox"/>
.... Other - Please specify (using individual inpatient data set by ICD10 and cost weight _____)	<input checked="" type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

11. For those who selected Response 2 in Question 1. “My country has produced disease-specific accounts independent of the health accounts framework”, which of the following has been produced?

Disease-specific account	Select
.... Reproductive or Maternal and Child Health Accounts	<input type="checkbox"/>
.... HIV/AIDs	<input checked="" type="checkbox"/>
.... Malaria	<input type="checkbox"/>
.... Neglected tropical diseases	<input type="checkbox"/>
.... Others - Please specify (_____)	<input type="checkbox"/>

12. Which agency (e.g. govt. agency/external institution) was responsible for producing the disease-specific accounts in Q.12?

- Please specify (IHPP and Department of Disease control of Ministry of Public Health)

13. What are the reason(s) why a separate approach to disease accounts has been taken in the past?

Reason	Select
.... It has been driven by disease specific reporting requirements (e.g. reporting commitments by external funding agencies in specific disease areas)	<input type="checkbox"/>
.... There has not been a stable and ongoing production of health accounts as a basis	<input type="checkbox"/>
.... The responsibilities have been divided under different agencies (i.e. it is seen as a separate activity from the production of the health accounts)	<input type="checkbox"/>
.... Other reasons - Please specify (<u>Report on the GARP, biannual, the last one was 2013</u>)	<input checked="" type="checkbox"/>

→ PLEASE COMPLETE Q.17 and Q.18

14. For those who selected Response 3 in Question 1. “My country has not yet produced data on disease accounts”, please give the main reasons (you may tick more than one box if appropriate).

Reason	Select
... Lack of political commitment (i.e. not seen as a priority, etc.)	<input type="checkbox"/>
... Lack of human and physical resources to undertake the work	<input type="checkbox"/>
... Lack of the necessary in-house knowledge and expertise (i.e. there is a need for external capacity building and training)	<input type="checkbox"/>
... Problems of data availability (e.g. administrative data or breakdown of pharmaceutical spending)	<input type="checkbox"/>
... Other reasons - Please specify (_____)	<input type="checkbox"/>

15. Do you have a timetable in place for the future production of expenditure by disease?

Time table	Select
... Yes, we hope to produce estimates of expenditure by disease in the coming 1-2 years	<input type="checkbox"/>
... Yes, but we will not be producing expenditure by disease estimates in the next 1-2 years	<input type="checkbox"/>
... At the moment we have no plans to start producing estimates of expenditure by disease	<input type="checkbox"/>
... Other - Please specify (<u>we plan to make it on NHA 2012 and 2013</u> _____)	<input checked="" type="checkbox"/>

16. If you answered Yes to Q. 15 above, what is the main reason?

Reason	Select
... For donor reporting requirements	<input type="checkbox"/>
... For a better understanding of disease (e.g. NCD) expenditures and allocations	<input type="checkbox"/>
... To better inform the national planning and budgeting process	<input checked="" type="checkbox"/>
... Other - Please specify (_____)	<input type="checkbox"/>

→ PLEASE COMPLETE Q.18

17. How have you used the information on disease expenditures? Please give specific examples which have assisted policy makers or provided new insights?

18. Please explain in more detail some of the challenges that you (continue to) face in producing disease accounts.

List of the OECD KOREA Policy Centre's SHA Technical Papers:

SHA Technical Papers No. 1

SHA-Based Health Accounts in the Asia/Pacific Region: Bangladesh 2006

SHA Technical Papers No. 2

SHA-Based Health Accounts in the Asia/Pacific Region: Chinese Taipei 1998

SHA Technical Papers No. 3

SHA-Based Health Accounts in the Asia/Pacific Region: Hong Kong SAR 2001-2002

SHA Technical Papers No. 4

SHA-Based Health Accounts in the Asia/Pacific Region: Mongolia 1999-2002

SHA Technical Papers No. 5

SHA-Based Health Accounts in the Asia/Pacific Region: Korea 2004

SHA Technical Papers No. 6

SHA-Based Health Accounts in the Asia/Pacific Region: Thailand 2005

SHA Technical Papers No. 7

SHA-Based Health Accounts in the Asia/Pacific Region: Sri Lanka 1990-2004

SHA Technical Papers No. 8

SHA-Based Health Accounts in the Asia/Pacific Region: China 1990-2006

SHA Technical Papers No. 9

SHA-Based Health Accounts in the Asia/Pacific Region: Malaysia 1997-2006

SHA Technical Papers No. 10

SHA-Based Health Accounts in Twelve Asia-Pacific Economies: A Comparative analysis

SHA Technical Papers No. 11

SHA-Based Health Accounts in the Asia/Pacific Region: China 1990-2009

SHA Technical Papers No. 12

SHA-Based Health Accounts in the Asia/Pacific Region: India

SHA Technical Papers No. 13

SHA-Based Health Accounts in the Asia-Pacific Region: Fiji 2007-2008

SHA Technical Papers No. 14

SHA-Based Health Accounts in the Asia-Pacific Region: Federated States of Micronesia

SHA Technical Papers No. 15

SHA-Based Health Accounts in the Asia-Pacific Region: Indonesia 2005-2009

SHA Technical Papers No. 16

SHA-Based Health Accounts in the Asia-Pacific Region: Bangladesh 1997-2007

SHA Technical Papers No. 17

SHA 2011-Based Health Accounts in the Asia/Pacific Region: Korea 1980-2011

SHA Technical Papers No. 18

SHA-Based Health Accounts in the Asia/Pacific Region: Afghanistan 2011-2012

SHA Technical Papers No. 19

A Report on Measuring Expenditure on Pharmaceuticals and Preventive Care within the Health Accounts Framework in the Asia-Pacific Region: Afghanistan, Bangladesh, China, Fiji, Lao PDR, Malaysia, Maldives, Pakistan, Sri Lanka

