

Health Accounts Course

Module 2:

Health Accounts in brief

Submodule 2.3:

Dissemination of Health Accounts results



Content

- Health Accounts results dissemination
- HA results dissemination channels and content
- Country Examples of HA results dissemination
- Global products using Health Accounts results
- Linking the demand to the production of Health Accounts
- Health Accounts indicators and their use
- Institutionalization of Health Accounts


Additional Content:

- Questions & Answers
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Health Accounts results dissemination

The dissemination of HA products aims to deliver messages to audiences according to their needs. The results must be disseminated promptly, of good quality, widely accessible, and tailored to various audiences. Dissemination implies deciding:

- **What:** Identify results that provide insights into health expenditure.
- **When:** Timely availability in the policy cycle, at specific intervals.
- **To whom:** Policy makers, technical officers, general public, academia, press.
- **How:** Modalities, e.g., online.

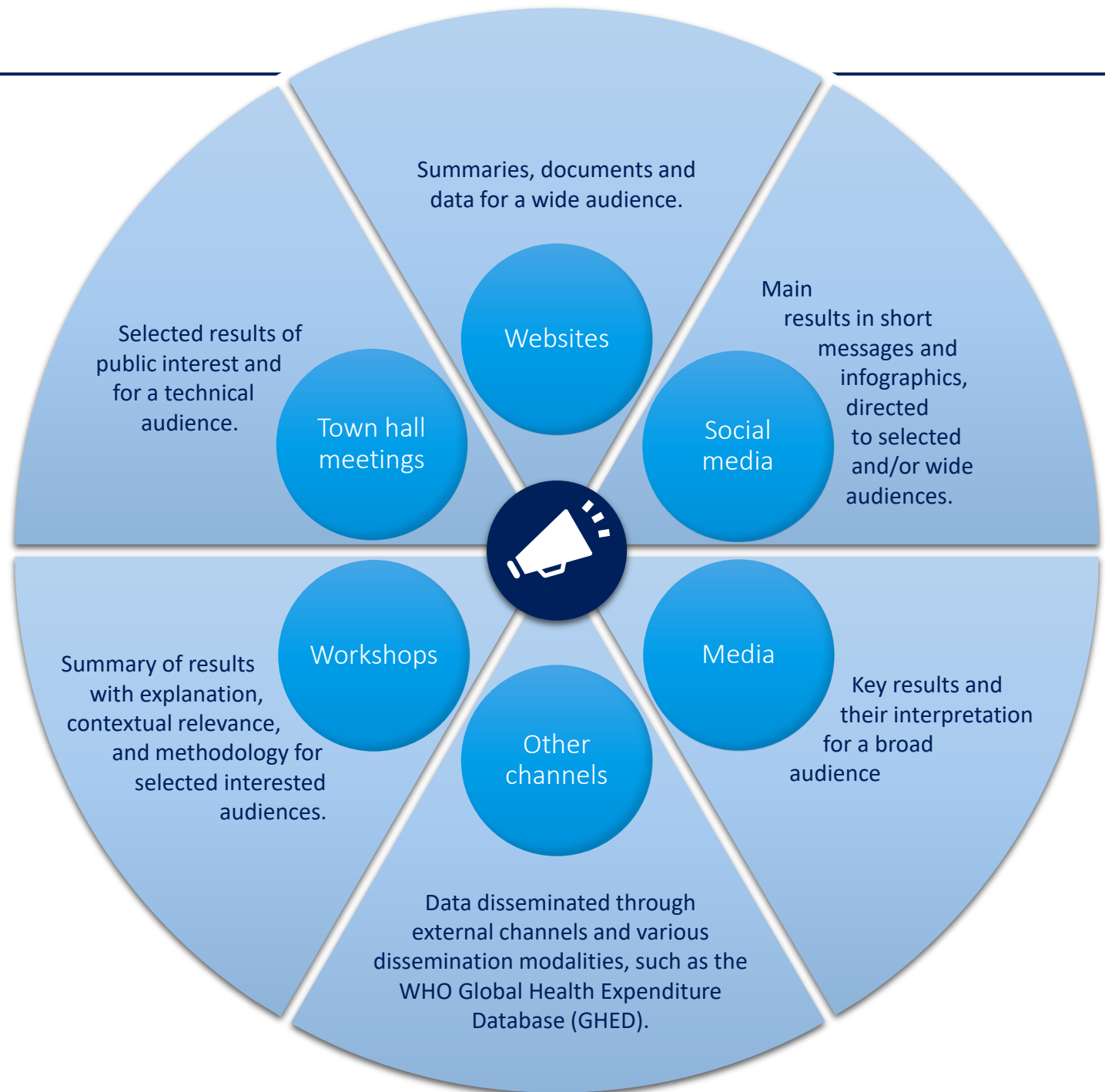


How results are presented and disseminated is a crucial determinant of whether Health Accounts are seen as valuable by policymakers and other users.

If results are difficult to understand, to obtain, not available, or reported with a time lag, and do not respond to the interests of policymakers and researchers, Health Accounts may put off potential users.

HA results dissemination channels and content

There are different ways to disseminate Health Accounts products, which can amplify the outreach to different audiences. The options include:



Chilean infographic summarizing key HA results in 2022

Country example Chile

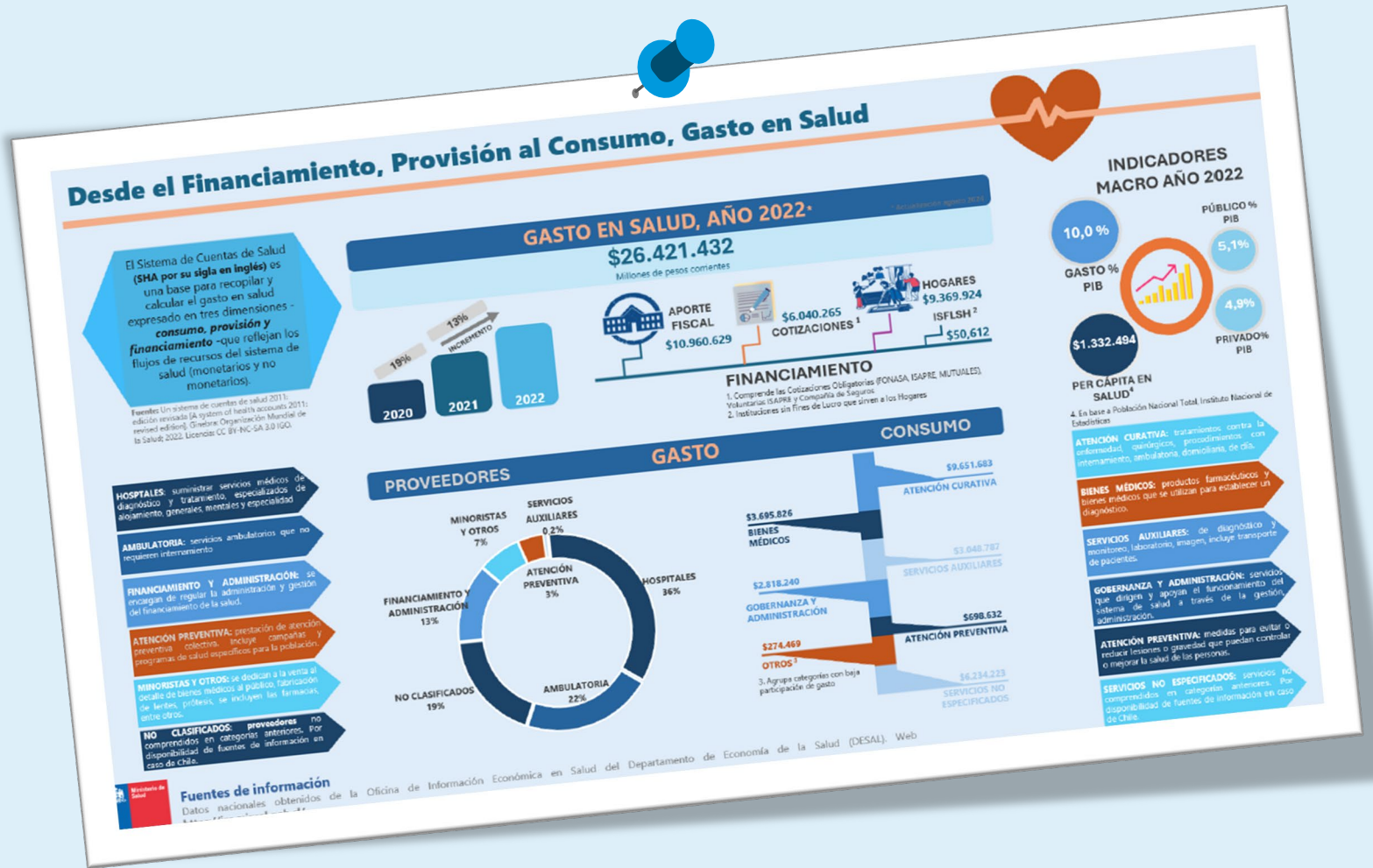
Informative presentation of HA results

The Department of Health Economics in the Ministry of Health publishes and updates the HA statistics regularly through a user-friendly dashboard on its public data portal.

Users can explore and download publications, expenditure series and bidimensional tables.

Data is also used for producing Health Economics Bulletins.

In the bulletin of 2024, an infographic on Health Accounts results is included.



Source: Ministry of Health, Bulletin of Health and Economy. Vol 18 – N°1 2024

Country example

Netherlands

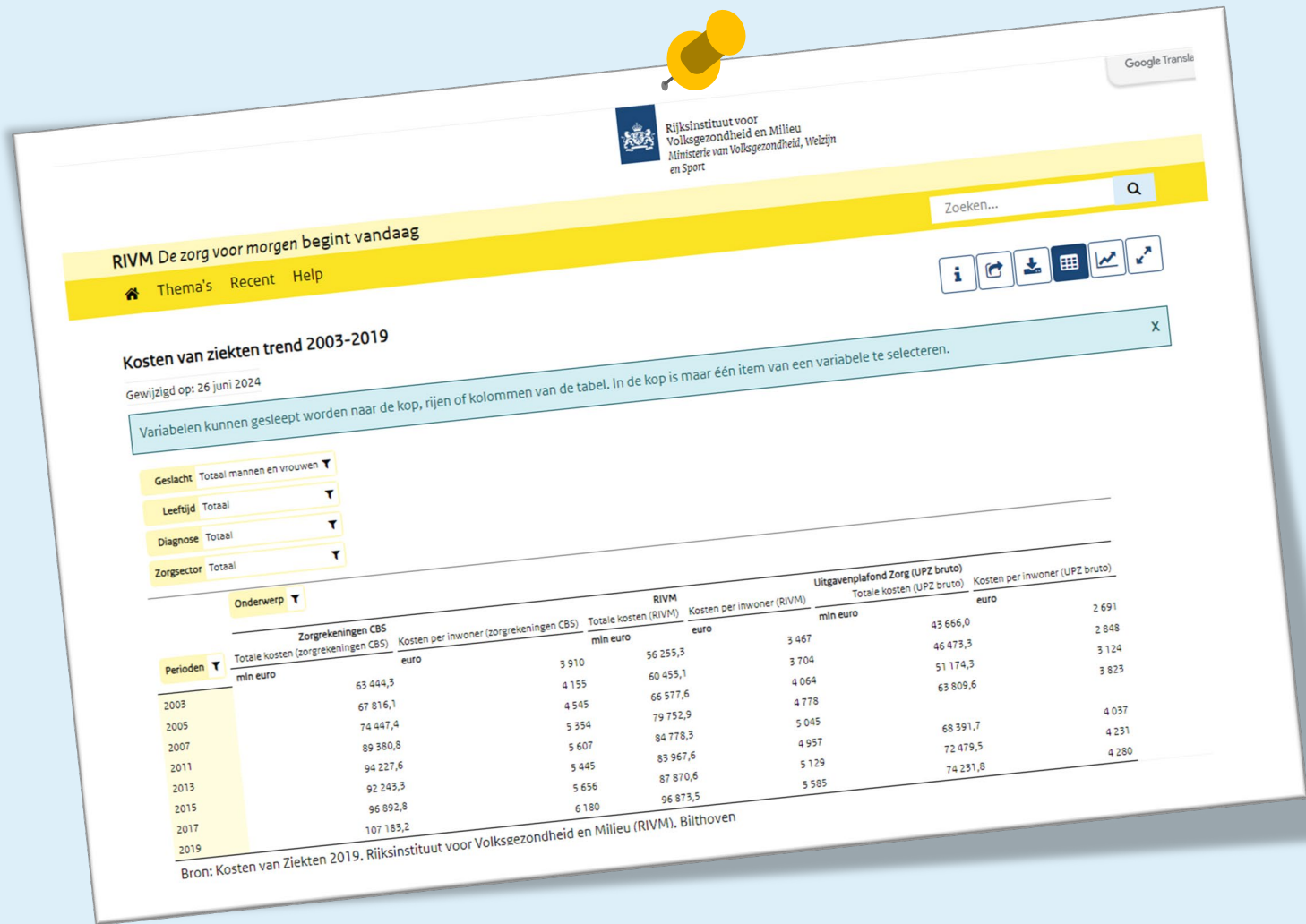
Two level dissemination

The Statistical Office [CBS] produces and publishes the HA results in a press release and a database [Statline], which is shared with the National Institute for Public Health and the Environment [RIVM].

RIVM uses the results to produce disease spending estimates that are publicly available through customizable tables.



The RIVM website allows for customization of data requests on expenditure by disease, age, gender, function, provider and financing modality



Source: RIVM, Rijksinstituut voor Volksgezondheid en Milieu, Statline, Kosten van ziekten trend 2003-2019:
<https://statline.rivm.nl/#/RIVM/nl/dataset/50137NED/table?ts=1730998748920>

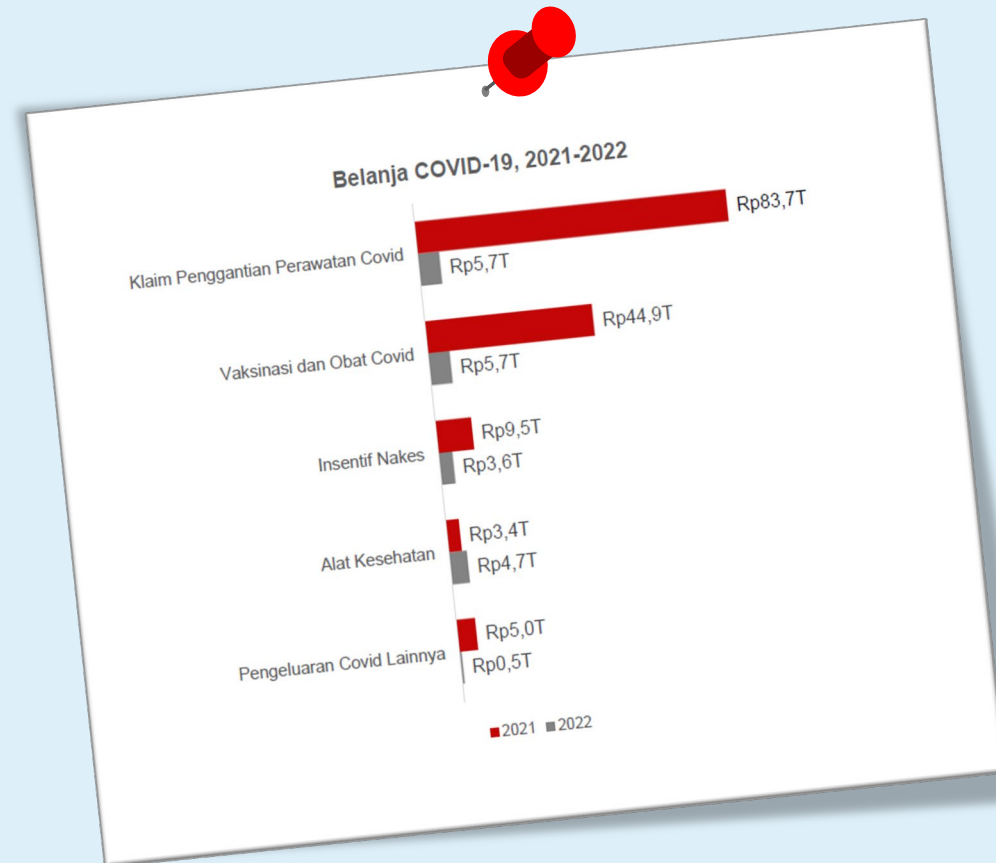
Country example Indonesia

Focus on key decision makers

The HA results are communicated to stakeholders in a workshop. The information sharing is followed by exchange of data needs and clarifications. Health system leaders are offered detailed results for policy formulation, monitoring and analysis, as e.g., in the case of COVID-19.

This strategy has led to continued improvement and evolvement of the Health Accounts, targeting support for policy initiatives. Specific attention has also been given to spending on pharmaceuticals, OOP, diseases, PHC, and health spending at subnational level.

The Indonesia's HA dissemination workshop displays data of interest for participating stakeholders, including specific subjects, such as the evolution of spending on COVID 19



Country example

Costa Rica

A systematic approach to dissemination

The use of Health Accounts was boosted after results were disseminated to health system leaders, health officers, academia and the general public.

Key HA indicators were used to formulate National Health Policy 2023-2033. Expenditure data was used strategically to monitor allocation, spending and efficiency.

What: key findings

- ✓ HA key findings, such as health expenditure in COVID-19 and pharmaceuticals.
- ✓ The relevant results were adapted for news media and adjusted to target audiences.

When: timely in policy cycle

- ✓ Timely in policy cycle for national health plans and yearly monitoring.

To whom: key audiences

- ✓ Decision makers [e.g. parliament]
- ✓ Peers [e.g. Ministry of Health in the region]; Umbrella organizations [e.g. economy & health professionals]; hospitals [public & private]
- ✓ Other organizations [e.g. Emergency Council]; academy [e.g. universities]
- ✓ Citizens
- ✓ Media

How: tactical plans and strategy

- ✓ Plan based on strengths, weaknesses, opportunities, and threats [SWOT] analysis.
- ✓ Channels adjusted to target audiences with media mix.

** Sources: Own elaboration based on: Villalobos Cortés. Diseminación de los resultados de cuentas en Costa Rica. PAHO/WHO Regional virtual meeting. Situation of Health Accounts in the Region. Challenges and opportunities; and Presidencia de Costa Rica: Lanzamiento de la Política Nacional de Salud, en vivo, 24 May 2024*

Global products using Health Accounts results

The WHO Global Health Expenditure Database (GHED) is the most extensive database on Health Accounts. This international public good has provided harmonized data and indicators on health expenditures for more than 190 countries since 2000. To update the database, WHO requests that countries submit their health expenditure data annually for t-1 or t-2 years.

Other databases and dissemination products include the WHO Global Health Observatory, Eurostat Statistics Explained and database; OECD Data Explorer and Health at a Glance; PAHO's Basic Indicators; World Bank Data. Some databases and dissemination products collect the data already published in GHED.

The global databases and dissemination products allow countries and stakeholders to conduct global, regional, and national benchmarking analyses. These products also help evaluate their progress in meeting regional and international commitments, such as the Sustainable Development Goals (SDGs).



Linking the demand to the production of Health Accounts

The potential users of HA results include Ministries of Health, other public agencies, disease/health programs, donors and development partners, health insurance agencies, civil society, and academic institutions. In order to understand the factors driving demand by each user, some key questions may be asked:

- **What data is needed?** For example, which classifications, categories, indicators should be used and for what period.
- **For what purpose?** For example, specific results can be discussed in policy briefs if users need it to formulate and monitor health policies.
- **What are the expected uses?** For example, if the HA results have been used for a specific health policy, such as increasing the funding for long-term care or specific population groups, it may be relevant to produce expenditure data and indicators about those topics.

These factors can help improve the results' relevance for users, and understand which results can be prioritized in the analysis and the dissemination products. Also, teams can adjust the timeliness of the reporting, the level of detail, the focus of the analysis, and the key results to be included (e.g., new indicators).

Health Accounts indicators and their use

The way in which results are presented is crucial to reach targeted audiences. Indicators summarize key results. Some indicators use HA data only, for example in a ratio for the comparison of preventive vs curative care spending. The most widely used indicators integrate HA with macroeconomic or non-expenditure data, such as per capita spending. Other examples are shown in the boxes below:

Only HA data

- Inpatient care vs Outpatient care spending
- Preventive care vs curative care spending
- Prescribed vs OTC pharmaceutical spending
- Out of pocket vs government health spending

HA and Macroeconomic data

- Health spending as share of GDP
- Government health spending as share of government spending
- Out of pocket as share of household spending

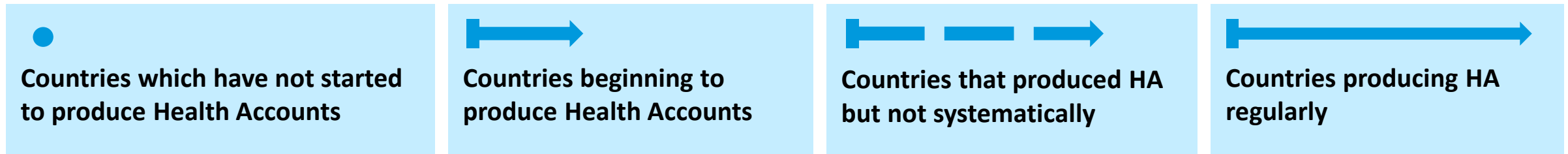
HA and non-expenditure data

- Spending on essential medicines as share of total pharmaceutical spending in hospitals and retailers
- Government health expenditure per capita

Institutionalization of Health Accounts

As mentioned above, the continuous and systematic production of Health Accounts depends on the existence of a formal mandate, the resources available in the team, and the institutional capacity.

Health Accounts are institutionalized when production is government-led, and the application of an essential set of policy-relevant health expenditure data is based on the global standard health accounting framework. As countries start or continue the production of HA, they can transition through the four levels of maturity of the institutionalization process:



Producing Health Accounts is not a one-time effort, and every new cycle is an opportunity to improve the process and the dissemination. It requires continuing investment of resources and stakeholder collaboration to ensure that all users find in HA a valuable resource, that provides insights and responses to policy questions.

Questions and answers



Question & Answer [1]



Is the use of the results
imperative for
the institutionalization of
Health Accounts?

Question & Answer [1]



Is the use of the results imperative for the institutionalization of Health Accounts?



Yes. Health accounts are generated to inform decision making and policy. Without this component their mission and institutionalization are incomplete

Question & Answer [2]



How to better link the Health
Accounts products and the
dissemination channels?

Question & Answer [2]



How to better link the Health Accounts products and the dissemination channels?



Identify **who** is going to receive the information, determine **what** is the information to be presented, the specific associated products, and their dissemination channel [**how and when**]

Suggested reading



Suggested reading

- OECD, EUROSTAT, World Health Organization. A System of Health Accounts 2011: Revised edition. Paris: OECD Publishing; 2017. Chapter 14. Available from: <https://www.who.int/publications/i/item/9789240042551>
- WHO. Framework for assessing maturity of Health Accounts institutionalization. Geneva: World Health Organization; 2023. Chapters 2 & 3 Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789240079458>
- Pan American Health Organization. Best Health Accounting Practices Using SHA 2011. Washington, DC: PAHO; 2023. Chapter 3 https://iris.paho.org/bitstream/handle/10665.2/57137/PAHOHSSH220037_eng.pdf
- Global health data methods. <https://globalhealthdata.org/national-health-accounts/>
- Health Accounts Production Tool (HAPT), User Guide, WHO, Geneva.

Health Accounts Course

Module 2: Health Accounts in brief

Submodule

- 2.1 Establishing the Health Accounts process
- 2.2 Producing Health Accounts
- 2.3 Dissemination of Health Accounts results

This is the end of the third submodule “Dissemination of Health Accounts results” of Module 2: Health Accounts in brief.

Join us for Module 3 of the course, where you will learn about General accounting concepts.