Meeting on the Implementation of the Project on National Health Accounts (NHA) in the Pacific

Nadi, Fiji
25–27 May 2010
REPORT

MEETING ON THE IMPLEMENTATION OF THE PROJECT ON NATIONAL HEALTH ACCOUNTS IN THE PACIFIC

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Nadi, Fiji
25–27 May 2010

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western pacific
Manila, Philippines

October 2010
The views expressed in this report are those of the participants in the Meeting on the Implementation of the Project on National Health Accounts in the Pacific and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Members States in the Region and for those who participated in the Meeting on the Implementation of the Project on National Health Accounts in the Pacific from 25 to 27 May 2010 in Nadi, Fiji.
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Key words:
National accounts / National health programmes / Health care economics and organizations / Pacific islands
A Meeting on the Implementation of the Project on National Health Accounts in the Pacific was held in Nadi, Fiji Islands from 25 to 27 May 2010. The meeting was attended by 24 participants from 12 Pacific island countries, together with WHO health financing experts and project consultants from the consortium consisting of Curtin University of Technology in Australia, the Australian Institute of Health and Welfare in Australia and the Institute for Health Policy in Sri Lanka. Observers from the Asian Development Bank, the Fiji School of Medicine and the Fiji National Health Accounts Team participated and contributed to the discussions and output of the workshop.

The objectives of the meeting were:

1. to discuss the additional NHA resources developed by the project and provide input for their finalization in the Pacific;
2. to learn from the experiences of the three pilot countries in using the additional NHA resources to plan, develop and institutionalize NHA; and
3. to consider proposed options for the organizational structure and functions of the Pacific NHA subnetwork, agree on the most feasible option and identify measures to sustain the network.

The meeting involved presentations by WHO staff and project consultants on the overall progress of the Pacific NHA project and about the outputs of the project, such as the NHA estimation tools, the NHA learning modules, the proposal for the Pacific NHA Network and the study on NHA uses for policy. The NHA teams from the pilot countries, i.e. the Federated States of Micronesia, Fiji and Vanuatu, reported on the accomplishments of project implementation in their respective countries. The meeting also involved small working groups and plenary discussions following the presentations.

Outputs from the discussions included:

1. recommendations for the finalization of the NHA reference materials produced by the project;
2. proposed strategies to advocate NHA policy uses and to facilitate NHA institutionalization in the Pacific;
3. agreements on the functions and form of the Pacific NHA Network; and
4. proposed or planned NHA-related activities at country level and the Pacific region level.
1. INTRODUCTION

A Meeting on the Implementation of the Project on National Health Accounts (NHA) in the Pacific was held in Nadi, Fiji from 25 to 27 May 2010. The meeting was attended by 24 participants from 12 Pacific island countries and six WHO health financing experts and project consultants from the consortium consisting of Curtin University of Technology in Australia, the Australian Institute of Health and Welfare (AIHW) and the Institute for Health Policy in Sri Lanka. Eight observers from the Asian Development Bank (ADB), the Fiji School of Medicine and the Fiji National Health Accounts Team participated and contributed to the discussions and outputs of the workshop. The WHO Secretariat consisted of four staff members from the Regional Office and South Pacific Office.

1.1 Objectives

1. To discuss the additional NHA resources developed by the project and input provided for their finalization in the Pacific.

2. To learn from the experiences of the three pilot countries in using the additional NHA resources to plan, develop and institutionalize NHA.

3. To consider proposed options for the organizational structure and functions of the Pacific NHA subnetwork, and to agree on the most feasible option and identified measures to sustain the network.

1.2 Appointment of Chairperson

One Chairperson/moderator was appointed for each day of the meeting from among country participants as follows: Ms La-Toya Peka Lee of Samoa for Day 1; Mr Taniela Soakai of Nauru for Day 2; and Mr Tu’akoi Ahio of Tonga for Day 3.

2. PROCEEDINGS

2.1 The ADB-WHO Pacific NHA project

The full title of the project that was discussed in the meeting is “Strengthening Evidence-based Policy-making in the Pacific: Support for the Development of National Health Accounts”. The project is jointly implemented by ADB and WHO, with WHO serving as the executing agency. The project started in May 2009 and all project field work was completed by June 2010. Work remaining for the period July to August 2010 includes finalizing, printing and distributing project publications.

The project was implemented in four stages: (1) update NHA development and institutionalization framework for Pacific island countries and various NHA technical reference materials and tools; (2) conduct country NHA team training, update NHA estimates, and update country NHA reports for the project’s pilot countries, namely: Fiji, the Federated States of Micronesia and Vanuatu; (3) Pacific island countries agree on the functions and form of the
Pacific NHA Network, NHA learning and training modules; and (4) conduct study on NHA use for policy.

2.2 Implementation in project pilot countries

The project activities implemented in Fiji, the Federated States of Micronesia and Vanuatu constitute the second round of NHA activities in all three countries. Building on the first round of experiences in 2007, this second round of activities is intended to contribute to eventually getting NHA institutionalized in the pilot countries.

2.2.1 Federated States of Micronesia

Planning and preparation for in-country activities took place from September to November 2009. Training on NHA methodology was conducted in December 2009. Data for NHA estimation were collected and processed from December 2009 to March 2010. Preliminary NHA updates were completed and disseminated in late March 2010. April to June was devoted to the writing of the Federated States of Micronesia NHA report.

Major accomplishments in the Federated States of Micronesia included updated health expenditure classification schemes, improved NHA database and estimates, and NHA estimates updated to 2008. While the NHA team has been reconstituted and links with data sources have been strengthened, uncertainties remain about how to sustain NHA work in the future.

The recent in-country NHA dissemination workshop has increased awareness in the Federated States of Micronesia about NHA, with positive effects on NHA work in the country. There is better cooperation by national government agencies, particularly in sharing data required for NHA estimation. There are also discussions about possibly creating new staff positions to support routine NHA work; however, a hiring freeze in the Government has postponed its implementation.

2.2.2 Fiji

The NHA team was reconstituted in October 2009 to include, in addition to a number of Ministry of Health staff, representatives from the Bureau of Statistics, the Ministry of National Planning and the Fiji School of Medicine. An awareness seminar for policy-makers and technical training workshops for the NHA team were conducted from late October to November 2009. Collecting of NHA input data took place from November 2009 to March 2010. NHA estimation activities and the dissemination of preliminary NHA results were carried out in April 2010. In June 2010, NHA estimates are to be refined and the country NHA report prepared.

The progress reported by the Fiji NHA team included the following: institutional links with data providers established; better appreciation and understanding by the NHA team about methods of data extraction from various sources; and NHA estimates updated to 2007-2008. The team also reported some constraints encountered such as the Government’s initial unwillingness to commit resources and their lack of appreciation for the amount of time and advanced skills required to carry out NHA work. The constraints have to some extent been overcome as a result of the NHA awareness-raising seminar. However, two major concerns remain: the lack of routine data sources for private sector health expenditures; and losing technical skills due to NHA staff turnover.
2.2.3 Vanuatu

Project-related activities, which were carried out in Vanuatu from August 2009 to April 2010, included the following: setting up the NHA core group or team; conducting technical training for the country NHA team; updating the Vanuatu health expenditure classification schemes; reviewing available data sources and preparing data collection instruments; collecting NHA input data including the conduct of various special surveys; conducting NHA estimation workshop for the NHA team; dissemination of preliminary NHA results; and preparing country NHA report. NHA estimates for Vanuatu were updated to 2007.

Some challenges encountered by the Vanuatu NHA team included lack of awareness and appreciation of NHA and its uses, data collection difficulties and limited human resources devoted to NHA work. To sustain NHA work in Vanuatu in the future, an NHA policy is being proposed in the Ministry of Health. Additionally, there were discussions to create a new staff position within the Ministry of Health structure to support continuing NHA work.

2.3 NHA as evidence for policy

This section of the meeting consisted of two parts: a presentation on the findings of a study on NHA uses; and small group exercises on deriving policy implications from NHA results.

The study enumerated the rationale for NHA: (1) provides information to make the right decisions; (2) provides a consistent framework for estimation; (3) gives the whole picture of health financing; and (4) fosters routine questions about health financing developments and trends.

The study also described the various uses of NHA. In Australia, NHA data have, among others, helped policy-makers to understand the cost of universal coverage and pushed them to increase public health spending. Targets have been set in financing terms for the Asia and Pacific region in the regional health financing strategies document. For example, performances of countries are assessed by comparing actual versus targets in: (1) the ratio of national health expenditures to the gross domestic product (GDP); (2) the share of out-of-pocket spending out of the total national health spending; and (3) the share of preventive health care spending out of total national health spending.

Examples of uses of NHA in Pacific countries were also presented. In Tonga, where NHA revealed a significant level of spending on traditional healers, policy-makers decided to formulate regulation and control policies for these health providers. Furthermore, analysis of expenditures for noncommunicable diseases (NCD) in Tonga resulted in better coordination of NCD spending from various sources and increased allocation to preventive programmes. In Samoa, NHA data showed the need to balance spending by type of health care services; as such, more investment was made in preventive services and health promotion. The increasing spending on medicines in Samoa led to the formulation of policy to improve efficiency in the use of funds for medicines (from importation, to distribution and to sales).

For the exercises on analysing and using NHA for policy, meeting participants were divided into three groups. The groups were asked to examine various data generated from NHA (both actual and hypothetical) and to draw policy recommendations. Some examples of the recommendations made during the exercises were as follows:

1. To assess the regional variation in per capita health expenditures among the four states of the Federated States of Micronesia: it was suggested that additional data (such as data on health utilization, health services cost, health providers and health outcomes)
should be used with NHA data to properly assess the variation and adequacy of per capita spending levels in the different states.

(2) To reduce out-of-pocket spending for health: it was suggested to (a) increase government subsidies to health, (b) increase efficiency in the use of available government health funds, (c) impose taxes on alcohol and tobacco consumption, and earmark tax collections to health, (d) regulate or remove user fees for health services, and (e) establish social health insurance.

(3) To assess adequacy of health expenditures relative to the GDP: it was suggested that more data or health statistics should be used with NHA data to properly assess a country’s situation.

(4) To promote the use of NHA for policy-making: it was suggested that the Ministry of Health and highest-level policy-makers (i.e. Cabinet) should be influenced and that mass media campaigns (television and radio), seminars and regular meetings with the Ministry of Health should be used for this purpose.

2.4 Lessons for institutionalizing NHA in the Pacific

Many lessons about institutionalizing NHA in Pacific island countries were learnt from the experiences of the three project pilot countries and from three others (Papua New Guinea, Samoa and Tonga) that have had the longest experience in NHA implementation in the region. These lessons were incorporated into the updated NHA development and institutionalization framework for Pacific island countries.

Key lessons from NHA implementation in Pacific island countries included:

(1) The compilation of NHA requires breadth and depth of experience.

(2) A mix of skills ranging from quantitative, programming to technical writing is required to produce NHA reports.

(3) Continuing improvement in the quality of input data is necessary to improve, in turn, the quality of NHA estimates over time.

(4) High-level support and the commitment of human resources and other resources are needed to sustain NHA work in the long term.

The Pacific NHA Network and a regional NHA resource centre are expected to play very important roles in assisting countries in the institutionalization process. Regional collaboration and cooperation through the Network can address some of the challenges of doing NHA in Pacific island countries, such as limited pool of manpower and financial resources, and retaining technical expertise.

2.5 NHA technical resources for the Pacific

Two sets of reference materials were developed by the project to facilitate capacity-building and NHA estimation work and, more importantly, to promote and support institutionalization of NHA in Pacific island countries. These reference materials are expected to reduce learning barriers, to increase comparability in methods and outputs of the Pacific region with the rest of the world, and to improve standards and quality of NHA statistics in the Pacific.
The NHA learning modules consist of six modules: (1) introduction to the NHA course; (2) introduction to NHA; (3) classifying health expenditures; (4) building the NHA tables; (5) data storage and estimation techniques; (6) and using NHA for evidence-based policy. These learning modules are being developed further into an interactive learning tool on CD or accessible online.

The technical reference materials and tools developed by the project for the Pacific countries are meant to be used alongside a number of existing guidelines used internationally. The latter include the System of Health Accounts of the Organization for Economic Cooperation and Development (OECD); the NHA Producer’s Guide for Low- and Middle-Income Countries Developed by WHO, the World Bank and the United States Agency for International Development (USAID); the Style Guide for Writing Health Accounts Reports of the Australian Institute for Health and Welfare; and the Guidelines for Improving the Comparability and Availability of Private Health Expenditures of the OECD and the Institute of Health Policy.

Two technical notes or guidelines were developed to cover two phases of developing NHA in a country. The first note describes how to formulate the country’s health accounts classification schemes and how to set up the health accounts database. The note recommends dual reporting of expenditures to have both NHA results relevant for local policy-making and NHA results that are internationally comparable (i.e. based on the System of Health Accounts). The database design should also support dual reporting and production of tables. The second technical note describes the range of data sources in Pacific island countries that can potentially be used in NHA estimation. The note provides examples of cases when special surveys may be needed to fill data gaps, but emphasizes caution about using standard questionnaires. Also emphasized in the note is the need to seek the assistance of someone who has the expertise and experience in conducting surveys.

2.6 Discussion on the Pacific NHA Network

This section of the meeting consisted of two parts: a presentation of examples of existing NHA regional networks, and the options for functions and form (or structure) of the Pacific NHA Network; and small group discussions (three groups) to answer a number of questions. The questions, which were about the Network, included the following:

- Is there a need for a Pacific NHA network?
- How should the network be organized?
- Is there a need for a regional NHA technical resource centre?
- What should be the role of the technical resource centre?
- What types of support are needed by the network?

The answers given through the small group discussions were consolidated and discussed further by all participants in a plenary discussion. The consensus or agreements reached were put in a summary note (i.e. an aide memoire) that the meeting participants took back to their respective ministries to be reviewed. The official endorsement for the establishment of the Pacific NHA Network (with specifics as described in the summary note) will be sought from potential member countries in a future meeting of health ministers of the Western Pacific Region to be organized by WHO.
Highlights of the agreements reached during the meeting discussions included:

1. Recognizing the unique nature of the problems facing NHA development in Pacific island countries, a Pacific NHA Network should be established.

2. The network should be open to membership by experts and agencies from all countries in the Pacific region.

3. Some important functions of the network will be coordination, knowledge-sharing, assisting countries to obtain technical and financial support, and monitoring NHA development in the Pacific.

4. The network will select a Secretariat to perform administrative functions and a small Steering Committee to supervise and guide the Secretariat.

5. Recognizing present limited technical expertise within the Pacific countries, the network will support the establishment of a regional NHA technical resource centre to maintain health accounts expertise that is readily accessible to Pacific island countries.

6. WHO and AIHW agreed to assist in the development of the network.

2.7 Discussion on future NHA activities in the Pacific

Planned and proposed NHA activities were reported for regional and country levels.

Regional-level activities that the meeting participants agreed to were: the establishment of the Pacific NHA Network (top priority); annual meeting of Pacific island countries on NHA; periodic conduct of training (e.g. on use of data management and analysis software such as STATA); procurement of software license for the Pacific NHA Network members’ use; establishment of a common NHA database for the Pacific region; and conduct of cross-country studies including government expenditure coding systems and more.

Country-level activities identified were related to NHA development/estimation and NHA institutionalization. Examples of NHA development/estimation-related activities that were planned or proposed by countries were: NHA data assessment (the Marshall Islands, Nauru, Cook Islands); development of NHA system (Marshall Islands, Palau); review and preparation of country expenditure classifications according to the System of Health Accounts for dual reporting (Papua New Guinea); improvement and expansion of NHA system, such as creation of sub-accounts (Samoa); production of the next round of NHA and dissemination of results (the Federated States of Micronesia, Fiji); and preparation of a policy paper based on NHA results (Tonga).

Examples of institutional development activities included the following: NHA capacity assessment (Nauru); capacity-building basic and/or advanced (all countries); strengthening of data collection system (Fiji, Vanuatu, Tonga); NHA advocacy and awareness building (Cook Islands, the Federated States of Micronesia, Marshall Islands, Vanuatu); and development of an institutional base for NHA work including forming NHA technical team, forming a Steering Committee, instituting policy on NHA development, and creating staff positions for NHA work (the Federated States of Micronesia, Papua New Guinea, Palau, Vanuatu). Some countries identified activities related to NHA such as the conduct of public expenditure review for health (Fiji, Papua New Guinea, Cook Islands and Nauru).
3. CONCLUSIONS

3.1 The Meeting on the Implementation of the Project on National Health Accounts in the Pacific accomplished its three objectives.

3.2 Outputs of the meeting included the following:

(1) Objective 1 - Comments and suggestions for the finalization of the new NHA materials and other tools prepared for use in Pacific countries.

(2) Objective 2 - NHA implementation experiences shared by the Federated States of Micronesia, Fiji and Vanuatu, the project pilot countries, and lessons learnt about (and possible strategies to facilitate) use of NHA for policy and NHA institutionalization.

(3) Objective 3 - Agreements reached on the functions and form of the Pacific NHA Network.
MEETING ON THE IMPLEMENTATION OF THE PROJECT ON NATIONAL HEALTH ACCOUNTS IN THE PACIFIC
Nadi, Fiji
25-27 May 2010

AGENDA

1. Opening session
2. ADB-WHO Pacific NHA development project
3. Implementation in project pilot countries
   3.a Fiji
   3.b Federated States of Micronesia
   3.c Vanuatu
4. NHA as evidence base for policy
5. Lessons for institutionalizing NHA in the Pacific
6. NHA technical resources for the Pacific
7. Discussions on the Pacific NHA subnetwork
8. Discussions on future NHA activities in the Pacific
9. Presentation of proposed Pacific NHA subnetwork
10. Presentation of proposed Pacific NHA activities
11. Closing of meeting
# TIMETABLE

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<tr>
<th>TIME</th>
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<th>26 MAY (Wed)</th>
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<tr>
<td>08:00-08:30</td>
<td>Registration</td>
<td>08:30-08:40</td>
<td>Summary of First Day Meeting (J. Goss)</td>
<td>08:30-08:40</td>
<td>Summary of Second Day Meeting (K. Tin)</td>
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<td>08:30-09:00</td>
<td>1. Opening session</td>
<td>08:40-09:40</td>
<td>5. Lessons for institutionalizing NHA in the Pacific setting (S. Hopkins)</td>
<td>08:40-08:50</td>
<td>8. Discussions on future NHA activities in the Pacific</td>
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<td></td>
<td>• Speech of the Regional Director</td>
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<td>• Elect discussion chairman for Day 2</td>
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<td>8.a Discussion guide materials (R. Racelis)</td>
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<td>6. NHA technical resources for the Pacific</td>
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<td>8.b Small group discussions</td>
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<td>• Elect discussion chairman for Day 1</td>
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<td>• Discussion</td>
<td>08:50-10:00</td>
<td>8.c Big group discussion: consolidate proposed NHA activities from small group discussions</td>
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<td>09:40-10:00</td>
<td>6. NHA technical references and tools (R. Rannan-Eliya)</td>
<td>10:00-10:40</td>
<td>8.d Discussion mechanics (P. Allbon, WHO)</td>
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<td>2. ADB-WHO Pacific NHA development project (R. Racelis, Project Coordinator)</td>
<td>10:20-10:40</td>
<td>6.b NHA learning modules (S. Hopkins)</td>
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<td>8.e Small group discussion: consolidate proposed NHA activities from small group discussions</td>
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<td>09:30-10:00</td>
<td>3. Implementation in project pilot countries (country NHA teams)</td>
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<td>• Discussion</td>
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<td>8.f NHA learning modules (S. Hopkins)</td>
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<td>10:00-10:30</td>
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<td>7. Discussions on the Pacific NHA subnetwork</td>
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<td>7.b Small group discussions</td>
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<td>14:00-17:00</td>
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<td>4. (continued) NHA as evidence base for policy – group exercises</td>
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<td>7.c Big group discussion: Consolidate, assess and get consensus on proposals</td>
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<td>18:00</td>
<td>4.c Big group discussion (P. Allbon)</td>
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<td>Reception hosted by WHO</td>
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LIST OF PARTICIPANTS, REPRESENTATIVES AND SECRETARIAT

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Distinguished participants, ladies and gentlemen:

On behalf of Dr Shin Young-Soo, I would like to thank you for accepting our invitation to this meeting on the implementation of the project on national health accounts in the Pacific.

Last year, we launched the joint Asian Development Bank and WHO project to support the development, production and institutionalization of national health accounts in Pacific island countries. We are pleased with the progress of the project and thank the pilot countries, national experts and the professional guidance provided by Curtin University of Technology, the Institute of Health Policy in Sri Lanka, the Australian Institute for Health and Welfare, and the Asian Development Bank.

As you know, the project will be completed in one month's time, making this an excellent time to discuss initial results and outcomes. At this meeting, we also will learn about additional resources for the Pacific and the experiences of the three pilot countries, reach an agreement on the most feasible option to establish the Pacific National Health Accounts subnetwork and identify future work in the Pacific.

The development of National Health Accounts in the Pacific is an ongoing process and I believe that the current project did complement NHA work that had previously been carried out in the Region and adding value to making the production and use of NHA in the Pacific context feasible. One of the project's significant contributions was to involve the Pacific countries in the revision of the international standard System of Health Accounts to recognize region-specific methodological issues and reflect these in the revised guidelines. The project also increased overall awareness on NHA in non-pilot Pacific countries and the Region as a whole, leading to discussions about how to further improve the use of health accounts in policy.

There has been significant progress, but more work remains ahead. Human resource capacities need to increase to expand routine NHA implementation to most countries. Regional cooperation and collaboration work needs to be developed and maintained to compensate for any constraints that exist in Pacific island countries. I expect these issues will be discussed at this meeting and that the outcomes will further guide the direction of future work in the Region. WHO is keen to support further NHA development activities and actions in collaboration with national governments and interested partners, and I wish that this meeting will take us all one important step forward would like to thank again our partner agencies and our national counterparts from Fiji, the Federated States of Micronesia and Vanuatu for their contribution to the successful implementation of the Pacific national health accounts project.

I wish you a very successful and productive meeting.

Enjoy your stay in Fiji. Thank you.
Meeting Objectives and Expected Output

Meeting on the implementation of the Project on National Health Accounts in the Pacific
Nadi, Fiji 25-27 May 2010

Meeting Objectives

1. To discuss the additional NHA resources developed by the project and provide inputs for their finalization;
2. To learn from the experiences of the three pilot countries in using the additional NHA resources to plan, develop and institutionalize NHA; and
3. To consider proposed options for the organizational structure and functions of the Pacific NHA network, agree on the most feasible option and identify measures to sustain the network.

Structure of the meeting

- Day 1
  - Pilot country presentations on NHA Project implementation and NHA updates
  - NHA uses presentation and small group exercises on using NHA data for policy
- Day 2
  - Presentations on - institutionalizing NHA and technical resources for the Pacific
  - Pacific NHA subnetwork discussions (small groups and big group)

Structure of the meeting

- One discussion chairman/moderator will be elected from country participants, one for each day of the meeting.
- Most of the meeting time will be used for small group sessions; then following small group sessions, outputs will be consolidated in a "big group" discussion – this is the general format for agenda item 4 (policy use), 7 (subnetwork) and 8 (plan of activities)
Annex 5

Expected outputs

- Inputs for the finalization of Pacific NHA technical reference materials
- Proposed strategies to advocate NHA policy uses and increasing demand for NHA in the Pacific
- Proposed strategies to facilitate NHA institutionalization in the Pacific
- Proposed Pacific NHA subnetwork model
- Plan of NHA activities in the Pacific
The ADB-WHO Pacific NHA Development Project

Meeting on the Implementation of the Project on National Health Accounts in the Pacific
Nadi, Fiji 25-27 May 2010

Complete project title

- "Strengthening Evidence-Based Policy-Making in the Pacific: Support for the Development of National Health Accounts"

Project implementation

- Jointly implemented by the Asian Development Bank and World Health Organization, with WHO-WPRO as the executing agency
- May 2009 to June 2010
- Implemented in four components

Project components and outputs

Component 2: Conducting NHA Pilot Tests
- NHA training and estimation work conducted in Fiji, FSM and Vanuatu
- Improved NHA design, estimation methods and estimation tools
- Improved human resource capacities
- Organized institutional arrangements for succeeding NHA work
(Day 1, Timetable item 3 and 5)

Component 1: Developing NHA Regional Resources and Standardized Materials
- Updated PIC NHA development framework
- NHA technical guidelines, data collection instruments, and report template designed for the Pacific setting
(Day 2, Timetable item 6.a)

Component 3: Establishing a Pacific NHA Subnetwork
- Established functions, form and home of subnetwork (TBA)
- Pacific NHA resource center (TBA)
- Pacific NHA learning modules
(Day 2, Timetable item 6.b, 7 and 9)

IMPLEMENTATION OF NHA IN VANUATU (2005 -2007)

By: Jameson Mokoroe
Viran Tovu

1.0 Introduction

- Vanuatu is a NHA Project Pilot Country
- First Round 2005
- Second Round 2007
- NHA will become and important tool for policy formulation, planning and decision making of the Ministry of Health.

ii) Awareness (on-going)

- Political (obtaining political will)
- Heads of departments
- Ministry of Health
- Private stakeholders

Presentation Outline

1. Introduction
2. NHA Development/implementation process
   ✓ Planning
   ✓ Awareness
   ✓ Implementation
3. NHA (2007) Second Round preliminary findings
4. Benefits
5. Lessons from Vanuatu health accounts 2007
6. Challenges
7. Future Plan

2.0 NHA Development/implementation Process

i) Planning (2005)
   - Identifying demand in Vanuatu
   - Setting of NHA Core group
   - Work plan development

iii. Implementation

Activities Carried-out

- First round of NHA Report(2005)
- Setting up of NHA Core group
- Planning (identification of data sources, questionnaire design, etc...)
- Survey
- Analysis & compilation
- Dissemination workshop (presentation of results)
- Distribution of approved NHA 2005 report
- Focal point of NHA within Finance & Accounts Unit of MOH
Annex 7

Activities cont...)

Second Round (2007 Report)

- Workshops
- Awareness
- Training on NHA methodology (Design & development of questionnaire)
- Training on analysis
- Dissemination
- Establishment of NHA Steering Committee and working (core) committee.
- Survey
- Analysis & Compilation (in process)
- Dissemination workshop (presentation of results)
- Distribution of 2007 NHA report (yet to be approved and distributed)
- Development of Vanuatu NHA Accounts classification
- Vanuatu NHA Policy developed
- Incorporate NHA position into the New MOH Structure due to be adopted this year (2010)

3.0 NHA (2007) Second Round preliminary findings

3.1 Preliminary estimate of health expenditure in Vanuatu in 2007

<table>
<thead>
<tr>
<th>Health &amp; percent of GDP</th>
<th>Millions of Vatu</th>
<th>Millions of USSPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total health expenditure</td>
<td>1,834 Vatu</td>
<td>33</td>
</tr>
<tr>
<td>Total Health expenditure per/person</td>
<td>7,819 Vatu</td>
<td>$144</td>
</tr>
<tr>
<td>Health as percent of GDP</td>
<td>3.6%</td>
<td>(4.1% of GDP was estimated in 2005)</td>
</tr>
</tbody>
</table>

3.2 Who funded health expenditure in 2007

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount (millions Vatu)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Finance</td>
<td>1,351</td>
<td>73.7%</td>
</tr>
<tr>
<td>Private employer funds</td>
<td>69</td>
<td>3.7%</td>
</tr>
<tr>
<td>Household funds</td>
<td>123</td>
<td>6.5%</td>
</tr>
<tr>
<td>Non-profit institutions serving households (Social donors)</td>
<td>18</td>
<td>1.0%</td>
</tr>
<tr>
<td>Own Funds</td>
<td>204</td>
<td>14.4%</td>
</tr>
<tr>
<td>Total</td>
<td>1,834</td>
<td>100%</td>
</tr>
</tbody>
</table>

3.3 Health expenditure by households

- The 2006 Household Income and Expenditure Survey gave us lower estimates of the proportion of household income that households were spending out of pocket on health than the 1999 Household income and expenditure survey.
- This led to estimates of Out-of-pocket (OOP) as a percent of total health expenditure declining from 17% of THE in the 2005 NHA estimates to 7% of THE in the 2007 estimates.
3.4 Ministry of Health expenditure

<table>
<thead>
<tr>
<th>Function</th>
<th>Amount in millions</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital services</td>
<td>336</td>
<td>36.4%</td>
</tr>
<tr>
<td>Hospital supplies</td>
<td>109</td>
<td>11.9%</td>
</tr>
<tr>
<td>Dental services</td>
<td>17</td>
<td>1.8%</td>
</tr>
<tr>
<td>All other hospital</td>
<td>77</td>
<td>8.2%</td>
</tr>
<tr>
<td>Traditional medicine</td>
<td>11</td>
<td>1.2%</td>
</tr>
<tr>
<td>Maternity and child health care</td>
<td>74</td>
<td>8.1%</td>
</tr>
<tr>
<td>Environmental and other medical services</td>
<td>224</td>
<td>23.8%</td>
</tr>
<tr>
<td>Reproductive health (eradication and child health, IUD and counseling)</td>
<td>10</td>
<td>1.0%</td>
</tr>
<tr>
<td>Prevention of communicable diseases</td>
<td>112</td>
<td>11.8%</td>
</tr>
<tr>
<td>Prevention of non-communicable diseases</td>
<td>23</td>
<td>2.3%</td>
</tr>
<tr>
<td>Environmental health, sanitation, and safety and security</td>
<td>5</td>
<td>0.5%</td>
</tr>
<tr>
<td>General government ministries of health</td>
<td>228</td>
<td>21.9%</td>
</tr>
<tr>
<td>Public health administration</td>
<td>44</td>
<td>4.3%</td>
</tr>
<tr>
<td>Disease control</td>
<td>75</td>
<td>1.4%</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Education and training of health personnel</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td>Research and development in health</td>
<td>527</td>
<td>50.0%</td>
</tr>
<tr>
<td>Total</td>
<td>688</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

3.5 Ministry of Health expenditure

- MOH financing of health as a percent of GDP: 3.6%
- Unit payments to MOH facilities as a percent of GDP: 0.016%
- Donor financing of MOH activities as a percent of GDP: 0.2%
- MOH expenditure as a percent of GDP: 3.5%

3.6 Ministry of Health expenditure

- Expenditure by the Ministry of Health dominates health expenditure in Vanuatu, 81% of total health expenditure.
- The Ministry of Health also dominates health employment. Almost 800 staff employed by MoH. Private sector employs about 20 or so health professionals.

3.7 Ministry of health funding

- MOH funding of health expenditure

3.8 Ministry of health funding

- MOH funding of health as a percent of GDP
3.9 WHO Health financing strategy for the Asia Pacific Region 2010-2015

Universal coverage is difficult to achieve if public financing is less than 5% of GDP.

Vanuatu spent 3.5% of GDP on health in 2007, and public financing is 2.6% of GDP.

3.10 WHO Health financing strategy for the Asia Pacific Region 2010-2015

Universal coverage is difficult to achieve if Out of Pocket payments are greater than 30% of total health expenditure.

In Vanuatu about 8% of total health expenditure is spent on out of pocket payments.

4.0 Benefits of NHA Report (2005)

• As a reference for MOH annual reports (2006, 2007)
• As reference for MOH Health Sector Report
• As references for Development of MOH Health Sector Strategy (2010 – 2016)
• As reference document for donor agencies, NGOs and other government departments
• As reference materials for visiting consultants

5.0 Lessons from Vanuatu health accounts 2007

• Vanuatu spends less on health expenditure than most other Pacific countries and its health outcomes are lower than comparable countries like Samoa, Tonga and Fiji.
• Vanuatu has many less doctors and nurses per person than most other Pacific countries
• Is there a connection between the amount of health expenditure and health outcomes?

6.0 Challenges

• Obtaining stronger political will
• More awareness on NHA (benefits, uses etc...)
• Data collection difficulties
• Human resource

7.0 Future plan

• Finalize, approve and distribute NHA 2007 Report
• Endorsement of VNHA Policy by Council of Ministers (COM)
• Recruitment of NHA officer as per new structure
• Advocate for more use of NHA in policy formulation, planning and decision making.
• Third Round development of NHA
• Incorporating NHA data collection information into the National Statistics Household Survey form.
Implementation of NHA: Federated States of Micronesia
Ben Jesse
Meeting on the Implementation of the Project on National Health Accounts in the Pacific
25 May 2010
Nadi, Fiji

Outline
• NHA Process in FSM
• Achievements
• Difficulties
• Looking Ahead
• Updated NHA Results

First NHA Exercise
• The first NHA for FSM was developed from November 2006 to May 2007 with funding and technical support from WHO
• NHA Team was formed at DOH-DOHESA and learned about NHA on-the-job
  – Profiling of FSM health care system
  – Developing the FSM NHA system (scope, classifications, tables)

First NHA Exercise (cont.)
• (cont.)
  – Collecting data for 2005 NHA – with the cooperation of DOFA, Dept. of Economic Affairs, DOTC&I, MiCare and Public Auditor
  – Preparing estimation tools (guide to producing FSM NHA and MS Excel estimation tool) and estimating of 2005 NHA
• Results were disseminated through reports and seminars
• Training workshops conducted but limited
Second NHA Exercise

- The second NHA for FSM is developed with funding and technical support from ADB and WHO under “Component 2: Conducting NHA Pilot Tests”
  - Along with Fiji and Vanuatu, Federated States of Micronesia was chosen and endorsed to be pilot tested with NHA
  - Testing standardized materials, hands-on training in data collection, organization, and analysis
  - Build on initial experience and progress towards institutionalization of NHA
- NHA Team has been formed at DOH-DOHSA

Project Milestones

2009

<table>
<thead>
<tr>
<th>Month</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul</td>
<td>Project inception</td>
</tr>
<tr>
<td>1 – 3 Sep</td>
<td>First regional meeting (Nadi, Fiji)</td>
</tr>
<tr>
<td>Sep – Nov</td>
<td>Project planning and preparation</td>
</tr>
<tr>
<td>30 Nov – 4 Dec</td>
<td>1st training workshop and advocacy seminar (Pohnpei, FSM)</td>
</tr>
<tr>
<td>Dec</td>
<td>Data collection, analysis and compilation</td>
</tr>
</tbody>
</table>

Project Milestones (cont.)

2010

<table>
<thead>
<tr>
<th>Month</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>First draft of FSM NHA estimates (FY 2005 – 2008)</td>
</tr>
<tr>
<td>29 – 30 Mar</td>
<td>Second training workshop and dissemination seminar (Pohnpei, FSM)</td>
</tr>
<tr>
<td>Mar – May</td>
<td>Improving NHA estimates; and writing report and policy briefs</td>
</tr>
<tr>
<td>25 – 27 May</td>
<td>2nd regional meeting (Nadi, Fiji)</td>
</tr>
<tr>
<td>Jun</td>
<td>Project completion</td>
</tr>
</tbody>
</table>

Achievements

- Updated classifications (FS, HF, HP, HC, STATE) and data plan
- Improved estimation tools; and standardized NHA database
- Updated the FSM NHA estimates to 2008
- Improved estimates with updated/new data sources
  - 2005 Household Income and Expenditure Survey (HIES)
  - Micronesia Red Cross Society and Micronesian Human Resources Development Center

Achievements (cont.)

- Conducted two workshops and provide on-the-job training to build up local capacity
- Conducted advocacy and dissemination seminars to raise awareness about NHA and advocate routine use and institutionalization of NHA

Difficulties

- Limited manpower and other competing work priorities as a result of freeze on establishment
- Loose institutional link with data providers
  - delay/deterrent in data collection
Looking Ahead

Next Steps
- Promote use of NHA through dissemination of results to policy-makers and stakeholders
- Work with the possible Pacific NHA subnetwork towards institutionalization
- Plan for next NHA activities / institutionalization

Possible Improvements
- Breakdown of curative care into inpatient and outpatient care
  - Time spent of doctors and nurses; and cost of pharmaceuticals
  - MiCare claims data

Uncertainties
- Routine use of NHA
- Financial and/or staffing commitment for NHA work from government
- “Home” of NHA
- Incentives and continuing capacity-building strategy to maintain core staff knowledgeable in NHA

Total expenditure on health by financing source, 2008
Annex 7

Total expenditure on health by financing agent, 2008

Total expenditure on health by health care function, 2008

Total expenditure on health by health provider, 2008

Total expenditure on health as a % of GDP

Total expenditure on health per capita

Implications

• About 65% of health funds was from external sources
  – Is the health system sustainable in the long run?
• Most of the expenditure was incurred at hospitals
  – Is this desirable from policy point of view?
• Two-thirds of health expenditure was spent on curative care while one-fifth on preventive care
  – Is this allocation of resources efficient?
Implications (cont.)

• 15% of GDP was spent on health
  – Is it too much or little compared with Pacific countries?
• Yap has spent more in nominal terms and as a % GDP
  – What is the reason accounting for this increasing trend?

• These questions can be answered when
  – Comparing health spending over time
  – Comparing with health spending of other countries with similar socioeconomic development
  – Linking with health services production data
  – Linking with health outcome data
  – Linking with other demographic data
• These help identify areas for policy interventions
Annex 7

Project Pilot Country Implementation: Fiji Islands

Mrs. Laite Cavu & Mr. Idrish Khan
Fiji Ministry of Health

Meeting on the Implementation of Project on NHA in the Pacific
Nadi Fiji
25-27 May 2010

Outline

• NHA Project Implementation
• NHA Progress
• Constraints/Issues Experienced
• Lessons Learnt
• Updated NHA Results
• Future NHA

Map of Fiji Islands

Total Population: 837,271

Project Implementation

NHA team
• Comprises members from Ministry of Health,
  Bureau of Statistics, Ministry of National Planning,
  Fiji School of Medicine

• Under coordination of Ministry of Health
  Laite Cavu - Director Information Planning & Infrastructure
  Idrish Khan - Manager Finance/Project Coordinator

10/01/2010

NHA PROGRESS

• Formed new NHA team:
  Established institutional links with Fiji Islands
  Bureau of Statistics and FSMed

• Generated interest in the Private Sector
  through awareness seminar and surveys

• Better understanding of NHA and data
  extraction methods from various sources

• Compiled estimated figures for 2007-2008

16/06/2010
Constraints

- Staff turnover since 1st NHA in 2007
- Initial unwillingness of MoH to commit resources
  - NHA work done on part-time basis
- Inter-agency support issues
- Lack of appreciation at the size of the task & skills required e.g. data management, coding rules, classification in Fiji NHA tables

LESSONS LEARNT

- Need to increase awareness for both Public and Private Sectors
- Need for routine data sources e.g. FIBOS surveys
- Continuous capacity building so skills and experience are not lost
- Needs Government commitment
  - NHA results need to meaningfully utilised

UPDATED NHA RESULTS

FINANCIAL SOURCES OF TOTAL HEALTH EXPENDITURE

FINANCIAL SOURCES OF TOTAL HEALTH EXPENDITURE
FUTURE NHA ACTIVITIES

Options for continued NHA:
1. Outsource to external agency
2. Collaboration with other agencies, stakeholders
3. In-House by Ministry of Health

Project Pilot Country Implementation:
Fiji Islands
Thank You!!
"Information gives you the power to make the right decisions."

Dr. Roberto Tapia Conyer, Vice-Minister, Ministry of Health, Mexico

The Information Paradox

Sadly, the countries with the most severe health problems are also the ones with the weakest health information and statistical systems. Yet, it’s not because countries are poor that they cannot afford information. It’s because they are poor that they cannot afford to be without it.

- Health Metrics Network

Why are agencies like WHO and ADB strongly advocating routine preparation and use of NHAs in Asia and the Pacific?

- It’s a standard method, internationally agreed
  - lets us compare year on year
  - lets us compare across countries

A consistent framework
Comparisons create meaning

- Comparisons, on a standard basis, lead to stronger thinking and analysis

- It gives you the WHOLE picture – not just the government health budget part

- It includes information about what individuals are paying from their own pockets
  - That's really important if universal coverage is your aim

- It fosters routine questioning and analysis of health system resource trends
  - The process of capturing the data itself, leads to a much better understanding of the health system and expenditure trends
  - Its useful for health department planning AND ALSO for Finance and Treasury decisions

An example from Australia

- Health accounts were first developed in Australia in the 1970s.
  - What impact have they had?
In Australia...

- NHAs helped increase understanding that many Australians did not have coverage for health services
- They were used as a way of understanding how much it would cost to move to universal coverage which occurred in 1975

In Australia...

- The $103.6 billion spent on health goods and services during 2007-08 represented 9.1% of GDP and averaged out at $4,874 per Australian
- Public health expenditure as a proportion of total recurrent health expenditure was 2.2% in 2007-08, after being 1.8-1.9% for the previous eight years
- Immunisations pushed public health spending up 21%

In Australia...

- Politicians argue about the share of public hospital funding that comes from the Commonwealth government vs the state governments
  - Led to increased funding from the Commonwealth government

In Australia...

- per person spending on health (including high care residential aged care services) for Aboriginal and Torres Strait Islander Australians in 2006-07 was 22% higher than for their non-Indigenous counterparts.
  - largely due to higher growth in spending on public hospital services

In Australia...

- NHAs indicate the differences in the way Aboriginal and Torres Strait Islander peoples access health providers compared to the rest of the population
  - Has led to increased funding and provision of primary and preventative services

Combining NHA and other data

- By combining NHA information with other information, eg to create information on disease expenditure.
What are our policy objectives for the allocation of health system resources?

- Objective: to achieve Universal Coverage, based on the principles and values of primary health care (WHO)

WHO recommends:

1. THE should be at least 4% - 5% of GDP
2. Out-of-pocket spending should not exceed 30%-40% of THE (and therefore the government/donor share of THE needs to be at least 60-70%)
3. Most essential care (80%) and most desirable health interventions (70%) can be delivered at the primary care level

In the Pacific...

- Samoa and Tonga have been compiling NHAs since 2002-03
- More PICs are seeing the benefits and preparing trial sets of accounts
- But if they aren't useful - and used - for making health resource decisions, they won't be sustained. And the numbers are unlikely to get more accurate.

Achieving this objective needs a strong and informed government role

backed up by good evidence

So how can the routine preparation of NHAs help governments to be "strong and informed" to make the best decisions?

Each PIC needs to set its own realistic target, and a plan of action to achieve it.
Specific policy issues where NHAs are a vital tool

1. THE should be at least 4% - 5% of GDP

NHAs can provide the evidence, to help Ministries of Health argue for more.

How much is being spent on health care – in total, and per capita

• How has it been changing over time?
• Is it "reasonable" compared to other countries?

Based on WHO NHA data estimates, 2007

- Below 5% Fiji, PNG, Tonga, Vanuatu
- Between 5-7% Samoa, Solomon Islands
- Above 7% Federated States of Micronesia (FSM).

Is the amount spent distributed fairly?

• Urban / Rural
• Across the different islands/states/regions
Annex 8

Regional inequalities in resources leads to expansion of health resources in Mexico

Health expenditure increased from 5.4% of GDP in 1998 to 6.2% in 2003

What is the balance between government and external donors

- How does it compare to other countries and overtime - is it sustainable? What are the risks for future financing?
- How much comes from individuals/private services? and is it preventing access? Is it sustainable?

An example from Samoa - government is funding 60% of THE

<table>
<thead>
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<th>2004-05 ST$m</th>
<th>2006-07 ST$m</th>
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<tr>
<td>Public Sources</td>
<td>31.2 (61%)</td>
<td>36.1 (64%)</td>
<td>52 (66%)</td>
</tr>
<tr>
<td>Donor Sources</td>
<td>9.7</td>
<td>10.5</td>
<td>16.86</td>
</tr>
<tr>
<td>Private Sources</td>
<td>10</td>
<td>9.8</td>
<td>9.9</td>
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</table>

Other examples of government funding as a share of THE

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<tr>
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<th>2007</th>
<th>FSM 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Sources</td>
<td>73.7%</td>
<td>Public Sources 10%</td>
</tr>
<tr>
<td>Donor Sources</td>
<td>15.9%</td>
<td>Donor Sources 65%</td>
</tr>
<tr>
<td>Private sources</td>
<td>10.4</td>
<td>Private sources 25%</td>
</tr>
</tbody>
</table>

Where is donor funding concentrated?

- It's not always easy to find out what donors are doing in your health system...
- In Vanuatu about 99% of donor funding is for preventive health programs

Donor assistance has to be coordinated and used for local health priorities
How much are individuals paying from their own pockets, and could this be more effectively spent?

• A difficult but critical piece of evidence for policy-making

Philippines

• Deliberate government policy to reduce the burden on households – led to decline in rates of growth of OOP expenditure after 1997

In Tonga...

• The NHA showed high level of out of pocket payments to traditional healers – led to regulation and control of traditional healers (new Association)

Governments can...

• re-allocate resources
  – eg to increase preventive care for chronic diseases, such as diabetes. Most spending is on managing and treating the complications of diabetes – early detection and community management is more cost-effective

What is the balance between spending on prevention and treatment?
  – And between primary care and hospital services?
In Samoa...

- Led to a decision to change the balance between primary care and hospital treatment, and to invest more in prevention – health promotion
  - Tobacco Control Act 2008
  - Public Health Bill before Parliament
  - Non-communicable Disease policy being finalised

In Tonga...

- Tonga MoH carried out a sub-NHA analysis for non-communicable disease in 2005/06
  - Led to better co-ordination of NCD spending with donors and increased allocation from government budget to prevention

In Samoa...

- Led to a decision to strengthen partnerships with NGOs providing health services (such as the Samoa Diabetes Association, HIV/AIDS Association and Family Planning Association) because
  - Clients needs are served directly
  - Less pressure on hospitals
  - More efficient and effective services provided

4. Monitoring efficiency and performance

Often need to combine NHA data with other data, eg disease data, or more detailed financial data

How much is being spent on pharmaceuticals? - Is pharmaceutical expenditure under control?

- Trends over time?
- In comparison with other countries?

An example from Samoa

- Policy for more efficient use of medicines developed 2008 (covering importation, distribution, sale, monitoring)
How much does it cost, per capita, to send patients overseas for treatment

- Trends over time
- Compared to the cost in other countries in the region?

In Samoa...

- Led to detailed examination of the cost of sending patients overseas, resulting in setting up a CAT scan unit in 2008

- Public expenditure reviews
- Projecting health financing requirements

Let's build on the start we've made, and DELIVER the benefits

- How can we increase support for the routine preparation and use of NHAs in PICs?
  - Demonstrate their practical usefulness!!
Lessons for institutionalising NHA in Pacific setting

Strengthening Evidence Based Policy-Making in the Pacific: Support for Development of National Health Accounts ADB RETA 6495-REG

Challenges

- Small populations
- Geographical dispersion
- Financial resources
- Retaining expertise

Project on NHA in Pacific: contribution to institutionalisation

- Capacity building based on appropriate and good quality training.
- Designing tools/databases to minimise capacity/technical burdens at country levels.
- NHA modules for ongoing training

Project on NHA in Pacific: contribution to institutionalisation

- Identifying regional resource centre(s) to:
  - provide regular back up support to countries on a transparent and agreed basis,
  - assist on specific problems as they occur,
  - undertake a set of regular support activities.

  - The Pacific Network
  - Will play a role in helping to coordinate review of NHA reports, give feedback, and help identify new needs.

Lessons: technical expertise

- Compilation of NHA requires breadth and depth of experience
- Mix of skills required to produce NHA reports include:
  - Economics, quantitative, research, programming, report writing & presentation

Lessons: technical expertise

Quality of NHA reports should improve overtime

e.g. Australian experience
- Expenditure by disease
- Expenditure by age, gender, ethnicity
- Expenditure by region
Annex 9

Lessons: relationship building

With Public sector
- Access to health, economic and social data
- Advocacy, financial support

With Private sector
- Access to data
- Advocacy

Lessons

Support generated through:
- NHA for evidence based policy making
- Evidence needs to be seen by the right people
- The value of NHA must be recognised

Institutionalisation

What is it?

When NHA becomes a routine activity built into work plans and budgets

How many years or rounds of NHA does this take?

Institutionalisation

What is the best means to achieve it?

Options for Institutional ‘home’ of NHA
- Ministry of Health
- Bureau of Statistics
- A (semi) independent agency?

Institutionalisation

Or, a collaboration between institutions?

Japanese, Korean, Sri Lankan & Hong Kong Ministries of Health ‘outsourced’ their NHA

Country experience?

Tonga & Samoa

What factors have made NHA institutionalisation achievable?
NHA Resources for the Pacific – NHA Technical References and Tools

Outline

- Project goals
- Process
- Tools developed/provided for project
  - NHA framework & classifications
  - Database design
  - Data scoping
  - Estimation of private expenditures
- Lessons

Project Goals

- To support institutionalization of NHA in Pacific region by providing common technical resources and tools
  - To reduce learning barriers
  - To increase comparability in methods and outputs within South Pacific and with Asia-Pacific region
  - To improve standards and quality of NHA statistics

Process

1. Assessment of NHA reports and data from PICs
2. Comparison with regional best practice
3. Discussion of proposals with PICs counterparts in Nadi (Sept 2009)
4. Development of draft materials with ADB project funding, and pilot-testing in FSM, Fiji and Vanuatu
5. Support for skills development at Fiji School of Medicine

NHA Classifications and Frameworks

- Problems
  - Difficulties in using local frameworks and applying international standards (SHA)
  - Difficulties in reporting internationally
  - Lack of consistency in application of definitions

- Existing resources
  - System of Health Accounts
  - WHO NHA Producers Guide
Annex 10

Guidelines #1

• Dual reporting
  - Local NHA classifications
  - Mapped to SHA classifications

• Database design
  - To support dual reporting and production of tables

Dual Reporting using mapping of classifications

Eg: Vanuatu Mapping

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<tr>
<th>Year</th>
<th>Source</th>
<th>Provider</th>
<th>Function</th>
<th>Amount</th>
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<tbody>
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<tr>
<td>2001</td>
<td></td>
<td></td>
<td></td>
<td>2001</td>
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</tbody>
</table>

Experience

• Mapping classifications relatively easy
  - Dual reporting feasible

• Databases
  - Development of databases and linked tables feasible, but can be initially demanding
  - May need additional technical support

• Reporting using international formats
  - TBD

SHA Green Papers

• Documentation of SHA implementations
• Standardized templates
• Work in progress:
  - FSM, Fiji, Vanuatu
• Future?
  - Samoa, Tonga
Guidelines #2

- Data scoping guidelines
  - Intended to supplement WHO NHA Producers Guide
  - Evidence during project of potential to use wider range of data sources in most PICs
  - Actual experience?

Private Expenditure Guidelines

Includes
- Guidance on adjusting household survey data estimates
- How to reconcile conflicting sources of data
- Experience in project - limited to date
- Need for additional expertise in applying

Guidelines #2

- Standard survey forms
  - Used in Vanuatu & Fiji
  - Problems noted in use of standard survey forms - Insufficient adaptation for different country contexts
- Implications
  - Need for caution in using standard forms at regional level
  - Need for expertise and experience in conducting surveys, especially in private sector

Lessons

- Adoption of new approaches
  - Feasible and potentially beneficial
- Redesign of NHA frameworks, capacity building and adoption of new approaches
  - Insufficient time during project to absorb and realize full benefits
- More robust standards and tools
  - Requires time, experience and expertise to implement
- Full benefits will require sustained effort with continuing support in use of tools
NHA learning modules

Outline of NHA modules

Module 1:
- Introduction to the course and Health Financing

In module 1 we will discover the role of health financing and NHA in a national health system. Thus this first module provides the overall context of NHAs and why it is important for a country to devote time and resources to their development.

Module 2:
- Introduction to National Health Accounts

Module 3:
- Classifying health expenditures

Module 4:
- Building the tables

Module 5:
- Data Storage and Estimation Techniques

Module 6:
- Using NHA data for evidence based policy

Outline of NHA modules

Delivery of NHA modules

- Pacific Open Learning Health Net
- Delivery via WWW or CD

What is required to benefit from NHA modules?

On-line learning
- Instructional design
- Completion for credit
- Tutor access
- Online tutorials

What is required to benefit from NHA modules?

Hands-on Experience
1. Online modules provide the background to the NHA experience
2. Learning also takes place in the process of compiling the accounts
   - Data sources
   - Conducting surveys
   - Negotiating with providers
   - Using software packages
Development of a collaborative network to support NHA in Pacific countries

BACKGROUND

Networking in Asia-Pacific – HA status 2009

Current NHA status in Pacific

• NHA efforts at country level since 1998, starting in Samoa/PNG
• Repeated NHAs only in a few countries:
  – Repeated rounds: Samoa, Tonga
  – Two rounds: FSM, Fiji, Vanuatu, PNG
• Noted difficulties
  – Limited HR / Technical expertise
  – HR constraints to absorbing new approaches
  – High turnover of staff
  – Limited policy use

Outline

• Background
• Past experience
• Potential functions of a network
• Potential options for structure
• Project Team suggestions
• Discussion questions

Health Accounts Status in Asia-Pacific 1995

• Brunei
• Hong Kong SAR
• Kyrgyz Republic
• Laos
• Tonga

• Permanent systems
• Intending to introduce
• Developing HA
• Intending to develop HA
PAST EXPERIENCE

APNHAN – Critical factors

- Network of experts
  - Participation is based on interest and involvement
  - Greater emphasis on sharing technical problems
- Not an initiative of DPs
  - Not dependent on DP support as key driver
  - Can respond to country concerns more flexibly
- Focus more on knowledge sharing than training
  - Recognizes diversity of needs
  - No pressure to impose standards or ways of doing

APNHAN – PIC Issues

- Limited participation
  - High cost/travel barriers to PICs involvement
- Lack of relevance
  - Large versus small
  - Disparities in HR and systems
- Inability to focus on Pacific issues and needs
  - Pacific voice small and muted
  ➔ Need for networking within Pacific

Regional Networks

- Many regional networks
  - Latin America, Asia-Pacific, Middle East, Africa
  - Most face problems of sustainability, dynamism
- Asia-Pacific NHA Network (APNHAN)
  - Covers all of Asia-Pacific
  - Activities:
    - Annual expert meetings
    - Collection of regional data, training and joint activities
  - Benefits:
    - Peer support and pressure
    - Mechanism to share knowledge and collaborate

POTENTIAL FUNCTIONS
OF A NETWORK
## Functions - Coordination

- Holding of regular meetings of PIC HA experts and agencies
  - To share experience
  - To share methods and knowledge
  - To agree common needs and positions
- Representation of PIC NHA interests
  - With external agencies/DPs
  - With APNHA

## Functions - Knowledge sharing

- Website and email list to enable PIC HA experts to share knowledge
- Provision of training services
- Collection of regional data
  - To support comparison of health expenditures in Pacific
  - To support participation in regional and global data collections

## Functions - Technical support

- Provision of technical support to countries needing assistance in development of NHA
- Provision of technical support to countries needing assistance in regular compilation of NHA
- Provision of analytical services to NHA teams
  - Eg: Analysis of household survey data
  - Eg: Management of databases
  - Eg: Extensions of NHA estimates

## Membership

- Governments/national authorities or country teams or experts?
- Automatic or on basis of selection?
- Role of external agencies/DPs?
- Suggested approach:
  - Core members should be NHA teams, with provision for country teams to nominate other experts/agencies from their countries
  - Automatic membership if a country team responsible for NHA
  - Provision for affiliation of external agencies/DPs

## Organization and decision-making

- Coordinating secretariat
  - Important not only for routine administration but also to initiate actions
  - Separate entity or based in one of the members/partners?
  - Country-hosted or International agency?
  - Permanent or rotating secretariat?
- Accountability
  - All members or to group of selected regional representatives?
Technical functions

- Based in coordinating secretariat or in technical agency?
  - Provision of technical advice/support requires skilled HR
  - Most likely to be in research/technical centre
- Capacity building
  - Does any PIC centre have adequate capacity?
  - Will there be need for training?
- Accountability
  - How to ensure accountability to members?

Linkages

- What external agencies/DPs should be involved in network?
- What relationship to APNHAN?
  - Separate or sub or affiliated network?
  - Regular representation at APNHAN meetings?

Suggested approach

- Network of NHA agencies/teams with WHO and DPs as partners
- Coordinating institution to be selected from NHA agencies/ministries by rotation
- Administrative secretariat to be based in a ministry, WHO-Suva or other agency
- Separate technical centre to provide technical support
- Capacity building to develop technical centre

SUGGESTIONS

Technical Centre

- Technical centre
  - Fiji School of Medicine: Only institution in region with adequate technical base and HR
  - But will need further support
  - How to make it accountable to countries?
- Technical links
  - AIHW
  - APNHAN
Question 1 – Is there a need?

a) Should there be a separate NHA network for PIGs?
   - Should this be separate from or linked to APNHAN?

b) What should the functions of a network be?

Question 2 – How should it be organized?

a) Who can be members of the network?
   - What organizations or individuals?
   - How about countries which have not started to develop NHA?

b) How should the network be coordinated?
   - If there is a coordinating agency or person, how should this be selected?
   - How should a coordinator be accountable to network members?

Question 3 – Technical centre?

a) Does the network need a technical centre separate from a coordinator?

b) If there is a technical centre for the network:
   - What activities should a centre perform?
   - How much should it be involved in compiling NHA estimates for specific countries?
   - Would some countries want to give data to the technical centre?

Question 4

If there is a technical centre for the network:

a) Who should this be?
   - Based in region or outside?
   - What kind of institution?
   - Who are the options?
   - What are the concerns?

b) How can a centre be made accountable to network members?

Question 5 – What support is needed?

- If a network is established, what kind of support should WHO/DPs provide?
- Should the network have links to external technical centres?
Summary note on discussions on development of a Pacific NHA Network, Nadi, 26 May 2010

Draft version 27 May, 2010

Introduction

1. This is a record of the consensus reached in discussions by participants in the Pacific Islands NHA Workshop, held in Nadi on 26 May 2010. Participants were asked to consider five overall questions relating to the establishment of a Pacific NHA Network:

   1) Is there a need for a PIC NHA Network?
   2) How should it be organized?
   3) Does the network need a technical centre?
   4) If there is a technical centre for the network, who should this be and how should it be accountable?
   5) What support is needed?

2. Country participants divided into four discussion groups that considered these issues, before meeting in plenary to present and discuss their conclusions. From these deliberations, the following consensus emerged and was unanimously agreed by those present.

(1) Need for and form of a Pacific NHA network

3. Recognizing the continuing and significant need to support the continued development of NHA, and the unique nature of the problems facing NHA development in Pacific countries, a Pacific NHA network should be established.

4. This network should be a separate network, but affiliated and linked to the Asia-Pacific NHA Network. Links should be maintained with APNHAN to ensure sharing of knowledge and expertise.

5. The network should be open to membership by experts and agencies from all Pacific Islands, regardless of the status of their NHA development. Where there are NHA teams in countries, these should be eligible members, whilst in other countries with no active NHA processes, health ministries or relevant national authorities should nominate representatives. Membership should be on an institutional basis.

6. The network should be open to membership by international agencies, development partners and technical institutions who have an interest and active involvement in NHA activities or funding in the Pacific.

---

1 A complete listing of the questions posed for discussion are given in the Annex.
Annex 12

(2) Functions of a network

7. The functions of the Pacific network should include the following:
   • Coordination of activities and meetings of NHA teams from the Pacific Islands.
   • Supporting the sharing of knowledge between NHA teams.
   • Assisting countries to identify and obtain technical and financial support, and organizing such support when needed, with particular attention to the countries just starting NHA development.
   • Representation of the views, needs and interests of NHA teams to other external agencies, including assisting countries in the mobilization or identification of funds and technical support.
   • Representation of the views, experience and needs of Pacific Islands NHA teams in the Asia-Pacific NHA Network (APNAN).
   • Tracking and reviewing the NHA status and developments in Pacific Islands, and using this to assist countries in identifying sources of assistance and collaboration, and in representing the regional needs to other agencies.
   • Assisting NHA teams in Pacific Islands to link and collaborate with one another, including supporting mentoring links between countries with established and new NHA activities.

8. The network should monitor and evaluate the implementation of its own activities.

(3) Coordination

9. The network should identify and select a secretariat that assists in performing the administrative functions.

10. There should be a small Steering Committee nominated from the country members to support and provide guidance to the secretariat. The Committee should be balanced in terms of representing different countries’ situations, and the details should be provided in terms of reference.

11. The activities of the secretariat should be set out and made accountable to the members by a MOU signed between the network members and the secretariat, which may include a terms of reference.

12. The secretariat initially should be based in WHO-Suva, whilst noting that WHO advised that it would need to look first into seeing if there were any legal or administrative barriers before it could accept this role.

(4) Technical resource centre

13. Most countries in the region continue to need technical support to further develop or establish NHA, and the limited technical expertise within the Pacific region is a significant constraint. Additionally, there is currently no technical institution in the
region with adequate technical expertise to provide all necessary technical support to
countries. Recognizing this, the network should have and support the establishment of a
technical centre to support NHA development in the various countries.

14. The role of the technical resource centre should be to support NHA development
in Pacific Islands by providing technical support and assistance, training and other
services. Such support should not be mandatory, and should be made available only on
request and in agreement with the Pacific Island concerned.

15. Data might be shared or provided to the technical centre by Pacific Islands, but
such data sharing should be governed by a network agreement covering such data
sharing and providing for appropriate protection of the data. In addition, it will be up to
each Pacific Island to decide what data can be shared and on what basis, including, if
desired, requiring the technical centre to access and use the data only when its staff are
in-country.

16. The technical centre will be a unit with dedicated staff, based in the Centre for
Health Information, Policy, and Systems Research (CHIPSR), Fiji School of Medicine. The
activities of this centre will be governed by a MOU with the network.

17. Recognizing that Fiji School of Medicine is a Fiji national institution, an advisory
panel drawn from the Steering Committee with additional co-opted members as
determined by the Steering Committee, should be established to ensure accountability
to the network members and to provide guidance and oversight over the technical
services provided by the Centre. A request was made to the Fiji delegation to seek Fiji
government endorsement to establish such a mechanism.

18. Recognizing that the NHA expertise and capacity at CHIPSR is limited and new,
there should be investment in building up the capacity of the centre, including both
funding and technical training. This will require technical support from external
technical institutions. The Director of Research at Fiji School of Medicine (FSMed)
committed to making an investment or resources from FSMed itself. The aim of this
capacity building should be to build up the technical centre so that it can in future
provide technical support to Pacific countries by itself.

19. Australia Institute for Health and Welfare (AIHW) has offered to seek funding to
provide technical support to help build capacity at the unit through a partnership, and
this offer was accepted. Such support should be given with the objective of building up
the unit so that it can fully perform its technical support function in future.

20. The network should also maintain links with other technical institutions and
help countries to identify such assistance if needed.

(5) Funding and support
Annex 12

21. Funding and technical support will be needed to develop the network and technical centre. Support should be mobilized with the assistance of WHO in collaboration with AIHW, FSMed and APNHAN.

22. Pacific Islands governments are urged to support the network and make appropriate contributions to the activities of the network.

Annex: Discussion questions

**Question 1: Is there a need for a PIC NHA Network?**

a) Should there be a separate NHA network for PICs?
   • Should this be separate from or linked to APNHAN?

b) What should the functions of a network be?

**Question 2 – How should it be organized?**

a) Who can be members of the network?
   • What organizations or individuals?
   • How about countries which have not started to develop NHA?

b) How should the network be coordinated?
   • If there is a coordinating agency or person, how should this be selected?
   • How should a coordinator be accountable to network members?

**Question 3 – Does the network need a technical centre?**

a) Does the network need a technical centre separate from a coordinator?

b) If there is a technical centre for the network:
   • What activities should a centre perform?
   • How much should it be involved in compiling NHA estimates for specific countries?
   • Would some countries want to give data to the technical centre?

**Question 4 – If there is a technical centre for the network:**

a) Who should this be?
   • Based in region or outside?
   • What kind of institution?
   • Who are the options?
   • What are the concerns?

b) How can a centre be made accountable to network members?

**Question 5 – What support is needed?**

a) If a network is established, what kind of support should WHO/DPs provide?

b) Should the network have links to external technical centres?
### PROPOSED NHA ACTIVITIES: COUNTRY LEVEL

**Meeting on the Implementation of the Project on National Health Accounts in the Pacific**

**Nadi, Fiji 25-27 May 2010**

<table>
<thead>
<tr>
<th>Country</th>
<th>Activities</th>
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| **Fiji** | - Public expenditure review for health  
- Strengthen NHA data collection system  
- Capacity building/awareness of data collection  
- Establish population for registration of traditional healers  
- Improve registration process of private providers (including doctors, pharmacies, dentists)  
- Training on database management (specifically using STATA software)  
- Review public expenditure coding practice  |
| **Samoa** | - Capacity-building/training: June to July 2010, done locally  
- Database management training: STATA software, Oct – Nov 2010  
- Purchase license for Stata software: USD 800: Dec 2010 (funding needed)  
- Update and create subaccounts: next round of NHA 2010-2011  |
| **Nauru** | - Public expenditure review for health  
- NHA capacity assessment  |
| **FSM** | - Advocacy for NHA: dissemination to policy makers  
- Work towards institutionalization of NHA  
- Creation of the core NHA group  
- NHA policy development (standard operational procedures)  
- Training for next round of NHA on classification and data collection  |
| **PNG** | - Review of classification system based on SHA  
- Form new NHA team and training on classification and dual reporting  
- Review of public expenditures for health  
- Strengthen data collection system  
- Assign an economist for full time NHA work  |
Kiribati

- Overall activity: in-country training and capacity building (starting Jan 2011)
- Strong government commitment to NHA, but training should be in-country for wider local participation

Republic of Marshall Islands

Overall activity: establish NHA
- NHA advocacy for political leaders
- Data scoping: what is available? what are the gaps?
- In-country training on NHA (Oct 2010 onwards)
- Develop NHA system (Oct 2010 onwards)
- NHA input data collection
- Produce first round of NHA estimates

Palau

Overall activity: development of NHA system and institutional arrangements over next 3 years
- Formalize NHA working group
- Incorporate NHA learning modules in existing college and MOH health training programs
- Implement 2 year NHA pilot project
- Evaluate NHA implementation process

Tonga

- Training/capacity-building of local NHA team (2011-12) in order to improve quality of succeeding rounds of NHA estimates and for updates on latest developments in NHA
- Introduce expenditure by disease in NHA
- Awareness workshop to strengthen link of MOH to NHA data sources
- Prepare policy paper using 2009/10 NHA results
- Advocacy workshop to emphasize the importance of containing private health expenditures
- Conduct dissemination workshop on NHA findings

Cook Islands

- Advocacy mission to present use and benefits of NHA to policy makers (WHO, AIHW)
- Public expenditure review – to include scoping of data in preparation for NHA development (Early Feb 2011)
- Training on NHA (to include the formulation of an implementation plan)

Tuvalu

Overall activity: NHA capacity-building
- Training of personnel in health care financing
- In-country training workshop on NHA
Vanuatu

- NHA advocacy and policy development
- Establishment of NHA office/unit
- Incorporate NHA data/information needs into National Statistics Office household expenditure survey
- Produce third round of NHA (additional NHA team training, conduct of special surveys, compilation of data and estimation, report preparation, translation, printing)