

Health satellite accounts – Brazil

Technical Consultation Health Satellite Accounts
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Project history

- First attempt: *Health's Political Economy - a quantitative approach* - IPEA (1995), data from the economic census.
- Project institutionalization (2006).
- First publication (2008).
- Satellite account publication (2009).

Axioms:

- **Formalized before any data dissemination**
- **Integration with the brazilian SNA**
- **Multidisciplinary**
- **Well defined coordination**

Institutionalization

- 2006 - An inter-ministry document formalized the creation of two groups:
 - **Planing committee** - in charge of setting the main lines for the account development and of proposing ways to implement it.
 - **Executive group** - responsible for implementing the accounts and for developing the products proposed by the planing committee.

Planing and executive groups

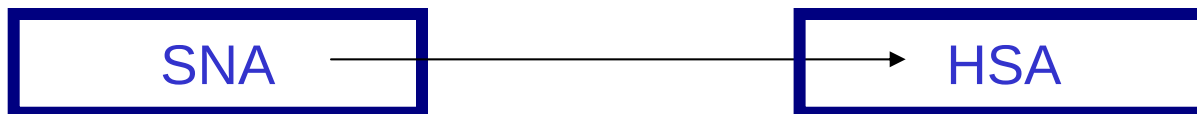
- **Planing committee** - members of the Health Ministry, Planing Ministry, Finance Ministry, Oswaldo Cruz Foundation (Fiocruz), IBGE and Institute of Applied Economic Research (IPEA).
- **Executive group** - technicians from IBGE, IPEA Health Ministry, Fiocruz and Supplementary Health Agency (ANS).

Work routine

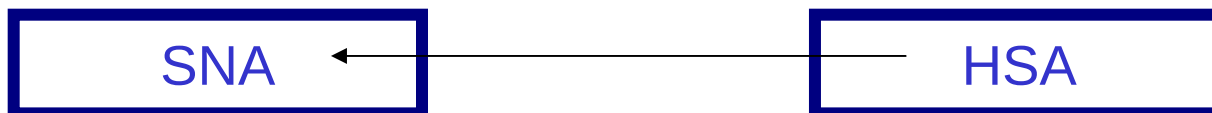
- Once the main definitions were established by the planing committee, work routine has been kept by the executive group, that meets routinely to consolidate data and discuss improvements in data quality and coverage.
- Health Ministry is in charge of resources and administrative issues.
- IBGE consolidates data in a Satellite Account framework and is responsible for the joint publication.

Work routine

First moment: the satellite account was based on the SNA



Now: the satellite account is a set of inputs to the main core



Publications

- 2008 - *Health Economics - a macroeconomic approach* (2000 - 2005): Data on a national accounts format and more disaggregated than in previous national accounts publications. Includes other health sector data (infrastructure, health plans distribution etc.).
- 2009 - *Data base handbook*: Detailed description of the main health related databases in Brazil.
- 2009 - *Health Satellite Account* (2005-2007).
- 2012 - *Health Satellite Account* (2007-2009) - To be released on January 18, 2012.

Indicators and new data

The 2012 publication will bring new data on consumption - by government level - and a set of indicators based on the satellite accounts data.

Indicators for 2007:

- Public share of health goods and services' final consumption: **41.8%**
- Public administration's health final consumption *per capita*: **R\$ 502.36**
- Private health final consumption *per capita*: **R\$ 706.80**

Indicators - Consumption / GDP by institutional sector

- Health goods and services final consumption as share of GDP: **8.5%**
- Public administration's health goods and services final consumption as share of GDP: **3.5%**
- Private health goods and services final consumption as share of GDP: **4.9%**

Indicators - Consumption by type of product

- Health services* final consumption as share of GDP: **6.1%**
- Pharmaceuticals final consumption as share of GDP: **1.9%**
- Pharmaceuticals final consumption as share of health goods and services: **22.0%**

*Does not include health plans.

Indicators - Households

- Household's health goods and services final consumption as share of household's total final consumption expenditure: **8.2%**
- Household's health goods and services final consumption as share of household's gross disposable income: **7.8%**
- Household's final consumption of health goods and services growth, in volume: **4.6%**

Indicators - Households

- Household's actual final consumption of health goods and services as share of households total actual final consumption: **12.6%**
- Household's health goods and services final consumption expenditure as share of households health goods and services actual final consumption: **57.2%**

Indicators - Public administration

- Public administration's health goods and services final consumption as share of public administration's total final consumption: **17.5%**
- Public administration's final consumption of health goods and services growth, in volume: **5.8%**

Indicators - Growth, by type of product

- Household's final consumption of health services: **2.0%**
- Public administration's final consumption of health services: **5.7%**
- Household's final consumption of pharmaceuticals: **7.6%**
- Public administration's final consumption of pharmaceuticals: **7.8%**

SUT, IEA and summary tables

- Data from surveys, administrative records and other sources are structured and cross checked in supply and use tables (SUT).
- For the health accounts SUT, some activity's scope is changed. Ex: military hospitals production is detached from general public administration data to be counted as a health service activity.
- The detailing by product increases too. Ex: official laboratories' production is separated from the *public health* product, and specified as *pharmaceutics*.

SUT, IEA and summary tables

- Although, in the beginning, data are basically from the national accounts database (on working level detail), the inclusion of information on specific activities and products allows for the reallocation that leads to the health account SUTs.
- This SUTs are the source of all the publication's indicators and summary tables - assuring coherence and consistency amongst them.

SUT, IEA and summary tables

- The publication also includes health activities integrated economic accounts (IEA).
- These are structured in the same way as the SUTs: starting with basic national accounts data and relocating production, intermediary consumption, salaries etc. to produce a more refined and complete health sector account.
- Data for the IEA, however, covers only the production and the generation of income accounts.

SUT, IEA and summary tables

- Detailing transfers amongst institutional sectors is one of the challenges for the Satellite Account's future editions.

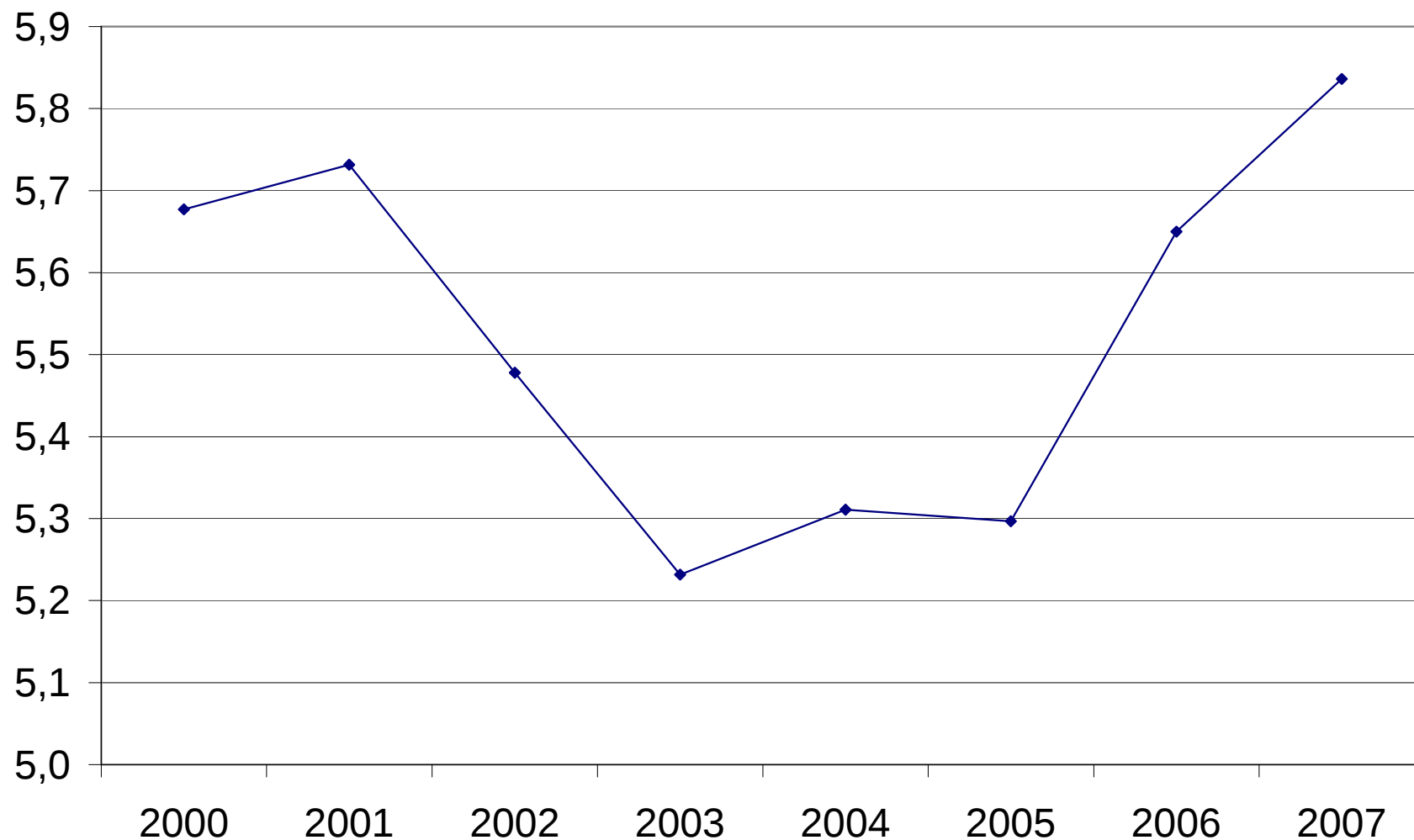
Series

- Adjusting 2006 and 2007 data to the *Health Economics* publication structure, it is possible to have time series with eight points.
- There are some scope differences, in comparison with the satellite accounts data, but they are not large enough to change, significantly, the total health activities' trends.

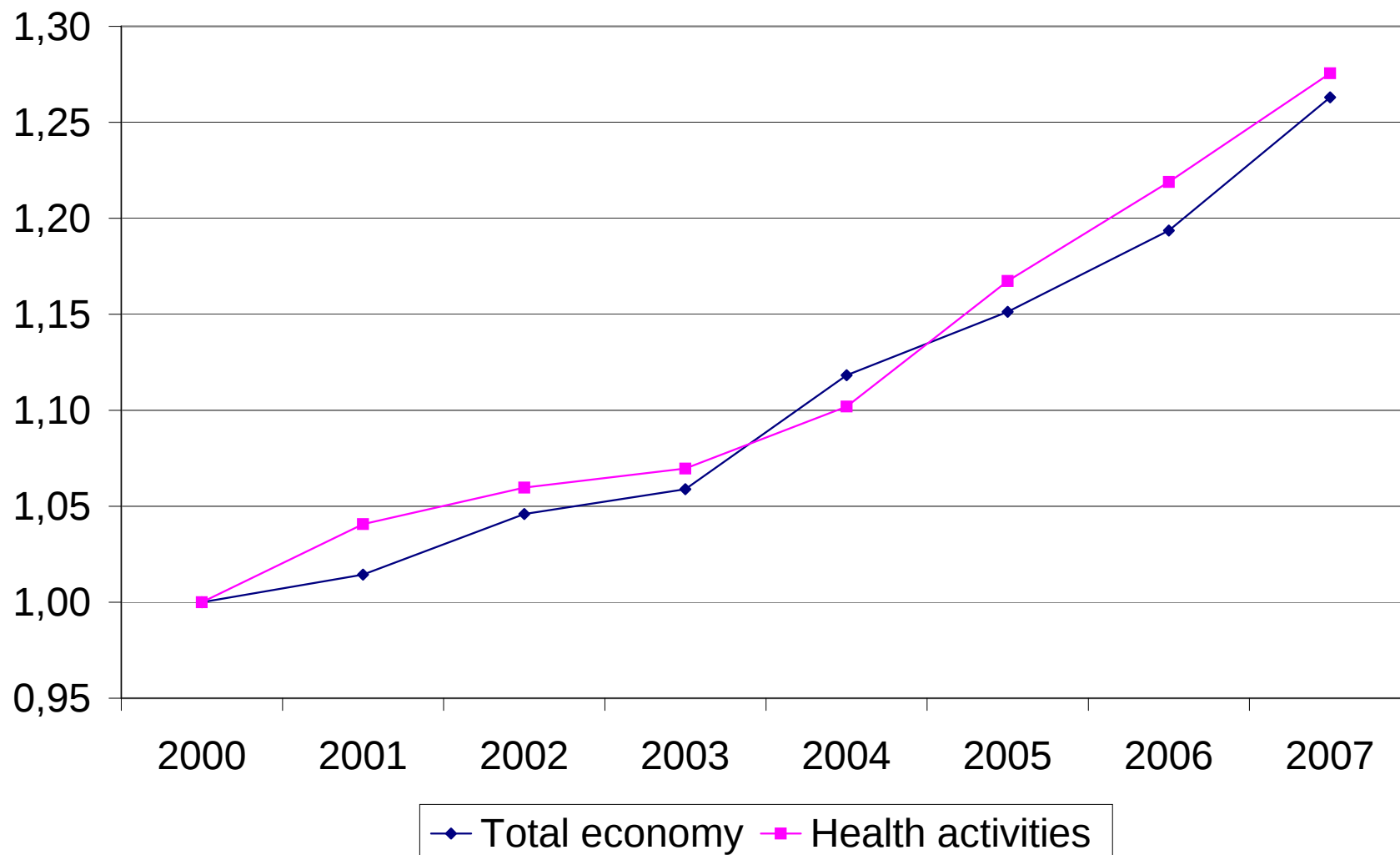
Series

- Analysis by value added (production perspective) and by the income perspective are some of the satellite account's differentials when compared to the SHA expenditure methodology.

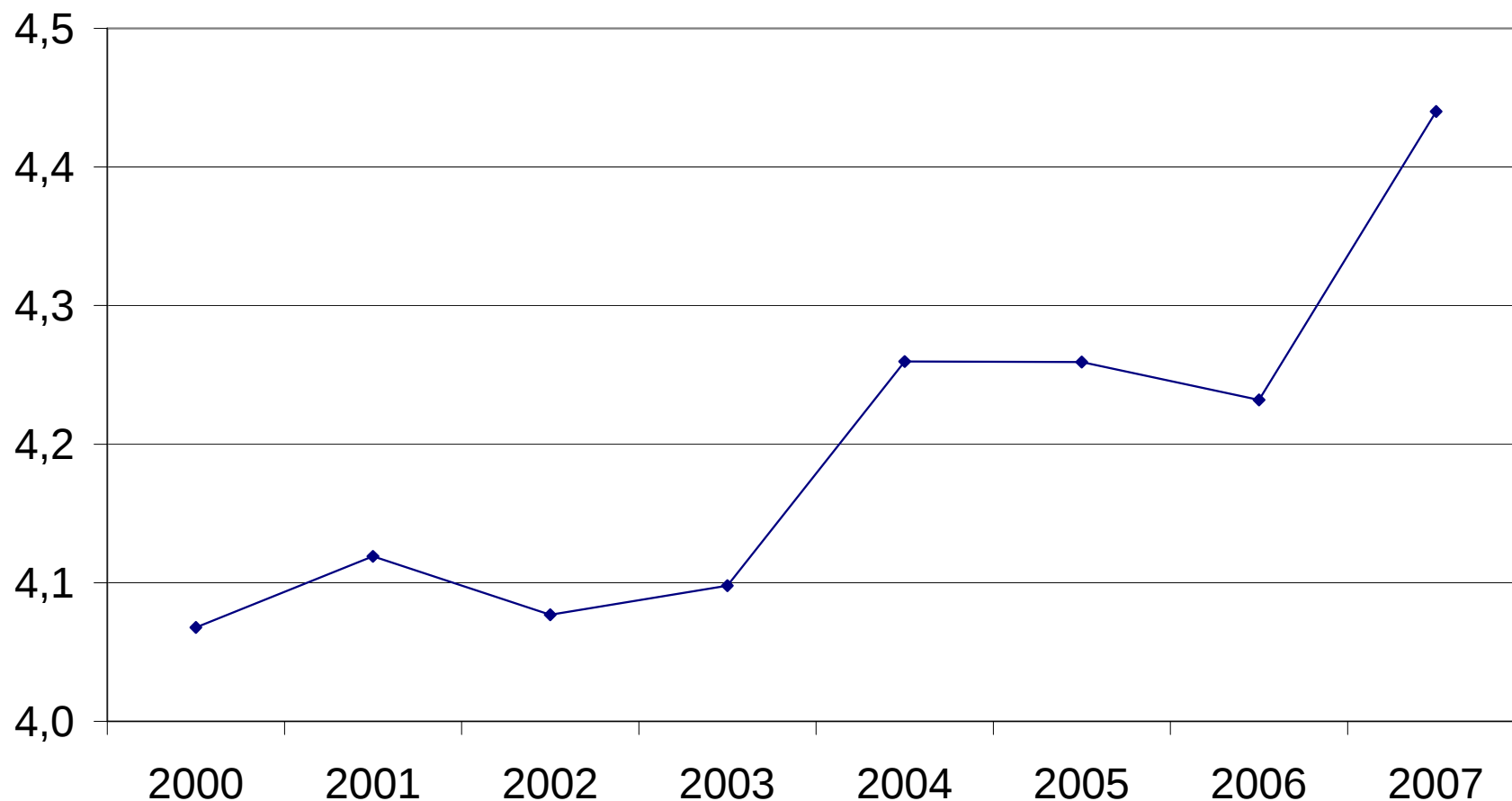
Health activities share on total value added



Value added compound growth (volume)



Health activities share on total jobs



Thanks