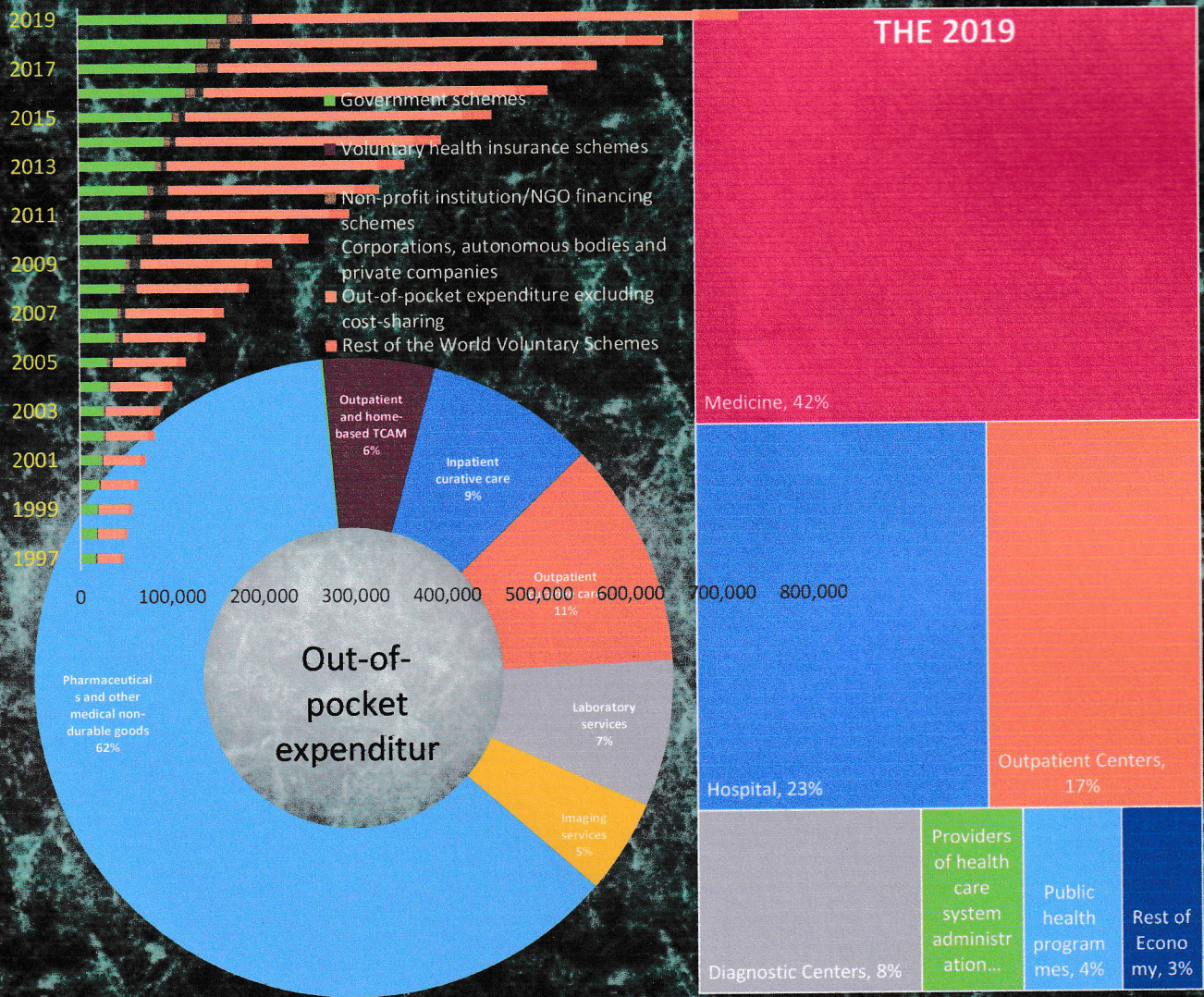


Bangladesh National Health Accounts 1997-2019



Health Economics Unit, Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh

Room # 306 (3rd Floor); 14/2 Topkhana Road, Dhaka, Bangladesh

12/6/16

Changes in the Bangladesh National Health Accounts 1997-2019

40. It is a common practice that healthcare expenditure estimates for new/additional years are produced and preceding years are revised. Revision of old estimates sometime yield completely new estimates but that does not make the old estimates incorrect; rather, it makes the new estimates more reliable and accurate. There are three major reasons that mandate revision in estimates: (1) changes in definition; (2) changes in data collection approach and methodology; and (3) having access to new reliable national level data.
41. For production of BNHA, two independent National Health Accounts (NHA) framework are used in defining healthcare boundaries and expenditures. The frameworks are: (1) BNHA Framework, which attempts to capture all expenditure incurred within the healthcare system of the country; (2) SHA 2011 Framework, which focuses on reporting current healthcare expenditures (CHE) following System of Health Accounts (SHA 2011). Boundaries for defining healthcare expenditure under BNHA is much aligned to SHA1 classification for Total Health Expenditure as it is more relevant in the national context compared to SHA 2011. Hence, when old estimates are revised, it often reflected more refined output generated using SHA 2011 than BNHA. Under the fifth round of BNHA, a few significant changes are observed due to revised estimates. It happened mainly due to changes in methodology adopted for identifying Capital expenditure in the government expenditure database and the availability of new audited healthcare expenditure data from other ministries.
42. The Bangladesh National Health Accounts (BNHA6) estimates produced under this study (BNHA6) is provisional and will be changed upon availability of actual audited government expenditure for the year 2016 to 2019. The expenditure estimates produced for the private sector under BNHA6 has yielded new estimates for use of medicine and diagnostic centers. The availability of Household Income and Expenditure Data (HIES) 2016 has allowed the BNHA team to generate new estimates. Under the BNHA5, household expenditure estimates for medicine and diagnostic centers for the years 2011 to 2015 were extrapolated using HIES 2005 and HIES 2010. Analysis of HIES 2016 data suggest that growth in spending on medicine has slowed down while utilization of diagnostic services has increased significantly. As a result the expenditure estimates for medicine and diagnostic centers is revised and new estimates are generated. Accordingly, it is reflected in the BNHA and SHA 2011 tables produced under the sixth round of BNHA.