

# NHA Sub-Accounts: How is Health Spending Linked to the Burden of Disease?

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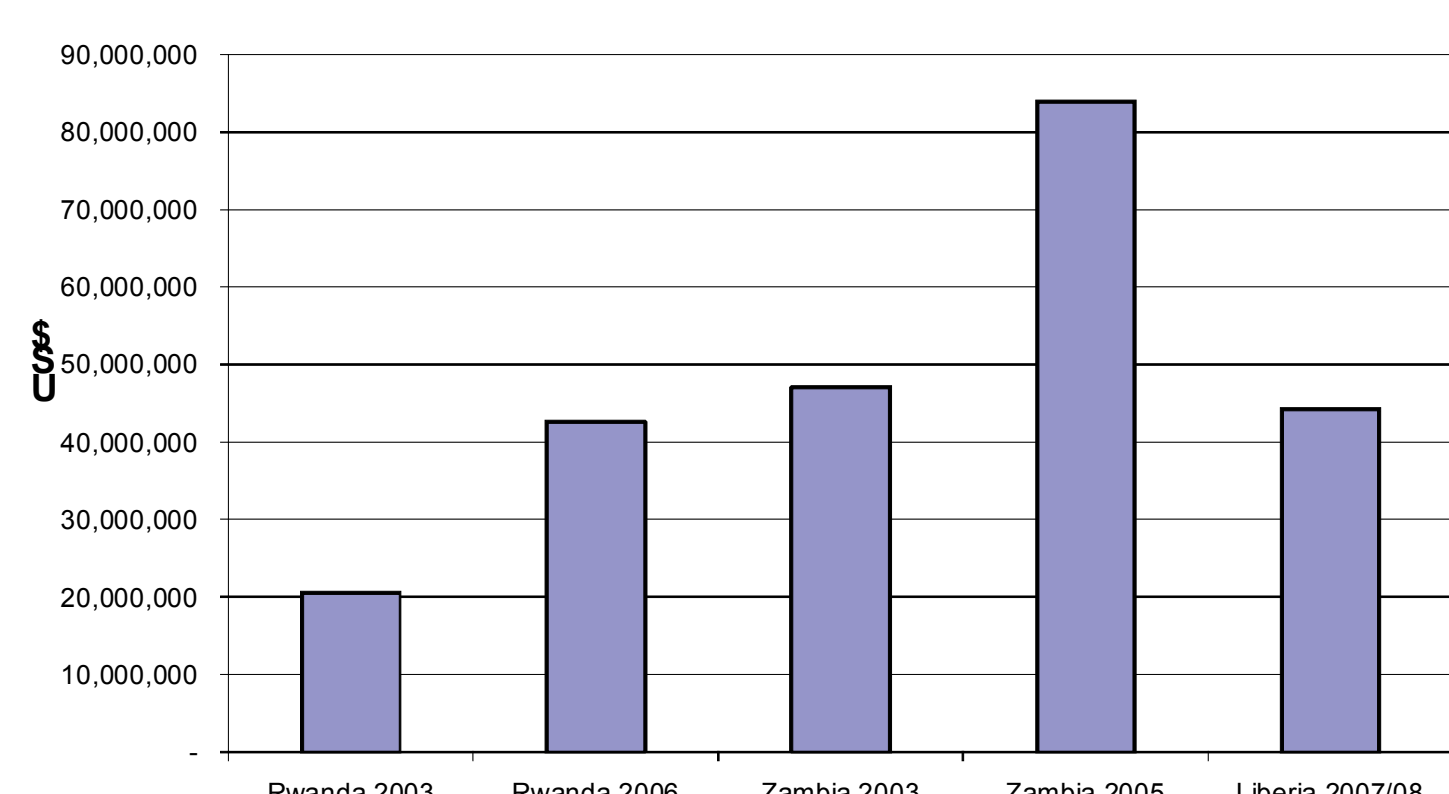
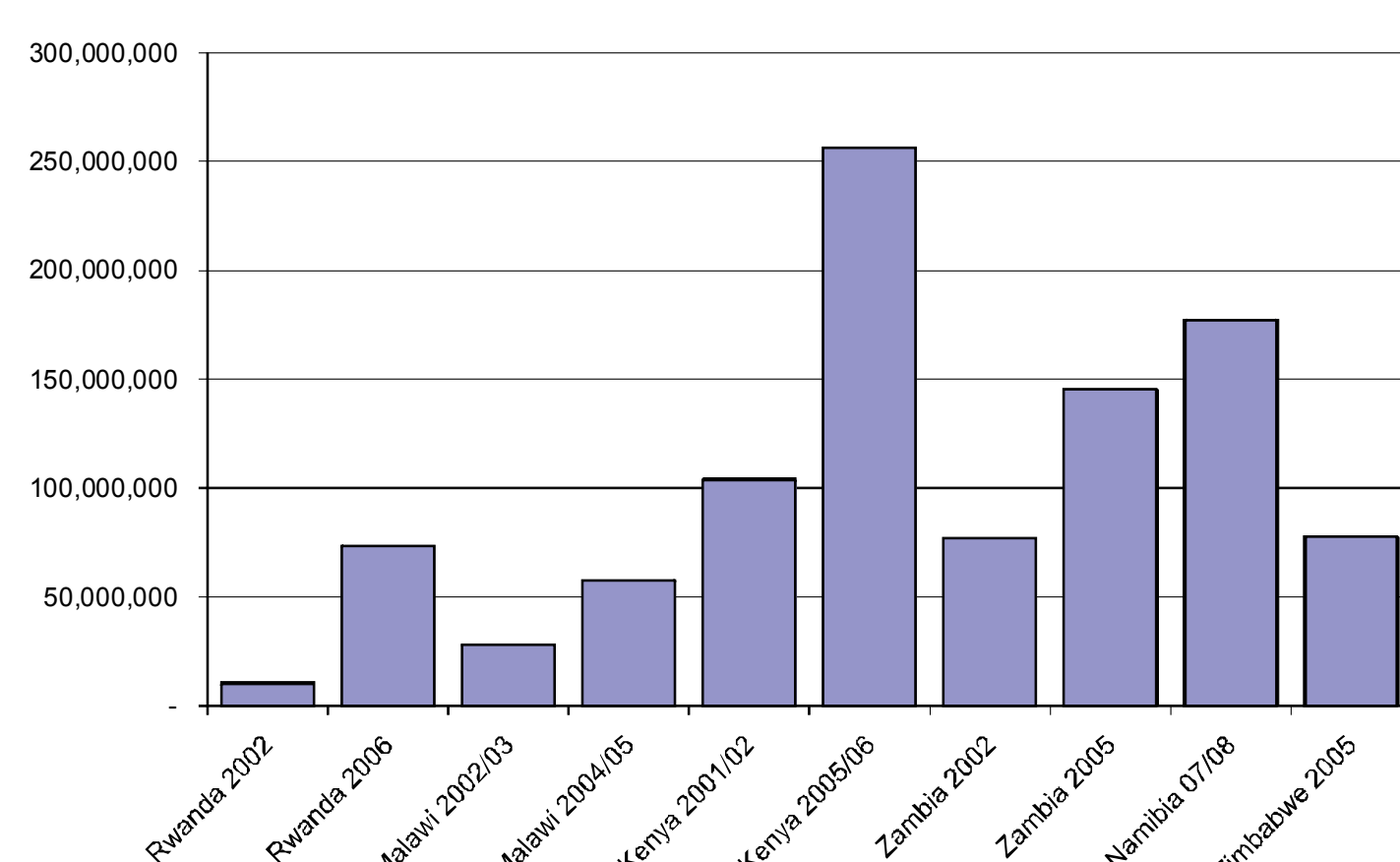
## What We Are Looking At:

- How are HIV/AIDS and Malaria-specific expenditures related to the actual burden of disease of those illnesses?
- Taking the data a step further: Using DALYs (WHO) and National Health Accounts (NHA) HIV/AIDS and Malaria subaccounts (Country Reports) to look at financing and burden simultaneously

## What NHA Can Currently Tell Us:

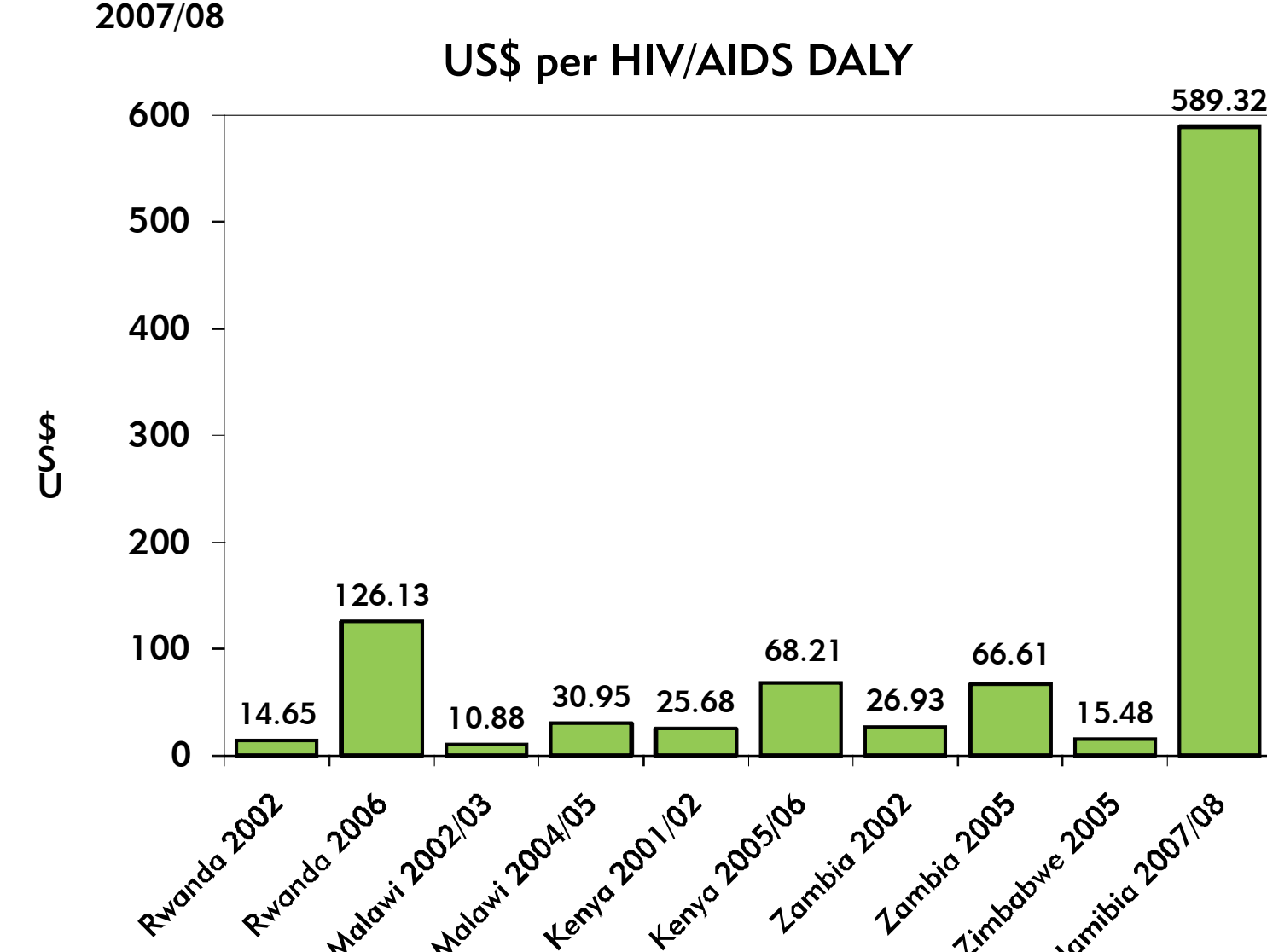
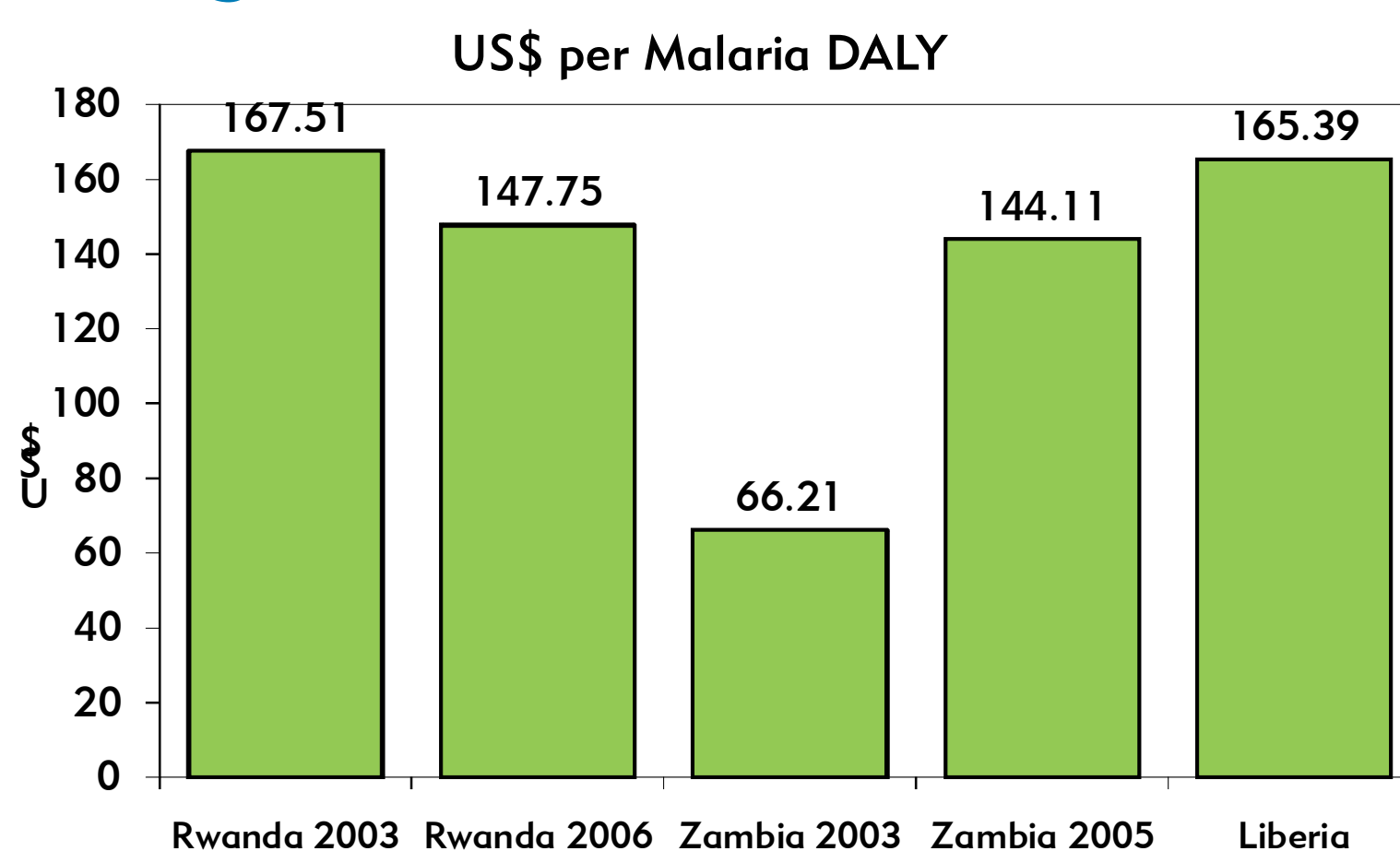
- Country Specific Total Health Expenditure (THE) on HIV/AIDS is generally higher than that of malaria (NHA Subaccounts)

### Total HIV/AIDS Health Expenditure (Country NHA Data)

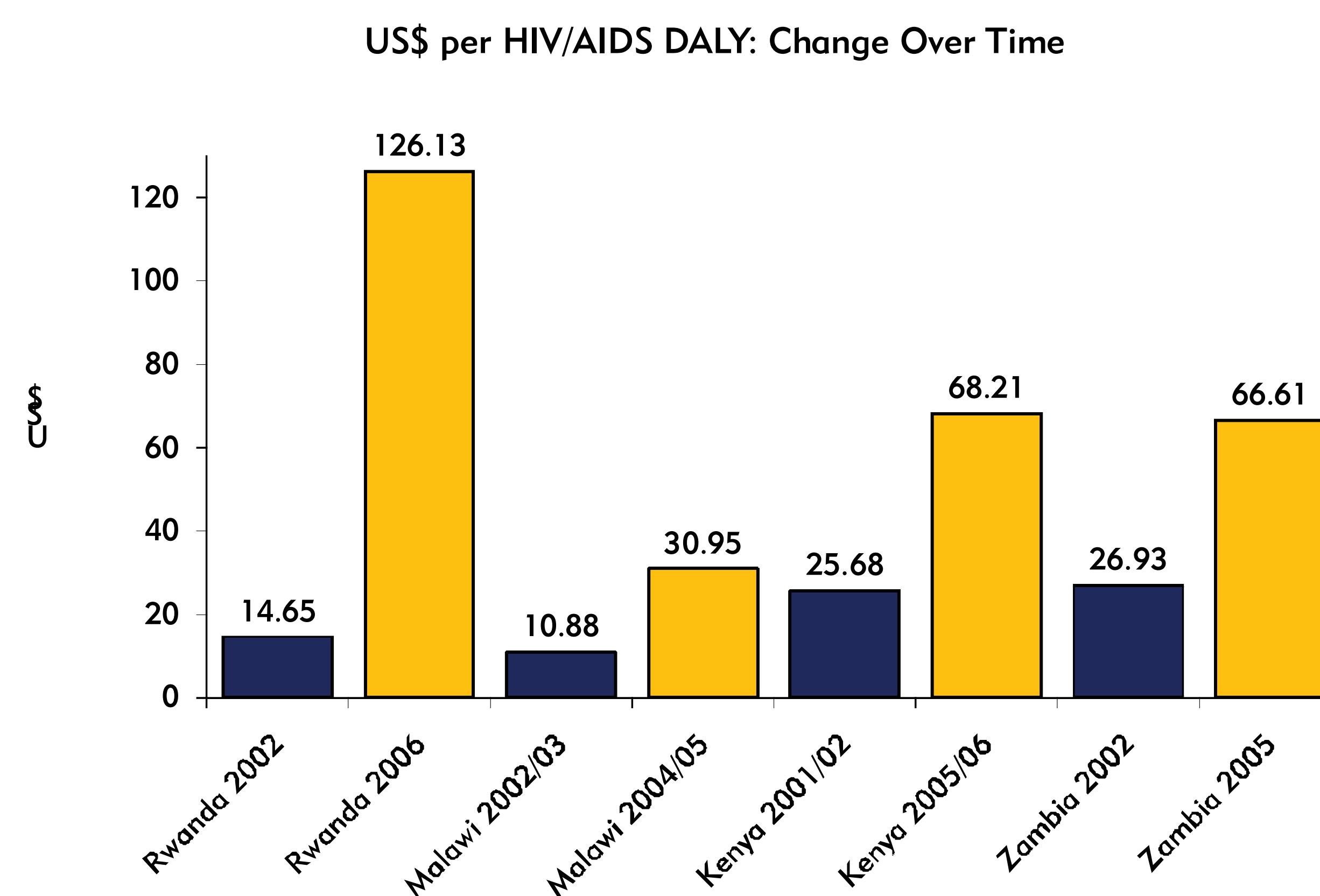


### Total Malaria Health Expenditure (Country NHA Data)

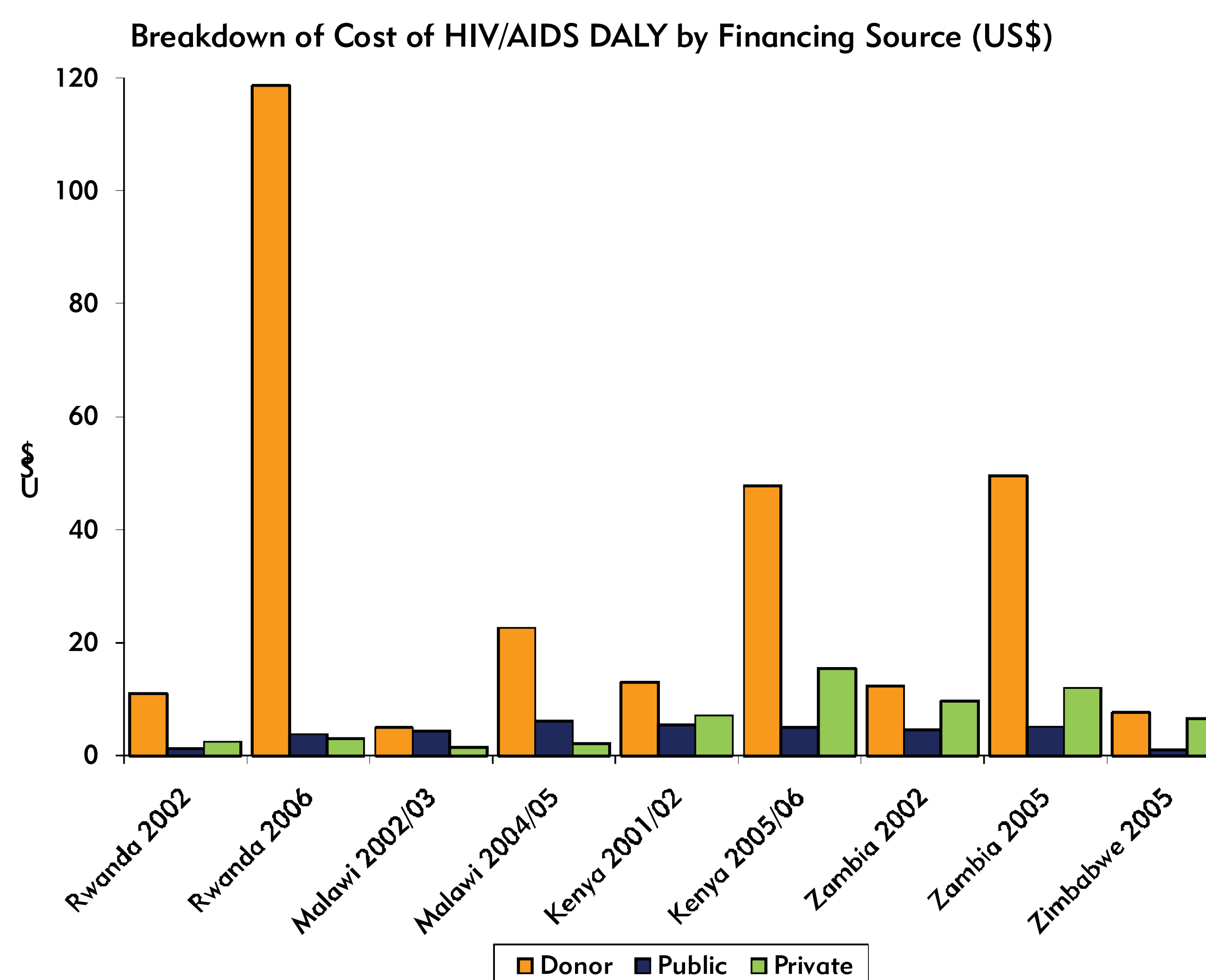
## Putting the Data Together: Malaria Displays Higher Cost/DALY than HIV/AIDS



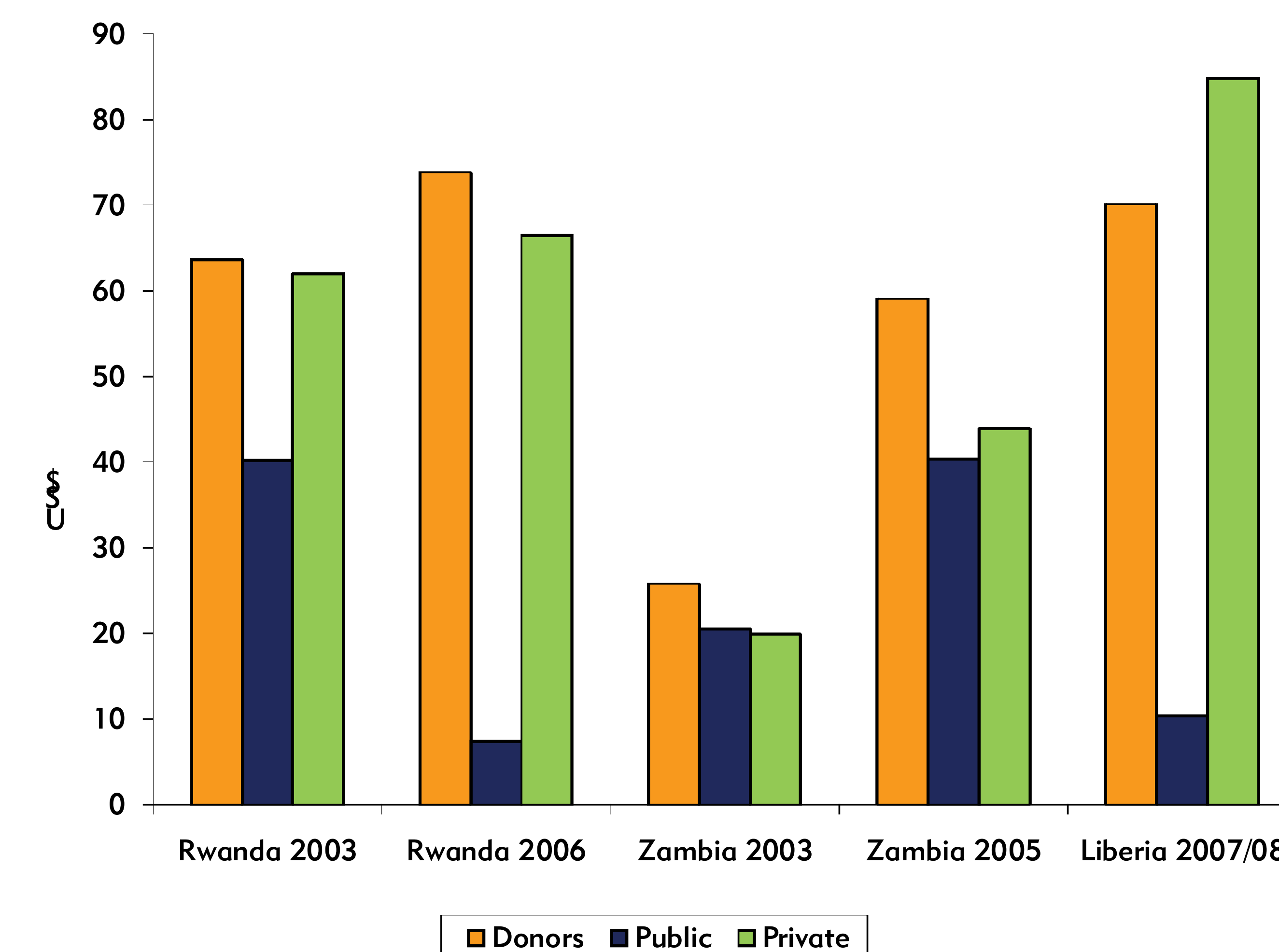
## In Countries Where the Data Is Available for Several Years, It Is Clear That the Cost/DALY Has Increased For HIV/AIDS. Time Series Data for Malaria Was Not Available



## As NHA Data Describes, the Donor Contribution to Total Health Expenditure for HIV/AIDS in Many Countries Has Increased. NHA Financing Source Data Was Used to Break Down the Various Source Contributions to the Cost/DALY



## Breakdown of Cost of Malaria DALY by Financing Source (US\$)



## Discussion/Further Research

- Though burden of disease is merely a starting point, it is important to conduct an analysis of burden of disease and disease-specific expenditures in order to comprehend to what degree spending reflects the severity of the impact of an illness on a population.
- Malaria has a higher \$/DALY than HIV/AIDS: while the total (nominal) expenditure on HIV for the majority of countries was higher than that of malaria, the dollars spent per DALY of malaria were greater than that of HIV/AIDS
- What could be behind the higher \$/DALY for malaria?
  - Private sector appears to be a more significant financing source for malaria than HIV/AIDS for the countries analyzed here
  - While the HIV/AIDS data has shown an increase not only in cost/DALY but also in the donor contribution (as a percentage of the total health expenditure) over the past 9 years, this time series data is not available for malaria expenditures
- Outliers: Namibia, middle upper income; Rwanda, donor influx; Liberia, OOP
- Limitations and Areas of Additional Research:
  - Lack of GBD data for certain NHA years
  - Merely a case study of several countries where data is available not a strict cost-effective analysis
  - Exchange rates variable
  - Small Sample size (need for additional HIV/AIDS and Malaria Subaccounts) and ability to extrapolate
  - Difficulties of using DALY as a measure of disease burden (HIV vs. Malaria disability weights)
  - Need further breakdown of Private Sector (households versus companies)