SEVENTEENTH WHO-OECD
ANNUAL MEETING OF ASIA-PACIFIC
HEALTH ACCOUNTS EXPERTS

23–25 August 2022
Virtual meeting
MEETING REPORT

17TH WHO-OECD ANNUAL MEETING OF
ASIA-PACIFIC HEALTH ACCOUNTS EXPERTS

Co-organized by:

World Health Organization
Regional Office for the Western Pacific and
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The views expressed in this report are those of the participants of the 17th Annual Meeting of Asia-Pacific Health Accounts Experts and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the 17th Annual Meeting of Asia-Pacific Health Accounts Experts virtually from 22 to 23 August 2022.
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Healthcare Financing / Health Expenditures / Universal Health Insurance / Regional Health Planning
SUMMARY

Health accounts are ways for countries to monitor health spending. Understanding health spending allows policy-makers to learn from past expenditures and improve planning and allocation of resources throughout the system, thereby contributing to evidence-based policy-making towards universal health coverage (UHC). As part of the global mandate to report on health expenditures, the World Health Organization (WHO) works with partners such as the Organisation for Economic Co-operation and Development (OECD) to support the production and use of health accounts information in countries.

The coronavirus 2019 disease (COVID-19) pandemic has triggered changes in how societies, economies and health systems evolve. The experiences countries are undergoing as they respond to the pandemic affirms the importance of investing in primary health care (PHC) to advance health security and UHC. Additional technical deliberations are required to support countries in measuring COVID-19 health expenditure and PHC spending, given the ever-evolving concepts and lack of ready-made routine data collection mechanisms.

Building upon technical discussions and knowledge exchange from previous meetings, the 17th WHO-OECD Annual Meeting of Asia-Pacific Health Accounts Experts was held virtually from 23 to 25 August 2022. Participants from 25 countries and areas in the WHO Western Pacific and South-East Asia regions attended the event. During the meeting, country participants and experts exchanged methodological updates and country experience in tracking health spending related to COVID-19 and PHC. The participants were also provided with a refresher on the basics of the System of Health Accounts (SHA) 2011 framework and an introduction to the new Health Accounts Production Tool. Discussions also took place on the common challenges and ways to strengthen the institutionalization of health accounts in countries.

The meeting provided a useful platform for countries to sustain and advance the capacity of health accounts production and use. Participants gave positive feedback in a post-meeting survey.
1. INTRODUCTION

1.1 Meeting organization

Tracking health expenditures to support health financing policy dialogue and development has been instrumental for countries for monitoring universal health coverage (UHC) and achievement of the Sustainable Development Goals (SDGs). Tracking health expenditures is critical for policy use and allows countries to monitor health system performance and facilitate evidence-based policy-making. National health accounts (NHAs) provide countries with the framework, tools and technical support for collecting health expenditure data.

The 17th WHO-OECD Annual Meeting of Asia-Pacific Health Accounts Experts was held virtually from 23 to 25 August 2022. The meeting was organized by the Secretariat, consisting of World Health Organization (WHO) headquarters and regional office staff as well as participants from the Organisation for Economic Co-operation and Development (OECD) and the OECD Korea Policy Centre.

The regular organization of annual meetings offers a platform for sharing experiences and expertise on the development of health accounts in the Asia-Pacific Region and enables an open discussion about methodologies and approaches in tracking health expenditures. Furthermore, the meeting presents an opportunity for WHO and OECD to inform countries about the latest developments and methodological guidance at the global level.

This year’s virtual meeting brought together approximately 100 participants, including NHA experts from 25 Member States and areas in the Asia-Pacific Region. For a breakdown of representatives by WHO region and country, the list of participants is available in Annex 1; the meeting programme is in Annex 2.

A pre-meeting survey was conducted to gather information on participants’ familiarity with the System of Health Accounts (SHA) 2011 framework, their experience with the Health Accounts Production Tool (HAPT) and their preferred capacity-building sessions during the meeting. After the three-day meeting, the attendees provided feedback through an online survey which aimed to help the organizers improve the approach of future annual meetings.

The meeting has provided an opportunity to refresh participants on the SHA 2011 framework, to stimulate discussions on methodological debates, as well as define the policy framework and questions to be addressed by tracking expenditures on COVID-19-related spending items and primary health care (PHC).

1.2 Meeting objectives

The objectives of the meeting were:

1) to stimulate discussions on the evolving methodologies and approaches to tracking COVID-19 health expenditure and PHC spending in countries based on best practices and lessons learned;
2) to support the institutionalization of health accounts in countries in the context of the pandemic; and
3) to identify the next steps for WHO and partners to tailor technical assistance in supporting the production and use of health accounts information in countries.
2. PROCEEDINGS

2.1 Day 1

The Coordinator of the WHO Health Policy and Services Design Division opened the meeting (session 1.1) by enlightening the participants on the relevance of the annual meetings. He highlighted the need to equip ministries of health with health expenditures information in their dialogues with ministries of finance on issues such as efficiency gains in the health sector through a robust and sustainable health budget. The representative from OECD welcomed the participants and emphasized that achieving better health and financial protection for all requires a sharp commitment to evidence-based policy, with health accounts as a critical component of that commitment.

Session 1.2 consisted of three parallel sessions: Breakout room 1 was dedicated to a refresher on the basics of the SHA 2011 and its core classifications, and a presentation of the features of the new HAPT. In Breakout room 2, the guidelines and accounting rules for reporting COVID-19 spending components within the SHA 2011 framework were presented. A discussion on how to improve timeliness of health spending data was held in Breakout room 3.

In **Breakout room 1**, the lead session organizers gave an overview of the SHA 2011 framework, its boundaries and core classifications. The next presentation was on the new HAPT which will be rolled out by the end of the year. The purpose of the HAPT is to help countries build resilient, comprehensive health accounts using the SHA 2011 framework that tracks, collects and monitors health expenditures across territories. Improvements to the new HAPT were based on users’ clamour for a more intuitive interface, among other feedback given. It is cloud-/web-based with enhanced performance and easier management of versions, and is more user-friendly. A short demonstration was given of some of its features. It was explained that mapping can be done in the Excel file prior to importing to the HAPT.

In **Breakout room 2**, the lead session organizers discussed the guidelines provided by WHO-OECD-Eurostat to identify and classify according to the SHA 2011 framework all health expenses incurred for the testing, treatment and prevention of COVID-19 to ensure a harmonized approach across countries. Overall, the COVID-19 pandemic does not change the fundamental accounting principles on which the SHA 2011 is based. Challenges exist in terms of mapping relevant COVID-19 spending items to HC (Health-care functions) and HP (Health-care providers) classifications, and determining which transactions are out of the CHE (Current health expenditure). The WHO-OECD-Eurostat guideline provided the respective instructions, and such instructions are now reflected in the latest WHO Health Accounts Questionnaire (HAQ) that is shared with countries to facilitate data collection and production.

In **Breakout room 3**, the lead session organizers discussed how to improve the timeliness of production of health spending data in order for them to be meaningful for budget planning and useful for policy use. Data sources and internationally applied methodologies that could be used for t-1 estimation were reviewed, and some of the broader macro-fiscal variables were introduced to measure the impact of the COVID-19 pandemic on public spending on health, and to help identify which countries may be more at risk for macro-fiscal distress than others. Similar work on out-of-pocket spending scenarios was also conducted to raise awareness and help countries determine areas of intervention in the health sector.
Session 1.3 covered the topic of institutionalization of NHAs, including its progress and challenges in countries. The overall objectives and essential elements of the draft Framework for Assessing Maturity of Health Accounts Institutionalization was presented by WHO headquarters. The framework aims to assess the maturity of countries’ institutionalization and identify areas for advancement. Four domains of characteristics were defined to help in monitoring and assessing the progress of institutionalization at country level: demand for institutionalization, governance and financing; institutional technical capacity; and dissemination and use of data.

The WHO Regional Office for the Western Pacific gave an overview of NHA institutionalization in the Asia-Pacific Region by presenting some good country models. Several factors were deemed to contribute to sustained institutionalization, among which are having a designated unit or agency for NHA, good practices through training of staff, coordination with stakeholders, and effective dissemination and policy use.

Key messages highlighted from this session include: (1) a clear legal mandate enables stable funding and staffing for NHA institutionalization; (2) it is useful to include key health accounts indicators in the policy objectives to allow close monitoring; and (3) effective communications and dissemination lead to increased investment in NHA.

2.2 Day 2

Session 2.1 was the opening activity for the day, with the introduction of objectives and the agenda for the day.

In Session 2.2, WHO headquarters provided a brief on policy questions answered by COVID-19 expenditure data and the impact on non-COVID-19 health spending. The preliminary results of spending on COVID-19 from selected reporting countries were presented. It was recognized that there is a need to further validate the early results with data from more countries. Moreover, health expenditure data together with non-health spending information provide a fuller picture of health system operations during the pandemic.

Country experiences in tracking COVID-19 spending were presented by Malaysia, Thailand, and Viet Nam. Questions were raised on how to deal with challenges in the estimation of health accounts in countries with federated systems, and on how to capture other out-of-pocket spending not included in household surveys. The problem of how to translate production data – which are often readily available at disaggregated levels – to expenditure data is a key question in health accounts and will require future discussions and capacity-building.

Session 2.3 focused on the policy relevance of COVID-19-related expenditures. The session started with the presentation by the OECD on 2020–2021 preliminary data in 17 OECD countries, followed by country experience sharing from Australia, Republic of Korea, and the United Kingdom of Great Britain and Northern Ireland.

The country experiences highlighted the challenges in compiling data from federal and state governments given that each have their own lead roles in the COVID-19 response, and the importance of bilateral feeding of information between health accounts and national accounts. Participants recognized that the pandemic offers a unique opportunity to push for health accounts data to be collected and to discuss how to best exploit available data sources, especially household data. Also highlighted was the importance of establishing a steering committee or technical committee that can
look over the whole process of data collection, as well as invest in human resources to undertake the compilation of good-quality data.

2.3 Day 3

Session 3.1 was the opening activity for the day, with the introduction of objectives and the agenda for the day.

In Session 3.2, WHO headquarters introduced the PHC expenditures (PHCE) measure. The discussion was framed around a few key questions for users: What is the WHO’s global PHCE measure? How is it calculated? Why is it useful? What can the global PHCE measure not do? Lastly, WHO described the direction of future work, among which is the inclusion of a stand-alone functional reporting item – “primary health care expenditure” (HC.RI) – in SHA 2011. It was reiterated that countries are encouraged to develop their own measure of PHCE in accordance with whatever will be defined as relevant to their own country situation. Noting that data collection is a big challenge, different country experiences were then presented.

The OECD presented on the work that is being done in developing a methodology to measure PHCE. Three options to measure PHCE were developed: basic care, basic care plus pharmaceuticals, and basic care in ambulatory settings (limited to HP3 – Providers of ambulatory health care). These measurements deviate from the WHO methodology. Results based on the three measures of PHCE for 24 OECD countries were presented showing the shares to CHE. The analysis tables across countries and over time provide important policy insights. The way forward would include introducing a new Memorandum Item on PHCE in future data collection to allow countries to report PHCE themselves.

Health accounts experts from Lao People’s Democratic Republic and Nepal shared their experiences in estimating PHC spending. The discussions that followed focused on clarifications of the inclusions/exclusions in the WHO PHCE measure as well as in the OECD PHCE measure. It was noted that HC7 (Governance and health system and financing administration) is part of PHC because it has three basic components: essential services (including public health functions), community engagement, and multisectoral approach. The 80% cap is arbitrary and may still need to be reviewed. Also noted was that in some countries the following would not normally be considered primary care: emergency services in hospitals; disease surveillance; and emergency response preparedness.

Key messages from this session are summarized below:

- It is important to link PHC with the health service delivery system in the country.
- The analysis of pharmaceutical expenditure should take into account who is paying and how the money is channelled, and not solely on whether it is too high or too low.
- Data collection remains a challenge in disaggregating – for example, expenditure for general versus specialized outpatient services, and in pharmaceutical spending for primary care versus specialized treatment.
- The purpose of the global measure is to provide a benchmark for country comparisons. Countries are encouraged to have their own national definitions and measures, preferably using HC and HP based on the service delivery system.

Session 3.3 focused on policy relevance questions to do with PHC spending. The WHO Regional Office for South-East Asia presented the PHC funding sources for seven countries in the Region, of
which four have more than half of their PHC funding financed from private funds. The recently approved South-East Asia Regional Strategy for PHC: 2022–2030 includes Strategic Action 2, which aims to increase and improve financing of PHC. There is a strong renewed commitment towards PHC and PHC expenditure tracking is critical for monitoring PHC reforms.

The WHO Western Pacific Regional Office emphasized the importance of PHC being the driver for progressing towards UHC. Ongoing PHC reforms such as service delivery networks – which places hospitals and primary care facilities in the same unit of planning and reimbursement decisions – will impact the way NHA expenditure tracking is done. It is also important to understand how and what to track in terms of outpatient medicines because this is the main driver of out-of-pocket spending on PHC. Lastly, NHA can track hospital spending effectively but less effectively for PHC.

The facilitated discussions focused on the following questions: What are the most pressing PHC issues in your country? What health account evidence has been or can be produced to address the policy bottlenecks? How do you interact with policy-makers? Participants from Malaysia, Nepal and Sri Lanka shared their experiences and thoughts.

In summary, it was reiterated that the key PHC indicators to monitor are government spending and out-of-pocket spending as shares of PHC. The technical challenges are on tracking private spending of households through surveys during the pandemic, and disaggregating specialized and general health care in outpatient care services and in pharmaceutical spending. WHO shall continue to provide support and advocate to have a better health information system to ease the estimation process.

In Session 4, closing messages were delivered by the WHO Regional Office for South-East Asia and the Western Pacific, and the OECD Korea Policy Centre.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions
The rich discussions from the specific focus sessions yielded the following conclusions:

- Despite the continuing COVID-19 pandemic challenge to health systems in countries, health expenditure tracking remains a priority. The pandemic offers a unique opportunity to push for health accounts data to be regularly collected in a timely fashion and disseminated to inform relevant policy discussions for UHC and build back better.

- Key messages related to COVID-19-related expenditure tracking are summarized as follows:

  - Countries should continue to track COVID-19-related expenditures. The fundamental accounting principles of SHA 2011 are still the basis for tracking COVID-19-related expenditures. A few countries were able to produce COVID-19-related expenditures following the guidelines jointly developed by OECD and WHO.

  - Government funds, comprising the bulk of expenditure for treatment, testing, vaccination, medical goods and capital investment for COVID-19 – and often the only reliable source of data – should be closely monitored as the information provides a measure of the response against the disease and a basis for budget allocation.
A large share of health spending in many Asia-Pacific countries comes from households. However, household surveys are not designed for tracking COVID-19-related expenditures, and relying on these data sources may greatly underestimate health spending. The creative use of other data sources should be explored and developed based on country contexts.

Key messages related to PHC spending estimation are summarized as follows:

- The PHC approach is critical in tracking progress towards UHC; hence, its measurement remains a major task. A global measure of PHC based on the SHA health-care function classification was developed for international comparability and is continually being improved to remain relevant and accurate.

- The global PHC measure is not designed to replace national health policy or to become the de facto approach for measuring PHC. Countries are encouraged to develop a nationally accepted PHC definition within the SHA 2011 framework boundaries that addresses the right policy questions relevant to the country settings. Having global and country measures in place will better inform PHC policy development for health systems strengthening.

- The important indicators for monitoring progress in PHC concern the increase in government spending and the concomitant decrease in household spending. Improvements in tracking other private spending, and in disaggregating specialized and general health-care spending, contribute to better PHC monitoring.

Countries continue to face challenges in producing good-quality health accounts data in terms of timeliness, levels of disaggregation and reliability. The recent focus on estimating PHC expenditure and COVID-19-related spending underscores the need to continuously build institutional capacity to produce health accounts in countries. Specifically, discussions around strengthening technical capacity-building and health accounts institutionalization focused on the following:

- Basic training on the SHA 2011 framework and HAPT targeting new health accounts producers in countries should be regularly provided to help sustain the national capabilities in countries.

- Timely (t-1) health accounts data are crucial to be useful for policy-making. Current estimation methods focus on the key financing schemes, which can also be applied to nowcasting or current year estimation.

- A framework for assessing the maturity of health accounts institutionalization is being developed to facilitate the transition of countries to full institutional national capacity to produce and use health accounts information. Good country models were collected and shared for knowledge exchange and peer learning.

Improvement of methodologies and tools to routinely collect and report standardized health spending information can be facilitated by improving the general health information system in the country.
3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1. With support from WHO and development partners as necessary, strive to ensure regular production of health accounts information, enhanced by a continuing effort to improve the timeliness of data collection and quality review.

2. Following technical guidance provided by WHO, track and report COVID-19 and PHC expenditures where data collection is possible:
   a. Identify data sources and/or proxy indicators within the context of the country’s COVID-19 situation that will input to the production of special reporting items on COVID-19-related spending based on the suggested guidelines for reporting; and
   b. Further improve PHC expenditure tracking by developing country-level definitions and improving the granularity of data collection, mapping and reporting.

3. Produce health expenditure information products (for example, NHA reports, policy briefs, media brochures) in a digestible manner and disseminate such information strategically to facilitate evidence-based health policy-making as well as to foster stakeholder engagement.

4. Invest in building and strengthening the institutionalization of health accounts through enhanced political support and peer learning from good examples in the Asia-Pacific Region.

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

1. Continue to support Member States in the production, use and institutionalization of health accounts, specifically in the following areas:
   a. Provide training on the SHA 2011 framework and HAPT targeting new health accounts producers in Member States via a suitable format (either online or face-to-face).
   b. Provide technical support in producing health accounts through (i) guidance on improving data collection and processing methodologies for COVID-19, PHC, pharmaceutical and disease expenditure tracking, and out-of-pocket estimation; and (ii) hands-on coaching on mapping and reporting.
   c. Facilitate technical and policy discussions on institutionalizing the production and use of national health accounts in countries, with a focus on (i) assessing the country’s capacity and the best means to build capacity; (ii) producing and disseminating digestible policy briefs; and (iii) standardizing documents and procedures towards developing automated systems.
(d) Facilitate further discussions and/or policy dialogues with in-country stakeholders on the use of health accounts, especially on COVID-19 and PHC expenditure tracking.

(e) Encourage the sharing of experiences and best practices among Member States through various channels, including regional workshops.

(2) Sustain and strengthen partnerships with NHA counterparts to ensure timely and high-quality health expenditure information is regularly produced for domestic and cross-country policy-making and progress monitoring.

(3) For the WHO Regional Office for the Western Pacific to follow up on the requests and suggestions made from Member States from this meeting and continue to collaborate with the WHO Regional Office for South-East Asia, OECD and the OECD Korea Policy Centre in order to sustain and strengthen national capabilities of health accounts production and use in the Asia-Pacific Region.
## Annex 1. List of participants, temporary advisers, observers and Secretariat

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## Annex 2. Meeting agenda

**17th WHO-OECD Annual Meeting of Asia-Pacific Health Accounts Experts (Virtual)**

13:30-15:30 Manila Time / 11:00 – 13:00 New Delhi Time, 23-25 August 2022

### PROVISIONAL TIMETABLE

<table>
<thead>
<tr>
<th>23 August (Tuesday)</th>
<th>24 August (Wednesday)</th>
<th>25 August (Thursday)</th>
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<tbody>
<tr>
<td>11:00-11:15 (IND time)</td>
<td>11:00-11:05 (IND time)</td>
<td>11:00-11:05 (IND time)</td>
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<tr>
<td><strong>Capacity strengthening</strong></td>
<td><strong>COVID-19 health expenditure tracking</strong></td>
<td><strong>Estimating primary health care spending</strong></td>
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<tr>
<td>1.1 Opening</td>
<td>2.1 Opening</td>
<td>3.1 Opening</td>
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<tr>
<td>• Opening remarks (WPRO, OECD)</td>
<td>• Introduction of Day 2 objectives and agenda</td>
<td>• Introduction of Day 3 objectives and agenda</td>
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<td>• Workshop objectives and administrative matters</td>
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<td>• Group photo</td>
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<tr>
<td>1.2 Capacity building (parallel sessions)</td>
<td>2.2 COVID-19 health expenditure tracking: data collection, mapping and reporting</td>
<td>3.2 Progress on PHC expenditure tracking and lessons learnt</td>
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<tr>
<td>• Breakout room 1: Introduction to the new Health Accounts Production Tool</td>
<td>• Learning from early evidence of tracking health spending during the COVID-19 pandemic</td>
<td>• Recap on the key methodological issues of PHC expenditure estimation and results from the global measure</td>
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<tr>
<td>• Breakout room 2: COVID-19 health expenditure tracking</td>
<td>• Challenges of reporting COVID-19 related expenditure, and preliminary results of the latest OECD data collection</td>
<td>• Country implementation experience</td>
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<td>• Breakout room 3: Improving the timeliness of health expenditure tracking (Nowcasting)</td>
<td>• Reflections and experience sharing from the fields</td>
<td>• Q&amp;A</td>
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<td>14:40-14:45 (PHL time)</td>
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<tr>
<td>1.3 Institutionalization of national health accounts – progress and challenges</td>
<td>2.3 Country experience on policy relevance of COVID-19 related expenditure</td>
<td>3.3 Policy relevance questions of PHC spending</td>
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<tr>
<td>• NHA institutionalization: regional landscape and key considerations</td>
<td>• Australia</td>
<td>• Update on PHC reform progress in the regions</td>
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<tr>
<td>• Facilitated discussions</td>
<td>• Republic of Korea</td>
<td>• Facilitated discussions</td>
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<td>1.4 Closing</td>
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<td>3.4 Closing</td>
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<tr>
<td>• Reflections and closing</td>
<td>• Reflections and closing</td>
<td>• Reflections of the meeting</td>
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Annex 3. Pre and post meeting surveys

A. PRE-MEETING SURVEY

17th WHO-OECD ANNUAL MEETING OF ASIA PACIFIC HEALTH ACCOUNTS EXPERTS
23 TO 25 August 2022

This pre-meeting survey will take less than 5 minutes to complete. Your response is important to us as it provides valuable information to help us continually improve the approach and design of the meeting.

Thank you in advance for your help!

1. Full Name
2. Email Address
3. Which country are you from?
4. How do you rate your professional level/experience in health accounts production based on the SHA2011 framework?
   a. No experience
   b. Beginner
   c. Experienced
   d. Others, ______________
5. We have proposed the following capacity-building sessions on the first day of the meeting, could you please indicate which topic you are most interested to attend?
   a. SHA 2011 framework core functions and introduction of the new Health Accounts Production Tool
   b. COVID-19 health expenditure tracking
   c. Improve the timeliness of health expenditure tracking (nowcasting)
   d. Not interested in any of the above
6. Would you be interested in taking comprehensive SHA2011 health accounts training courses in the future?
   a. No, I have been trained before
   b. Yes, and I prefer to receive an online/remote training
   c. Yes, and I prefer to have a face-to-face training
   d. Others, ______________
B. Meeting Evaluation Form

17th WHO-OECD Annual Meeting of Asia-Pacific Health Account Experts

Your feedback is important to us as it provides valuable information to help us continually improve the approach of annual workshops. In addition, completing this brief evaluation gives you a chance to share with us your assessment of the workshop and to contribute to the success of others.

Upon completion of this survey, you will receive the link to all the presentations during the meeting.

1 is the lowest score - 5 is the highest score

1. Given the main objective of the workshop, what is your overall rating of the experience?

   | 1 | 2 | 3 | 4 | 5 |

2. Were you satisfied with the overall balance between presentations and breakout sessions during the meeting?

   | 1 | 2 | 3 | 4 | 5 |

3. Were you satisfied with the length and time management of the meeting?

   | 1 | 2 | 3 | 4 | 5 |

4. Please describe how this meeting will be useful in your country’s context.

   | 1 | 2 | 3 | 4 | 5 |

5. Could you please cite insightful learning from other participants or other countries as a result of this workshop?

   | 1 | 2 | 3 | 4 | 5 |

6. Please scale to assess to what extent DAY 1 met your expectation.

   | 1 | 2 | 3 | 4 | 5 |

7. Please scale to assess to what extent DAY 2 met your expectation.

   | 1 | 2 | 3 | 4 | 5 |

8. Please scale to assess to what extent DAY 3 met your expectation.

   | 1 | 2 | 3 | 4 | 5 |

9. Is there a specific aspect that has not been covered in this evaluation form and which you would like to comment on?

10. What would you improve for future meetings?

11. Any suggestions for how WHO or OECD can support your country?

12. What health accounts topics would you like to discuss at the meeting next year?