WHObbb Q&A

8/12/20 23:34

N	Comment	Repose	Interim comments
1	There are some consistency problems detected, what are described in points 4, 5 and 7.	Dealt below in sections 4, 5 and 7	
2	No negative values detected. One atypical entry is described in the metadata file, which is not actually an atypical entry, but thank you for describing it separately.	No response needed	
3	No revision has been submitted	No response needed	
4	Current health expenditure increased by 104% (2,989mln NCU) in 2018 (at current prices). This is an outstanding increase which needs a very good explanation (e.g. changes due to policy reforms or increases/decreases in prices or volumes or changes in your accounting practice) and revision of time series. Otherwise data cannot be accepted and published.	Detailed response to be developed	Main driver is OOP and it was explained in the email. But details should be added to the response to reiterate, what was already explained in DG's email.
5	We would appreciate your verification and clarification also for some other changes:	No response needed	
5.a	FS63. We observe Other revenues from corporations n.e.c. are registered for the first time. Could you kindly explain what changes happened in Georgian health care system?	F3.6.3. Other revenues from NPISH n.e.c. are added first time to the HA. During the extensive data collection process, we have identified a new source for this data (a study carried out by GeoStat) and added to the accounts. The same data source can be used to amend data for previous years.	
5.b.	HF22. NPISH financing schemes (including development agencies) expenditures increase 438% (from 47.5 mln NCU in 2017 to 255.64mln NCU in 2018.	HF.2.2. in previous years included only schemes funded from external sources (47.5 as noted); since for 2018, we have identified and used a new source for this data (see comment for 5.a), now the figure captures schemes funding from domestic sources as well.	
5.c.	HF3. Household out-of-pocket payment increased 170%, accounting for 72% of CHE. Thus, Georgia occupies one of the leading positions in the share of OOP in EURO region.	See the response for N4. This is due to misreporting from the national payer. Will be corrected in the next version after the meeting and discussion with MoH.	
6	Compilation issues		
6.a.	FS11xHF21. Could you kindly explain what did you classify under this cross? Please note that subsidies for compulsory or voluntary health insurance schemes (managed by private insurance companies) classified as FS13 (SHA pg. 200).	KG & LS: please a) What we classified - VHI purchased by government entities for their employees b) Why not FS13 or FS14 - arguments we discussed plus historical use of this approach	~~Should be corrected based on the comment and moved to FS.1.3~~ " This item refers to the funds allocated from government domestic revenues to financing schemes operated by institutional units other than government units or NPISH. ● Includes: subsidies for compulsory or voluntary health insurance schemes (managed by private insurance companies). Tax allowances provided to households who buy private health insurance may be accounted under this category. " Arguments need to be added to support existing coding
6.b.	We try to understand better the Georgia health care system:	No response needed	
6.b.1	HP1xHC64. Could you kindly explain what Healthy condition monitoring programmes hospitals provide and for what type of patients?	Explain the practice of ANC provided by maternity houses or hospitals	Coding accuracy needs to be reviewed: includes antenatal care and check-up for recruits. *So what is wrong if hospitals do this? You can check in respective linked_files and if you see hospitals are there* Add explanation based on antenatal care and recruits services.
6.b.2	HP34xHC11. What kind of inpatient curative care services you report for Ambulatory health care centres?	Check UHC_DRG for any ambulatory paid through this SSA scheme	
6.b.3	HP34xHC511. Prescribed medicines are provided by Ambulatory health care centres. Could you kindly give an explanation about this situation in your health care system?	Ambulatory healthcare centers are used to distribute prescribed drugs purchased from state money. This includes factors for patients with haemophilia, treatment for Hep C, morfine for palliative care patients and few other types of drugs.	
6.b.4	HP3necxHC62. What type of the health care facilities do you classify under this category?	Vaccines (HC.6.2.) is distributed via different healthcare providers on the whole spectrum of HP3; however, the data does not allow linking expenditures for vaccine procurement to consumption at specific sub-types of outpatient providers. Quality of data might improve in following years.	Needs to be corrected: general ambulatories Can you be more specific? Please indicate code
6.b.5	HP42xHC11, HC133, HC43. Could you provide some information why Medical and diagnostic laboratories provide such services?		Needs to be checked with HC.1.1 (we could not find which program included this; we checked SSA); needs to be corrected for HC.1.3.3 (specialised in-patient); Again, unclear – if you say corrected, indicate which code has to replace which one. E.g.: HC.1.3.3 → HC.1.x.x for HC.4.3. -- needs to be checked as well;
6.b.6	HP6xHC133 and HC71. Kindly explain what kind of Specialised outpatient curative care services are provided by Providers of preventive care? Also, we are keen to know what admin services are provided by this type of facilities.	*Explain NCDC HP.6 as performing governance functions*	Also needs to be check what is coded here. I will check HP6 x HC133
6.c.	HP72. There are some expenditures registered under Social health insurance agencies. In the metadata file you reported that there is no Social health insurance in Georgia. Also, Social health insurance schemes (HF121) is not registered in your data. Could you explain this phenomenon?	Change HP.7.2 to HP.7.1	Should be corrected to HP.7.1. No way. SSA is a single-payer. But I checked … and the rules say: "HP.7.1 Government health administration agencies This subcategory comprises government administration (excluding social security) that is primarily engaged in the formulation and administration of government health policy, ***in the administration of health financing***" If SSA administers financing (some of them), they are HP.7.1...
6.d.	HP82xHC14, HC63 and HC71. Please clarify what kind of facilities are classified under All Other industries as secondary providers of health care and what kind Home-based curative care, Early disease detection programmes and Governance and Health system administration they provide?		Also needs to be check what is coded here. HP82 x HC71 definitely But I think HP82 x HC14 is obvous, for instance the FIrst Step, Child Care program.... HP82 x HC63 – I assume these are NGOs under GFAMT or other NCDC programs...
6.e.	HP89. Could you kindly describe what kind of facilities you classified under this category? Please not that HP89 is used in very rare cases.	Change HP.8.9 to HP.8.2	Includes early childhood dev. Programs (?) we need to write the explanation (tomorrow) We need urgently to review HP89 again to understand whether we should replace them by HP82 Here is the recent catalogue (I Hope so) exported from HAprePT. Review provider catalogue, but we still recode this into HP.8.2.
6.f.	HC2 and HC3xDIS. Kindly check these crosses. Many of them seems not logical.	Change Form25 DIS links to healthcare providers via HC	We need to discuss this. Indeed, many strange coding. All right. Can we do it tomorrow?
6.g.	HC132xDIS. Also, kindly check these crosses. Here is also a lot of mistakes.		Needs to be checked; dental care service provider cannot really provide these services.
6.h.	***DIS6x***HC13, HC1nec, HC4, HC5 and HC9: Please clarify what you classified under these crosses?	Case-based data with missing/non-identifiable ICD codes. Only special funding for medical facilities in conflict affected regions DIS6xHP.nec (to be elaborated)	IT should be DIS.nec not DIS.6
7	Missing variables:		
7.a.	FS7. There is FS7 reported all years 2000-2017. Also, OECD DAC reports FS7 for Georgia. In addition, UNFPA and GAVI report disbursements for 2018 year. Both UNFPA and GAVI data are missing in the study. Please update your data?	Gavi 30K EURO will be added. Data will be updated	არ არის ასახული და უნდა დაემატოს What exactly? I did not think Gavi is still in Georgia. If that's the case, it should be sitting in NCDC. As to others, I don't care what DAC says. UNFPA – they have ONLY one program in Apkhazia and I thought I included. Strange is not visible. The rest – if they supplied commodities via Global fund – we don't count them twice. The rest – you can go to UNFPA web site and see commodities shipped to Georgia in 2018. There is also a latter form them. If you find the funds USAID or other bilaterals spend on specific programs (such as TB)(, we should update under FS7. But we simply don't have data now.
7.b.	Therefore, HC62xFS7 is missing, since GAVI data is missing. Please update your data.	Same as above	
7.c.	FS14. there is no data for Other transfers from government domestic revenue for NGO. Could you confirm that these revenues are not a case of Georgia?	FS.1.4. was not used in previous years as well. Transfer of public funds to health service providers in Georgia is done via procurement mechanism. We do not have a systematic way to capture any transfers to NGO, as a specific type of providers.	
7.d.	HP1xHC131. Could you confirm that hospitals do not provide General outpatient curative care in Georgia?	Change HC to 1.3.1 in SSA_UH_PHC	Coding needs to be revised. All outpatient coded as HC.1.3.3. So why should we change specialized outpatient care to general, can you please explain?
7.e.	HP2xHC3. Could you confirm that Residential long-term care facilities do not provide Long-term care (health) in Georgia? Kindly explain what you classify under this type of facilities?	~~Classification includes only hospices. Donor funding of residential long-term is currently missing and will be added later. > why? Do they ask about donor funding?~~ HC3 includes hospice-based care, and long-term mental health care; however, long-term mental healthcare is delivered by mental health hospitals and there are no designated residential facilities, while there are some hospices delivering long-term care.	For our clarification: mental health long-term care was not coded under this group. Is that correct? Nothing was reported for this in previous years. If we have such it MUST be coded.
7.f.	DIS23. There are no expenditures for programs that manage contraception and family planning registered. We assume that it should be at least government expenditure for program administration. Also, UNFPA reports some disbursements for Georgia.	At this stage, UNFPA data is not included in the analysis given that information provided was of a low quality.	ადრე OOP-ს და UNFPA-ის გარდა აქ რა იყო, არ ვიცი, მაგრამ პოსტ-პარტუმ ვიზიტი შეგვიძლია სახელმწიფო დანახარჯებში ავსახოთ, რადგან შინაარსით, ეს არის ოჯახის დაგეგმვაზე ორიენტირებული We can say the consumption is there but the current data flow does not allow capturing related expenditure. UNFPA maximum supplies some commodities, but the rest of service costs are beyhond UNFPA funding or even government. Let's discuss but we can say it is not something we can track now.