African Collaborative for Health Financing Solutions

Harmonized SHA/NASA resource tracking approaches and experiences in Africa:

What is needed for successful resource tracking harmonization and institutionalization?

Think-Tank, Session 3

February 10, 2022

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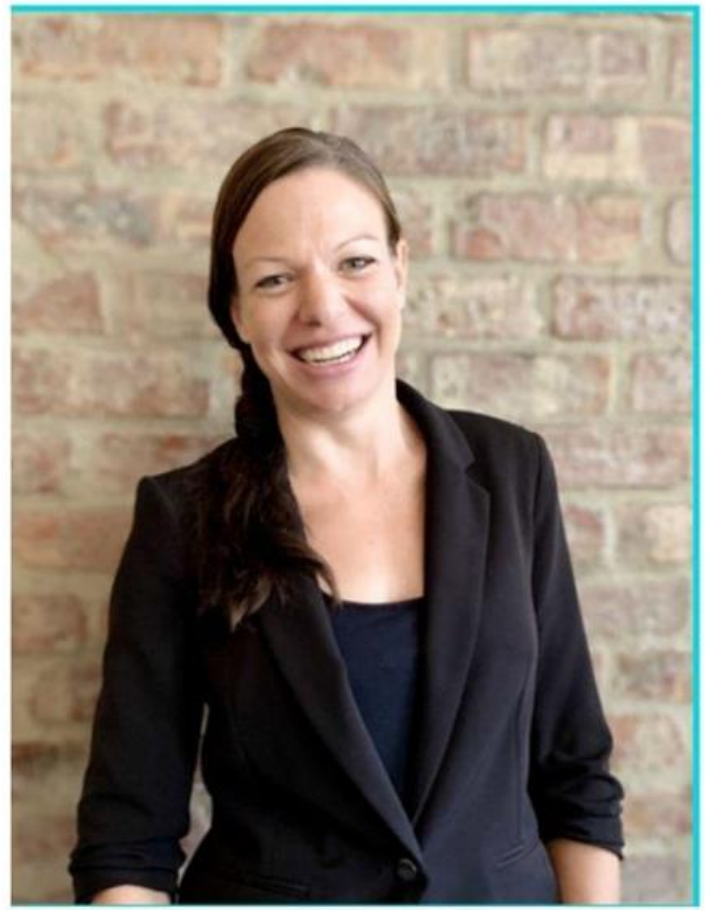
10 min

WELCOME AND OBJECTIVES OF SESSION 3



Presented by:

Claire Jones
Former ACS Technical Lead
Namibia

Aim of HRT Think Tanks - recap

- ACS support is aimed at enhancing resource tracking processes
  - **NOT** to review/change the SHA/NASA frameworks or classifications
  - The ACS team leading this process brought international, regional and country SHA and NASA expertise to the project, in an objective / neutral way that allowed for bridges to be built between the actors
- Ultimate goal to facilitate collective exploration of HRT to improve accountability, planning and efficient allocation and use of resources to attain UHC
- In the previous sessions (27 Jan and 3 Feb 2022) we introduced SHA, NASA, shared the Namibian and Botswana experiences, and reviewed the ACS approach to HRT and its data collection/mapping tools (please refer to Session slides, the readIng materials and links to other resources provided)
- **In these three webinars**, ACS hopes to lay a solid foundation for the use of our approach elsewhere, by:
  - Sharing in-depth the experiences of Namibia and Botswana in harmonized resource tracking
  - Discussing the strengths, opportunities, and challenges of harmonized resource tracking and institutionalization
  - Building on the collective experience, expertise and knowledge of participants and experts present to consider possible interventions to overcome challenges and pave a way forward for improved harmonized and institutionalized resource tracking
  - Deepening the awareness and understanding of country policy-makers, technical SHA and NASA experts, as well as development partners about the harmonized resource tracking options, scope, approach, decisions to be made by their TWGs, as well as possible tools or technical support available to them

Objectives of HRT Think Tank Session 3

I. To understand factors for and challenges to successful institutionalization of resource tracking
II. To share other African countries' perspectives on harmonization and institutionalization of resource tracking and to identify possible interventions to overcome challenges
III. To build consensus and momentum to improve and advance the harmonization and institutionalization of resource tracking concretely based on identified opportunities and support modalities

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20 min

HOW DO WE DEFINE "SUCCESSFUL RESOURCE TRACKING HARMONIZATION AND INSTITUTIONALIZATION"?

Presented by:

Teresa Guthrie
Health Economist
NASA Expert

Aim of this conversation

- To consider how we define and **measure** successful harmonization and institutionalization of resource tracking
  - These are different but related processes – each can occur without the other, but achieving harmonization could greatly facilitate institutionalization of resource tracking

- Empower country stakeholders to understand the HRT options, what they're seeking to achieve, and how to match the options to their needs

Harmonization meaning (recap)

- Efforts to synchronize or merge aspects of different resource tracking approaches, by bringing them together into one joint process, instead of conducting separate and often duplicative processes.
  - SHA-NASA = merging of these two methodologies to simultaneously generate estimates of spending on both health and HIV respectively **with the level of detail required by relevant stakeholders.**

- General sense that a harmonized SHA-NASA will be more efficient – less duplicative, require less time, less human resources, less funding, and reduce the burden on respondents (survey fatigue)

- Reduced risk of mismatches of HIV data due to non-reconciled health account (HA) and NASA totals

Some basic starting points

- There is no one approach / silver bullet that applies in every setting and meets everyone's needs or addresses all the limits of separate SHA & NASAs
- Differing degrees of harmonization are possible, & compromise required
- SHA and NASA have different purposes, outputs, and resource requirements: personnel LOE, time, finances, data
- They overlap on the **HIV (health) expenditure** (noting different approach to handling capital investments) (& potentially SHA could do non-health HIV if consistently & completely collected & coded, but note HCR limits in HAPT)
- Sound data (collected, coded and cleaned) are essential for both assessments (& for NASA these need to be full transactions)
- Good response rate is essential - relies on a comprehensive mapping/ database of all actors (especially non-health HIV actors) & perseverance, follow-up, interviews vs self-administered questionnaires
- Let's do a quick recap of what we hope to achieve with HRT (simply visually)...

Separate SHA and NASA processes

NB. Not to scale – rough comparisons!

SHA

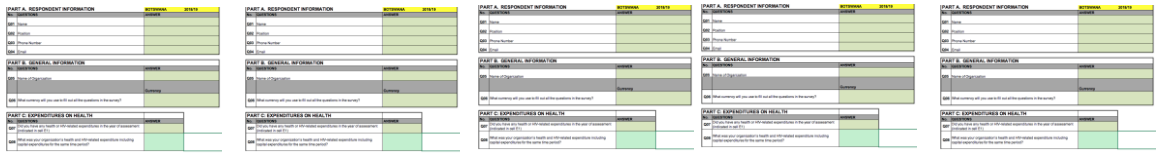
NASA

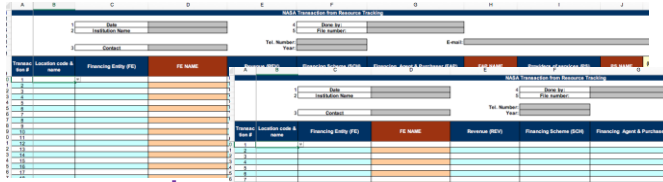
Data / scope

All health $ (non-HIV) | HIV health $

HIV health $ | HIV non-health $

Data collection tools





Plus electronic raw data restructuring

Personnel

Time

12-18mths (?) (T-2)

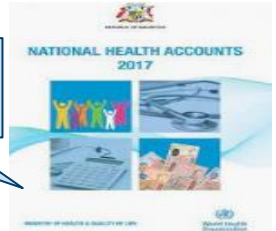
6-12mths (T-1)

Finances

Costs vary per country

Report

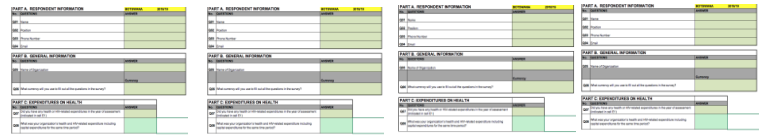
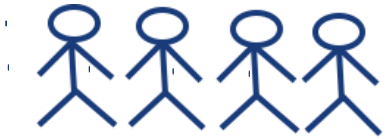
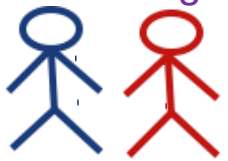
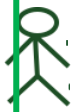
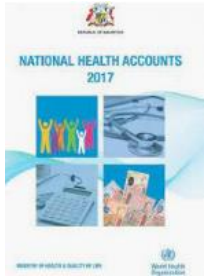
NHA not split by sub-national level



NASA often split by sub-national level

Combining SHA and NASA processes: one data collection tool

NB. Not to scale – rough comparisons!

	SHA	SHA-NASA overlap	NASA
Data / scope	All health $ (non-HIV)	HIV health $	HIV non-health $
DC tools			
Personnel			
Time	10mths (?)	6mths	3mths
Finances			
Report			 

New SHA-NASA tool must collect full transactions as well as non-health HIV

Plus electronic raw data restructuring – once for both assessments

Costs vary per country

Combined OR separate reports?
National or with sub-national level?

Measuring successful harmonization i.

- ✔ Must respond to the country and stakeholder needs & context (with sub-national (provincial/ district) analysis if required)
- ✔ Outputs provide the disaggregated detail required for NASA – with classification to match NSP, and includes non-health HIV spending – captured in standard bi-variate matrices
- ✔ Spending per HIV intervention – every transaction should be mapped for all vectors (versus totals split separately by classifications)
- ✔ For health accounts (HA) all health expenditure is captured according to SHA classifications
- ✔ The HIV (health) spending (recurrent and capital) should be the same total in HA and NASA (requires careful data management by SHA-NASA team)
  - requires **careful** alignment (with joint cleaning of data in data collection tools, or coding of raw data) with consistent importing into both HAPT & RTT

Measuring successful harmonization ii.

- ✔ HIV data should NOT have been estimated using distribution keys but based on actual expenditure reports (*except for* the shared MOH (operational & shared personnel) costs that need to be split per disease)
- ✔ Good quality data collected, coded and cleaned
- ✔ Reduced personnel time – team has both SHA and NASA expertise
- ✔ Reduced cost (with pooling of resources?)
- ✔ Reduced burden on respondents -> good response rates (esp. by non-health HIV actors) -> increased regularity of assessments -> **institutionalization more likely**

Key decisions for a SHA-NASA process: Practical implementation issues

- **Who co-ordinates overall process?** MOH? NAC? RT-TWG?
- **Who leads** the more indepth HIV data collection, capturing, cleaning, analysis and reporting process?
- **Where does the HIV data sit (housed)**? Which database (HAPT or RTT) and who maintains the database/s?
- **Who is funding** the full resource tracking and the additional HIV aspects?
- **Which data collection tools** are to be used for the HIV aspects (health and non-health)? One or two tools? HA and/or NASA tools? Ideally a new combo tool could be used (like in Namibia & Botswana)
- **How will the data be collected & analysed?** Self-administered questionnaires (poor response) or face-to-face interviews? Or combination, depending on data. Collection of electronic financial records/reports as far as possible (PEPFAR, GF, MOH, MAS data). HAPT and/or RTT for analysis?
- **Who undertakes the time-consuming work of actually** collecting, capturing, cleaning, analysis and reporting of the HIV spending (across all sectors)?
- **Validation process** – joint (with different stakeholders) or separate? NASA validation to wait for full SHA completion?
- **What are the timing requirements** for the NASA and HA data (T-2 vs T-1 for HIV budgeting decisions? Annual reporting requirements? Trade-offs?)
- **Separate or combined report/s?**
- **Packaging & Dissemination** – to be undertaken separately or jointly?

What could institutionalization of resource tracking include?

"The **routine** production and **use** of estimates of health and HIV expenditure".

Characteristics:

- ✔ Continuity – done on a regular basis, providing routine, time-trend data
- ✔ Consistency – applying standard methods & classifications for comparisons over time and between countries
- ✔ Country ownership – conceptualised and led by MOH and NAC **& meeting country needs**
- ✔ Adequate and reliable funding - domestic (ring-fenced) budget *and/or (?)* committed (reliable) development partner support (including TA)
- ✔ Validity / accuracy - as a trusted source of expenditure data, indicators and estimates
- ✔ Utility - informs policy decisions, budget allocations and programme efficiency gains **(enhanced if meeting national data needs)**

Institutionalization enablers

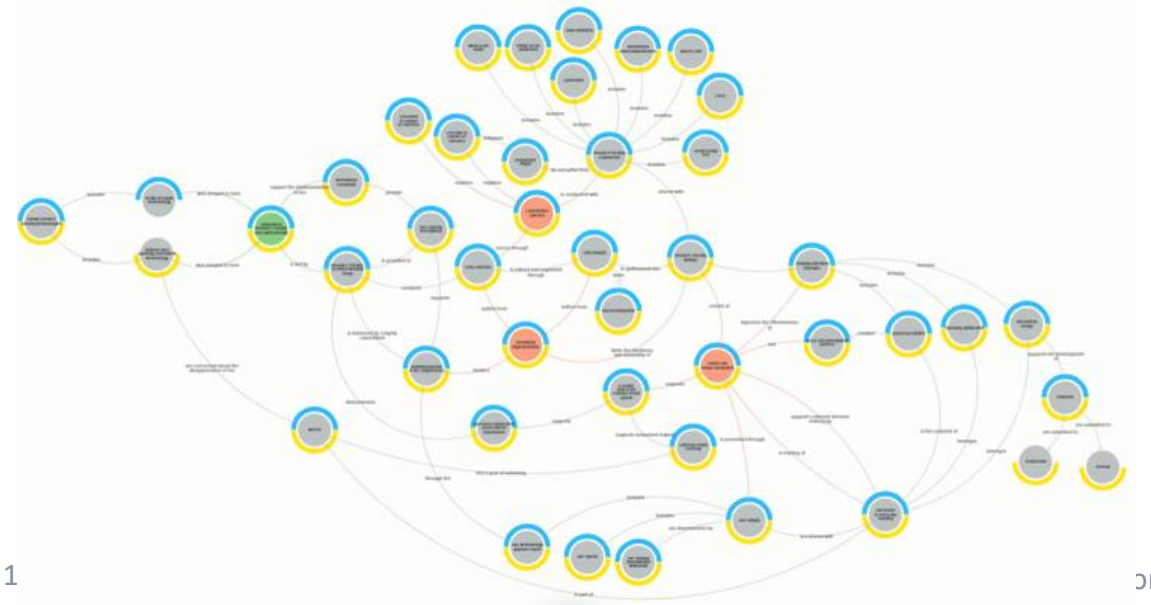
- ➔ Clear **governance structure**, roles & responsibilities
- ➔ **Committed and skilled persons** to undertake all the work: data collection, cleaning, capturing, analysis, report preparation (**efforts to retain them probably necessary**). Options:
  - MOH / NAC staff? With district level staff?
  - Supporting consultants : international / regional / national?
  - A university/ research unit/ agency?
- ➔ **Mandatory reporting** by all actors of the health and HIV activities and expenditures
- ➔ **Automated cross-walking** & restructuring of large datasets in a more automated way, to enable the country teams to repeat the process every year
- ➔ RT data forms **part of the routine M&E system** and national performance indicators (when driven by the national agenda), as well as for global reporting requirements
- ➔ **Creative packaging of data** for different audiences and purposes -> national data needs
- ➔ **Demand creation for data** (related to perceived utility) – extensive dissemination & use

Thank you

Please refer to:

- ➔ WHO & UNAIDS resources / guides
- ➔ Botswana institutionalization guide
- ➔ HRT guide based on ACS Bots/Nam experiences (*pending*)
- ➔ Namibian evaluation of their HRT approach
- ➔ https://r4d.org/resources/

Systems Mapping: Namibian Harmonized Resource Tracking (HRT)



Republic of Botswana
Ministry of Health and Wellness

Operational guidelines for institutionalization of resource tracking in Botswana

September 2021 | Gaborone, Botswana

Disclaimer:
These guidelines are made possible with support from the U.S. President's Emergency Plan for AIDS Relief, through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of Results for Development, Duke, Feed the Children, AMREF, Synergos, RESADE, CERRHUD, and UHF and do not necessarily reflect the views of USAID or the United States Government.

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1 hour

Perspectives from other country experiences to build toward and facilitate harmonized and/or institutionalized resource tracking

Panel Discussion

Facilitated by Andre Zida

African Collaborative for Health Financing Solutions

1 hour

CONCLUDING DISCUSSION: PAVING THE WAY FORWARD

Presented by:

Allison Kelley
ACS Program Director

Claire Jones
Former ACS Technical Lead
Namibia

Thanks you! and next steps

- Send post-survey to gather your feedback to propose concrete ways forward
- Share ACS documents on HRT experience in Namibia and Botswana
- Finalise (and share) ACS HRT guide with reflections and contributions from this Think Tank Series
- Stay in touch!
  - akelley@r4d.org (Allison Kelley)
  - azida@r4d.org (Andre Zida)
  - lhatt@r4d.org (Laurel Hatt)