

WORKPLAN FOR A FIRST SYSTEM OF HEALTH ACCOUNTS 2011 (SHA 2011) STUDY and PRODUCTION TOOL (HAPT) USERS

Note : The number of onsite technical assistance visits proposed in the template plan below can be adjusted to one less or one more depending on needs, countries experience and expertise.
Any activity ending with an * are considered optional, and will depend on countries

Phase	Main activity	Detailed activities	Expected Products	Timeline	Technical assistance	Financial resources needed	Financing source	Unit cost	quantity	Cost US\$	Parties/Person responsible	Comments	Risk
I. Setting Up	I.1. training	I.1.a. Participate in regional SHA 2011 workshop* note: if this is not done, then depending on the health accounts (HA) experience in the country, this will be mean an extra on-site workshop to be run by the consultant or added to the first workshop on M2 or in those with mature HA teams, this can be done with remote support. I.1.b. The health accounts team should read and get familiar with SHA 2011 manual (at least the concise version).	1. map of financial flows in the country 2. filled in HAPT module 1 and 2 including SHA 2011 lower digit categories 3. data sources identified for SHA 2011 categories based on financial flows, including review and plan for validation of international data sources on resource flows 4. identification of main use/r of health expenditure data identified; including date when health expenditure data is needed, and list of indicators to produce 5. preliminary workplan based on date when data on health expenditure is needed.	M0		participation of 2 members to regional training					team leader and assistant team leader of HA team	preferably official HA focal points (especially if they are technical focal points)	
	I.2. finish workplan	I.2.a. review and finalize workplan, so that the data be ready on time for either the budget preparation or the annual review of the HSSP I.2.b. Send official request for technical assistance to WHO, including the preliminary workplan*	1. finalized workplan, aligned with the next round of budget discussion and/or annual review of the HSSP 2. if needed, MOH official request for TA sent to WHO	M0						-	MOH		
	I.3. set up team	I.3.a. Form health accounts team (recommended : 1 team leader + 1 or 2 key team members; other members are support HA staff, and include a focal point for each MoH program; for national accounts; for household survey at national statistical office) * I.3.b. Formalize designation of team leader I.3.c. Identify line of reporting. In organigram (it is recommended that each of the 2 to 3 key technical team members be responsible for one type of source to establish relationships for the data providers and to gain expertise in mapping their data) note: Some countries just starting work for the first time on health accounts may need a steering committee. WHO does not recommend setting up a separate health accounts steering committee, but encourages that existing health planning or health financing committees to take on this work with others (e.g. National Statistics Offices invited as needed). Alternatively, a subcommittee under this committee can be constituted and others (e.g. NSO) can be invited as members.	1. Organigram of area of work, including TOR and organigram (names and responsibilities of team leader and key team members; names of support staff; if needed, steering committee) all the above information can also be written up in a 1-page concept note for health accounts and uploaded into the library of HAPT	M1						-	MOH and/or national statistics office as needed	IMPT: Team is not necessarily an administrative designation; more of a functional approach. Team= Team leader plus 2-4 members. Consult national statistics office on status of health accounts (mainly for policy or official statistics); Consider second quarter of the fiscal year as the time that work on the HA (T-1) to start. About 8-10 months to complete the work first time around; 2-3 months on the second round.	
	I.4. prepare list of data sources	I.4.a. Generate lists of respondents (development partners, NGOs, insurance, employers, providers, others) for Module 3 I.4.b. Identify major contributors to expenditures as priority respondents	1. Lists of respondents for module 3 with identified priority respondents	M1						-	HA team		
	I.5. sensitization workshop	I.5.a. Prepare for HA policy sensitization workshop I.5.b. Hold HA policy sensitization workshop (1 day workshop with key stakeholders); will include resource mobilization, sensitization and data needs awareness	1. Finalized and endorsed workplan	M1-M2	Remote TA	local workshop 1 day				\$5,000	HA team with WCO as needed	invite data providers and data users ; primarily awareness raising and establishing contact with data providers. can be done by HA team with inputs from WHO country office and others	
II. Government Data	II.1. collect government data	II.1.a. Get MOH expenditure data T-1, detailed MOH and disease control programme budgets, MOF data if no source of revenue for MOH government expenditures elsewhere II.1.b. Prepare basis for MOH disease distribution keys - Get IPD and OPD diagnosis reports (utilization data); diseases classified into HAPT DIS categories by MD - Get costing studies (OPD/IPD) - Get commodity purchases from procurement (e.g. central medical stores) Discuss with programs focal points, if need be, to discuss mapping of their data to SHA 2011 II.1.c. Send all data to consultant	1. Data sets as described sent to consultant	M1-M2	Remote TA					-	HA team		
	II.2. prepare government data	II.2.a. Review modules 1-2; especially final set of SHA 2011 categories including lower digits and other digits (e.g. SNL, NSP) II.2.b. Prepare module 3 II.2.c. Plan for automation of MOH data collection and import; understand how data will be used; how data will be downloaded and if necessary, reformatted (e.g. if budget codes need to be linked) for immediate import * II.2.d. import one govt (MOH) data set II.2.e. review of data for disease distribution key; determine DIS splitting rules II.2.f. review of data for FP distribution; determine FP splitting rules II.2.g. module 4: do mapping on national sha2011 categories on first 100 to 200 expenditure lines, including capital (practice export and import of files and generate sample tables) II.2.h. Plan for collection of other government data, if needed and not available centrally, plan survey data collection to collect district information; think institutionalization of district data collection (e.g., DHIS financing module) II.2.i. Review and upload respondents names for different surveys (Module 3)	1. Finalized national SHA 2011 classification 2. Module 3 completed for MOH 3. Automation system in place (1 descriptive pager uploaded in HAPT library) 4. one govt data set imported (MOH) module 4.5 5. FP keys prepared and uploaded in both HAPT and split rule libraries 6. DIS keys prepared in excel and uploaded in both HAPT and split rule libraries 7. 100-200 MOH expenditure lines mapped 8. Plan for getting other government expenditure data, incl FP and DIS classification (esp for SHI) 9. Lists of respondents for surveys uploaded	M3	first TA visit with HA team members only (no support staff)	5-day workshop, preferably at the WHO office, with main ha team and consultant - to facilitate discussions with MoH program officers; statistical office; National Accounts officers; etc.					HA team and consultant	Remember: No changes in SHA classification after start of mapping	
	II.3. map government data	II.3.a. Continue mapping MOH expenditure - first year of mapping needs more support staff; mapping needs to be done by a HA team member, with direct support of program focal points (support staff). This means organizing a one week workshop out of Ministry of Health to mobilize everyone full time II.3.b. Get, prepare, import and map other government health expenditure data	1. MOH data mapped 2. Other govt data sets imported and mapped	M4-M6	Remote TA	5 days workshop with ha team and selected support team members				-	HA team		
	III.1. collect secondary and survey data	III.1.a. Send out surveys electronically to respondents (including district and regional surveys if needed)	1. Survey forms prepared and sent out; survey tracking form prepared	M4						-	HA team		
	III.2. train key respondents	III.2.a. Work on site with 1 or 2 key respondents of each type (NGO/Donor/insurance/etc)	1. Completed survey forms of 1-2 key respondents per type of data source	M4-M5	Remote TA	local travel expenses				-	HA team		
	III.3. train other respondents	III.3.a. Training of respondents (1-day workshop per source)* III.3.b. Follow-up key respondents survey forms, review as they arrive and provide feedback in form of clarification, other queries III.3.c. upload completed survey forms	1. Completed and uploaded survey forms including 100% response from key respondents	M4-5	Remote TA	local workshop costs 1-3 days				\$7,000	HA team		

III. Survey data (and other secondary data)	III.4. collect central statistical office data	From National Statistics office/National Accounts: III.4.a. Get most recent household budget survey data with % health spending of household; including detail of household spending e.g COICOP medicines, consultations and hospitalization and from health surveys (e.g DHS) patterns of consultation/hospitalization III.4.b. Get PCE (household only if possible) of year of HA, III.4.c. Get salaries and self employed of health workers in the private sector, also on pharmaceutical purchases	1. Data obtained and sent to consultant	M5	Remote TA					-	HA team		
	III.5. triangulate data with international and macroeconomic data	III.5.a. Check double counts and weighting of sample responses III.5.b. Map survey data from all sources III.5.c. Review international data sources and validate if captured III.5.d. Prepare OOps methodology and estimation document,* including disease/SNL distribution if being done; import into HAPT III.5.e. Review gaps and plan on collecting all remaining data and tasks	1. Mapped parts of households, donor, ngo, insurance, and corporation data- modules 4 and 5 2. Document on OOps estimation methodology prepared and uploaded into HAPT library 3. Draft document on validation of international data sources prepared 4. Plan for collection or follow-up of remaining items to be done for HA	M6	Second TA visit	5 days workshop, preferably at the WHO office, with main ha team and consultant - to facilitate discussions with MoH program officers; statistical office; National Accounts officers; etc.					HA team with consultant		
	III.6. map non-government data	III.6.a. Finish survey data collection and mapping first year of mapping needs more support staff; mapping needs to be done by a HA team member, with direct support of National Accounts, Central Statistical Office, facility representative (support staff), this means organizing a one week workshop out of the ministry of health, to mobilize everyone full time	1. Final HAPT study sent to consultant 2. Final document on validation of international data sources uploaded into HAPT library	M7	Remote TA	5 days workshop with ha team and selected support team members				-			
IV. HA results and planning for institutionalization of health accounts	IV.1. validation of data	IV.1.a. Review of quality checks, tables, and metadata; get MoH programmes to validate disease-specific expenditures; get large donors to validate expenditures funded by their organizations IV.1.b. Review responses from programs and partners IV.1.c. Adjust data based on errors identified IV.1.d. Generate Health Accounts report (all of module 6): flow chart; tables; metadata; quality checks	1. produce and send to relevant focal points: disease-specific and donor-specific flow charts and tables from modules 6.1 and 6.2, for validation of results. 2. adjust and finalize the results 3. produce health accounts report (all of module 6)	M8	Thirid TA visit (after data has been checked by partners and programs)						HA team with consultant		
	IV.2. using HAAT	IV.2.a. import health accounts and non health accounts data into HAAT IV.2.b. produce standard HAAT tables and send to relevant teams IV.2.c. prepare all HAAT tables needed for the preparation of the budget and for the review of the HSSP	1. HAPT study uploaded 2. pre-saved tables and new tables are produced 3. team lead ready with the data in order to participate at the budget preparation discussions and/or the HSSP annual review	M8	Third TA visit					-			
	IV.3. institutionalization plan	IV.3.a. Develop an institutionalization plan to produce yearly T-1 HA. The plan should include activities that will support automation of data collection and mapping. It should also include one-time activities to : convert of HA data to SHA 2011; and/or construct a 10-year series of government expenditure data using the import mapping feature; and/or re-estimate OOps and external resources; and/or generate absolute levels and key ratios for past years with no HA.	1. Institutionalization workplan	M8									
	IV.4. Utilization of results	Attend the budget preparation meetings and/or the annual HSSP review workshop		M8	Fourth TA visit						HA team with consultant		
* costs are indicative										\$5,000		to include in cost the extra days (about 15) for virtual TA by consultant	
		Total costs approx 70,000 usd								\$17,000			