

**Terms of references**  
**for providing health accounts Technical Assistance (TA), using the WHO**  
**standard approach on the implementation of SHA 2011**  
**YEAR 2**

The terms of references for providing health accounts TA for the second year of institutionalization, using the WHO standard approach on the implementation of SHA 2011. It includes on average 3 TA visits of 1 week each per country and 15 days of remote technical assistance.

While providing the TA to a country, the WHO HA consultant should not take part in any other activities not described in this TOR and should not express publicly his/her opinion on topics which are not explicitly stated below.

In all the correspondence with the country HA team, the consultant should always copy the WHO HQ country focal point, the Regional and Sub-regional focal points and the WHO CO focal point. The consultant is supposed to regularly inform all the above mentioned WHO focal points on all the developments of the HA production process.

At the end of each TA visits, the consultant will be assessed by the country HA team through the assessment form for consultant. On the other side the consultant will provide his self-assessment through the self-assessment form. Both assessments are to be shared with the WHO HQ country focal point, the Regional and Sub-regional focal points and the WHO CO focal point.

### **TOR for 1<sup>st</sup> TA country visit**

The first country visit for TA should take place around 2 to 3 months after the country started the second year of producing health accounts (please refer to the country work plan).

#### **Before the visit:**

1. The consultant should review Modules 1 -3 of HAPT received by the country team 1 month before the visit.
2. Make sure that the country team identified the key indicators to produce for HSSP annual reviews and for the preparation of MoH budget
3. Make sure that there is an agreement on how HA data can be integrated into HMIS and Health Sector Strategic Reviews
4. Request from the country team imported MoH data for the second year (T-1) which should be mapped using the import mapping feature of HAPT.
5. Based on the repeat mapping done for year 2, support the team to evaluate additional areas of government data collection improvements according to the work plan

The consultant is not supposed to do the first country visit if the above mentioned requirements are not fulfilled.

#### **During the 1<sup>st</sup> country visit:**

The 1<sup>st</sup> TA visit is about improving the distributional keys from the 1<sup>st</sup> year of HA.

1. 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)
  2. Validate the keys with the programs focal points and institutionalize the process
  3. Improve any other distributional keys if relevant – FP, HC, etc.

*Deliverables:* Distribution keys validated and institutionalized

**After the 1<sup>st</sup> visit:**

After the 1<sup>st</sup> visit the consultant should follow-up with the HA team and provide some remote TA if needed so that the HA team can complete the mapping of the imported government data and start collecting private health expenditure data

## **TOR for 2<sup>nd</sup> TA country visit**

**Before the 2<sup>nd</sup> visit:**

1. Support the country team to prepare a synthesized document of key data sources, with a quick description of what can currently be obtained and how, followed by agreed upon follow up steps to improve quality, quantity (granularity), and data collection system.
2. Support the country team to clean , upload and map the private health expenditure data
3. Support the country team to 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.
4. Support the country team to adjust and finalize the results
5. Support the country team to produce health accounts report (all of module 6)

**During the 2<sup>nd</sup> country visit:**

1. Collect, upload and repeat mapping for government MOH expenditures for 10 years
2. Convert historical SHA 1 data to SHA2011

*Deliverables:* 10 years of government (MOH) expenditure data

**After the 2<sup>nd</sup> visit:**

Support the country team to improve data quality over the next 5 years, year by year and to prepare a roadmap for the next 5 years, with the implementation of the institutionalization steps that could still be pending + estimates to be worked on each of the five years

## **TOR for 3<sup>rd</sup> TA country visit**

Attend the budget preparation meetings and/or the annual HSSP review workshop