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

The terms of references for providing health accounts TA, using the WHO standard approach on the implementation of SHA 2011 includes on average 3 to 4 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 (annex 1). On the other side the consultant will provide his self-assessment through the self-assessment form (annex 2). 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 1st TA country visit

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

Before the visit (1-2 months):

1. Establish a contact with the health accounts team in the country and get information on their work plan and deadlines.

2. Make sure that at least one person from the health accounts team has attended one of the WHO regional SHA 2011 workshops. If this is not done, then depending on the HA experience of the country the consultant should provide remote support to the HA team and make sure that the HA team prepares all the following products :

    a. map of financial flows in the country

    b. filled in HAPT module 1 and 2 including SHA 2011 lower digit categories

    c. data sources identified for SHA 2011 categories based on financial flows, including review and plan for validation of international data sources on resource flows

    d. identification of main use/r of health expenditure data identified; including date when health expenditure data is needed, and list of indicators to produce

    e. preliminary work plan based on date when data on health expenditure is needed.

3. Make sure that the country has generated exhaustive lists of respondents – development partners, NGOs, private insurance companies, employers, providers.

4. In case it is needed provide remote TA to the HA team to organize a one day HA policy sensitization workshop.

5. Request the country to collect and share with the consultant :

a. Health expenditure data from MOH and MOF (T-1) (and data from the Social health insurance fund in countries where this is the main source of government data)

b. IPD and OPD diagnosis reports; diseases classified into SHA 2011 DIS categories by MD

c. Costing studies (OPD/IPD)

d. Commodity purchases from procurement (e.g. central medical stores)

The consultant should use these data to prepare the disease distributional keys and make sure the MOH/MOF data is in a format fitting the HAPT. In the case when the main government source for health expenditure data is the Social health Insurance Fund, the consultant should prepare in advance possible solutions for codes.

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

During the 1st country visit:

DAY 1 :

1. Review modules 1-2; especially final set of SHA 2011 categories including lower digits and other categories (e.g. SNL (sub-national level), STR (national strategic plan)). Make sure the health accounts team had identified the appropriate set of classifications to develop according to the policy needs, and that the classifications are adjusted to the country specific health financing system context.

2. Prepare module 3 of the HAPT using the lists of respondents already prepared by the HA team.

3. Plan for automation of government data collection and import: understand how data is structured, how it will be used, how it will be downloaded, is there a need for reformatting and adjusting/creating budget codes

4. Import one government source in Module 4.5 of the HAPT

Deliverables:
1. *Finalized national SHA 2011classifications*
2. *Module 1- 3 completed (Lists of respondents for surveys uploaded)*
3. *Automation system in place (1 descriptive pager uploaded in HAPT library)*
4. *One government data set imported (MOH) in module 4.5*

DAY 2 :

1. Review of data for disease distributional keys; determine DIS splitting rules
2. Review of data for FP distribution; determine FP splitting rules

Deliverables:
1. *FP keys prepared and uploaded in both HAPT and split rule libraries*
2. *DIS keys prepared in excel and uploaded in both HAPT and split rule libraries*

DAY 3 and 4:

1. Start mapping the first 100-200 rows in Module 5.5 of the HAPT

Deliverables:
1. *100-200 MOH expenditure lines mapped*

DAY 5:

1. 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)

Deliverables:
1. Plan for getting other government expenditure data (SHI, MoD, other ministries, regional data and if needed additional data for FP, HC and DIS classifications

After the 1st visit (1 – 2 months):
After the 1st 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.

TOR for 2nd TA country visit

Before the 2nd visit (2 months):
1. Provide remote TA and help the HA team to send out electronically the surveys from the HAPT to the respondents (donors, NGOs, insurances, employers, providers)
2. Make sure that the HA team gets 100% response rate from key respondents and all the surveys are correctly filled and uploaded in Module 4 of the HAPT.
3. The consultant should request from the HA team to share the data from the national Statistics office / National Accounts :
    a. The most recent household budget survey data with % health spending of household; including details of household spending e.g COICOP medicines, consultations and hospitalization and from health surveys (e.g. DHS) patterns of consultation/hospitalization;
    b. Data on PCE (household only if possible) of the year of the HA study;
    c. Data on salaries and self-employed health workers in the private sector;
    d. Data on pharmaceutical purchases
Based on the data received the consultant should prepare before the 2nd visit solutions for estimating private health expenditure data and data on pharmaceuticals and human resources.

DAY 1 and 2:
1. Check double counts and weighting of sample responses
2. Map survey data from all sources in module 5 of the HAPT

Deliverables:
1. Mapped parts of donor, NGOs, insurance and employer data

DAY 3:
1. Document the review of international data sources and validate if captured

Deliverables:
1. Document with validated data of international sources: GFATM, GAVI, UNDP, OECD DAC

DAY 4 and 5:

1. Prepare OOps methodology and estimation document; including disease/SNL (sub-national level) distribution if being done;
2. Import the data in Module 4 and start mapping it in module 5.
3. Review gaps and plan on collecting all remaining data and tasks.

Deliverables:
1. Document on OOPs estimation methodology prepared and uploaded into the HAPT library;
2. Mapped part of OOPs data;
3. Plan for collection or follow-up of remaining items to be done for HA study.

After the 2nd visit (1 – 2 months):
After the 2nd 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 data.

TOR for 3rd TA country visit
Before the 3rd visit:
1. Review of quality checks
2. Make sure the HA team gets MoH programmes to validate disease-specific expenditures; gets large donors to validate expenditures funded by their organizations

During the 3rd TA visit:
DAY 1:
1. Review of quality checks, tables and metadata;
2. Review responses from programs and partners

Deliverables:
1. Final tables, indicators, metadata and documentation

DAY 2 and 3:
1. Adjust data based on errors identified

Deliverables:
1. Adjust and finalize the results

DAY 4:
1. Generate Health Accounts report (all of module 6): flow of chart; tables; metadata; quality checks

Deliverables:
1. Produce health accounts report (all of module 6)

DAY 4 & 5:
1. Import health accounts and non-health accounts data into HAAT
2. Produce standard HAAT tables and send to relevant teams

3. Prepare all HAAT tables needed for the preparation of the budget and for the review of the HSSP

Deliverables:
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

After the 3rd visit (1 – 2 months):

After the 3rd visit the consultant should follow-up with the HA team and provide remote TA on the development of the institutionalization plan: HA T-1 (provisional if unaudited, and final audited at T-2), including plan for conversion of past data to SHA 2011; construction of a 10-year series of government expenditure data ; re-estimating OOPs and external resources.

TOR for 4th TA country visit

Before the 4th TA visit:

The HA team should develop and share with the consultant the institutionalization work plan.

During the 4th TA visit:

The consultant will attend a 5 day workshop - budget preparation meetings and/or the annual HSSP review workshop.

Deliverables:
1. The HA data is produced at time for the HSSP review and is used for policy making.

Annex 1:Performance evaluation for consultant (1st TA visit)

World Health Organization

PERFORMANCE EVALUATION FOR CONSULTANTS (1st TA visit)

1. Name of the consultant: …………………………………………………………….
2. Country where the consultancy took place: ……………………………..
3. Period of the evaluation covered: from ……. to………..

4. Was the consultant clear in his presentations / explanations / talks ? (please circle your answer)
- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

5. Was the consultant attentive to your questions and patient ? (please circle your answer)
- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

6. Was the consultant available and on time for the meetings ? (please circle your answer)
- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

7. Was the consultant helpful in the process of setting up the production of HA before the 1st TA visit ?(please circle your answer)
- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

8. On which of the following topics you received his help before the 1st visit of TA? (please enumerate the topics)

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9. To which degree you managed to fulfil all the tasks from the work plan at the end of the 1st visit ? (please circle your answer)
- ☑ **25%**
- ☑ **50%**
- ☑ **75%**
- ☑ **100%**

10. Please check all the tasks which were fulfilled after the 1st visit of TA: (please check the share of work done, by activity)

Activity	25%	50%	75%	100%
1. Finalized national SHA 2011classifications				

2. Module 1- 3 completed (Lists of respondents for surveys uploaded)			
3. Automation system in place (1 descriptive pager uploaded in HAPT library)			
4. One government data set imported (MOH) in 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 (SHI, MoD, other ministries, regional data and if needed additional data for FP, HC and DIS classifications			

If some of the tasks were not fulfilled please give the reasons for that :

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……

11. Did the consultant give you the opportunity to work on your own and implement what you have learned from him ? (please circle your answer)

       ☑ **Yes**
       ☑ **No**

12. Did the consultant do the work himself without teaching you how to do it yourself ? (please circle your answer)

       ☑ **Yes**
       ☑ **No**

13. Do you fill comfortable enough to reproduce what you have learned up to now and do the next HA study on your own without technical assistance ? (please circle your answer)

       ☑ **Yes**
       ☑ **No**

14. Please list the areas where you do not fill comfortable at all and you will need additional TA ?

……
……
……
……
……
……

15. How were your work relations with the consultant ? (please circle your answer)

       ☑ **Very good**
       ☑ **Good**
       ☑ **Satisfactory**
       ☑ **Unsatisfactory**
       ☑ **Totally unsatisfactory**

16. What is your overall assessment of the consultancy work after the 1ˢᵗ visit of TA ? (please circle your answer)

- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

17. Final remarks:

Please indicate below additional comments, if any ?

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Name and position of the respondent: ……………………………………………………………………….

Date: ………………………………………

Signature: …………………………………………….

Annex 2: Self-evaluation form for HA consultant (1ˢᵗ TA visit)

SELF-EVALUATION FORM FOR HA CONSULTANTS (1ˢᵗ TA visit)

1. Name of the consultant: …………………………………………………….

2. Country where the consultancy took place: …………………………..

3. Period of the evaluation covered: from ……. to………..

4. Was the HA team available and on time for the meetings ? (please circle your answer)

- ☑ **Yes, always**
- ☑ **Yes, most of the time**
- ☑ **Not always**
- ☑ **Never**

5. Did the team actively participate during the sessions ? (please circle your answer)

- ☑ **Yes, always**
- ☑ **Yes, most of the time**

☑ **Not always**

☑ **Never**

6. Did you receive support from MOH ? (please circle your answer)

☑ **Very good**

☑ **Good**

☑ **Satisfactory**

☑ **Unsatisfactory**

☑ **Totally unsatisfactory**

7. Did you receive support from WHO CO ? (please circle your answer)

☑ **Very good**

☑ **Good**

☑ **Satisfactory**

☑ **Unsatisfactory**

☑ **Totally unsatisfactory**

8. Please check all the tasks which were fulfilled after the 1ˢᵗ visit of TA: (please check the share of work done, by activity)

Activity	25%	50%	75%	100%
1. Finalized national SHA 2011classifications				
2. Module 1- 3 completed (Lists of respondents for surveys uploaded)				
3. Automation system in place (1 descriptive pager uploaded in HAPT library)				
4. One government data set imported (MOH) in 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 (SHI, MoD, other ministries, regional data and if needed additional data for FP, HC and DIS classifications				

If some of the tasks were not fulfilled please give the reasons for that :

……

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9. Please list the areas you found difficult to explain to the HA team:

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10. Please list the major challenges you experienced during your visit :

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11. Please indicate below additional comments, suggestions, if any ?

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....
....

12. How were your work relations with the HA team? (please circle your answer)
- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

13. What is your overall assessment of the consultancy work after the 1st visit of TA ? (please circle your answer)
- ☑ **Very good**
- ☑ **Good**
- ☑ **Satisfactory**
- ☑ **Unsatisfactory**
- ☑ **Totally unsatisfactory**

Name of the consultant : ……………………………………………………………………….

Date: ………………………………………

Signature: ………………………………………….