

**Country name :**  
**Year of HA study:**  
**Name of the consultant :**  
**WHO - HQ focal point for the country:**  
**Name of the person doing the review:**  
**Date, when the review of the HAPT study has been done:**

**Steps**

**QCs reports**

**Sheet 1: General information**

**Sheet 2: Reported  
classifications**

I **Export metadata report from  
Module 6.3 and check each  
sheet of the report:**

**Sheet 3: Data collection  
summary**

**Sheet 4: Data import  
summary**

**Sheet 5: Double counts  
summary**

**Sheet 6: Donor metadata  
summary**

**Sheet 7: NGOs metadata  
summary**

**Sheet 8: Employer metadata  
summary**

**Sheet 9: Insurance metadata  
summary**

**Sheet 10: Government  
metadata summary**

**Sheet 11: Miscellaneous  
metadata summary**

**Sheet 12: Household  
metadata summary**

II	<b>Budget codes, Descriptive fields</b>	<b>Check the type of information imported in Module 4 or check directly the budget line codes and descriptive information fields in Module 5</b>
III	<b>Surveys</b>	<b>Check surveys in Modules 4.1 - 4.4</b>
IV	<b>Mapping</b>	<b>In Module 5 - checks of the mapping</b>
V	<b>HA Tables</b>	<b>Run the HA tables in Module 6.2</b>
VI	<b>Check results</b>	<b>check coherence of mapping</b>
VII	<b>RoW funding</b>	<b>External resources compared with international data sources</b>
VIII	<b>HAAT</b>	<b>Reports</b>

# Form for review of an HAPT study

## Check list

1. The name of the study should contain the name of the country and the and the year of the HA study
2. The time period should correspond to the fiscal year in the country
3. The reported currency should be the official currency of the country. If not a comment should be provided.
4. The exchange rates for other currencies should be compared with the exchange rates given in international databases (IMF, WB, UN, UNECE, etc.)

In case there are important discrepancies with the yearly average exchange rates used in the HAPT study - discuss with the HA team the reason for that and if needed provide a note.

The description of the study should include:

5. Limitations in terms of : data collection, estimation methods
6. Recommendations about process, data sources, and data
7. Plan for institutionalization, plan for automation of mapping of government data (to be attached in the
8. Names of the HA team members
9. Names of the person/organization who provided technical assistance
10. Names of the organization(s) who provided the funds for the development of the HA study

The selected classifications for the HA study:

11. should provide relevant information for the policy makers
12. should provide relevant information for development partners (make sure the DIS and FS.RI classifications have been selected if the country should provide disease health expenditure data to the GFATM, , FP2020, GAVI, for COIA countries - AGE classification should be selected as well, etc.
13. the selection of the classifications used in the study should be done based on the availability of the data (make sure that there are no classifications where only the "NEC. - non elsewhere classified" category is
14. Make sure that most of the categories in the classifications have been used. If they are not, discuss with the HA team. Examples of such non-used categories are:

FS : no Transfers by government on behalf of specific groups, no Subsidies, no Social insurance contributions, no Direct foreign aid in kind

HF: no Social health insurance schemes, no households Cost sharing with third-party payers expenditures

HP: no Medical Practitioners, no specialized health care centres, no Providers of patient transportation and emergency rescue, no Rest of economy

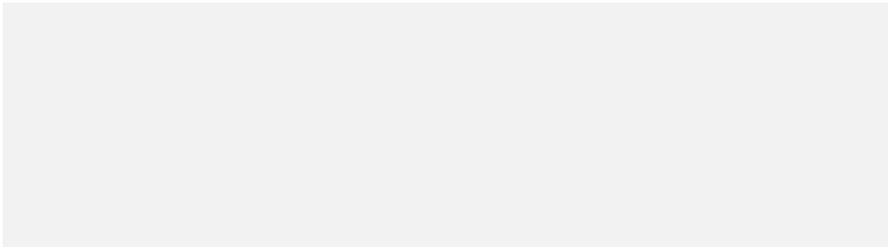
HC: no dental care, no Patient transportation, no Over the counter medicine

The additional subcategories added by the HA team under the various classifications should be:

15. labelled correctly - make sure that there are no "institutions" under the HF or FS classifications
16. meaningful - if the country needs to see what are the institutions managing the schemes or what are the institutions providing the revenues, they can create cross tables e.g. HFxFA or HFxFS.RI, therefore there is no need to list institutions under the financing schemes

17. consistent within the classification - make sure that the "new" subcategory doesn't exist already under another category (e.g. make sure Medical centres should not be inserted as additional subcategory under HP.1.1 General hospitals) ; make sure that all the categories and subcategories are mutually exclusive; and make sure that there is a real need of inserting this country specific category or subcategory
18. at the right place - make sure the additional subcategories follow the logic of hierarchy
19. The lists of data sources should be exhaustive. All donors, NGOs, Insurance companies and Employers involved in the health financing system of the country should be listed (although not all of them will be surveyed or will provide data). Make sure that all government institutions involved in the health financing system are listed as well (e.g. Ministry of defence, Ministry of social affairs, Social health insurance fund, etc. which may provide additional data to the one received from MoH or MoF).
20. Make sure the names of the sources are identifiable / clear
21. The contact details for each data source should be filled-in.
22. If the health accounts codes are already defined, make sure that they look correct.
23. Check the shares of imported data. If any of the data sources is missing or incomplete check with the HA team the reason for which the data were not collected and how important the missing data source is.
24. Check the data status. There should be comments for non-validated data sources explaining the reason for that, especially if the amounts are important.
25. Make sure the "weighting" feature has been used for missing data
26. The double counts summary should not be empty unless the HA team did the cleaning outside the tool. To be confirmed with the HA team.
27. Ideally all the rows should be mapped. There should not be "unmapped" or "rows for review". If there are many excluded rows check with the team the reason for that.
28. Make sure the mapping split rules are well described : have meaningful title, for which type of provider or function they have been used and how the shares have been estimated (e.g. based on expert opinion - the name of the or institution should be mentioned; or the name of the document used)
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41. Check the budget line codes imported for government data. They should look meaningful in order to allow the repeat mapping. In case the codes were created by the HA team, make sure that they have established a plan of how to implement them in the future.
42. Check how many descriptive fields have been imported and how detailed the information is (does the description provide information on FP, on FS, HP, FA, DIS, etc.)
43. Make sure that at least one of the above 2 points (44 or 45) provide enough information for the mapping and allow the repeat mapping.
44. Open a few surveys (using the 80/20 rule) and check whether they were correctly filled-in (total amounts should correspond to the sum of all projects) and whether the respondents replied to all questions (make sure the has been identified, as well as the recipient, etc.)
45. Use the random selection in Module 5 to check the full mapping of the most important flows across all the actors or within a given data source (e.g. select the 10% most important flows to review)
46. Run and export the predefined HA tables in Module 6.2. Create additional tables (e.g. by diseases) if needed.
47. Analyse the highlighted cells. The cells highlighted in red refer to mappings done despite of the warning message. Cells highlighted in yellow refer to quality checks in terms of shares, empty categories, etc. All the highlighted cells should be considered as flags for potential errors or unusual patterns. *(this feature will be available in the next version of the tool; for the time being please check the tables manually)*
48. Check mapping and shares:
- HF x FA
  - FS x FS.RI
  - FS.RI x FA
  - FS x HF
  - HP x HC
  - HP x FP
  - DIS x FP
49. Compare FS.2 and FS.7 with reports from GFATM, GAVI, UNDP , OECD DAC, PEPFAR (USAID), etc. In case of a big discrepancy discuss with country team
- <http://stats.oecd.org/Index.aspx?datasetcode=CRS1>
  - [http://www.unicef.org/supply/index\\_report.html](http://www.unicef.org/supply/index_report.html)
  - <http://www.gavialliance.org/results/disbursements/>
  - <http://www.iatiregistry.org/dataset>
  - <http://portfolio.theglobalfund.org/en/Home/Index>
50. Run the reports from HAAT and analyse them



Check marks	Comments
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