



USAID
FROM THE AMERICAN PEOPLE



World Health Organization



Health Finance & Governance
Expanding Access. Improving Health.

BILL & MELINDA GATES foundation

Health Accounts Peer-Learning Workshop

Summary of Key Themes and Discussions

November 28 – December 1, 2016



In November 2016, over 60 government technicians, policy-makers and technical advisors from **47 countries** across the Americas, Africa, Asia and Europe participated in the first global Health Accounts Peer-Learning Workshop. During this workshop, participants shared their experiences and ideas on how to improve Health Accounts production and increase the uptake of Health Accounts results for policy.

Topics covered included stakeholder engagement, effectively managing a Health Accounts exercise, cost-effective data collection, tailoring data analysis to a country's health priorities, and how to use Health Accounts to inform health policy. The most popular session was a real-world exercise: participants prepared a policy brief to answer one important health policy question in their country, using Health Accounts data.

61% of participants rated the peer-learning workshop excellent (the remainder considered it good). On average, each **participant connected with 10 new Health Accounts colleagues** from other countries during the workshop. Participants rated in-country technical assistance, peer-learning networks and “How To” technical guides as the most valued support to build their technical capacity in Health Accounts.

Workshop Objectives

The aim of the workshop was to bring together Health Accounts practitioners from countries to **share strategies to overcome challenges** when producing and using Health Accounts. It also sought to provide an environment for practitioners to **build relationships and long-lasting networks** so participants could continue to learn from each other after the workshop.

Workshop Objectives

- Identify challenges and share solutions
- Develop relationships for continued peer learning

As a result, participants would have a better sense of tried-and-tested solutions to the challenges they face when producing and using Health Accounts. The workshop was also an opportunity to use feedback from countries and Health Accounts experts to inform WHO's global health resource tracking strategy. A vast spectrum of ideas and country experiences were shared during the week.

What follows is a summary of the most common challenges and solutions that the participants shared and analysed during the week's discussions.



Theme 1: Planning Effectively for a Health Accounts Exercise

Many participants agreed that a key first step to ensure that the Health Accounts production process is as smooth as possible is to create a **plan of action** and **ensure all necessary resources** (funding, staff, equipment, data) **are available** before countries start the production.



Challenges

Comparing their different countries' experiences, participants identified three common obstacles to effectively plan and manage the Health Accounts process:

- ▶ **Lack of commitment** and/or buy-in of the Health Accounts process by influential stakeholders such as Ministries of Health (MOH) and Finance (MOF) or data providers.
- ▶ **Insufficient resources** e.g. insufficient funding or staff time allocated to complete the Health Accounts process.
- ▶ Health Accounts process **out-of-sync** with the country's strategic health plan and general planning/budgeting cycle.

In looking for solutions to these issues, participants agreed that Health Accounts teams should consider:

- ▶ Prioritizing the policy questions that the Health Accounts will help to answer.
- ▶ How can the process of producing the Health Accounts be modified to align with stakeholders' interests and secure their buy-in?
- ▶ What resources (staff, money, materials) need to be in place in order to produce the Health Accounts and who could help secure these resources?

Solutions

A key solution identified by many countries is to **build alliances with key stakeholders early** on in the process e.g. decision-makers and promoters in government (MOF, MOH, politicians), central statistics offices (including national accountants) and supporters of the Health Accounts (academics, development partners). It is also important to inform stakeholders who may be less involved in the Health Accounts process, but who benefit from Health Accounts data, such as civil society.



The Health Accounts team should make sure that the **Health Accounts aligns with policy-makers'** and other stakeholders' **needs and priorities**, while adhering to priorities outlined in the country's health agenda. Even if doing so demands more overarching expenditure reporting that conflicts with donors' preferences of more detailed data. Countries further highlighted the benefit of keeping **open and regular channels of communication**, especially with more pro-Health Accounts stakeholders who will naturally promote the Health Accounts. Advocating for Health Accounts with politicians, central statistics offices (CSOs), MOH, MOF, academia and Health Accounts Steering Committees (SC) will bring long-term benefits.

Another key recommendation by country participants is to maintain **stability in the Health Accounts team** by securing consistent and sustainable funding and building the overall team's capacity (not just individual Health Accounts technicians). To minimize turnover and incentivize staff to stay in the Health Accounts team, participants reported appreciating non-financial incentives and rewards such as training, recognition, rotation of responsibilities.

Primary data collection, including human resource costs, were pinpointed as the main cost drivers in the Health Accounts process. To secure funding each year, some countries have split the Health Accounts budget into separate areas of special interest (e.g. maternal health, HIV/AIDS data) that can each be funded by the organization(s) most interested in that area.

To save resources, data collection methods should be **integrated into existing data collection systems** in health as much as possible, automating the process where feasible. Stakeholders who are data providers could also contribute in kind: for example, umbrella organizations representing insurance firms or NGOs could help to collect spending data on behalf of the Health Accounts team.



Theme 2: Producing Health Accounts

All country participants expressed the desire to institutionalize Health Accounts to ensure regular and timely production of data. To do so, they recommended that the Health Accounts production process must be more cost-effective.

Challenges

The challenges faced by Health Accounts teams often grounded in **limited buy-in and cooperation from data providers**, especially in the private sector, or limited and/or poor quality existing data.

During health-system shocks such as the recent Ebola outbreak or hurricane Matthew in Haiti, **parallel financial management systems** and a lack of in-depth reporting on spending exacerbated data collection challenges even further.

Participants emphasized a number of key questions that Health Accounts teams should consider when approaching such obstacles;

- ▶ How can teams maximise the use of existing data systems to capture health spending?
- ▶ Why are data providers not reporting expenditure data requested? Have the benefits of Health Accounts and their role been effectively communicated?
- ▶ What type of analysis of Health Accounts data can most effectively inform policy and what data is needed for this analysis?

Solutions

Every country's experience and particular set of challenges is different, but the discussions at the workshop underscored three key prerequisites for a successful production of Health Accounts data:

- ▶ **Ensure a multi-disciplinary and empower them with the right skills and knowledge.** Make sure the Health Accounts team is fully trained on SHA 2011 and that it includes diverse expertise and insights (accounting, statistics, medicine, policy).



Obtain buy-in from stakeholders. Show data providers, regulators, policy makers and other stakeholders the importance of the data they provide and the role they play in producing accurate Health Accounts.

- ▶ **Streamline data collection.** Identify what data you need for health policy analysis. Use existing country data collection systems to collect Health Accounts data wherever possible to save time and resources (e.g. regular monitoring and evaluation reports, incorporating health spending questions into surveys such as the Demographic and Health Survey (DHS), collecting spending by public, private and NGO providers through the routine health information systems). Not all organizations structure their data systems to align with the Health Accounts; to improve response rates, participants used providers' existing data reports instead of asking them to fill in new templates.

Participants underscored that **data should be audited, complete, and triangulated** with spending and non-spending data (utilization records, costing information) from national and international sources. For public spending, countries used both MOF and MOH records: MOF can provide audited data and MOH can provide data that is more disaggregated. **Data validation** by the data providers themselves will help to maintain the quality of the Health Accounts.

To incentivize data providers to submit requested data on time and regularly, reporting could be linked to licensing or made **mandatory** through law. Many Health Accounts teams have developed good working relationships with, and obtain data directly from, local Chambers of Commerce, umbrella organizations that represent NGOs or insurance companies, and community-based health insurance associations.

Participants expressed the need to identify effective contact persons who are responsive and can influence the data providers (such as the Chair of an organization or, a care provider's Board of Directors).

Make use of existing data reporting systems where possible.

Simplify data collection as much as possible for the data provider to encourage them to respond.



Theme 3: Using Health Accounts Data to Inform Health Financing Policy

The System of Health Accounts (SHA) 2011 framework used to produce Health Accounts provides countries with an internationally- standardized framework that is sufficiently flexible to be adapted to answer country-specific policy concerns. Health Accounts data can be used to characterize health systems and track performance to:

- ▶ Inform policymakers and other stakeholders including health practitioners, whether current and projected **financing of the health system is sustainable**;
- ▶ Use information on drivers of expenditure to assess whether **resources can be used more efficiently or re-allocated** to better align with the long-term priorities;
- ▶ **Monitor progress against key reforms** and initiatives such as Universal Health Coverage and the Sustainable Development Goals;
- ▶ Help countries **benchmark** themselves against others.

However, the value of Health Accounts only materializes if the information is produced in a timely manner, is made available to those who need it and is user-friendly.

Challenges

Participants described a lack of awareness, understanding of the Health Accounts results among key stakeholders in their country, such as policymakers, therefore limiting interest for the process.

To remedy this situation, Health Accounts teams play a big role to ensure that Health Accounts data is **widely disseminated** and packaged in a format that is **clear and digestible** for readers without requiring in-depth knowledge of the SHA 2011 framework. Health Accounts teams must **listen to stakeholders' needs and wants** during the planning phase. When disseminating and presenting Health Accounts data, effective Health Accounts teams avoid jargon and present analysis that **“speaks the stakeholder’s language”**.

Many countries found that long, descriptive Health Accounts reports often do not address policy makers' concerns. Health Accounts tables can be difficult for policy-makers to interpret. Participants recommended that communication materials should be as user-friendly as possible.

Solutions

Health Accounts are one of many datasets available to policymakers. To **make the Health Accounts results relevant to policy** they must be analyzed in conjunction with other data to answer specific policy questions. These other data include *planned* expenditure (budgets), costing studies, utilization data and a country's projected health needs (disease burden), demographic data, and socioeconomic indicators such as poverty rates.

Participants have found that short documents, such as policy briefs, brochures or technical notes, that **address a specific policy question** tend to be more effective than long, generic and descriptive reports. Similarly, countries have used **dissemination events targeted to specific stakeholder groups** in order to address specific concerns or questions of each stakeholder group. To ensure that Health Accounts results are utilized by their intended audience, **Health Accounts data should be made publicly available** through health summits, public announcements in press, radio and TV, and the MOH and partners' websites.

Countries have used Health Accounts to understand their financing gaps, negotiate for increased domestic funding for health, improve allocative efficiency and equity of health spending, and monitor progress of health reforms.

NEXT STEPS FOR WORKSHOP PARTICIPANTS...

1. Stay connected with workshop participants and continue to share lessons learnt
2. Establish and promote communities of practice in your region
3. Apply lessons learned from the workshop to improve Health Accounts production and use.

HFG is a five-year (2012-17), \$209 million global project funded by the U.S. Agency for International Development (USAID) under Cooperative Agreement No: AID-OAA-A-12-00080. The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., John Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

Through the Health Accounts Country Platform, WHO provides countries with the System of Health Accounts (SHA) 2011 accounting framework, tools and technical support to institutionalize and set up a harmonized, integrated platform for annual and timely collection of health expenditure data.

The Gates Foundation's Global Health Division aims to harness advances in science and technology to save lives in developing countries. For more information visit www.hfgproject.org/ <http://www.who.int/health-accounts/en/> <http://www.gatesfoundation.org/>

DISCLAIMER: The author's views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

February 2017