



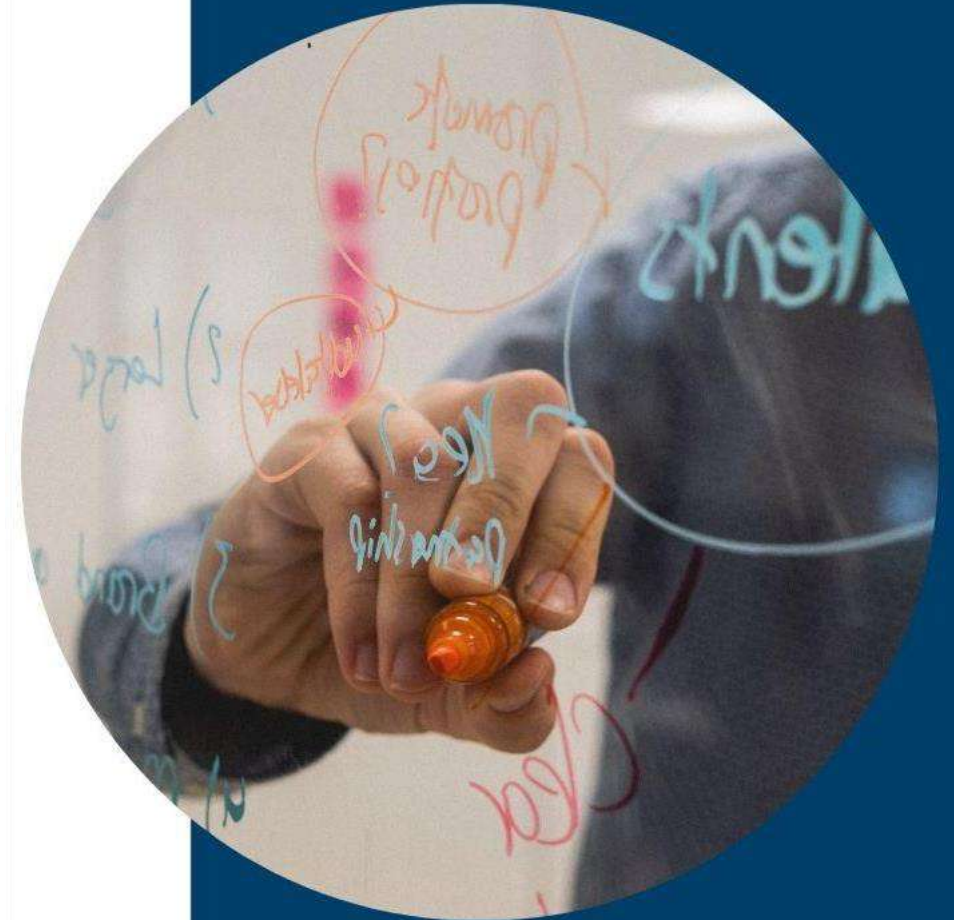
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# Harmonized SHA/NASA resource tracking approaches and experiences in Africa:

Aspects to consider and the Namibia experience

*Think-Tank, Session 1*

*January 27, 2022*





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15 min

## WELCOME AND BACKGROUND

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Presented by:

**Allison Kelley**

*ACS Senior Program Director*

**Jane Alfred**

*ACS Technical Lead - Botswana*



Duke

GLOBAL HEALTH  
Innovation Center





# ACS welcome and introductions

- Support to countries to advance their UHC agenda
  - ▶ Social, political and technical levers
  - ▶ Focus on African expertise embedded in regional ecosystem, cross-country learning, better use and contextualization of evidence
- Team of expert SHA/ NASA practitioners from Botswana, Namibia and South Africa led ACS HRT support for 3+ years
  - ▶ USAID/PEPFAR with collaboration from UNAIDS
- Legacy and emerging lessons from ACS support to HRT to share and discuss



# Meet the ACS team who led this work



**Jane Alfred**  
*Botswana*  
*SHA/NASA expert*



**Teresa Guthrie**  
*South Africa*  
*NASA expert*



**Claire Jones**  
*Namibia*  
*SHA expert*



# Aim of HRT Think Tanks

- ACS support aimed at enhancing resource tracking process optimization
  - ▶ **NOT** review/change the SHA/NASA frameworks
- ACS legacy is to lay a solid foundation for its use elsewhere:
  - ▶ Share in-depth experiences of Namibia and Botswana
  - ▶ Discuss strengths, opportunities, challenges and possible solutions
  - ▶ Build on the collective experience, expertise and knowledge of technical experts to further enhance approach
- Kick start collective exploration of approach to improve accountability, planning and efficient allocation and use of resources to attain UHC



# Objectives of Session 1

- I. Provide an overview of, and motivation for, the SHA/NASA harmonization process and objectives of the HRT think-tank sessions
- II. Provide a *high-level overview* of the SHA and NASA utility and their efforts at institutionalization globally
- I. Describe the harmonized SHA/NASA approach and share Namibia's experiences
- II. Facilitate participants' questions/ feedback regarding the Namibian process and potential for enhancements



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## BASIC CHARACTERISTICS AND UTILITY OF SHA AND THE PROGRESS OF INSTITUTIONALIZATION GLOBALLY

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**Presented by:**

**Hapsa Toure (WHO)**  
*Health Economist*



# The System of Health Accounts and its institutionalization



**Harmonized Resource Tracking Approaches and Experience in Africa: an R4D-organized think tank series (Jan-Feb 2022)**

**Dr Hapsa Touré, Health Systems Governance and Financing, WHO, HQ.**





# Our mission

- Work closely with Countries and Partners
- To sustain a global public good, **GHED**, for better policy and greater accountability towards UHC

# Global Health Expenditure Database (2000 to Year T-2)

The screenshot shows the top navigation bar of the WHO Global Health Expenditure Database. It includes the WHO logo and name, the title 'Global Health Expenditure Database', and navigation links for 'Data Explorer', 'Visualisations', 'Documentation Centre', and 'Help'. Language options for Arabic, Chinese, and English are visible in the top right corner.

<https://apps.who.int/nha/database/Home/Index/en>

The 'Select' panel on the left side of the interface allows users to filter data. It includes sections for 'Indicators and data' (0 of 152 selected), 'Countries' (0 of 193 selected), 'Years' (0 of 17 selected), and 'Units of expenditures' (Million NCU). A 'Reset' button is provided for each section.

## Indicators and data

Quick filter

- INDICATORS
- HEALTH EXPENDITURE DATA
- MACRO DATA

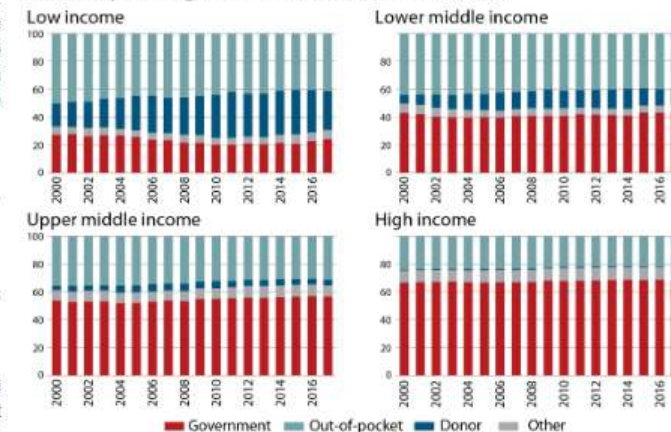
The screenshot displays the main content area of the WHO Global Health Expenditure Database. It features a text introduction about the database's purpose and a list of key questions it addresses. Below the text are four stacked bar charts showing 'Health spending source shares, 2000–2017 (%)' for different income groups: Low income, Lower middle income, Upper middle income, and High income. The charts show the percentage contribution of Government, Out-of-pocket, Donor, and Other funding sources over time.

The Global Health Expenditure Database (GHED) provides internationally comparable data on health spending for close to 190 countries from 2000 to 2017. The database is open access and supports the goal of Universal Health Coverage (UHC) by helping monitor the availability of resources for health and the extent to which they are used efficiently and equitably. This, in turn, helps ensure health services are available and affordable when people need them. In particular, the data published here contributes to a better understanding of:

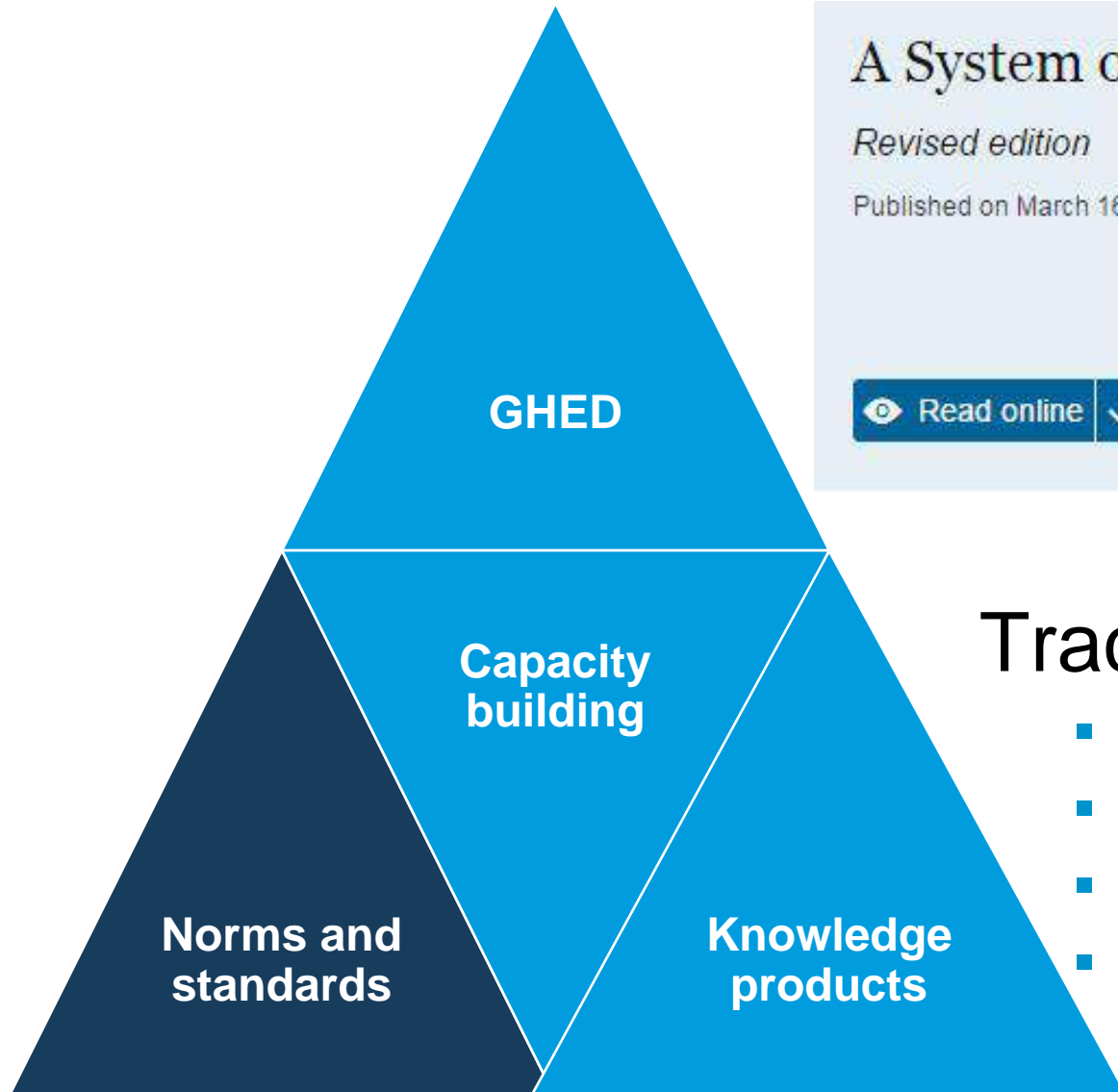
- How much do different countries spend on health?
- How much do different actors such as government, insurance companies, households and donors contribute?
- What are the financing arrangements to pay for health?
- How much money is spent on primary health care (PHC)?
- How much money is spent on different diseases and programmes such as immunization?
- How much money is spent on the less than 5-year old population?

WHO works collaboratively with Member States and updates the database annually using available data such as health accounts studies and government expenditure records. Where necessary, modifications and estimates are made to ensure the comprehensiveness and consistency of the data across countries and years. GHED is the source of the health expenditure data republished by the World Bank and the WHO Global Health Observatory.

Health spending source shares, 2000–2017 (%)



# Joint WHO-OECD-EUROSTAT framework



## A System of Health Accounts 2011

*Revised edition*

Published on March 16, 2017

 Read online 



Buy this book



Get citation details



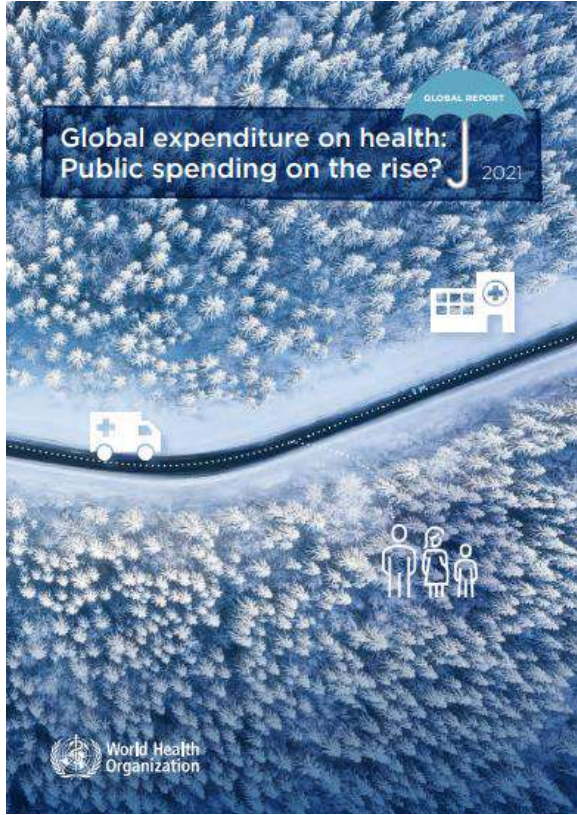
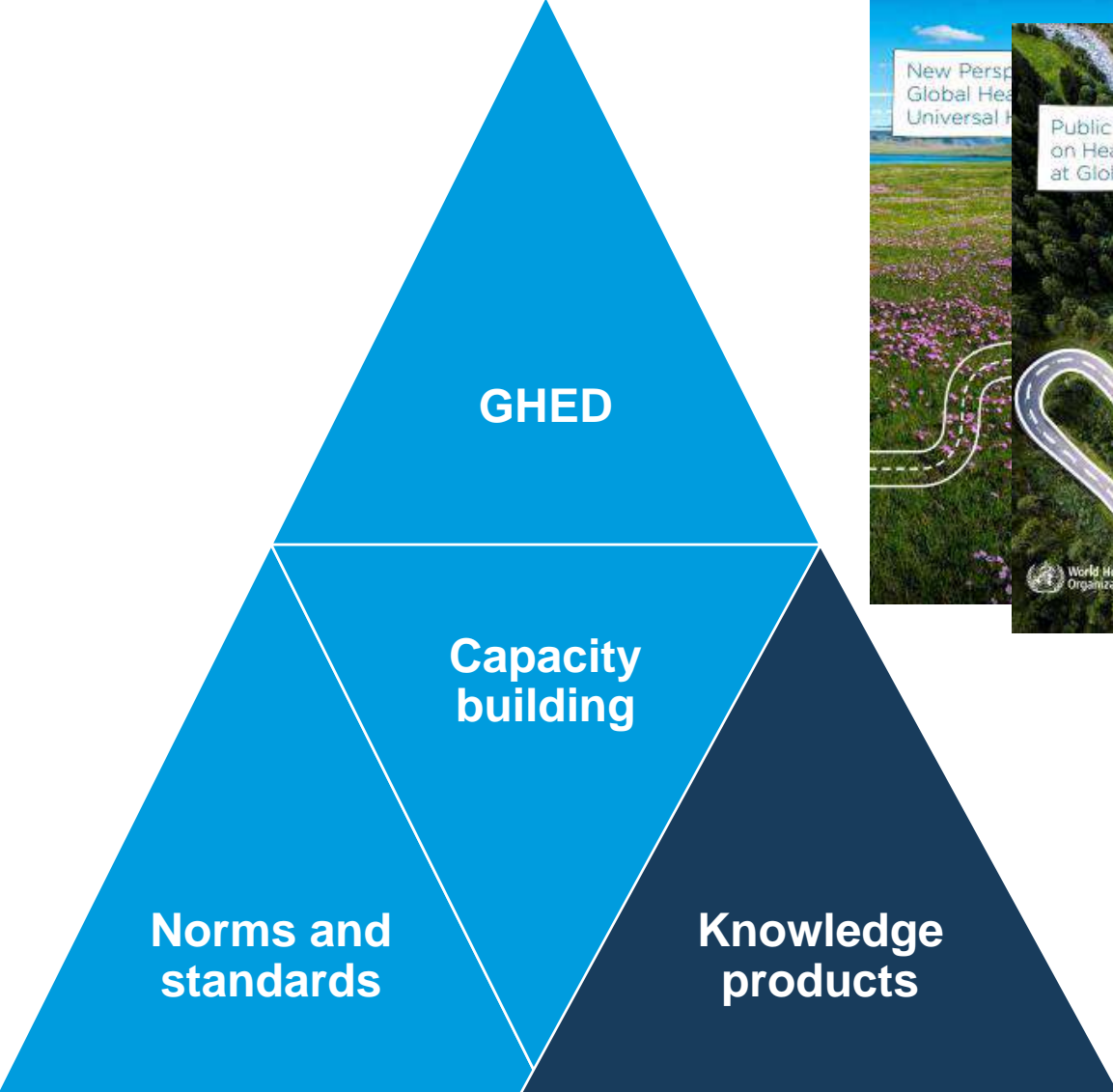
Tracks the magnitude and flow

- of the spending on health;
- for the resident population of a given country;
- over a certain period – Year (calendar, fiscal);
- irrespective of the origin of funds.

# Global Health Expenditure Reports

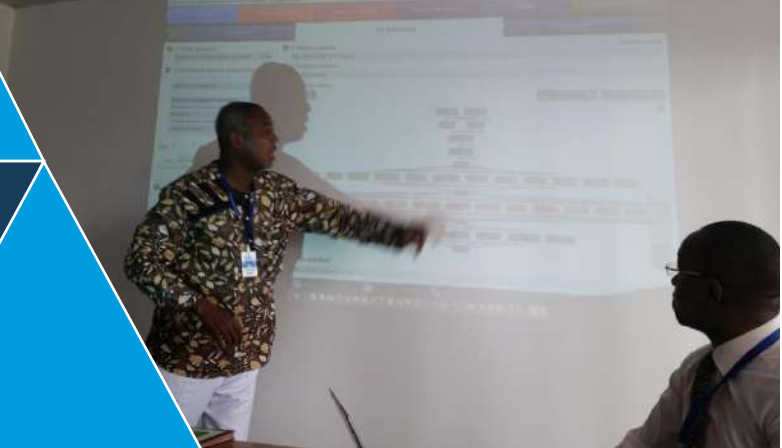
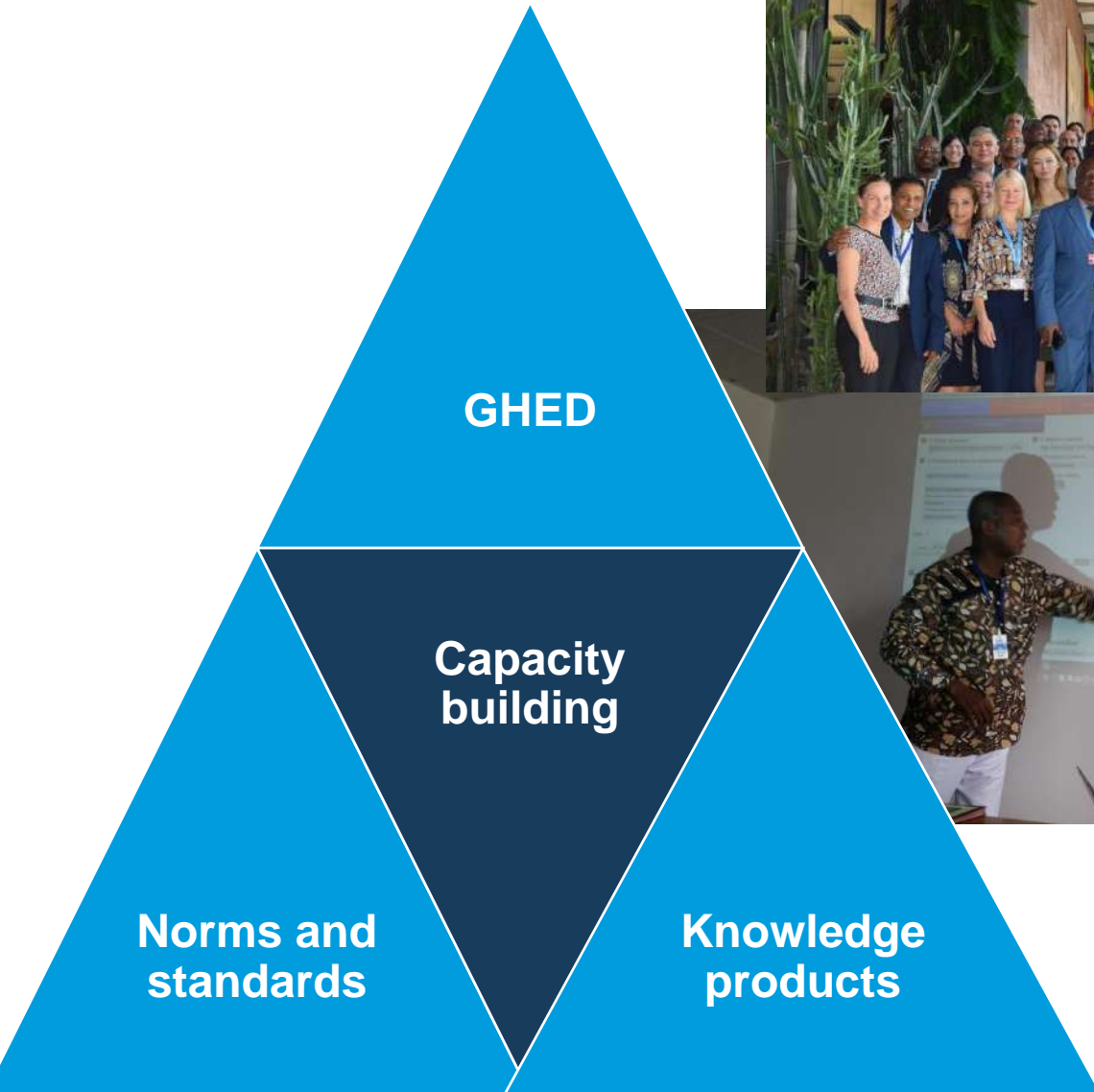


[www.who.int/teams/health-systems-governance-and-financing/global-spending-on-health-report](http://www.who.int/teams/health-systems-governance-and-financing/global-spending-on-health-report)



- Country profiles,
- Policy briefs,
- Cross country analysis

# Strengthen capacities



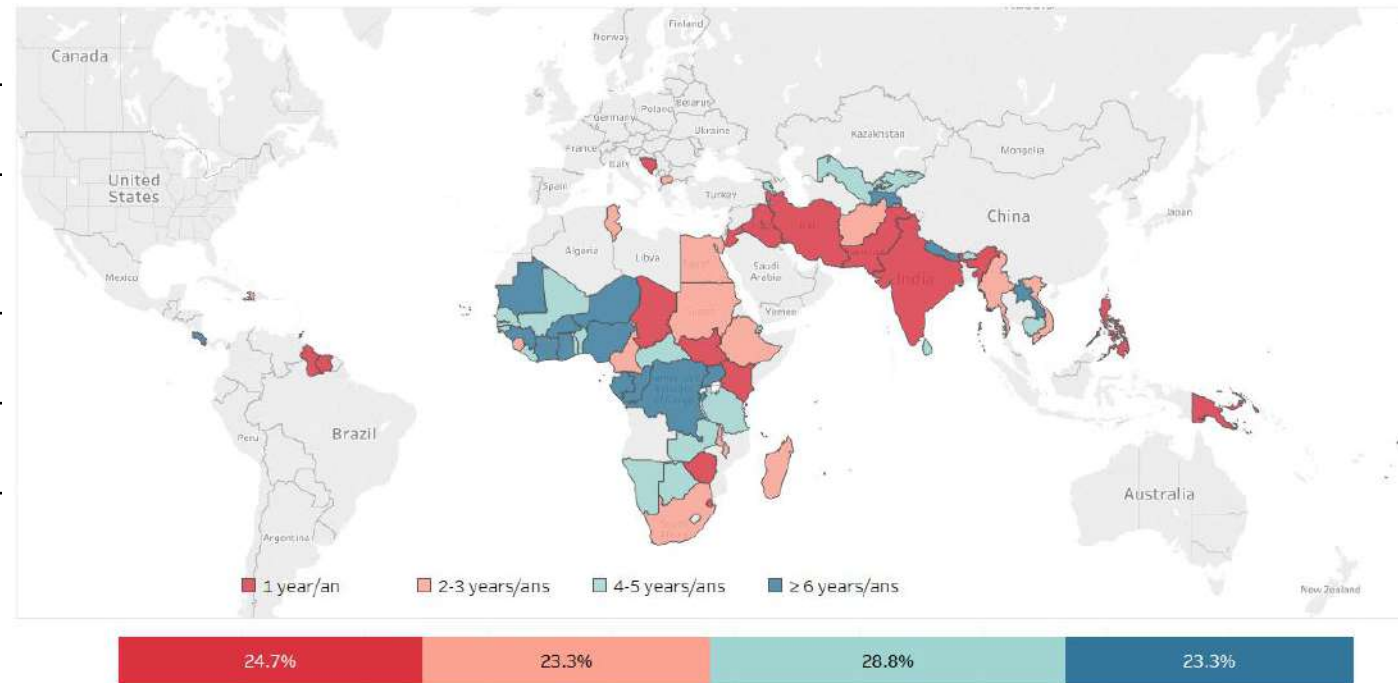
- Technical support, training sessions
- Data review workshops
- CoP

# Implementation Status (Global)

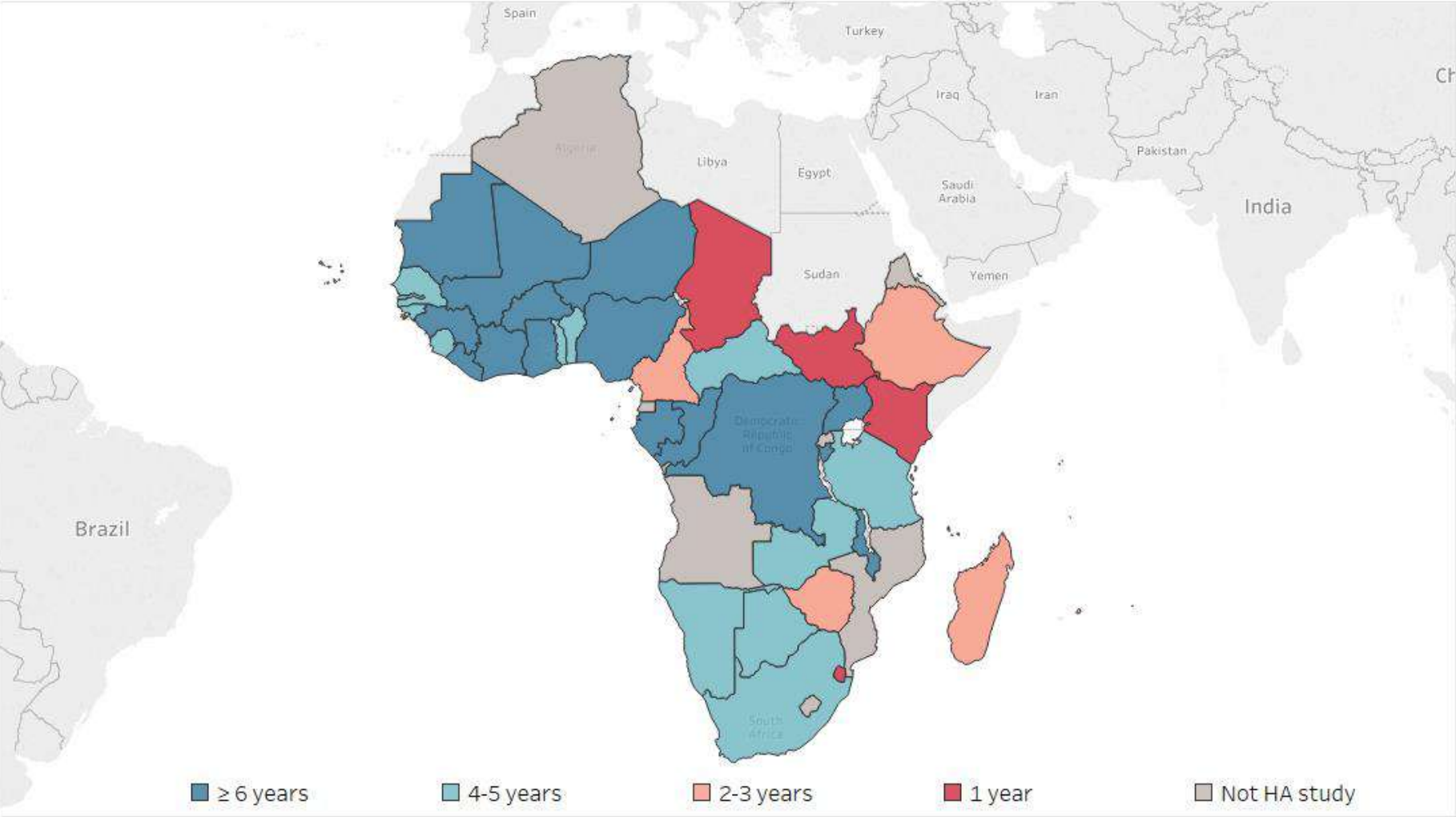
Countries producing HA by WHO region (non-OECD): 83

	Country count
AFR	40
AMR	8
EMR	10
EUR	7
SEAR	7
WPR	11
<b>Total (non OECD)</b>	<b>83</b>

This is key for the GHED's updating work (190+ countries)



# Implementation Status (Africa)



Implementation Status	Number of Countries	Percentage
≥ 6 years	16	34.04%
4-5 years	14	29.79%
2-3 years	5	10.64%
1 year	5	10.64%
Not HA study	7	14.89%

40 out of 47 (85%) countries have produced at least one health accounts study using HAPT in the WHO African Region.

# Institutionalization – enablers

- Country team with a minimal budget line
- Use – National Health Strategic Plans, Advocacy and Budgetization
- Increased demand



# Institutionalization – challenges

- Turn-over
- Donor funding reliance
- HMIS and surveys' need and frequency
- Produced but not used or sub-optimal use

# SHA/NASA harmonization efforts

Traced back to Feb 2014 harmonization meeting

- Need to fulfil/respond to reporting commitments
- Yet, trade-off granularity vs frequency of production
- Save of resource/time & decreased survey fatigue
- Greater/Better alignment and comparability
- Guidance note (HIV tracking using SHA):  
<https://apps.who.int/nha/database/DocumentationCentre/GetFile/59080941/enut>  
not used or sub-optimal use



WHO

20, Avenue Appia  
1211 Geneva

Switzerland

[nha@who.int](mailto:nha@who.int)



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## BASIC CHARACTERISTICS AND UTILITY OF NASA AND THE PROGRESS OF INSTITUTIONALIZATION GLOBALLY

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**Presented by:**

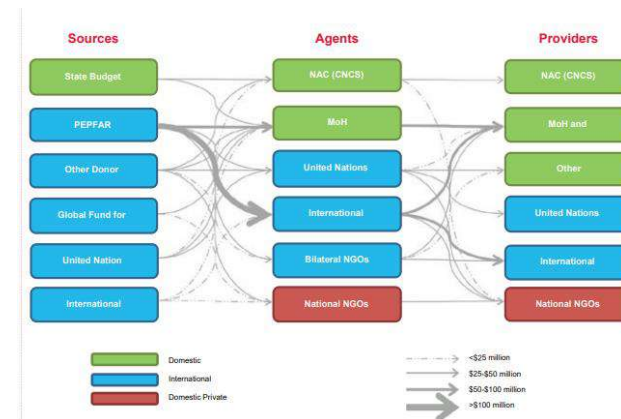
**Deepak Mattur (UNAIDS)**

*Advisor, Resource tracking and Market dynamics of  
HIV commodities*



## NASA framework

- Introduction
- Brief time line of NASA
- Value to stakeholders
- Vectors of expenditure tracking
- A synopsis at outputs produced by NASA
- Metrics: Country reports to GAM using
- Institutionalization of NASA
- Key resources



# NASA FRAMEWORK - BACKGROUND

**2005**

Global consortium of resource tracking agreed on AIDS spending categories



*Resource tracking implementations in multiple countries*

**2008/2009**

Publication of NASA guidelines

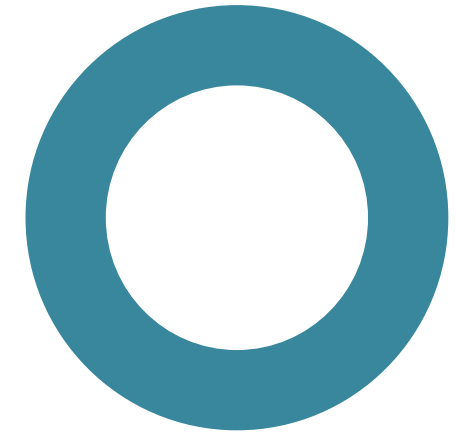


*Updated NASA guidelines*

*NASA implemented in numerous countries*

**2020**

Update to NASA framework



# NASA FRAMEWORK – KEY OBJECTIVES

## Measuring

Measuring AIDS expenditures in the country during a given year and comparing them over time.

Normally, can cover more than one year at a time.

(Calendar/fiscal)

## Quantifying

Quantifying the contributions from foreign and domestic financial sources to HIV/AIDS financing schemes.

## Reconstructing

Reconstructing the flows from sources to purchasing agents and service providers, and then reaching beneficiaries through different service modalities.

## Comparing

Comparing expenditure levels by AIDS spending categories and resources needed to implement the national strategic plan for the year under analysis.

## Strategic Intelligence

Providing valid and sound answers on policy relevant to decision makers.

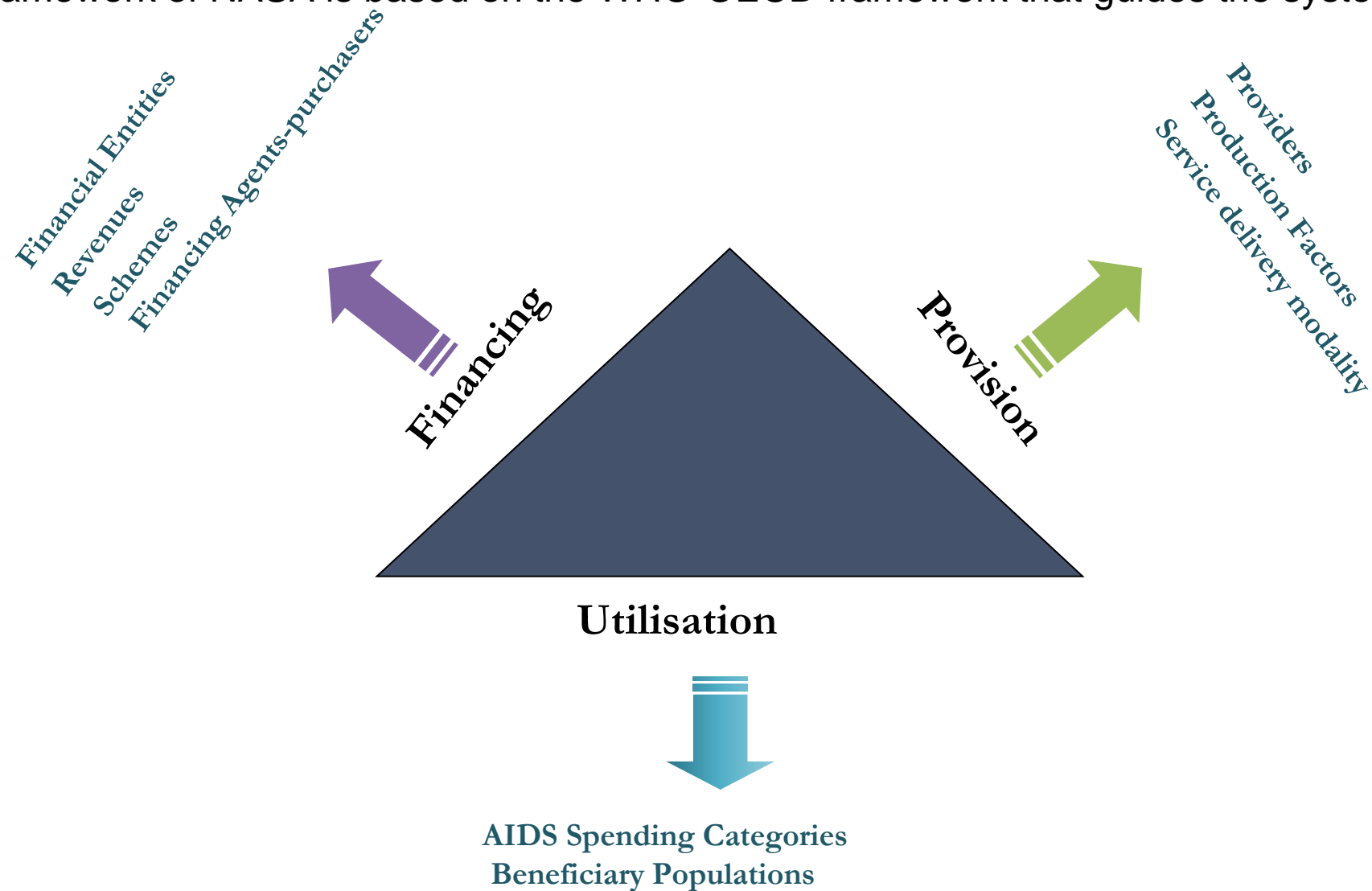
## NASA provides strategic information for

- Efficient and effective HIV program implementation.
- Creation of Investment cases
- Improved accountability from HIV program implementation team
- Analysis of beneficiaries of services
- Inform funding requests to Global Fund as well as PEPFAR's country planning processes (COPs)
- Entry point to costing and monitoring of average expenditures per unit
- Reporting on Global AIDS Monitoring (GAM) indicator 8.3 and 8.2 and influences global decision making on HIV financing



# NASA FRAMEWORK – VECTORS OF EXPENDITURE ASSESSMENT

The triaxial framework of NASA is based on the WHO-OECD framework that guides the system of accounts and SHA



# NASA FRAMEWORK – VECTORS OF EXPENDITURE ASSESSMENT

NASA attempts to answer the following questions:

➤ **Total** (in-country expenditures) ❓ **Adequacy?**

➤ **Financing:** Who pays and who purchase?

*Financial Entities (Sources)* ❓ **dependency (sustainability?)**

*Financial Agents* ❓ **strategic purchasing?**

*Revenue* ❓ **What mechanisms are used to finance the schemes? Pooling / insurances / direct transfers?**

*Financing scheme* ❓ **What modalities are used through which beneficiaries access services?**

➤ **Provision**

What cost components? (*Production Factors*) ❓ **technical efficiency?**

Who provides the services? (*Providers*) ❓ **response actors/ mapping**

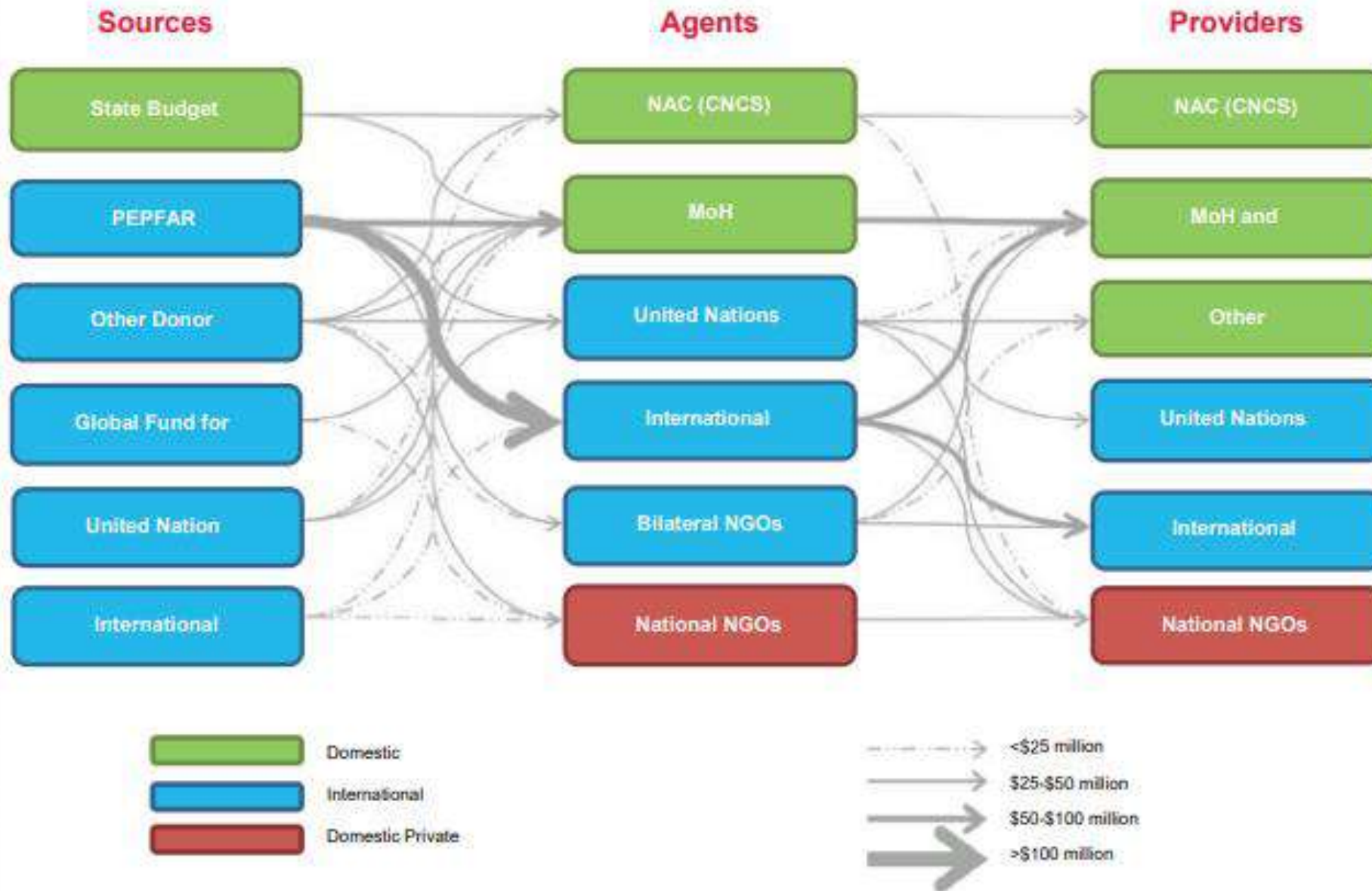
Service Delivery Modality ❓ **What are the service delivery models**

➤ **Utilization**

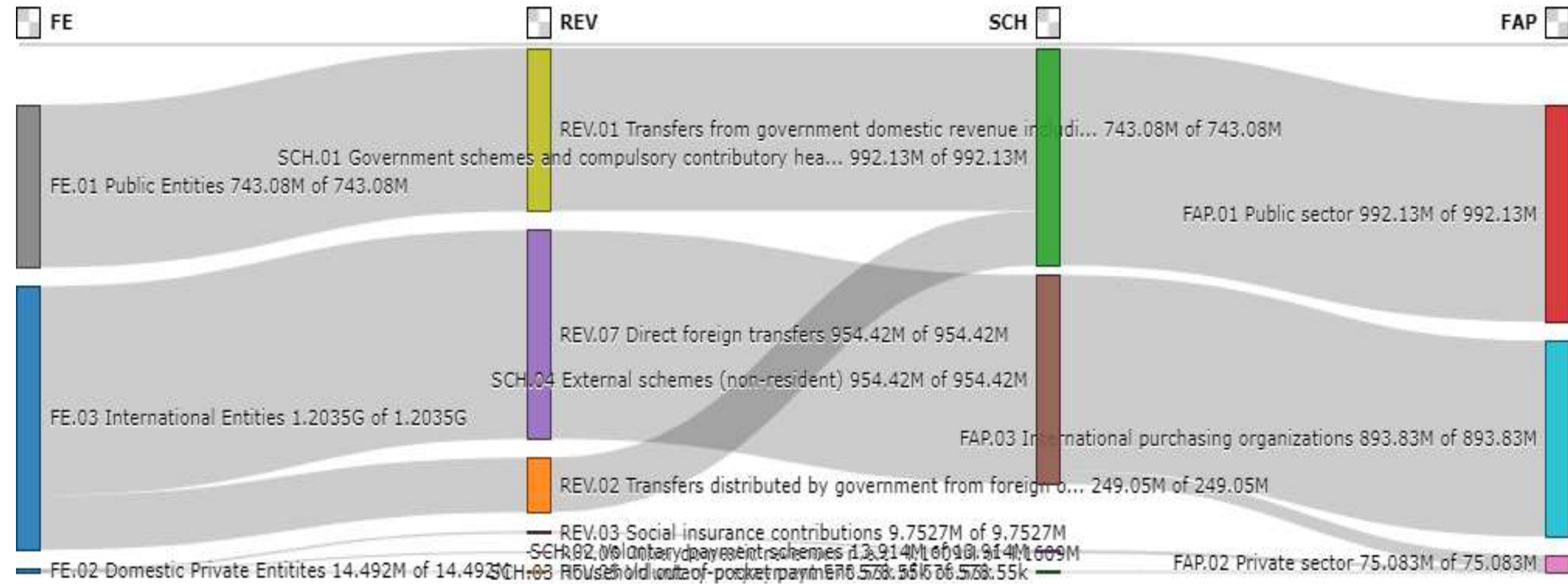
Who benefits? (*Beneficiary Populations*) ❓ **focus on KPs / equity?**

What was provided? (*Aids Spending Categories*) ❓ **allocative efficiency?**

# NASA – Brief overview of outputs

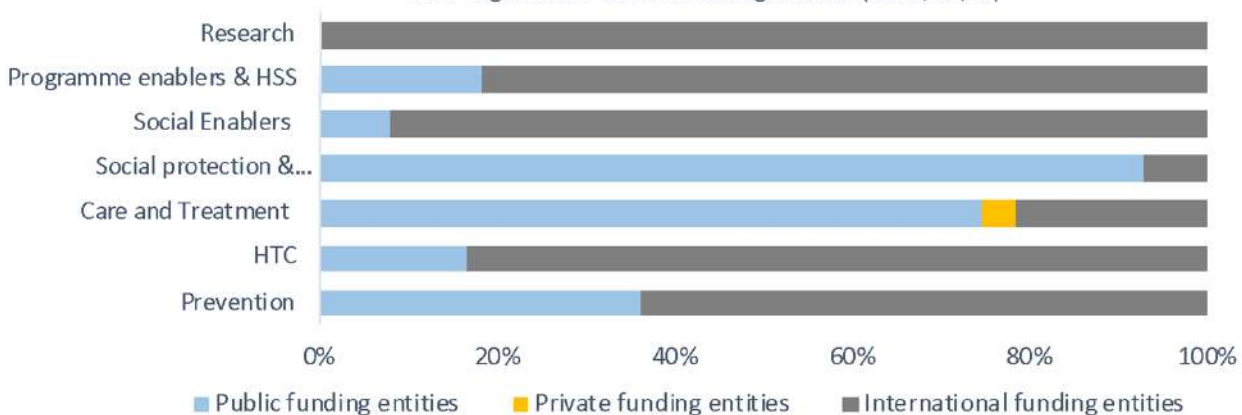


# NASA – Brief overview of outputs ( contd. )

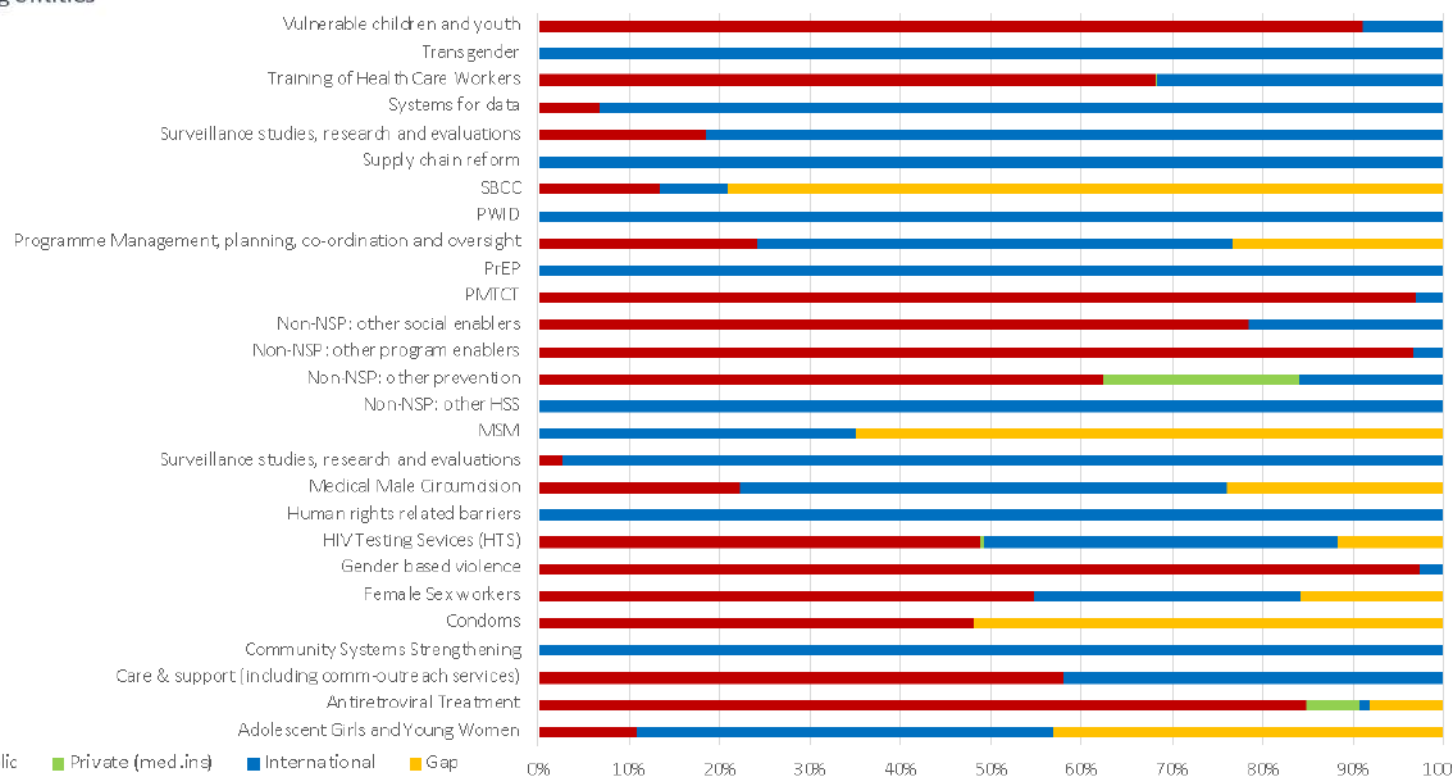


# NASA – Brief overview of outputs ( contd. )

HIV Programme Area x Financing Entities (2019/20, %)

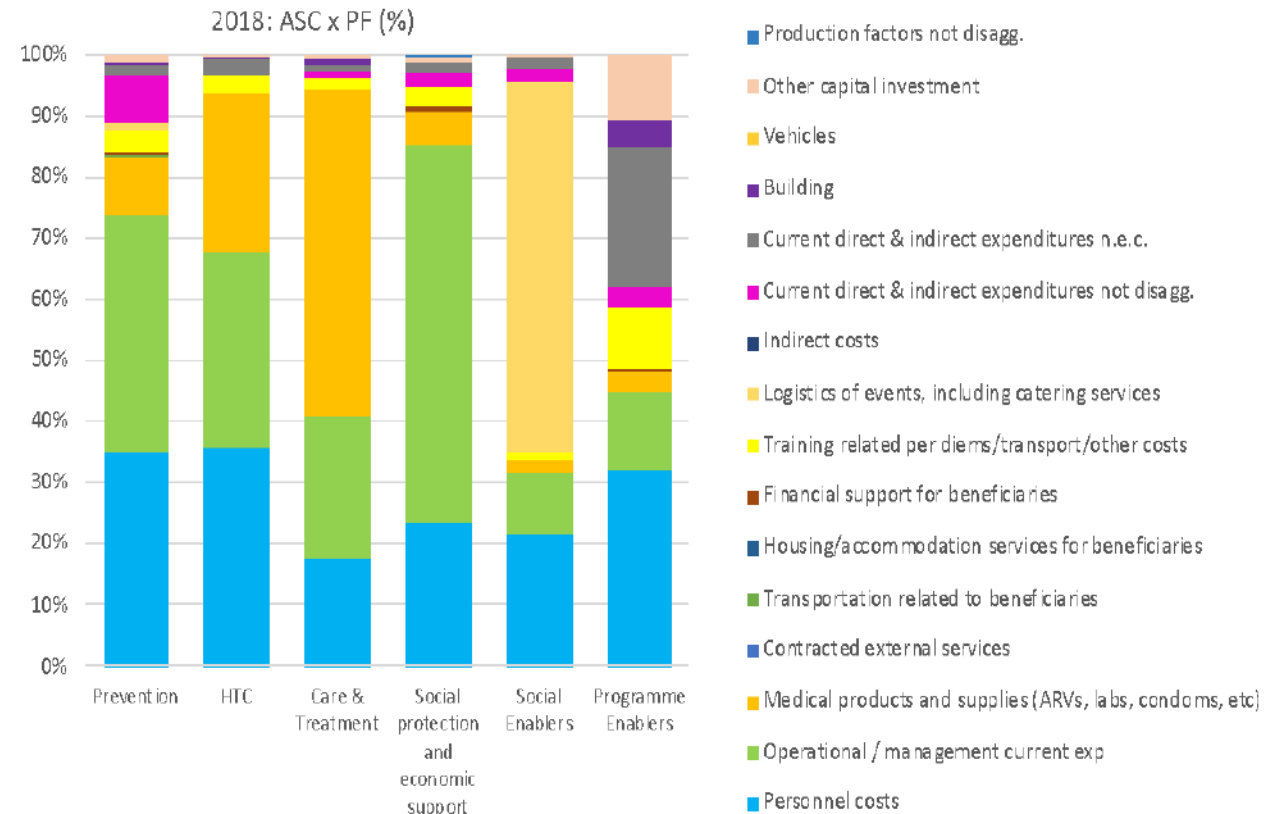
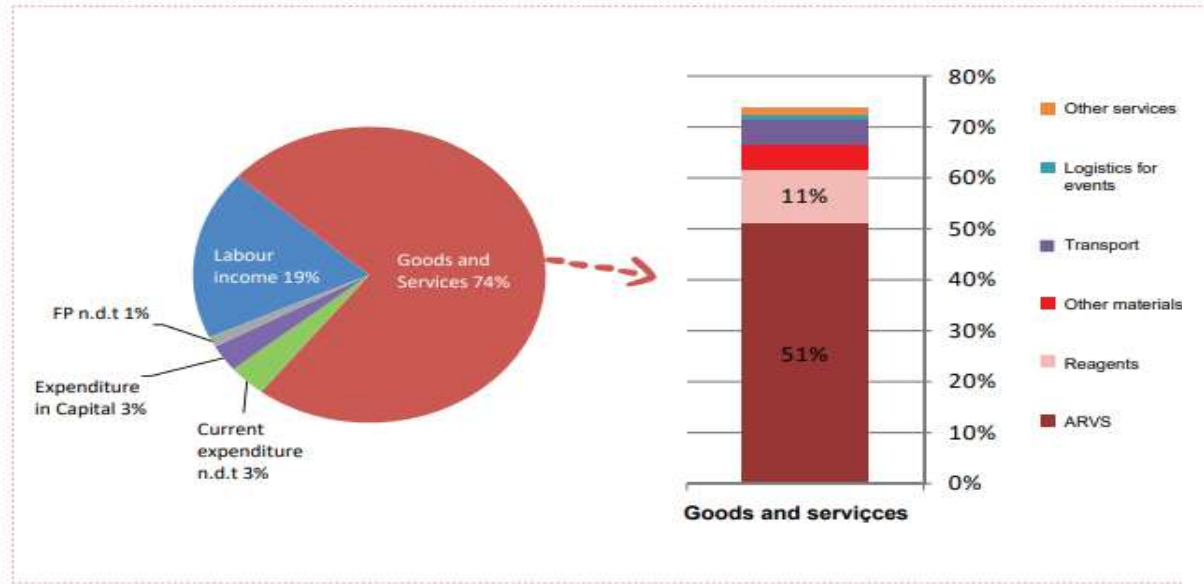


Financing entities of NSP HIV interventions (2019/20, %)



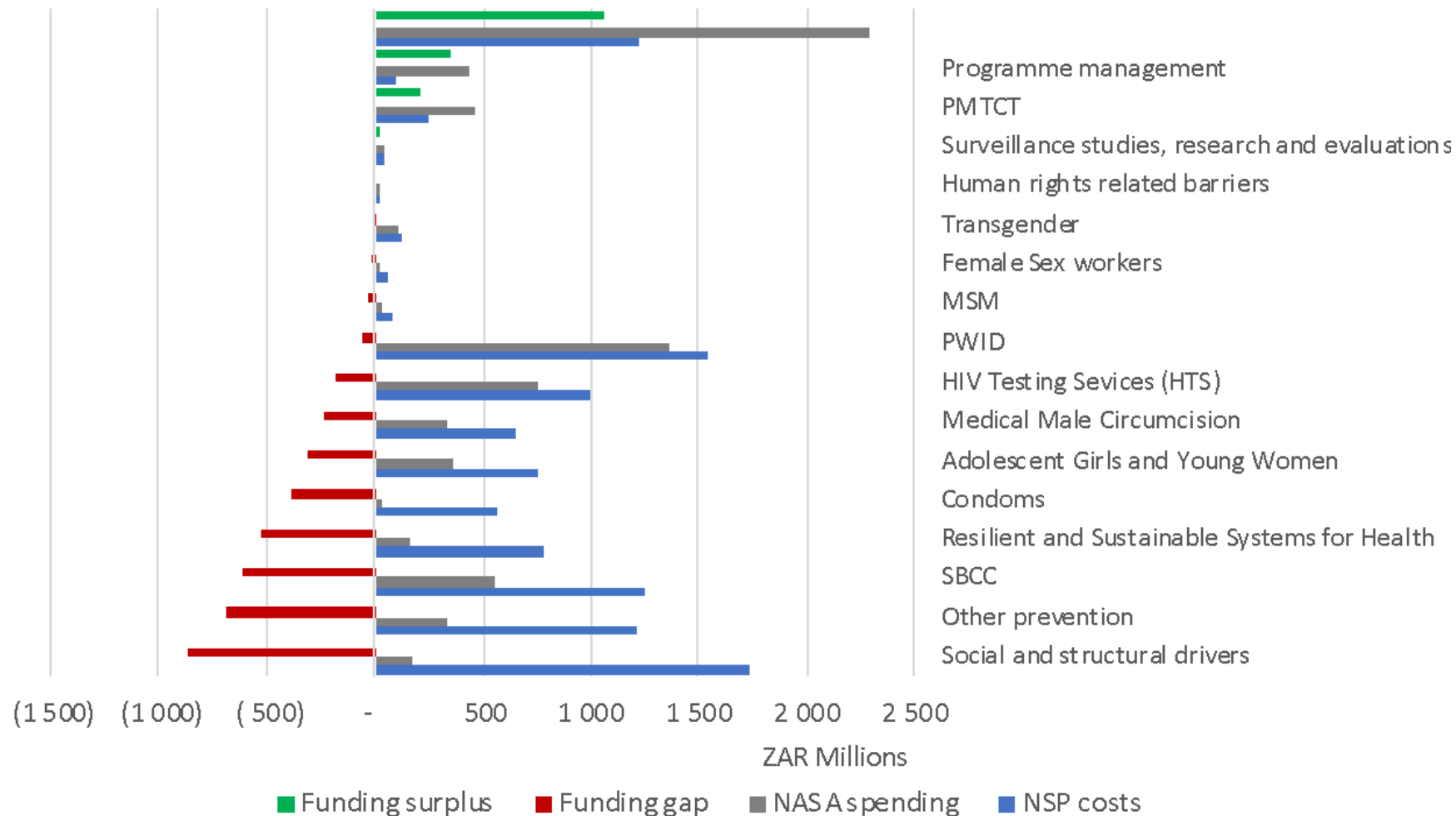
# NASA – Brief overview of outputs ( contd. )

## Expenditures disaggregated by production factors



## Funding gap per NSP intervention (excl. Treatment) (2019/20)

HIV Spending versus NSP HIV costs, **excluding Treatment & Care** (2019/20, ZARm)



# NASA – TRIANGULATION APPROACH

**Top down and Bottom-up approach**

**Services, expenditures and consumption figures**

**Validation with external sources**

**Validation of historical trends and consistency**

**Completeness**

NASA does not often use distribution keys/assumptions and NASA practitioners obtain real data as far as possible.

Sometimes assumptions are required, but these often relate to shared MOH expenditures across diseases (salaries and overheads) - and in this case, the estimates by the SHA are very valuable to insert into NASA figures.



# NASA – ASSESSING PROGRESS ON INSTITUTIONALIZATION

Quality of contributions to  
Global AIDS Monitoring

Continuity

Consistency

Ownership

Trusted source

Usability

# NASA – APPROACH TO INSTITUTIONALIZATION

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Demand creation/institutionalization

---

Publishing and dissemination

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M&E linkages

---

Production schedule

---

Mandate

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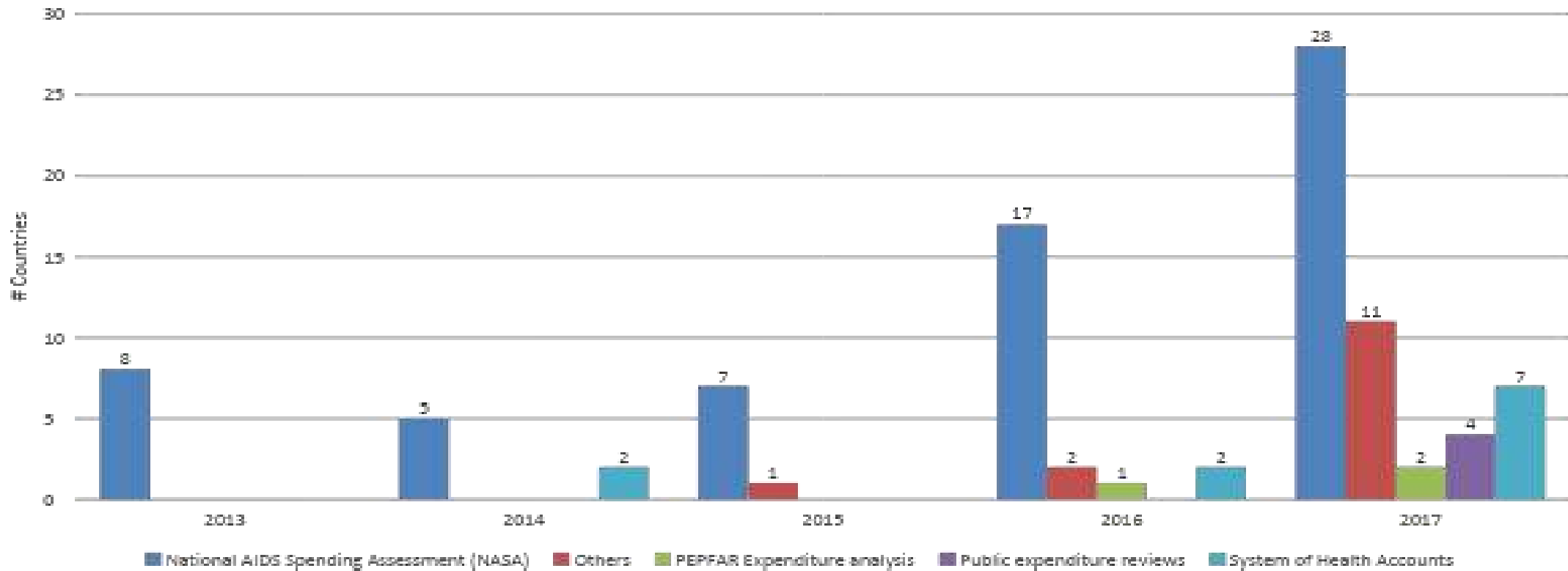
Trained staff

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Earmarked budget

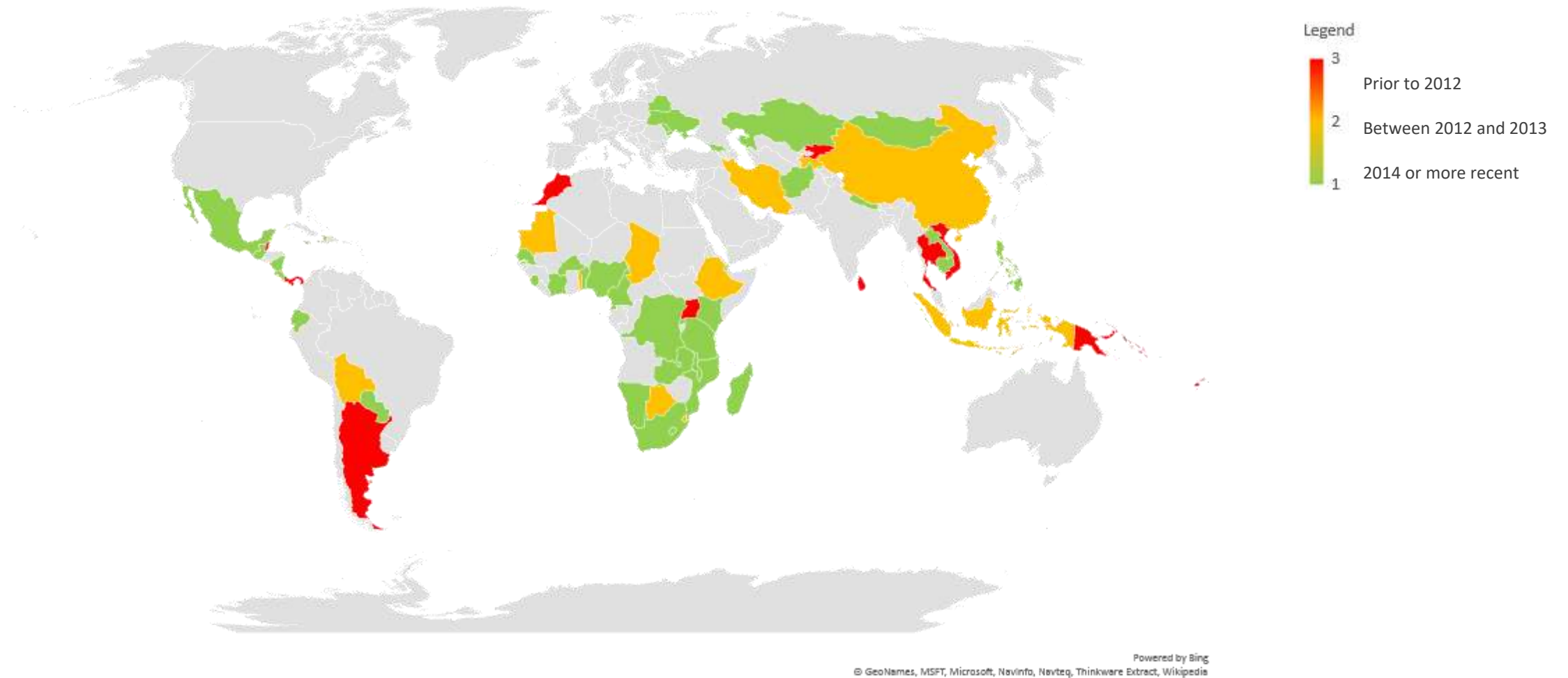
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# GAM REPORTING METRICS USING NASA RT METHODOLOGY
















Disaggregated expenditures by HIV interventions are often missing when RT methodology is not NASA.

# GAM REPORTING METRICS USING NASA RT METHODOLOGY



Source: Global AIDS Monitoring and GARPR, UNGASS reports June 2018. Please note that the country reported resource tracking methodology as “NASA” may not mean that they have an equivalent NASA report published by the country. 2018

# COUNTRIES THAT IMPLEMENTED NASA AND USED RTT IN 2021

	ElSalvador
	Ethiopia
	Kyrgyzstan
	Lesotho
	Malawi
	Mozambique
	Pakistan
	PapuaNewGuinea
	Senegal
	SouthAfrica
	SouthSudan
	Swaziland
	Togo

UNAIDS programme area on resources and financing:

<https://www.unaids.org/en/topic/resources>

UNAIDS financial dashboard on HIV:

<https://www.unaids.org/en/topic/resources>

NASA country reports:

<https://www.unaids.org/en/dataanalysis/knowyourresponse/nasacountryreports>

**Thank you**



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## INTRODUCTION OF THE HARMONIZED SHA/NASA RESOURCE TRACKING APPROACH

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**Presented by:**

**Claire Jones**

*Former ACS Technical Lead -  
Namibia*







# Understanding the lingo...

- Many abbreviations and technical terms will be used in the presentations
- We will share slide decks after the session today, which include list of acronyms at the end of the presentation.
- Refer to key resource documents for detailed explanations on technical terms:
  - ▶ <https://www.oecd-ilibrary.org/docserver/9789264270985-en.pdf?expires=1642769035&id=id&accname=guest&checksum=83F78BD5D57155329C00836A963A8CAF>
  - ▶ [https://www.unaids.org/sites/default/files/media\\_asset/jc1557\\_nasa\\_en\\_0.pdf](https://www.unaids.org/sites/default/files/media_asset/jc1557_nasa_en_0.pdf)
  - ▶ <https://acs.r4d.org/wp-content/uploads/2021/01/Guidance-on-Namibias-approach-to-a-combined-SHA-NASA-RT-FINAL.pdf>



# What does harmonization mean?

- Efforts to *synchronize or merge* aspects of different resource tracking approaches, by bringing them together into *one joint process*, instead of conducting separate and often duplicative processes.
- For the harmonization of SHA and NASA, this implies the merging of these two methodologies to *simultaneously generate estimates* of spending on *both health and HIV* respectively with the level of detail required by relevant stakeholders.
- Countries can adopt different degrees of harmonization in line with **country needs.**



# What does harmonization mean?

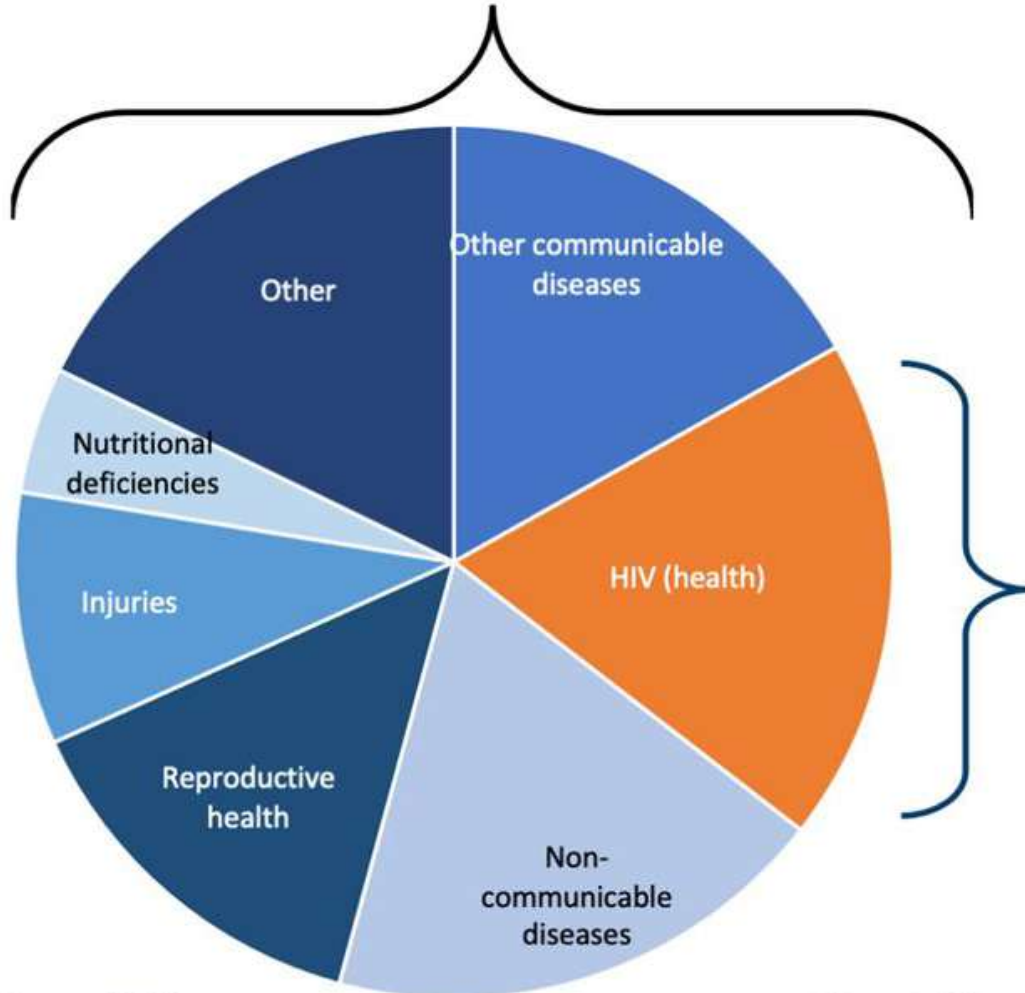
Advantages of harmonization include:

- **Efficient** use of available funding for resource tracking efforts
- **Reduced duplication** of surveys and data collection efforts
- **Minimized burden** on respondents and survey-fatigue by avoiding duplicative surveys.
- **Reduced risk of mismatches of data** due to non-reconciled accounts
- **Enhanced institutionalization** of resource tracking within relevant public entities with streamlined processes.

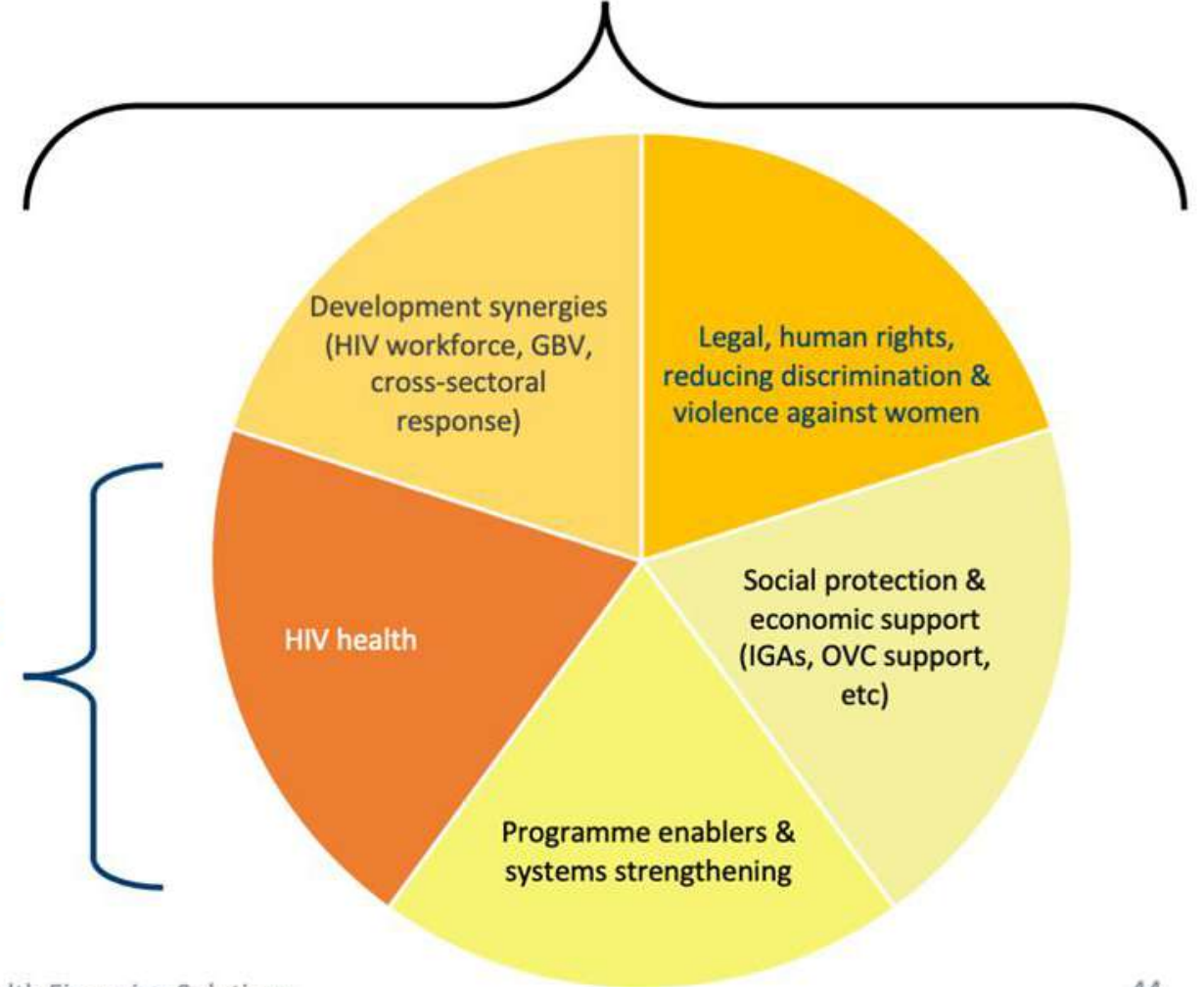


# What does SHA/NASA harmonization aim to achieve?

**SHA** Total health expenditures



**NASA** Total HIV expenditures across all sectors



# Comparison of SHA and NASA methodologies



Differences	Similarities
HA primarily tracks health spending, while NASA tracks HIV spending only (both health and non-health)	Both exercises track HIV expenditures (though with different levels of detail)
The functional/programmatic classifications of expenditures differ (HC/HCR versus ASC) – greater level of detail, and different categories, for HIV expenditures are included in the NASA classifications	Certain HIV health interventions' classifications can be easily aligned. Other vectors (as shown in slide 9 can be more closely aligned)
In SHA, HCR and HK expenditures are tracked separately from recurrent expenditures & not mapped to all classifications, while the NASA tracks all expenditures (including capital) to all different classifications – implications for bi-variate tables needed for NASA reporting	If HCR and HK expenditures are added manually to the recurrent HIV spending of SHA estimates, the total should be equal to the total HIV spending estimate as per the NASA, but <b>only if the SHA data collection process comprehensively targeted all non-health actors and activities</b>
NASA often requires less time to implement and can be completed in a shorter timeframe due to its smaller scope	Both exercises should be performed annually or bi-annually to ensure up-to-date data are consistently available



# Degrees of harmonization

- Different degrees of harmonization are possible:
  - ▶ Full harmonization of all stages of RT from data collection to reporting
  - ▶ Harmonization of data collection only
  - ▶ Harmonization of analysis and/or reporting only
- Should be informed by data needs, specific resource tracking challenges and country-specific context.
- Objectives of resource tracking exercise should guide decisions on the degree of harmonization



# Requirements for harmonization

- Comprehensive cross-walk of classifications and codes
- SHA and NASA technical expertise and support on the RT team
- Capacity building, training and continuous mentoring
- Political commitment
- Financial and human resources



# Cross-walk of SHA-NASA classifications

Cross-walk of classifications defines how each of the SHA 2011 classifications and codes correlate to the NASA 2020 classifications and codes, and vice versa

- ▶ Cross-walk of NASA and SHA classifications is fundamental to successful harmonized resource tracking
- ▶ Critical and dedicate sufficient time and effort to cross-walk of classifications
- ▶ Use of Cross-walked SHA and NASA classifications and codes rather than developing new set of classifications and codes
- ▶ Detailed NASA classifications **MUST** be used in primary data collection, coding and capturing – then cross-walked back to SHA classifications



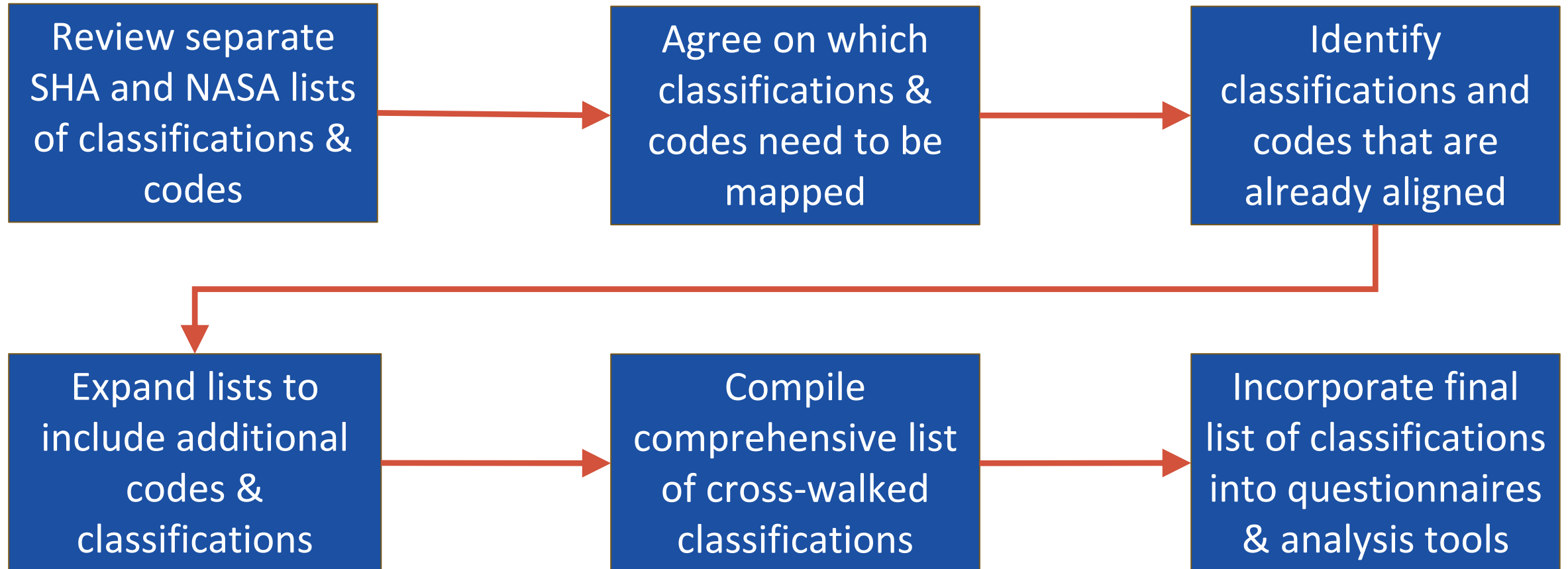


# To what extent are SHA and NASA classifications aligned?

SHA 2011	NASA 2020
HF – financing schemes	SCH – financing schemes
FS – revenues of financing schemes	REV – revenues of financing schemes
FS.RI – institutional units providing revenues to financing schemes	FE – financing entity
FA – financing agent	FAP – funding agent and purchaser
BEN – beneficiary groups	BP – beneficiary populations
HP – healthcare providers	PS – providers of services
FP – factors of provision	PF – production factors
HC – healthcare function HCR – healthcare-related function	ASC – AIDS spending category
AGE – age category of beneficiaries	Age groups are embedded in NASA’s BP classifications
	SDM service delivery model

Legend: Dark green = relatively well-matched classifications; light green = some matching with some adjustments required to ensure full alignment; yellow = not well matched; orange = classification specific to only one methodology

# ACS approach to cross-walking NASA to SHA classifications

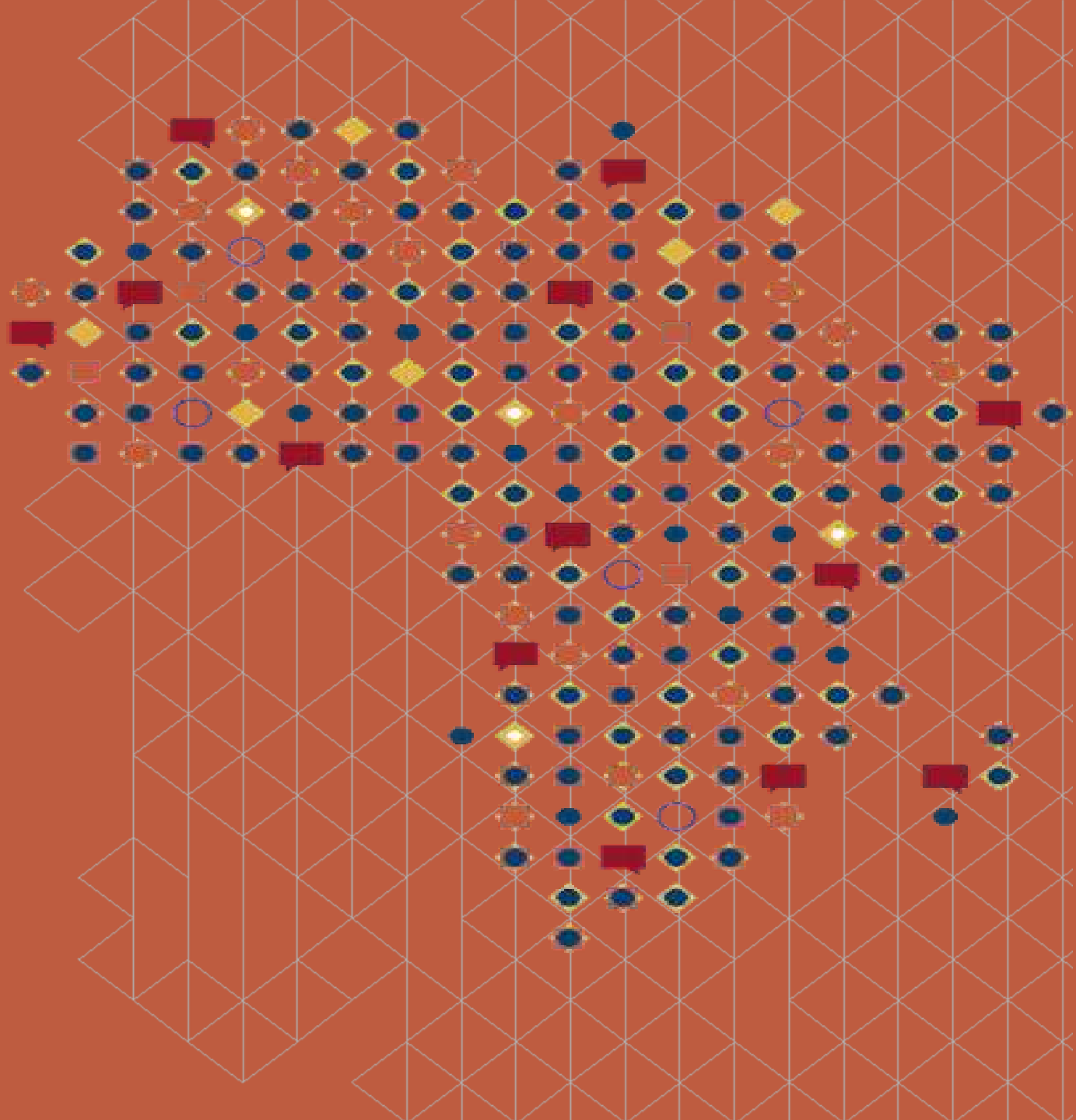




# More details on the approach

- During session 2 taking place on 3 February 2022, the team will discuss the harmonization approach in more detail, including:
  - ▶ The process of harmonization – including key steps and considerations
  - ▶ Data collection processes and data management

Thank you!



# Abbreviations & acronyms



HC	Healthcare function (SHA)
HCR	Healthcare-related function (SHA)
HK	Capital Spending (SHA)
HRT	Harmonized Resource Tracking
NASA	National AIDS Spending Assessment
RT	Resource Tracking
SHA	System of Health Accounts



30 min

## THE NAMIBIAN EXPERIENCE OF HARMONIZED SHA/NASA RESOURCE TRACKING

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**Presented by:**

**Thomas Mbeeli (MoHSS)**

*Namibia Deputy Director - Policy Planning*





# Namibian experience of harmonized SHA/NASA resource tracking

Thomas Mbeeli  
Deputy Director: Policy Planning  
And Namibia Resource Tracking Technical Working Group Lead  
Ministry of Health & Social Service  
Namibia

# Namibia's path to harmonization



- Resource tracking
    - Conducted three rounds of Health Accounts (1998/1999 – 2008/2009) and the fourth round (2012/2013 – 2017/2018) conducted using the System of Health Accounts Methodology
    - completed four rounds of NASA (2009/2010 – 2013/2014)
  - From 2014/2015, Namibia has made concerted efforts to incorporate AIDS spending categories in the expenditure estimates
  - Differences in the SHA versus NASA estimates of HIV spending resulted in questions on the reliability of data
  - Data generated by SHA with inclusion of AIDS spending categories did not allow MoHSS to report fully against Global AIDS Monitoring requirements
  - Required a more formalized approach to resource tracking that adequately covers data requirements of both methodologies
  - Conducted harmonized SHA-NASA resource tracking for 2017/18 financial year in 2019
-



# Approach to harmonized resource tracking



Organization of responsibilities & structures

Defining the scope

Development of data collection tools

Data collection

Mapping of expenditures & analysis

- Advocacy on proposed harmonized resource tracking approach
  - Capacity building of RT-TWG

# Organization of responsibilities & structures



- Agreement that responsibility for harmonized resource tracking should be driven by one Unit in the MoHSS (Directorate: Policy Planning)
    - SHA: Directorate Policy Planning Active involvement of
    - NASA: Directorate of Special Programs
  - Restructuring of TWG to
    - Include adequate representation of HIV stakeholders (including Directorate of Special Programs and UNAIDS)
    - Ensure effective functioning of TWF by concentrating on members who can actively contribute and have necessary skills and expertise
  - Training of TWG members on SHA, NASA and the harmonized resource tracking approach
-

# Getting started...



- Agreement of objectives, policy questions and data needs
    - Reduce survey fatigue
    - Manage costs of resource tracking
    - Ensure HIV data generated is comprehensive enough to be used for program planning and reporting against GAM indicators
    - Build synchronized systems for institutionalization of resource tracking
  - Timeframe
    - Agreed to cover financial year 2017/18 for both SHA and NASA expenditure estimates
    - Due to availability of audited data exercise was done at t-2
  - Cross-walk of SHA and NASA classification
    - Define level of detail required in both exercises
    - Ensured that level of detail required for HIV stakeholders is incorporated
    - Customization of classifications in HAPT to accommodate NASA requirements
  - Mapping of respondents
    - Ensure that non-health HIV stakeholders are adequately covered
    - Numerous TWG meetings and outreach to relevant institutions to identify additional non-health HIV stakeholders
-

# Development of primary data collection tools



- Used SHA questionnaires as basis, but customized significantly to incorporate all NASA data requirements
  - Drop-down lists using descriptions as per cross-walk to ensure consistency in responses
  - Incorporated automated SHA and NASA worksheets (hidden from respondent) that automatically map each transaction against both sets of classifications and codes based on the cross-walk
  - Incorporated hidden sheets that allow for direct importing into HAPT and RTT
  - Some respondents provided raw data instead of completed questionnaires → team converted data to allow for HAPT & RTT import
-

# Data collection



- Combined data collection for both SHA and NASA simultaneously
  - Surveys (electronic formats) were sent to respondents who were requested to complete independently
  - Required some consultation with stakeholders to familiarize respondents with data requirements
-

# Mapping of expenditures and analysis of data



- Customized HAPT to add separate classification for AIDS Spending Categories
  - Expanded existing classifications in HAPT to fully accommodate NASA codes - e.g., financing scheme, provider, healthcare function, healthcare-related function, beneficiary
  - Data cleaned in questionnaires to ensure accuracy and completeness of data
  - Final datasets imported into HAPT and RTT
  - Some challenges in ensuring changes to data are made consistently across databases
  - Did manage to produce consistent estimates of HIV expenditures with level of detail required for NASA purposes
-

# Reporting



- One consolidated report on both SHA and NASA results
  - One section dedicated to the analysis of NASA results (in line with typical NASA report formats)
  - Tables with additional detail included in annexes of report
  - SHA tables on recurrent health spending for HIV didn't include healthcare-related HIV spending (e.g. OVC support, advocacy, etc.) and capital spending → reported separately under healthcare-related and capital spending
  - NASA tables included non-health HIV spending and capital spending
-

# Advocacy on proposed approach



- Engagement of key partners and stakeholders in TWG
    - Participation of UNAIDS, WHO and USAID
  - One-on-one meetings with UNAIDS and WHO to ensure data requirements are met and secure acceptance of approach
  - Consistent communication with key stakeholders on approach
-



# Challenges



- Poor survey response rates (although not significantly lower than previous SHA rounds)
  - Management of separate datasets in HAPT and RTT to ensure consistency in data
  - Mapping of raw data and application of distribution keys required some fine-tuning to ensure that detailed NASA classifications are captured when applied in HAPT
  - Not all details of NASA results could be included in combined report
-

# Highlights of Namibia's harmonized resource tracking results



- Reported standard SHA results
  - Reported standard NASA results
  - Explicitly explained differences between SHA and NASA results in report and how the reported figures align
-

# Namibia SHA results:



- Total health expenditures including current and capital spending
  - Trends in total health expenditures and key ratios (e.g., per capita)
  - Total health spending broken down in (generally using lowest level of disaggregation):
    - Institutional units providing revenues of financing schemes
    - Revenue of financing schemes
    - Financing schemes
    - Financing agent
    - Healthcare provider
    - Function
    - Disease
    - Beneficiary
    - Factors of provision
    - Age
    - Capital
-

# Namibia NASA results



- Total HIV spending
  - Key indicators on HIV expenditures (HIV spending per capita, per PLHIV, per GDP, etc.)
  - Total HIV spending broken down in (generally using lowest level of disaggregation):
    - Funding entity
    - Revenue
    - Financing schemes
    - Financing agent and purchaser
    - Provider of services
    - AIDS spending category
    - Production factors
    - Service delivery modality
    - Beneficiary population
-

# Concluding remarks



- It was possible to combine the SHA and NASA methodologies into one harmonized resource tracking process
  - Approach was found to be effective and allowed resource tracking efforts to be streamlined
  - Harmonized approach will contribute towards institutionalization of resource tracking as resource are used more efficiently and process is less time-consuming than conducting 2 separate exercises
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Thank you!



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SOLUTIONS

1 hour

## DISCUSSION AND QUESTIONS

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