

Health Systems Monitoring Working Group:  
**Health Financing Sub-group**  
**DRAFT Terms of Reference**

### Objectives

1. Promote country-led unified resource tracking work to monitor all health expenditure (public, private, and external; health and disease specific; etc.), using the global standard of System of Health Accounts 2011 (SHA2011).
2. Strengthen the automation of data collection and data mapping for health accounts at country level through harmonised implementation tools.
3. Catalyse collective action and joint investment in health accounts and resource tracking.

### Scope of work

1. Based on existing resource tracking work globally and at country level (SHA 2011, NASA, FP2020, CHAI, others) review and identify how the global standard could be used to track and produce indicators for all separate initiatives (harmonization of resource tracking).
2. Review all resource tracking initiatives, their data collection process and information sources, and identify areas for joint data collection.
3. Review existing resource tracking tools, identify how they converge or diverge, and propose qualification standard to verify to ensure that all tools offer the same level of quality (transparency; institutional memory; automation; quality checks).
4. Identify and review all country-level aid-for-health tracking tools to evaluate the completeness, timeliness, and quality of the data they collect on aid for health.
5. Develop guidelines to harmonize and systematize collection of aid-for-health expenditure data at country level.
6. Develop standards for an expenditure module to be integrated into country routine health information systems (e.g. DHIS).
7. Develop standards for an expenditure module to be integrated into country facility survey.
8. Provide country technical support for institutionalising health accounts data collection through jointly implemented pilot projects in Health Data Collaborative priority countries.

### Deliverables 2016-2017

#### *Global*

- Package of guidelines, tools, and recommendations for unified resource tracking.
- Global standard (SHA2011) validated as sole resource tracking framework to support multiple tracking purposes (including expenditures and budgets or planned spending)
- Package of guidelines that support automation of health expenditure data collection.

#### *Country*

- Joint support to countries in the implementation of SHA 2011 methodology and production tool.
- Collective action and joint investment in XX countries.

### Approach and organizational arrangements

Working group to develop activities and timeline and lead on work. Consultants will provide support to implement activities for objectives 1 and 2.

## Health Financing Sub-Group Workplan

**Objective 1: Promote country-led unified resources tracking work to monitor all health expenditure using the global standard of Systems of Health Accounts 2011 (SHA 2011) and improved use of this data.**

**Deliverable 1: Package of guidelines, tools, recommendations that contribute that support unified resources tracking for countries and validation of one global standard (SHA2011), and integration of health accounts data use into relevant WG activities.**

Products	Lead Agency(ies)	Responsible	Links to other WGs	Status
1.1 Mapping/crosslink of frameworks and classifications for resource tracking.	WHO OECD, CHAI, UNAIDS	Nathalie Van de Maele (WHO), D Morgan (OECD), S Diamond (CHAI), JA Izazola/Anna (UNAIDS)		
1.2 List of standardised and policy-relevant health expenditure/resource tracking indicators.	WHO, OEDC, UNAIDS	D Morgan (OECD), JA Izazola/Anna (UNAIDS)	RHIS working group activity 1.3 on indicators	
1.3 Recommended standardised data collection tools and process for health expenditure/resource tracking.	WHO/OECD/Abt/HGF?			
1.4 Health Accounts data <u>use</u> (e.g. for policy, planning, UHC and financial protection) is integrated into activities of the Data analytics and use working group and the Civil Society working group.	WHO/UNAIDS/JHU/CHES TRAD		Data analytics and use working group; Civil society working group Objective 1 in TORs	

**Objective 2: Strengthen the automation ('institutionalisation') of data collection and data mapping for health accounts at country level through harmonised implementation tools.**

**Deliverable 2: Package of guidelines for countries that support automation of health expenditure data collection by donors, governments, and at provider level.**

2.1 Guidelines for harmonising and systematising collection of aid-for-health expenditure data at country level.	WHO, OECD			
2.2 Guidelines for automating the mapping of government health expenditure data to the global standard (SHA2011)	WHO/Abt/HGF?			
2.3 Guidelines for integrating health expenditure data collection at provider-level (both government and private) into existing tools (e.g. DHIS).	WHO + ?		RHIS workplan activity 2.4, Health Facility Surveys workplan	
2.4 Guidelines for integrating health expenditure data collection in national household surveys.			Household Surveys WG	
2.5 Guidelines for integrating health expenditure data collection into other country-level data collection opportunities.				

**Objective 3: Catalyse collective action and joint investment in health accounts and resource tracking at country level.**

**Deliverable 3: Joint investment plan to support harmonised and systematized health accounts and resource tracking in countries.**

3.1 Jointly implemented pilot projects in xxx priority HDC countries.	WHO, OECD, Abt/HGF? + ?	D Morgan OECD + ?	Country action WG objective 2	
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