

Achieving institutionalization of resource tracking by combining methodologies for health and HIV: The Namibian experience

The African Collaborative for Health Financing Solutions (ACS) is a five-year, United States Agency for International Development (USAID)-funded project with the goal of advancing implementation of health financing policies that support movement toward universal health coverage (UHC) in sub-Saharan Africa. The project is led by Results for Development in partnership with the Global Health Innovation Center at Duke University, Feed the Children, Amref Health Africa, RESADE and Synergos.

In Namibia, the ACS project aims to achieve the following objectives:

- Support the government to create a comprehensive long-term HIV/AIDS response strategy to reduce the government's reliance on donor financing.
- Support the creation of accountability structures to ensure the government fulfills its commitment to providing access to quality HIV/AIDS services that are maintained through sustainable and domestic funding streams.
- Support responsible management of health resources to ensure Namibia's health system is responsive to its peoples' needs.

The need for efficiencies in the institutionalization of resource tracking

Efforts to institutionalize resource tracking are often faced with the trade-off of conducting resource tracking exercises to generate expenditure data for health and HIV on a regular basis and managing the costs of conducting such exercises. While there is a need for regular detailed data on both health and HIV spending, countries are also faced with the reality of reduced donor support for such exercises and increased pressure to institutionalize the processes domestically. Recognizing the importance of making resource tracking efforts as efficient as possible, the continued practice of implementing two separate, yet somewhat duplicative, resource tracking exercises may not

be considered a sustainable approach to institutionalization.

In Namibia, the Ministry of Health and Social Services (MoHSS), in collaboration with ACS, has invested significant efforts into developing an approach that ensures that the needs for both general health and HIV expenditure data can be fulfilled through one efficient and inclusive process that meets the requirements of both the Systems of Health Accounts (SHA 2011) and National AIDS Spending Assessment (NASA 2020) methodologies. While realizing significant cost savings by conducting these exercises through one single combined effort, the country further managed to ensure that the SHA and NASA results for HIV/AIDS spending are consistent by addressing methodological issues that had resulted in differences in HIV expenditure estimates in previous years.

Making it work: Combining the SHA and NASA methodologies

After having undergone several rounds of separate SHA and NASA processes, Namibia has successfully combined the SHA and NASA methodologies, thereby generating estimates of both general health and HIV expenditures through one consolidated and inclusive exercise. It also provides the granularity of HIV spending required by the HIV stakeholders for planning purposes.

The team managed to ensure that the planning, data collection, mapping, analysis and reporting stages were implemented in a coordinated and aligned manner to support the generation of both general health and HIV expenditure data. The Namibian resource tracking team realized this combined approach by implementing the following steps:

Cross-walk of classifications and codes

- Performed a comprehensive cross-walk of all SHA 2011 and NASA 2020 classifications and codes to ensure alignment between the two coding approaches for HIV expenditures and that all codes under each classification have a corresponding code under the other methodology.
- Using this cross-walk, incorporated all codes and classifications that are specific to the NASA exercise in the Health Accounts Production Tool (HAPT) to ensure that all HIV expenditures can be mapped against these codes.

Development of comprehensive tools

- Developed one comprehensive customized questionnaire for each data source that exhaustively maps each transaction to each classification and allows for the collection of data in accordance with the requirements set out by both methodologies.
- Incorporated mapping sheets into the questionnaires that automatically map transactions against the SHA 2011 and NASA 2020 classifications and allow for automatic importing into the data analysis tools used by the two methodologies- HAPT and the NASA-Resource Tracking Tool (RTT).

Stakeholder engagement and training

- Secured political buy-in into the combined methodology through regular consultations with representatives from the Namibian World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) offices, providing assurance and seeking confirmation that the data requirements are being met with the combined approach.
- Facilitated a comprehensive training for the Namibian resources tracking technical working group (TWG) that covered both the SHA 2011 and NASA 2020 methodologies, the combined data collection tools, and both data analyses tools. Continuous mentoring and capacity building were provided throughout the resource tracking exercise to further institutionalize resource tracking with strengthened leadership by the MoHSS.

Analysis and reporting

- Examined and corrected any variances between the SHA HIV recurrent spending and the NASA HIV health-related recurrent spending- which were minimal due to the careful cross-walking and the use of the exact same data in both analyses.
- Generated a consolidated results report containing the results and estimates of spending on health and the HIV response, with the SHA and NASA specific tables and matrices.

A detailed guidance manual on the process of applying this combined resource tracking methodology is under development and will be available to technical resource tracking teams soon.

Options of combining methodologies

While Namibia has combined all stages of the resource tracking exercises, countries can customize the extent to which they want to merge the SHA 2011 and NASA 2020 methodologies. The level of integration should be informed by the data needs and challenges that are specific and unique to the country. The table below lists some but not all factors, that may influence the approach taken and the level of integration applied:

Challenge	Approach
Survey fatigue and cost of data collection	Combine data collection efforts by using consolidated questionnaires to collect health and HIV expenditure data simultaneously (note additional effort needed for the NASA non-health actors).
Sources of data differ significantly for health and HIV spending	Data collection efforts to be done in parallel, while the mapping analysis efforts are consolidated to ensure consistency in spending estimates.

Each country will need to identify to what extent the methodologies can be combined considering the country context to ensure that the approach is realistic and practical, while meeting the needs of all stakeholders.

Lessons learned

1. It was possible to collect all relevant data required for both methodologies through a single set of data collection tools.
2. The cross-walk (matching) of NASA codes to SHA codes was crucial for the automated concurrent mapping of expenditures.
3. Capacity building, training and continuous mentoring were critical to ensure that the resource tracking team was fully conversant with both resource tracking methodologies.
4. Significant efforts and technical expertise are required to ensure that the processes of combining the methodologies and tools are technically sound and that data are collected, managed and analyzed to generate consistent results in line with the requirements of both methodologies.
5. Efficiencies were realized by avoiding duplication of data collection efforts and improved completion of survey responses (through reduced survey fatigue).
6. Additional efforts were necessary to identify, contact and support non-health actors involved in the HIV field. Poor response rates could have been improved by face-to-face interviews with respondents.
7. Health expenditure data were successfully uploaded to the HAPT and HIV data to the NASA RTT, which allowed data to be consolidated, resource flows mapped and

analyzed to generate both SHA and NASA outputs, with consistency between the HIV totals in each database.

8. Regular consultations with representatives from both the WHO and UNAIDS country offices ensured buy-in into the combined resource tracking methodology and allowed for validation of the process.

Conclusions

Namibia's experience demonstrates the successful integration of SHA 2011 and NASA 2020 methodologies and achievement of efficiencies that will hopefully lead to more routine resource tracking exercises. Global efforts to refine the tools and approach through continued cooperation between the WHO and UNAIDS should be pursued to ensure that this approach of combining resource tracking methodologies can be further improved and adopted internationally. This combined resource tracking approach is believed to be one of the critical steps towards the institutionalization of global resource tracking efforts and will result in improved routine data for the benefit of health and HIV stakeholders, planners and implementers.

Benefits of Combining Resource Tracking Methodologies

- Cost savings as a result of reduced duplication of efforts and streamlined data collection efforts.
- Reduces survey fatigue and thereby maximizes the potential for accurate and complete survey responses.
- Ensures improved consistency in HIV spending estimates of SHA 2011 and NASA methodologies.

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