



The Next Frontier to Support Health Resource Tracking

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Tracking all health resources as expenditures or revenues helps countries understand and improve health system financing and performance. Country governments and partners such as USAID, the World Health Organization (WHO), the Bill and Melinda Gates Foundation, GAVI, and the Global Fund have made significant investments over the past three decades to strengthen the production and use of health resource tracking (HRT) data in low- and middle-income countries.

The objective of these investments has been to institutionalize HRT so it is led and owned by local governments.

Institutionalizing resource tracking enables countries to conduct HRT exercises quickly and regularly so that the data can contribute to decisions. Institutionalization^{1,2} requires:

- Strong and consistent **demand** for the data;
- Sustainable local capacity to conduct an HRT exercise and **produce** results in a timely and cost-effective manner; and
- **Use** of the HRT results in countries' policy- and decision-making processes.

Based on years of field work and collaboration with other HRT experts, the HRT team from USAID's Health Financing & Governance Project (2012-2018) has observed useful lessons that could guide future efforts to institutionalize health resource tracking. This brief presents the remaining challenges to institutionalizing resource tracking and suggestions on future investments.

The next frontier for supporting HRT is through routine information systems and the governance structures that demand and use HRT data.

Strong and consistent DEMAND for HRT data

The first element for institutionalization is building an environment of evidence-based decision making. As stakeholders use HRT data and reference the data in key documents, demand for similar data in future years increases.

Remaining challenges

- Policy-makers, health program managers, health sector NGOs, and other stakeholders often do not know what issues and questions HRT data can clarify related to equity, efficiency, and governance of the health sector.
- They do not understand how HRT data can contribute to better decision-making by substituting speculations for quantified evidence.
- They do not have a sense of ownership over the decision-making process and therefore are unlikely to demand HRT data.
- No one in-country is consistently responsible to produce, gather, and package health financing data and evidence.

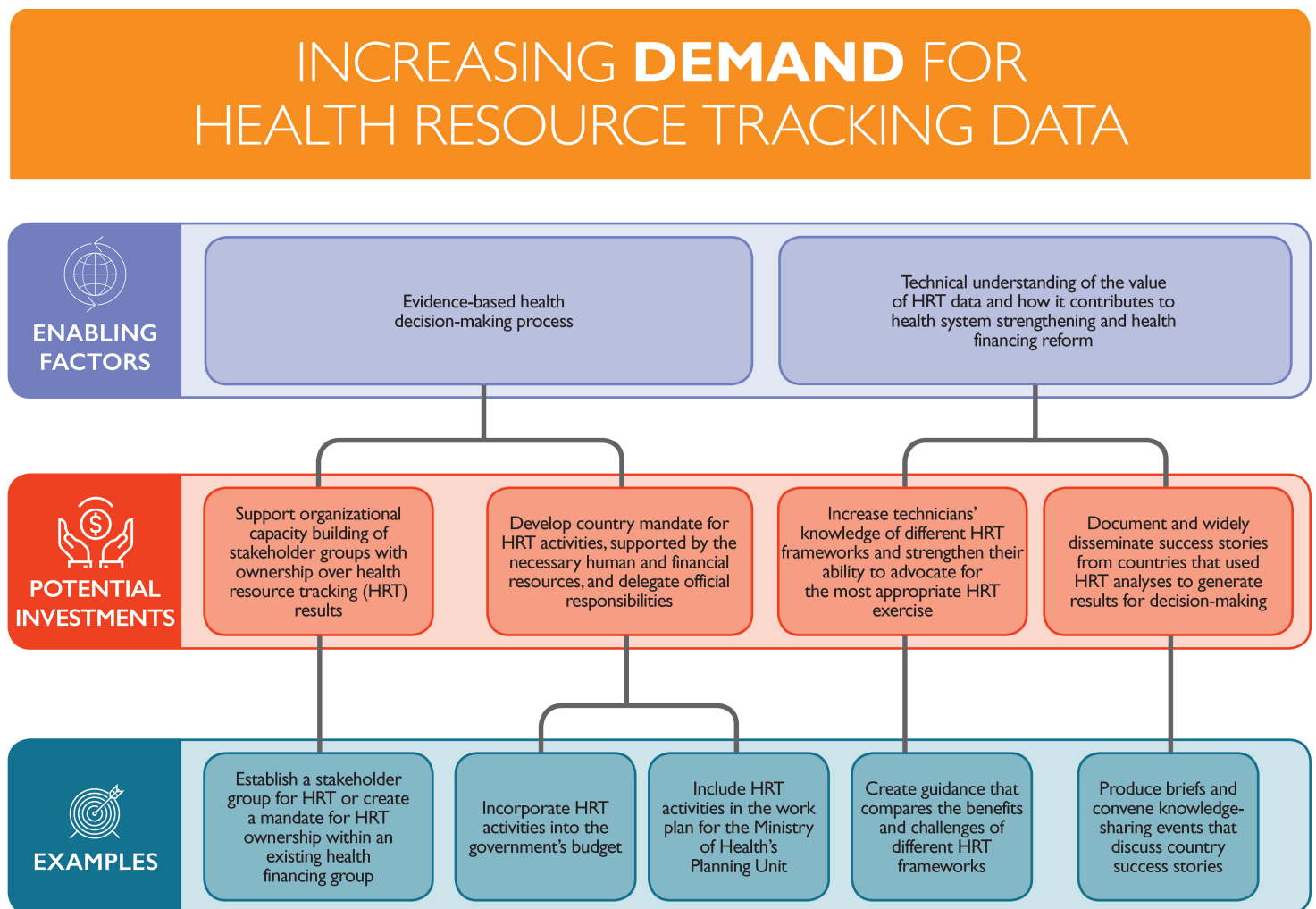
¹ World Bank. 2011. *Where is the Money and what are we doing with it? A Strategic Guide for the Institutionalization of National Health Accounts (Draft)*. Washington, DC: World Bank.
² Maeda, Akiko, Margareta Harrit, Shunsuke Mabuchi, Banafsheh Siadat, and Somil Nagpal. 2012. *Creating Evidence for Better Health Financing Decisions: A Strategic Guide for the Institutionalization of National Health Accounts*. Washington, DC: The World Bank.

Meeting the challenges of DEMAND

There are many opportunities to invest in an environment that fosters demand for evidence-based health decision-making (Figure 1).

- Enhance stakeholders' understanding of the value of HRT data by documenting and widely disseminating examples of countries' effective use of HRT data to implement evidence-based policies.
- Establish a local organization, such as a unit in the MoH, a parastatal policy institute, or partnership with a local academic institution with the capacity and responsibility to support evidence-based decision-making by producing data and packaging it for busy decision makers.³
- Institutional support for HRT, which could come in the form of an official mandate or allocation of human or financial resources for HRT exercises.

Figure 1: Enabling Factors and Potential Investments for Demand



³ Zida, Andre. John N. Lavis, Nelson K. Sewankambo, Bocar Kouyate, Kaelan Moat and Jessica Shearer. 2017. *Analysis of the policymaking process in Burkina Faso's health sector: case studies of the creation of two health system support units*. Health Research Policy and Systems. February 2017.

Sustainable local capacity to PRODUCE health resource tracking

Building countries' technical capacity to conduct HRT exercises has been crucial, but staff turnover and weak health and financial information systems remain a barrier to reducing the cost of producing HRT, increase the time it takes to complete HRT, and lower the quality of the results.

Remaining challenges

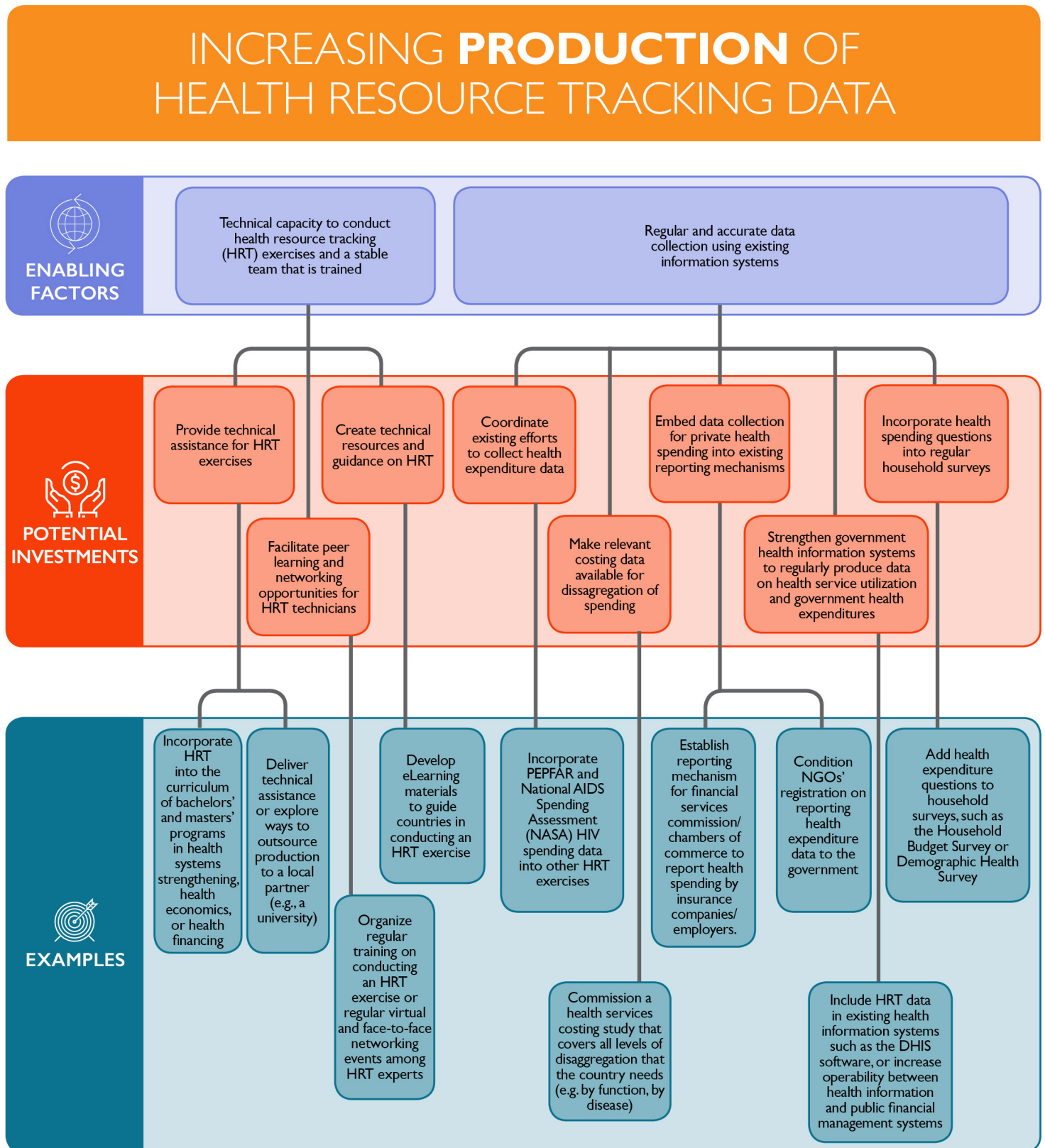
- Countries are unable to maintain a stable team of technicians that know how to conduct HRT exercises due to high personnel turnover and absence of an institutionalized system (procedure manual and materials for HRT production) that orientates new personnel.
- Countries lack health and financial information systems that accurately report in a timely manner on expenditure data from different sources or on utilization and costing data.
- Countries lack mechanisms that report health spending data from the private sector (e.g., households, insurance companies, employers, and NGOs).

Meeting the challenges of PRODUCTION

There are many opportunities to invest in making production of HRT and other health systems data more regular, timely, accurate, and cost-effective (Figure 2).

- Ways to maintain local capacity to produce HRT:
 - Increase the pool of HRT experts in a country by incorporating HRT into university curricula in schools of economics and public health.
 - Provide technical resources and guidance documents for local HRT teams that cover complex parts of the methodology, such as creating distribution keys or cross-walking different HRT frameworks.
 - Promote peer-learning, peer-technical assistance, and networking to help countries learn from one another.
- Ways to improve local health and financial information systems:
 - Promote data-sharing among existing data collection efforts to make health expenditure data available for HRT exercises (e.g., making PEPFAR-reported spending information available to the HRT team or sharing data between National AIDS Spending Assessment (NASA) and Health Accounts teams).
 - Support the inclusion of expenditure data in existing health information systems, such as District Health Information Software (DHIS) or make government health information systems interoperable with public financial management systems. These steps link routine expenditure data with health data such as the volume and type of services and aggregate patient data (e.g., diagnoses, age, gender).
 - Embed data collection mechanisms for non-government spending into existing reporting mechanisms to improve response rates among private sector entities. For example, governments could require NGOs to report spending in order to receive official registration; insurance companies could be asked to report their health insurance spending via a financial services commission; and employers could be asked to report their health spending through the chamber of commerce's regular communications with its members.
 - Incorporate health spending questions into existing household surveys, such as national household consumption surveys, household budget surveys or the Demographic Health Survey.

Figure 2: Enabling Factors and Potential Investments for Production



USE of the HRT results in countries' policy- and decision-making

As noted above, use and demand for HRT data are interdependent. All of the opportunities listed earlier to foster demand for evidence-based health decision-making will also contribute to use of HRT data. Similarly, greater use of health expenditure data to make impactful health decisions increases future demand for HRT data. Below are other challenges and opportunities related to the use of HRT (Figure 3).

Remaining challenges

- Insufficient in-country technical capacity to conduct targeted analyses to answer key health policy questions.
- Technical capacity to translate health spending data into user-friendly information that communicates the findings that can be used by policymakers.
- Shortage of examples of successful HRT data use from which policymakers can draw.
- Health system leaders do not know how to use HRT data.

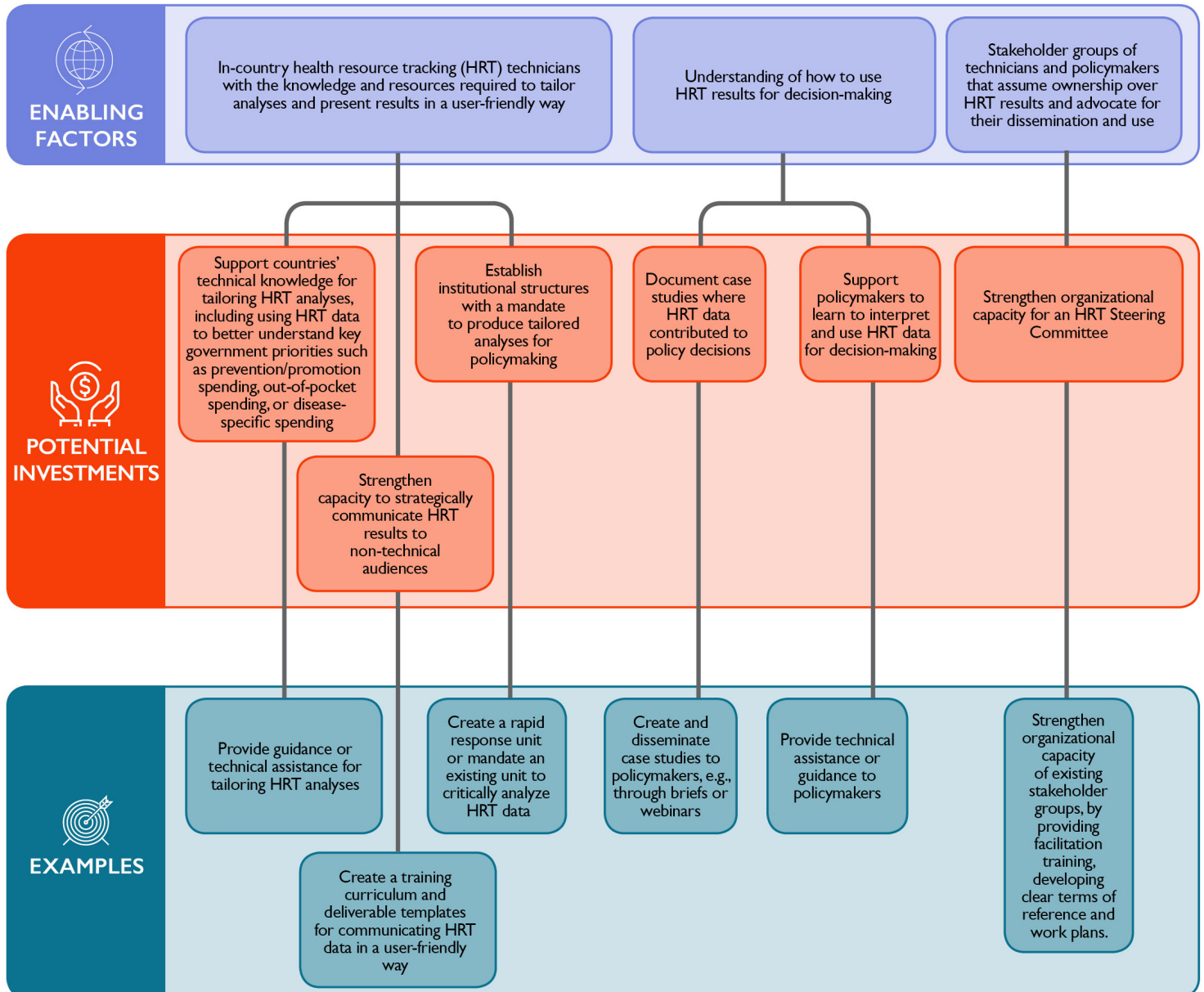
Meeting the challenges of USE

- Build in-country HRT technicians' capacity to conduct tailored health financing analyses and produce findings most relevant to the policymakers' priority issues and questions.
- Strengthen in-country HRT technicians' ability to strategically and effectively communicate HRT results widely, including to non-technical audiences, to enable a broader range of stakeholders to interpret and use HRT data. In addition, strengthen the capacity of other communicators, such as the media, to accurately report HRT results.
- Establish institutional structures with a mandate to produce tailored results for policymaking, such as a rapid response unit that was established in Burkina Faso to use HRT data to analyze questions from policymakers in real time.⁴
- Support case-study learning by documenting and sharing examples of countries' successful use of HRT results for policymaking so stakeholders understand ways that HRT has been used for decision-making.
- Provide technical assistance to policymakers on how to interpret and use HRT data for evidence-based decision-making.
- Strengthen the capacity of stakeholder groups of technicians and policymakers who use the HRT results for their work, for example health financing or other existing technical steering committees.

⁴ Zida, Andre, John N. Lavis, Nelson K. Sewankambo, Bocar Kouyate, Salimata Ouredraogo. 2018. *Evaluating the Process and Extent of Institutionalization: A Case Study of a Rapid Response Unit for Health Policy in Burkina Faso*. International Journal of Health Policy and Management. January 2018.

Figure 3: Enabling Factors and Potential Investments for Use

INCREASING **USE** OF HEALTH RESOURCE TRACKING DATA



CONCLUSION

Countries and development partners are committed to the laudable objective of institutionalizing HRT and much progress has been achieved. Accelerating the process requires strengthening the demand for, production of, and use of health spending data for decision-making.

This brief has shared HFG's observations about the remaining challenges facing HRT institutionalization and recommended investments that go beyond narrow steps to increase technical capacity for production. New areas for donor attention include investments in countries' underlying data systems, promoting routine data collection, and building a culture of evidence-based decisions. This requires working closely with a wider group of stakeholders, such as national statistics institutes, health information systems experts, public financial management information systems staff in ministries of finance, and civil society leaders in health.

Ultimately, investments from development partners must be based on individual countries' needs. HFG hopes that the options provided in this brief encourage and inform investments on "non-traditional" RT investments, and that are tailored to the country context.



About HFG

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. To learn more, please visit www.hfgproject.org.

The HFG project is a six-year (2012-2018), \$209 million global project funded by the U.S. Agency for International Development. The HFG project is led by Abt Associates Inc. in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

Recommended Citation

Rosen, Rachel, Karishmah Bhuwanea, and Catherine Connor. September 2018. *Investing in Health Resource Tracking Institutionalization*. Rockville, Maryland: Health Finance and Governance Project, Abt Associates.



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September 2018