

National AIDS Accounts Peer Review



Technical issues for future development of NAAs

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Issues

- Global and local needs for substantial expansion in national estimates of resource flows
 - Current global coverage limited
- Large variations in country capacity to compile estimates
 - Limited capacity in most, with capacity for sustained NHAs in less than 30 countries (none in Africa)
- Need for comparability in international reporting of country resource flows
 - Comparability in scope, boundaries, classifications
 - Comparability in methods (e.g., private spending, disbursements vs. commitments)



Achieving comparability

- Need to respect variations in requirements for NAAs:
 - National requirements will differ and should be respected
 - Stakeholder requirements will differ (e.g., program managers vs. finance ministries vs. global fund managers)
 - National capacity to compile estimates will differ - not all will be capable of supporting NHAs
- At the same time, produce data which can be comparable across time and countries
 - Need for dual-reporting strategy (e.g., health accounts in USA, Japan, Bangladesh, etc)
 - Need to foster incremental improvement and harmonization of methods



Recommendations (1)

- Develop consensus tables/classification for international reporting of AIDS expenditures
 - Resource Tracking Consortium/UNAIDS to coordinate - with inputs from key stakeholders in all regions
 - Map health expenditures to OECD SHA classification system, but differ in nomenclature, ordering, grouping and in scope
 - But include non-health expenditures
 - Clear, operationalizable definitions, with guidance on alternatives in particular settings
 - Linkage to OECD should be invisible to non-NHA users



Mapping of classifications

■ OECD SHA Categories

- A1
- A2
- A3

- B1
- B2
- B3
- B4

■ UNAIDS Categories

- Health category 1
- Health category 2
- Health category 3

- Non-health category 1
- Non-health category 2
- Non-health category 3

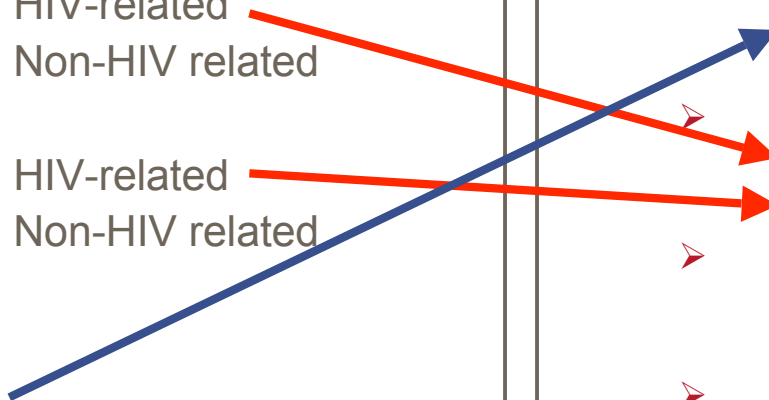
Mapping of classifications

■ OECD SHA Categories

- A1
 - HIV-related
 - Non-HIV related
- A2
 - HIV-related
 - Non-HIV related
- A3
- B1
- B2
- B3
- B4

■ UNAIDS Categories

- Health category 1
- Health category 2
- Health category 3
- Non-health category 1
- Non-health category 2
- Non-health category 3





Recommendations (2)

- UNAIDS reporting scheme to be applied differentially - Three-track strategy with support appropriate for each
 - Countries with NHA could use dual coding strategies to implement with full cross-walk
 - Countries with no NHA but some capacity would estimate UNAIDS categories for both public and private spending
 - Countries with no NHA and limited capacity would estimate UNAIDS categories for public expenditure only



Recommendations (3)

- Recognise futility of single correct solutions
 - Encourage transparency and support continuous improvement in estimation methods through fostering sharing of experience (e.g., OECD, Asia-Pacific regions)
 - Work through regionally-specific solutions/networks (Latin America, Africa, Asia)
 - Emphasise peer-to-peer learning