

Appendix

Questionnaire:

NAME OF COUNTRY.....

PART ONE

1. What is the health accounting methodology used? (SHA 1.0/SHA 2011/SHA 2011 with disease/any other)

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2. When was the last NHA exercise done? |_|_|_|_|
 - a. Approximately how much time does it take for the production and dissemination of results of HA? |_|_| months
 - b. Approximately how much time does it take for analysis and use of HA? |_|_| months
3. How many NHA exercises have been done so far? |_|_|
4. How many years of NHA data are available? (SHA 1.0/SHA 2011/SHA 2011 with disease/any other) |_|_|
5. Who paid the cost of the last NHA?
 - a. Government |_|
 - b. Development partner or donor |_|
 - c. Part government part donor |_|
 - i. If the government met the cost fully or in part, was it provided through governmental budget? How much and what proportion of total cost?

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6. Were any other sources of support provided for the production of HA?

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7. What is the total number of staff that worked on the last NHA? How long have they been working?
 - a. Number of full-time staff |_|_|
 - b. Number of full-year part-time staff |_|_|
 - c. Number of part-year part-time staff |_|_|
 - d. Number of full-time consultants |_|_|
 - e. Number of part-time consultants |_|_|
8. What is the institute or department of staff (the team of NHA)

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9. Has the most current NHA helped you identify any need for additional spending on health and the potential fiscal space areas that could help meet this identified need? (Ask to elaborate more in strengths or weakness section)

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PART TWO

STRENGTHS/SUCCESSSES:

1. To what do you attribute the successes in the production of HA?
 - a. How does your government’s commitment to the production of NHA play a part in the success?

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 - b. Was the NHA activity institutionalized?

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 - c. How are data efficiently collected?

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d. Have you standardized the method for data collection, reporting and analysis?

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How data from household surveys are used, e.g., is adjustment made for possible underestimation of PHE?

e. Can you elaborate on how financial resources or other support helped implement your NHA?

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f. How were NHA results successfully translated into reports that met your country’s policy goals?

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g. Did the NHA finding affect the policy-makers’ decision? If yes, how?

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h. Does the NHA team have access to microdata of household survey?

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WEAKNESSES/CHALLENGES:

2. What were some challenges that you faced in the production of HA?

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a. How do you make sure the data collected are effectively disseminated and translated?

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b. Has there ever been a reason why data collection for NHA was problematic?

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3. Has your country been having any difficulties in using HAPT?

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4. What is the top health sector weakness according to your most recent HA?

a. What do you think can contribute to resolving this weakness?

i. More commitment from the government.....

ii. More funding

iii. Better institutionalization of staff.....

5. Does the capacity building on how to implement NHA as a source of information used on a daily basis a challenge in your country?

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6. Have there been any recent sociocultural or socioeconomic changes that could have potentially affected the latest NHA data?

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7. How did your department coordinate and collaborate to produce primary and secondary data?

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OPPORTUNITIES:

8. What opportunities has the production of NHA been able to provide to the country?

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9. Are there any current trends that you feel could affect the country’s HA? (Could be either threat or opportunity)

a. (If opportunity) What specifically may benefit as a result: demand and use, production, dissemination, or translation of data?

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b. (If threat) In what way does this concern you about the future of your country’s NHA?

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10. Are there any new technologies that you would like to implement in the future, but are currently unable to do so?

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11. Do you think data found about generational shifts could affect future NHA? (Could be threat or opportunity depending on answer)
- a. In what way?
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THREATS:

12. What are some of the threats that the production of NHA have brought to the government’s attention?
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13. Is there anything specific that could be a risk to your country’s sustainability of NHA?
- a. In what way will this affect how it is translated into policy?
-
- b. Will it affect future data collection?
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PRIORITIES:

- From your recent NHA, what did you find to be priorities that needed to be addressed?
- c. How is your country is dealing with this or plans to do so if not already?
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- d. If it is something that has not been able to be addressed, why?
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Is there anything else that you would like to add about the successes or challenges of HA your country has faced thus far?

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Appendix Table 1 Challenges regarding health accounts production

Challenges	Turnover	Data collection	Quality of data	SHA 2011 or HAPT	Lack of funding or government commitment	Political or geographical problems
Countries	Afghanistan, Djibouti, Iraq, Lebanon, Saudi Arabia, Sudan, UAE, Yemen	Afghanistan, Bahrain, Djibouti, Egypt, Lebanon, Palestine, Saudi Arabia, Yemen	Bahrain, Djibouti, Palestine, Saudi Arabia, Yemen	Afghanistan, Djibouti, Jordan, Iran, Morocco, Pakistan, Saudi Arabia	Afghanistan, Libya, Somalia, Sudan, Syria, Yemen	Jordan, Libya, Palestine, Somalia, Syria

SHA = System of Health Accounts; HAPT = Health Accounts Production Tool; UAE = United Arab Emirates.

Appendix Table 2 Health accounts funding in World Health Organization Eastern Mediterranean Region

	AFG	BAH	DJI	EGY	IRA	IRQ	JOR	LEB	LIY
Responsible institution	MOH	MOH	MOH	MOH	MOH	MOH	High Health Council	MOH	MOH
Funding source	MOH, Donors	Govt budget	Govt budget, Donors	MOH	MOH	Govt budget	Govt budget	Govt budget, Donors	Govt budget
	MOR	OMA	PAK	PSE	SAA	SUD	SYR	TUN	UAE
Responsible institution	MOH	MOH	PBS	PCBS	Supreme Council	MOH	MOH	MOH	MOH
Funding source	MOH, WHO	Govt budget	Govt budget	Govt budget, Donors	Govt budget	Govt budget, Donors	Govt budget, Donors	Govt budget	Govt budget

AFG = Afghanistan; BAH = Bahrain; DJI = Djibouti; EGY = Egypt; IRA = Islamic Republic of Iran; JOR = Jordan; LEB = Lebanon; MOR = Morocco; OMA = Oman; PAK = Pakistan; PSE = Palestine; SAA = Saudi Arabia; SUD = Sudan; SYR = Syrian Arab Republic; TUN = Tunisia; MOH = Ministry of health; PBS = Pakistan Bureau of Statistics; PCBS = Palestine Central Bureau of Statistics; WHO = World Health Organization.

List of countries that attended Regional Health Account Training Workshop: Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, Palestine, Saudi Arabia