



Guide to Writing Advocacy Briefs for Harmonized Resource Tracking

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This document provides guidance on developing advocacy briefs for the harmonization of the System of Health Accounts (SHA) and National AIDS Spending Assessment (NASA) resource tracking methodologies into one combined exercise. It aims to summarize key challenges to country resource tracking efforts and presents recommendations to a non-specialized audience to be equipped to advocate effectively for the use of a harmonized SHA and NASA resource tracking approach.

The guide gives orientation on key steps for developing advocacy briefs on the harmonized resource tracking (HRT) approach. One can tailor this guidance to targeted countries or to facilitate discussions on the HRT approach across different countries. Key steps for developing the HRT approach advocacy brief include:

Step 1: Define the audience

It is important to customize your message to the specific audience that you are trying to reach with the advocacy brief. Therefore, it is critical to clearly define who you are trying to reach before writing the advocacy brief. The purpose of an advocacy brief on the harmonization of SHA and NASA resource tracking methodologies is to recommend the use of a harmonized approach. Therefore, the audiences of such briefs would typically include technical resource tracking teams or decision-makers who do not have a resource tracking technical background.

It is important to identify the motivations and areas of interest of the audience and present the evidence in a way that provides answers to these factors. An HRT advocacy brief should consider the specific country context and the challenges of the specific audience, and accordingly propose solutions and recommendations.

Step 2: Understand the audience's perspective to customize the message

In order to effectively reach the audience and influence their decision-making, it is vital you customize your message to the audience and responds to their perspective or concerns. It is also important to note that there is no “one-size-fits-all” solution to HRT. Various degrees of harmonization can be adopted, which need to be informed by the country context and the prioritization of the needs of all stakeholders.

Some factors to consider in ensuring effective communication include:

Adapt the language to the audience: The message must be communicated to the audience in an understandable language. If the audience does not have a technical background, use layman’s terminology. Conversely, a technical audience will be familiar with the technical terms and is likely to better understand messages that are communicated using technical terminology.

Be concise and to the point: Target audiences often do not have the time to read lengthy cumbersome reports. Therefore, it is important to communicate the message in a concise manner.

Use illustrations where possible: People often absorb visuals better than written text, which means that illustrations can be a very effective method of communication. They also often allow various aspects to be presented in one simple image, which supports efforts towards concise communication.

Provide relevant evidence: Information conveyed in advocacy briefs needs to be reliable and fact-based to feed into effective evidence-based decisions.

Step 3: Disseminate

To be effective, the advocacy brief must reach the audience, pique their interest, and provide relevant evidence of the HRT approach’s utility and application. Assess the preferred communication medium of the audience and disseminate the advocacy brief accordingly to ensure maximum exposure.

Challenge/Motivation	Approach Options & Considerations
High costs of dual SHA and NASA data collection are excessive	Combine the data needs by using consolidated questionnaires to collect health and HIV expenditure data simultaneously to reduce the cost of data collection (note additional effort will be needed for the NASA HIV non-health actors)
Poor response rates due to survey fatigue amongst respondents	Combine the data collection efforts by using consolidated questionnaires to collect health and HIV expenditure data simultaneously so that respondents only need to complete one questionnaire or participate in a single survey rather than multiple surveys gathering similar data
Limited capacity to conduct multiple resource tracking exercises	All steps of resource tracking are combined; from planning, data collection, mapping, capturing and cleaning to analysis; so as to limit duplication of efforts and maximize human resource utilization – noting that this requires adequately skilled personnel in both SHA and NASA methods
Pressing need for detailed HIV expenditure data to reflect the multisectoral national response	Data collection efforts and tools can be combined with focused efforts on ensuring that they are adapted to allow for HIV data to be collected and coded according to the NASA categories, with adequate disaggregation to the necessary level of detail. The resource tracking team must have both SHA and NASA expertise to ensure correct application of both frameworks and classifications
Untimely HIV expenditure data	Perform joint data collection and cleaning but analyze data separately so that finalizing the SHA findings does not delay the dissemination of the NASA findings due to the larger SHA data volumes. Caution should be exercised as separate analyses may lead to discrepancies between SHA and NASA HIV totals if changes are made to datasets after the finalization of NASA data
Variations between the estimates of health-related HIV expenditures between the SHA and NASA	All steps of resource tracking are combined from planning, data collection, cleaning, mapping, capturing and analysis to ensure consistency in the health-related HIV spending estimates. Management of one single dataset for both the SHA and NASA data limits variation between the HIV <i>health</i> estimates



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