GLOBAL FINANCING FACILITY

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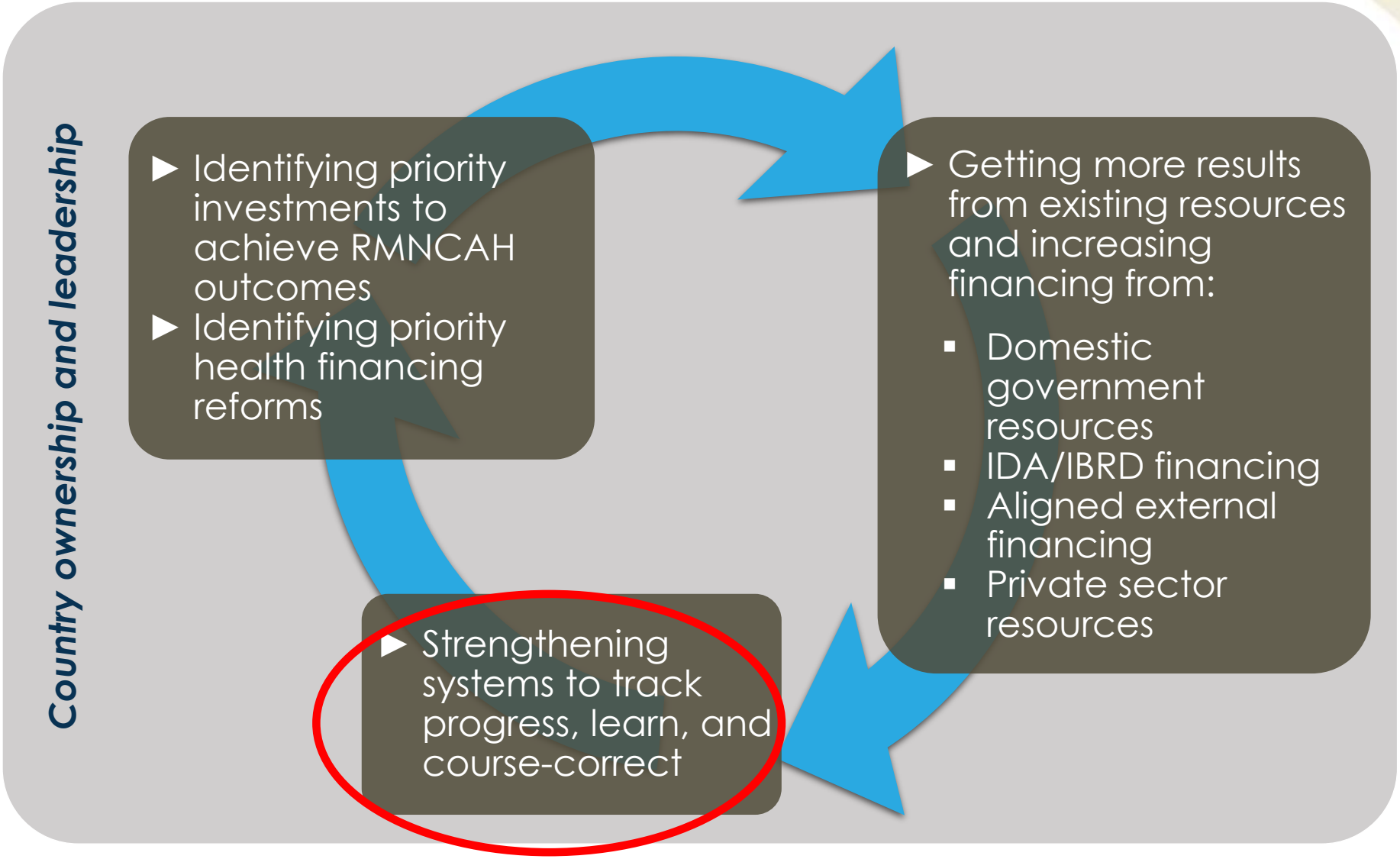
Monitoring the Funding Flow of Investment case (IC)

Making sure government and donor funding follow the IC priorities

GFF supports countries to get on a trajectory to reach the SDGs and UHC through three related approaches



Objectives of Session

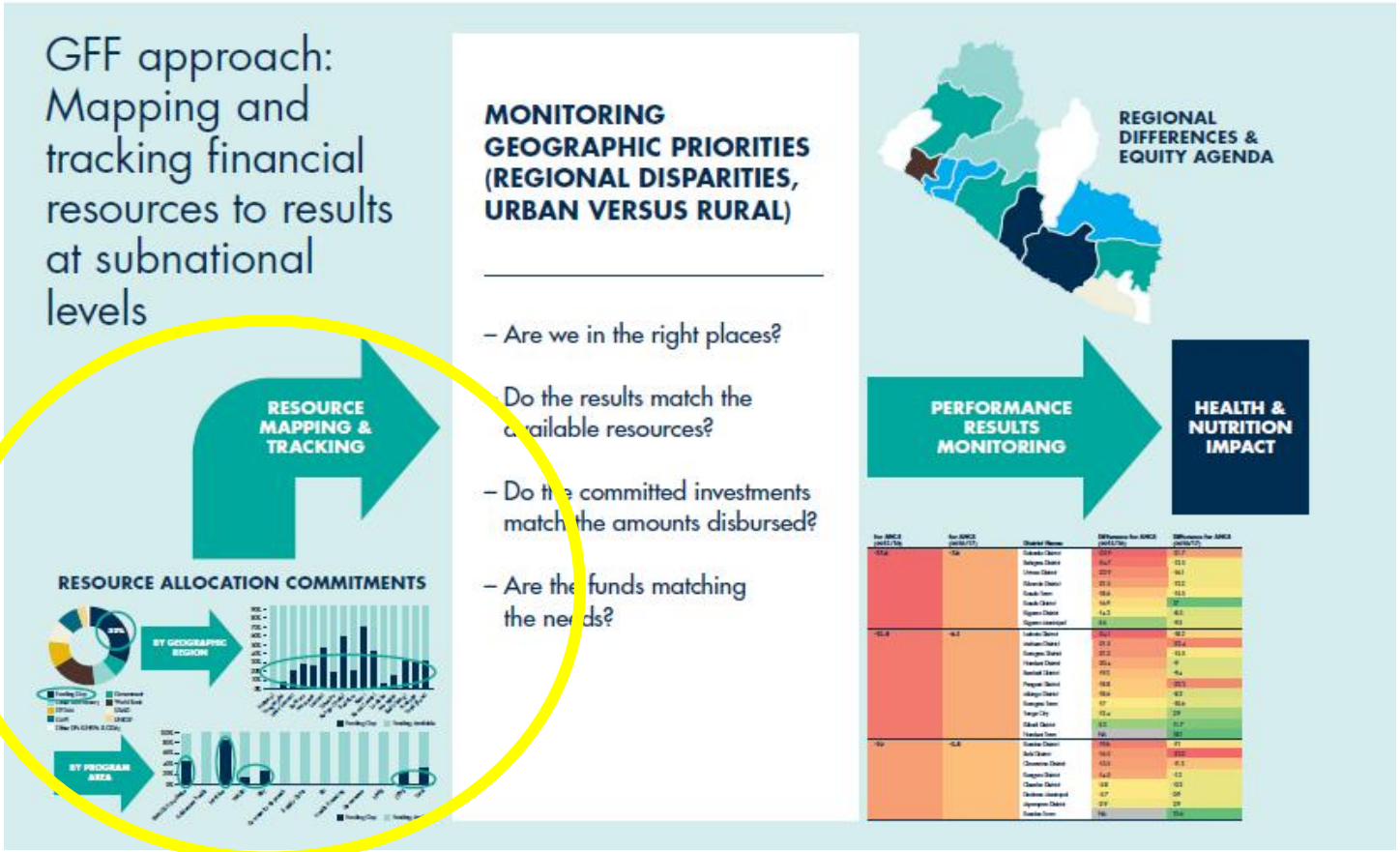
1. To understand what monitoring the funding flows of the Investment Case (IC) means

2. To understand what resource mapping and tracking are and how they can help GFF platforms monitor the implementation of the IC or National Health Strategy (NHS)

3. To understand the data needs and tools to conduct resource mapping and tracking exercises and their challenges

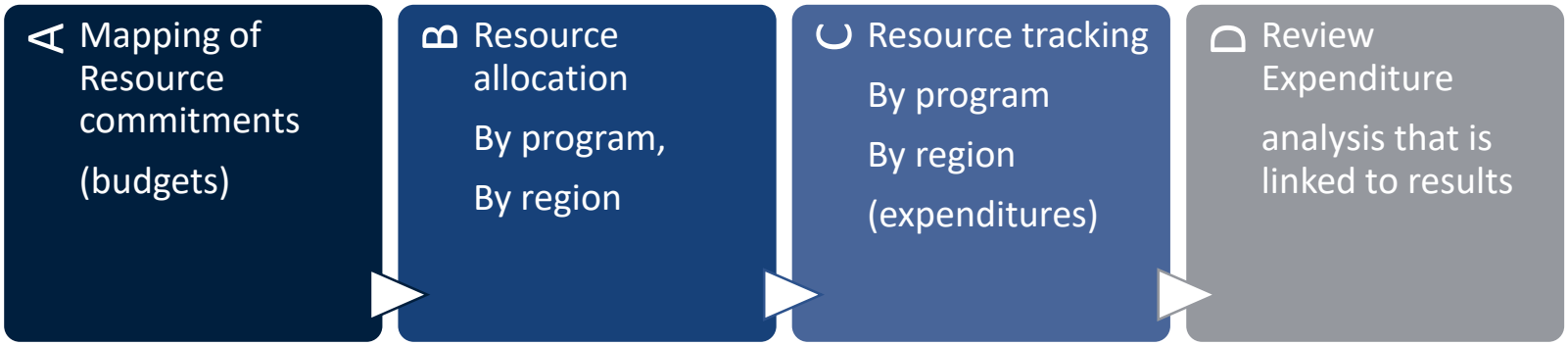
4. To understand what global public good for resource mapping and tracking the GFF is after and potential next steps for GFF countries

This presentation is about a deep dive into monitoring the funding flow of IC: If no money for IC → No Implementation → No results



Monitoring the funding flow of IC and beyond

Platforms:



Subnational data

Definitions that work for all 4 steps

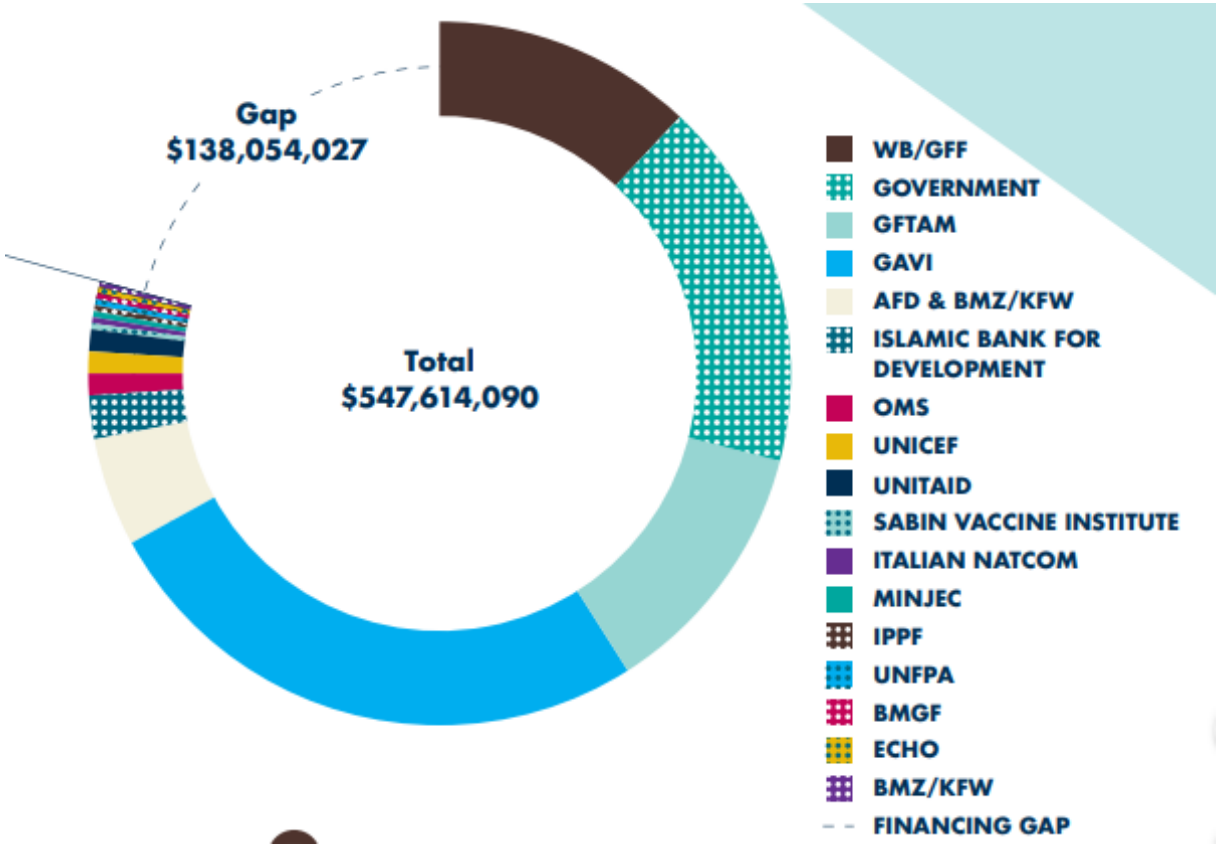
Analysis and use at different layers of the system

Monitor the implementation of the IC from a funding prospective but also:

- Programmatic Efficiency
- Allocative & Technical Efficiency

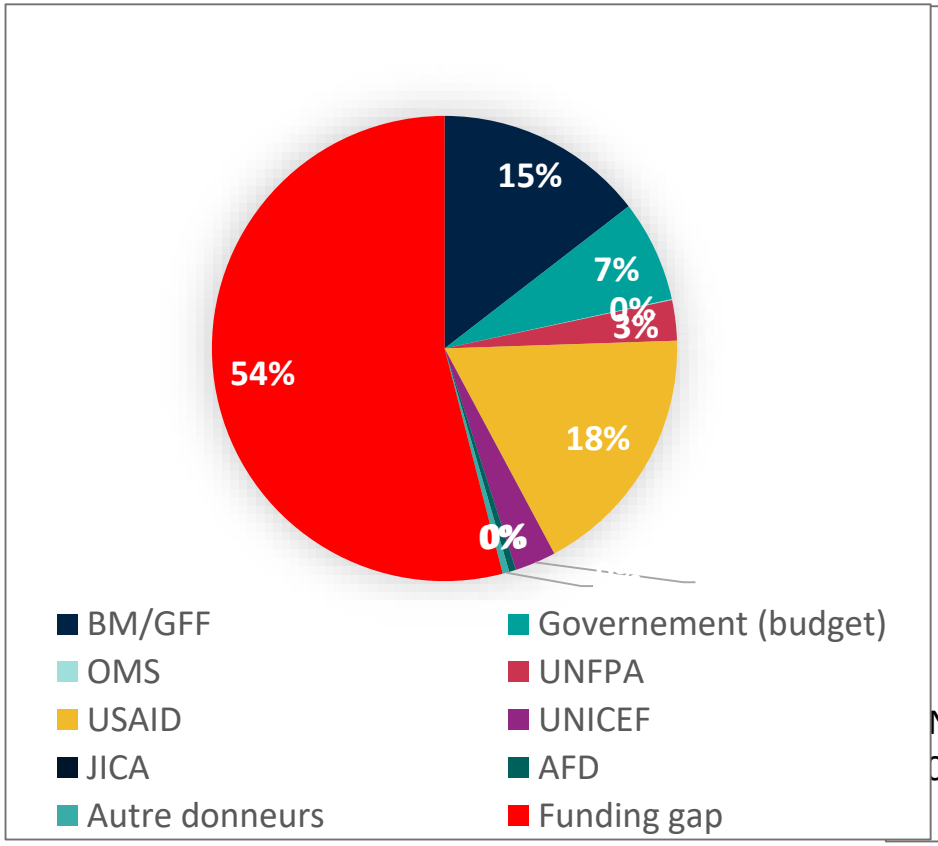
A. Examples of Resource Mapping Results in GFF countries

High level Resource mapping in Cameroon: who does finance what ?

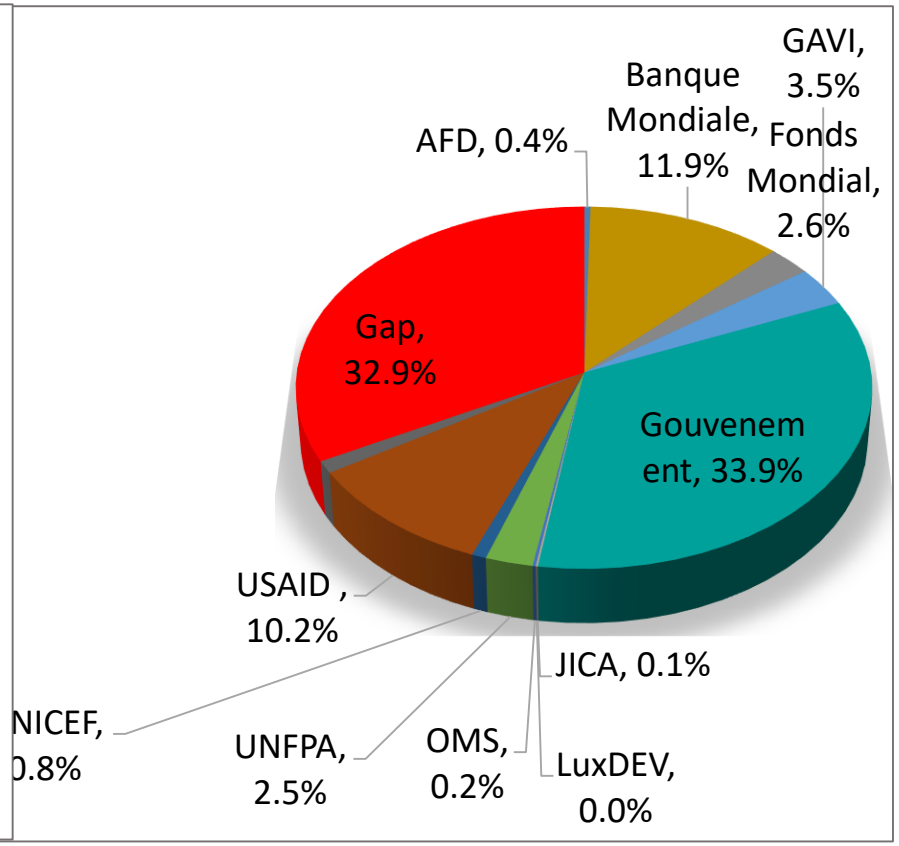


The Resource Mapping (RM) helped the Senegal GFF platform prioritizing further their IC

- Initial Resource Mapping showing Donor and Gov Commitment to the IC in Senegal– Huge Funding Gap

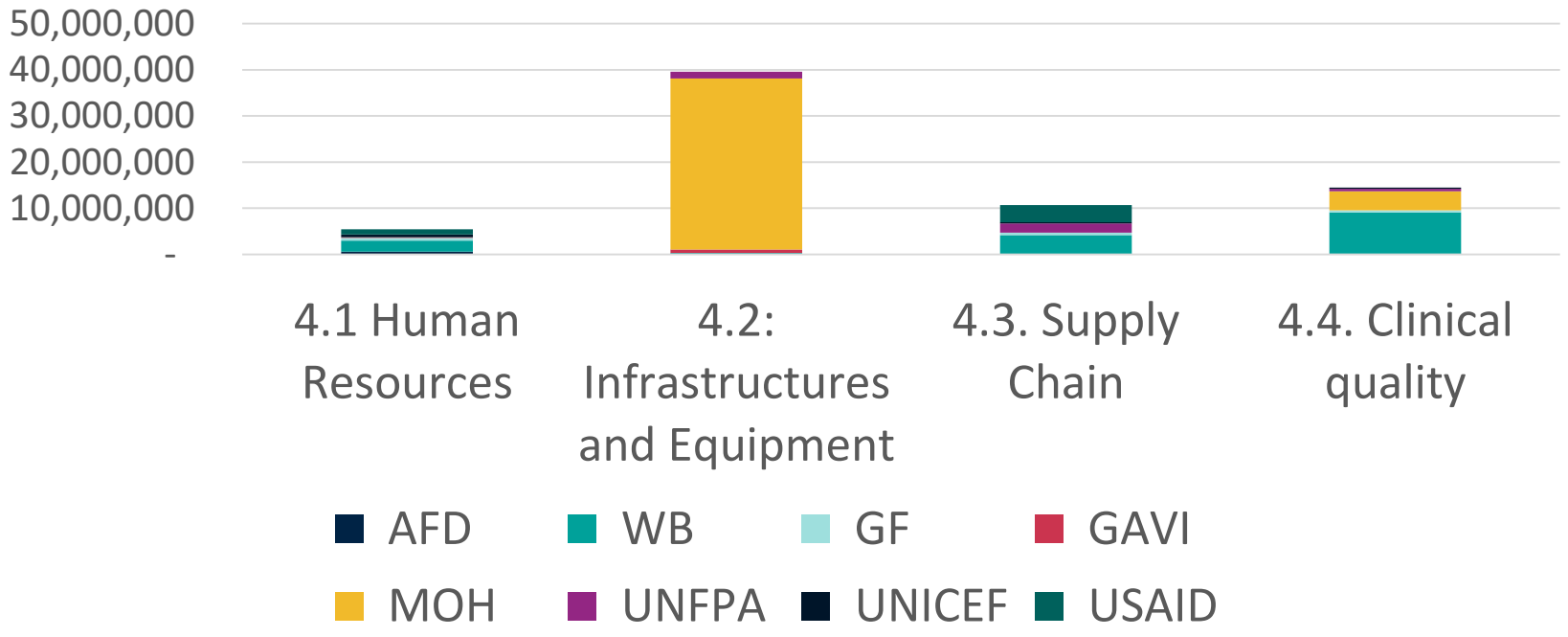


- Final Resource Mapping showing increased Donor and Gov Commitment of the IC in Senegal – Gap reduced



The RM also helped the Senegal GFF platform understand who does and funds what by IC priority

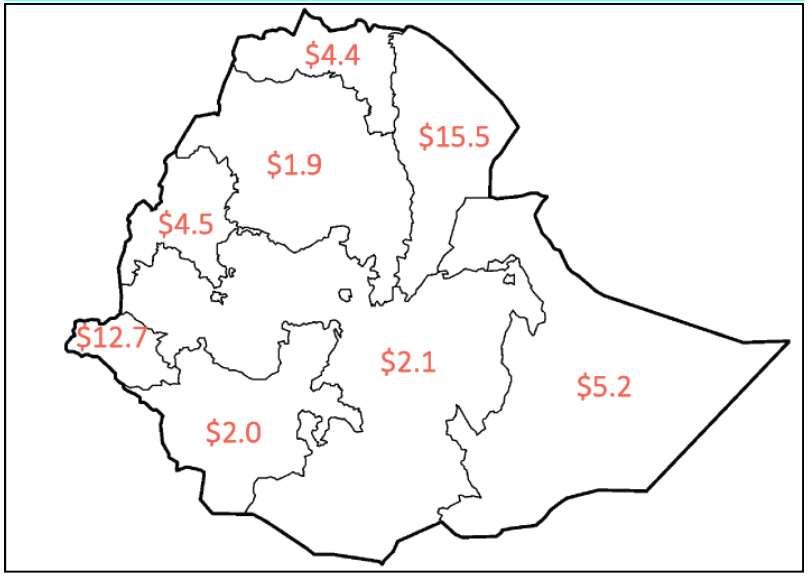
Fig. 1 External and Domestic Funding of Priority 4 (Strengthening Supply) of the Senegal IC



B. Examples of Resource Allocation

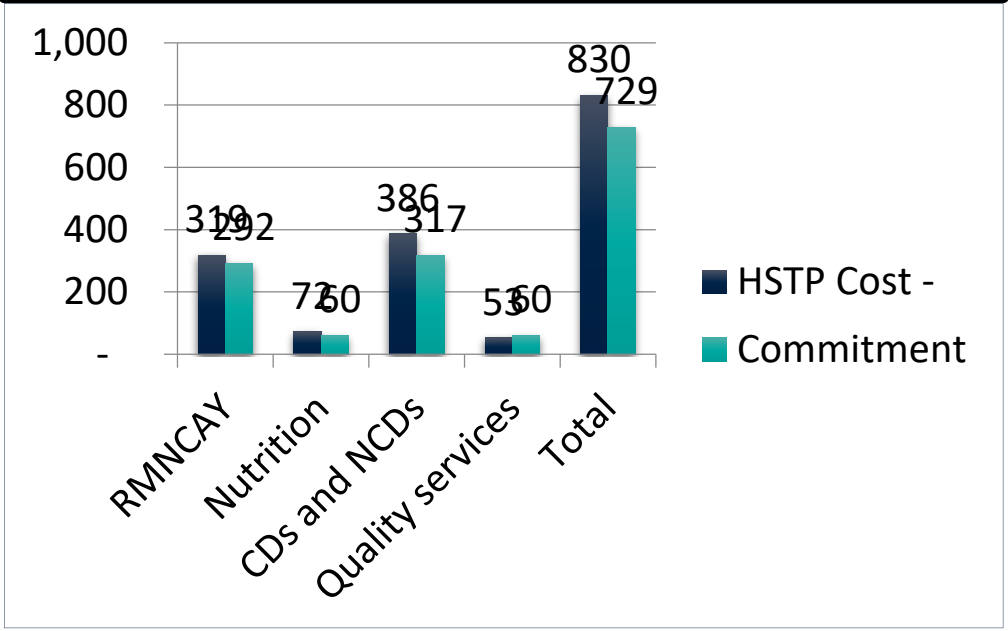
The RM in Ethiopia assisted the annual planning process of the Health System Transformation Plan and is a tool to allocate resources in a more efficient way

Per capita donor support across regions (EFY 2017/18 commitment)

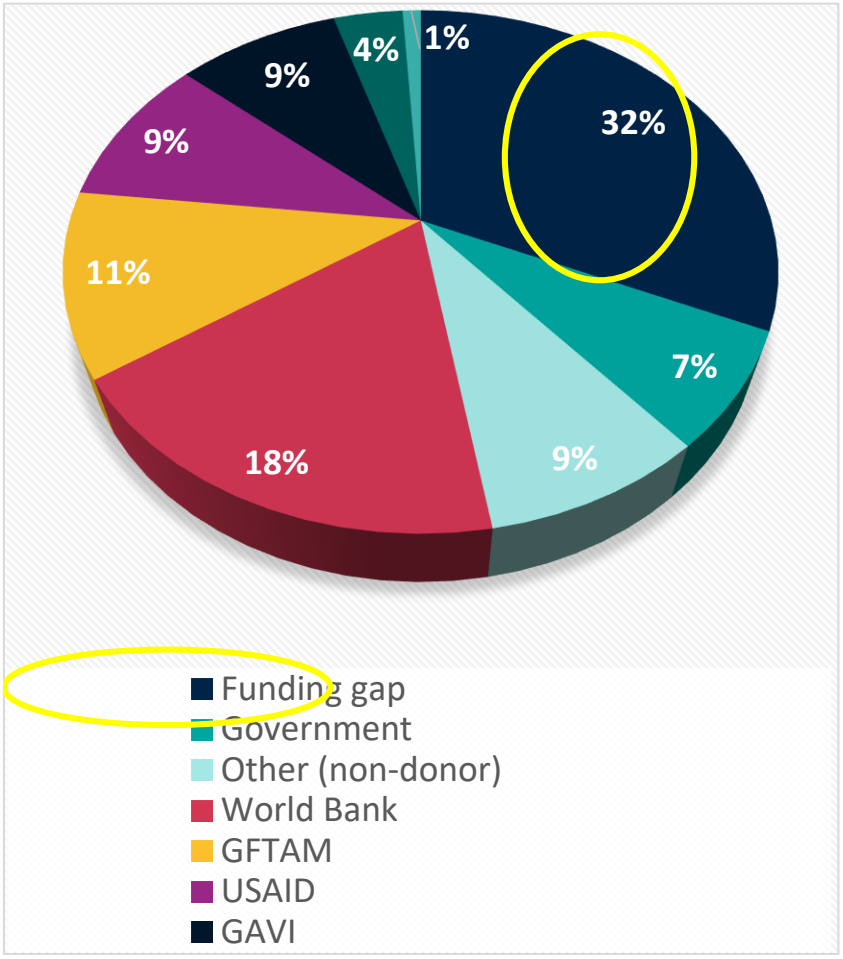


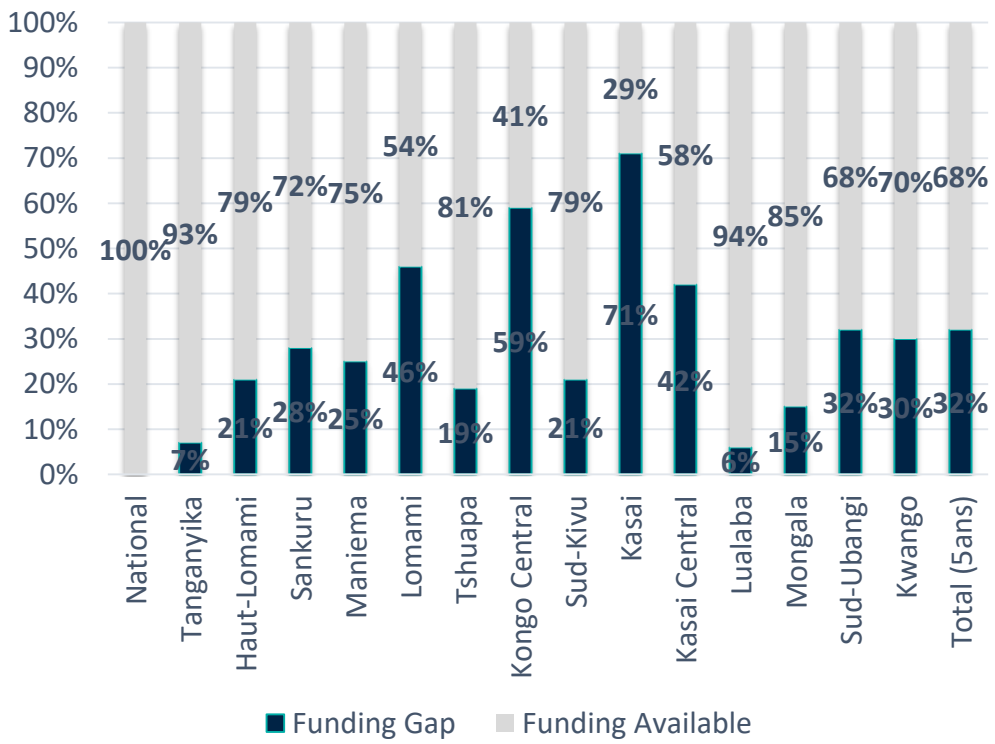
Emerging regional states (Somali, Afar, Gambela) are receiving the highest per capita. Amhara, Oromia and SNNPR are receiving the least per capita.

HSTP 2018/19 cost for priority initiatives under the strategic objective: Improve Equitable Access to Quality Health Services is almost fully committed



The resource mapping was used to ensure better planning at geographical levels in DRC

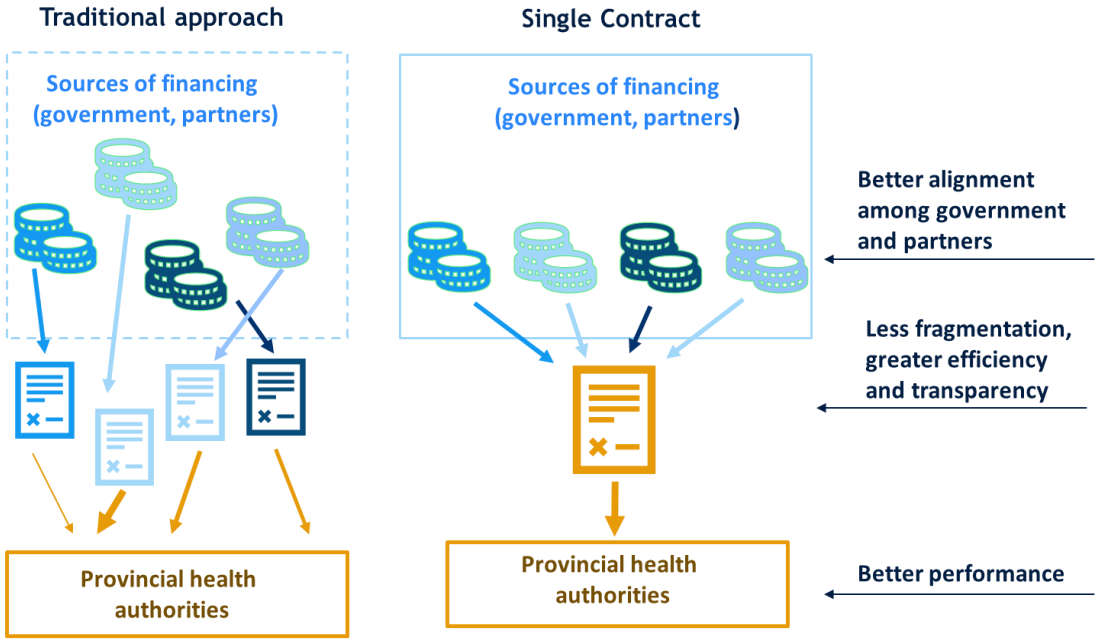




C. Examples of Resource Tracking Results in GFF countries

Tracking implementation of the RMNCAH Package and HSS Priorities in DRC through the Single Contract

- Contract between the Ministry of Health at the provincial level, the provincial health authority and DPs.
- Objectives: Pool virtually financial resources to support ONE integrated provincial health action plan to ensure proper implementation and monitoring of the RMNCAH-N package



Sud Kivu: improvements in work plan execution from 54% to 68% in 2017
Sub Ubangi: 47% of commitments disbursed
Mai Ndombe: 62% of commitments disbursed

This tool provides a clear picture on which activities are not implemented, some of them because of delay in disbursement of government and donors funding

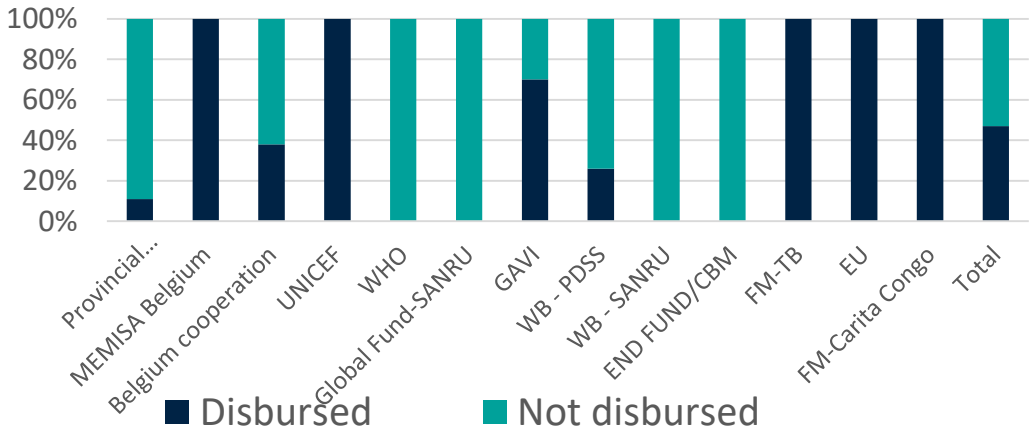
Level of achievement of the activities of the 3rd quarter 2017 work plan in South Ubangi (N=49)

Domain	Activities Performed	Activities non-performed	Activities in process
Planning	6	3	0
Management of Health Zones	9	7	4
Financial Management	1	0	4
Inspection Controle	2	1	0
HMIS and research	4	1	0
Hygiene and Public Health	2	2	0
Human Resources	2	1	0
Total	26	15	8
Execution rate	53%	31%	16%

Why only 53% of the 49 activities are performed in South Ubangi:
Because of delay in disbursing funding on some activities:

- Training on GPS and M&E at Provincial level (WB)
- Delay in organizing training on HMIS and Data use (GF)
- Inventory in medicines and equipment (Government)
- Organized national days against polio (WHO)
- However various causes on low disbursement (disease outbreak, political instability, bottlenecks in financial mgment and procurement process)

Evaluation of Budget Execution of Gov and DP on the 49 activities in South Ubangi



In the absence of "dollar value" at activity level, Activity Mapping per activity in IC regions can help countries determine gaps

Priority Investment Area II: Adolescent Health

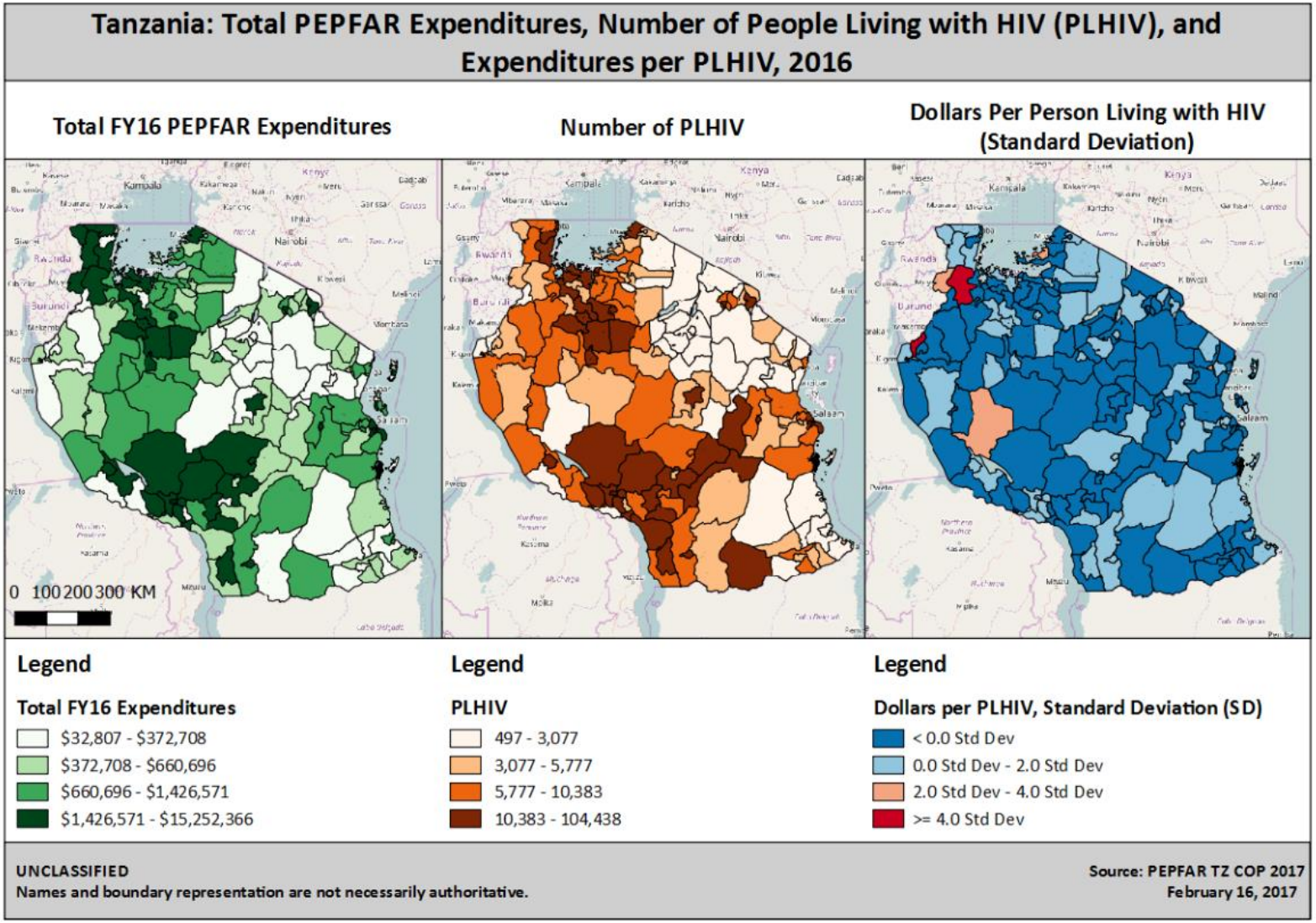
Detailed activity tracking shows existing gap for specific activity under each sub-priority of the IC, by region

Intervention	Gbarpolu	Grand Bassa	River Gee	Rivercess	Sinoe	Grand Kru	Nationwide
ASRH Laws & Policies							
Availability/Access of ASRH at facilities	CHAI	CHAI; GFF/WB	CHAI	CHAI	CHAI	CHAI	
Availability/Access of ASRH through outreach							
Availability/Access of ASRH in community							
"In school" ASRH Education		GFF/WB					
"Out of school" ASRH Education	CHAI	GFF/WB	CHAI	CHAI	CHAI	CHAI	
Reduce unsafe abortion	CHAI	CHAI	CHAI	CHAI	CHAI	CHAI	
Reduce GBV		USAID MCSP					
Reduce early pregnancies	CHAI	CHAI	CHAI	CHAI	CHAI	CHAI	

Gap Partial gap No gap

D. Review Expenditure And analysis that is linked to results

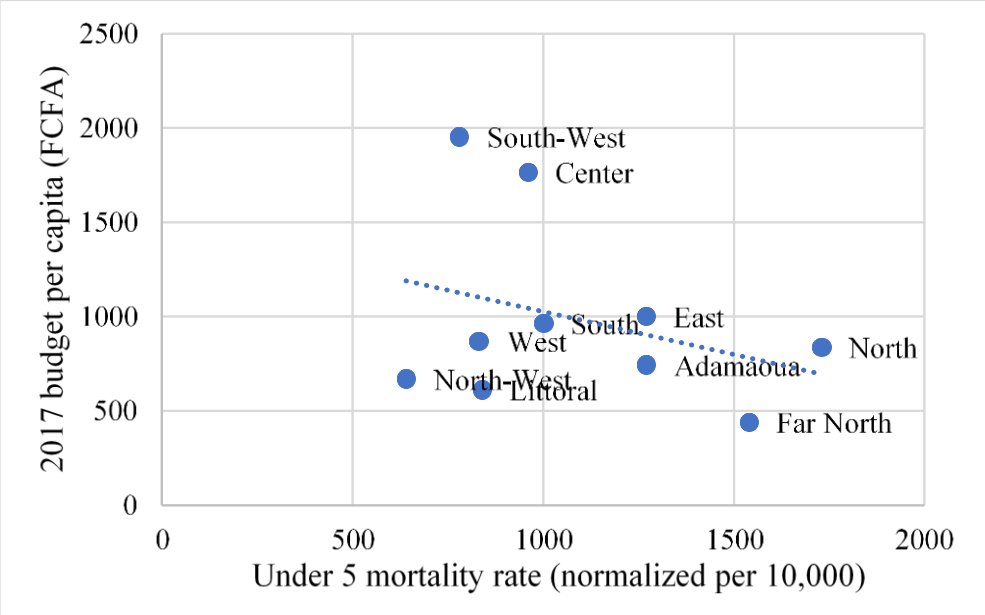
In Tanzania, routine HIV/AIDS expenditure generated by PEPFAR monitors whether external funding (PEPFAR) is efficient and reaches its targets!



In Cameroon, the PER highlighted a disconnect between public expenditure allocation and health needs at regional level that is addressed by the IC targeting the poorest regions

Before the IC, Regions with the highest incidence of under-five mortality—the North, Far North, East, and Adamaoua Regions—received the lowest budget allocations per capita.

Figure 1: Per Capita Public Health Spending (2017) and Under-Five Mortality Rates by Region (2014)



Source: Budget 2017, MICS 2014 WB, PER, 2018

The GFF platform would need to conduct similar analysis **now that the IC is being implemented** to assess whether the government has spent more on prioritized regions of the IC.

4. Data needs and tools

Ideal Data Need to monitor the implementation of the IC/NHS from a funding perspective

The IC or Prioritized National Health Strategy is implemented

Resource Mapping

- Commitments are tracked in pre-defined categories that map to health sector priorities
- Sufficient detail to monitor IC objectives
- Routine collection with sufficient frequency
- Data disaggregated sub-nationally and by program area and/or intended beneficiaries

Resource Tracking

- Expenditures are tracked in pre-defined categories that map To health sector priorities
- Sufficient detail to monitor budget execution toward IC objectives
- Routine collection with sufficient Frequency
- Disaggregated sub-nationally And by program areas
- Linked to results

Expenditure Review

- Account for actual expenditures towards objectives
- **Calculate total financial cost per result (where possible)**
- **Assess variance and efficiency across units and adaptively manage**
- **Have empirical inputs to budgeting and projections for future cycle**

Existing RM/RT tools to monitor implementation of the IC/NHS

	Existing Tools	Data Source/Needs
RM/tracking for the IC	• **Most GFF countries have developed their own resource mapping and tracking tool of IC/NHS** • Excel based matrix • with support from IP (e.g. CHAI)	• **Specific data collection tool developed relying on budge/exp. data from donors and gov** • **Sometime use of the routine gov. financing information system – IFMIS** or **Program Budgeting**
Other specific resource tracking tools	1) NHA 2) Donors funded resource tracking tools: NIT (USAID-Nutrition) NASA (ONUSIDA), PROMIS (USAID), EPICORP (GAVI, GF)	1. **NHA:** Retrospective survey of expenditures by standardized classification 2. **Other donors tools**: specific data collection system for diseases and programs, going down to service delivery unit cost

Challenges in Data Need and Conducting Resource Mapping and Tracking of IC or National Health Strategy

- **Government Side**
  - Difficulty to identify IC priorities in MOH budget
  - This difficulty comes from the fact that not all countries have program budget / functional IFMIS
  - Issue of transparency in sharing the budget and expenditure data
  - No clear budget information by activity at decentralized level
- **Donor side**
  - Delay with transmission of information and issue of transparency in sharing financial data
  - Difficult to match donors budget with IC priorities because different budget formats
  - RM/RT tool → can be cumbersome to fill-out
  - Limited information by donor on activity level → need to consult IP → time

5. Looking for a comprehensive Resource Mapping and Tracking (Global Public Good)

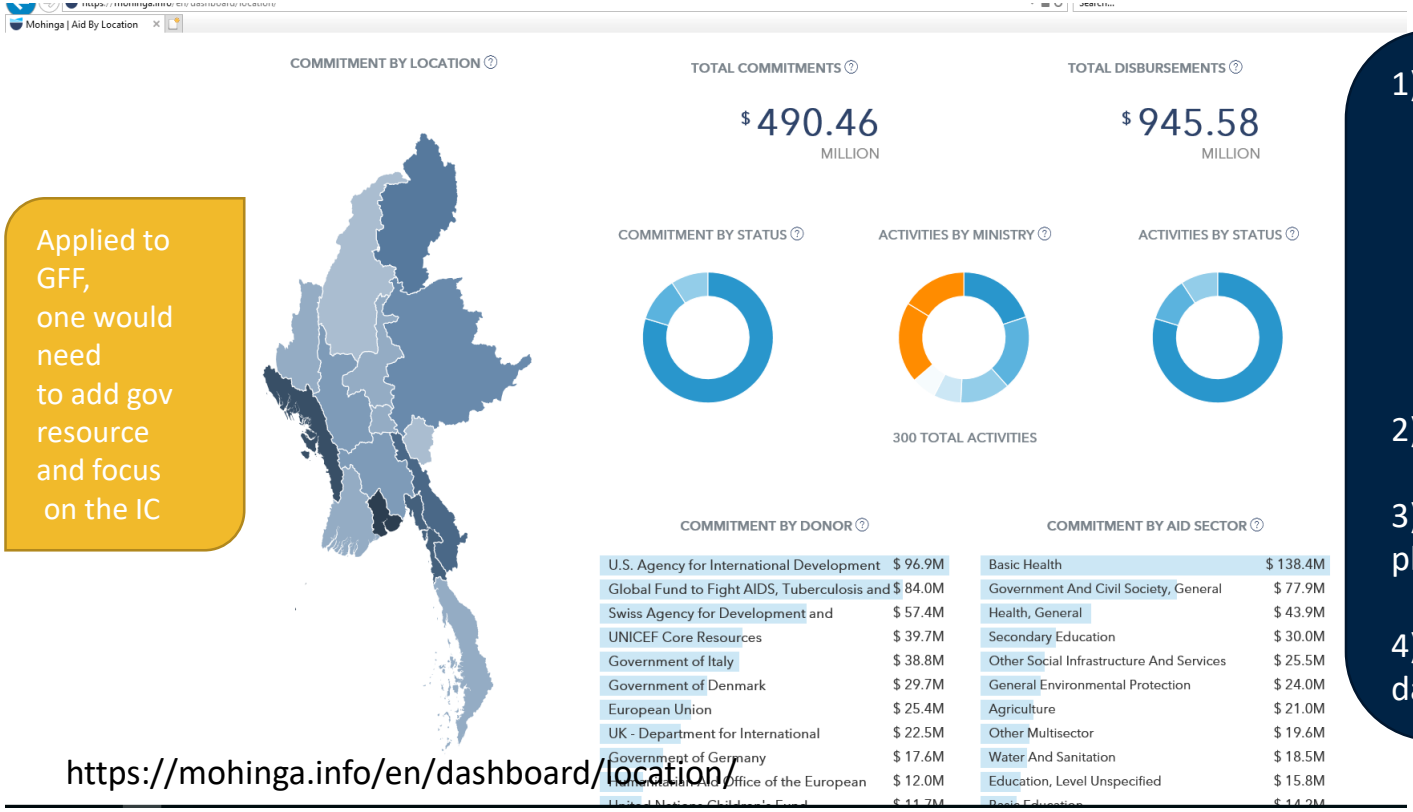
What is the dream platform to monitor implementation of the IC from a funding perspective?

- ✓Country owned and managed
- ✓Digital platform and systems
- ✓Funding commitments and expenditures monitored against country objectives
- ✓All sources of health funding captured
- ✓Routine and adequately frequent collection
- ✓Low latency from collection to use
- ✓Data disaggregated by lowest administrative unit
- ✓Full interoperability between systems
- ✓Cyclical use of data to inform adaptive management and future planning

A robust, automated resource mapping and expenditure monitoring system reduces HR needs and costs, and increases utility of data

Status Quo Approach	Develop Robust Systems
Conduct exercise every 2-3yr	Use HR to analyze, understand and use data – rather than collect it
Hire consultants	Allows for continuous monitoring of financing and expenditures
Collect and analyze data in a snapshot in time	

An interesting "resource tracking and mapping" example: Mohinga system in Myanmar track donor funding in real time



Applied to GFF, one would need to add gov resource and focus on the IC

https://mohinga.info/en/dashboard/location/

1) A resource tracking and mapping system which tells the government and donors in real time how much has been spent on priorities of the IC by region and by activity

2) User-friendly data entry

3) Owned by MOH /GFF platform

4) Contains visualization/a dashboard

Country Discussion

1. How are you mapping resources and monitoring commitments for the IC implementation – what works well and what needs to improve?

2. What can be done to improve coordination amongst donors and government- what works well and what can be improved?

6. Conclusion and Next Steps

Concluding Remarks

- **RM/T & review expenditures are necessary to ensure IC is implemented:** it helps visualizing donor and government alignment to IC
- **RM** is implemented in most countries and shows gaps by priority but rarely by activity
- As GFF countries are moving into implementation of their IC, **RT** becomes a critical priority to ensure financing is following the priorities of the IC and results of IC can be achieved
- **GFF and its partners can support countries developing/improving a tool tracking expenditures** in real-time and producing budget report by priority & region
- **Resource tracking require PFM TA** to identify IC priorities in MOH budgets