RESOURCE MAPPING AND EXPENDITURE TRACKING (RMET) IN GFF COUNTRIES
1. What is RMET?

2. What is the link between RMET and IC?

3. What is the RMET process in-country?
What is Resource Mapping (RM) and Expenditure Tracking (ET)?

RM aims to rapidly capture budget data for the most recent fiscal year and high-level future commitments; vs. ET captures ongoing expenditures in the health sector;

Annual exercise;

Ongoing (exceptions: NHA, PERs);

However, both RM and ET…

…look at domestic and external financing linked to IC priorities;

…can be sector-wide or tailored to country needs with deep dives into specific programs or be multisectoral;

…can go beyond the scope of the IC and focus on mapping the resources of a National Health Plan or Strategy;
The main objective of RMET is to ensure that MOH’s priorities are:

- Funded
- Prioritized
- Implemented

...in order to support the planning and budgeting process of the entire health sector.
1. What is RMET?

2. What is the link between RMET and IC?

3. What is the RMET process in-country?
How does RMET link with the IC?

To determine how to finance the IC, it is critical to understand the following…

► First, **how is the health sector financed?**

► Second, **how much** do we need to finance the IC?

► Third, **what specific programs and activities are currently being funded and where**, both in terms of domestic and/or external sources?

► Fourth, **is expenditure on programs and activities aligned with allocations**, both in terms of domestic and/or external sources?
1. How is the health sector currently financed?

The diagram illustrates the relationship between GNI per capita and external financing as a percentage of total health expenditure in 2016. Countries are categorized into three groups based on their level of donor reliance:

- **High donor reliance**: Countries with more than 50% of their health expenditure financed by external sources.
- **Partial donor reliance**: Countries with 25-50% of their health expenditure financed by external sources.
- **Low donor reliance**: Countries with less than 25% of their health expenditure financed by external sources.

Countries such as Zambia, Mali, and Zimbabwe fall into the high donor reliance category, while Pakistan and Tajikistan are categorized as having low donor reliance. The other countries are positioned in the partial donor reliance category.
2. How much is needed to finance the IC?

What is the **funding gap**?

Cost of IC – Total resources available = funding gap

How can we **fill this gap**?

- **Domestic Resource Mobilization**: More money for health?
- **Efficiency**: More health for the money?
- **Prioritization**: More prioritization to further narrow activities?
1. How is the health sector financed?
2. How much do we need to finance priorities?

DRC: RM shows how health sector is financed, how much is needed to fund the IC, and the funding gap

Ideally, we want this gap to be reduced to zero;

NO GAP = IC fully financed
3. What specific programs and activities are being funded and where?
4. What is actual domestic and/or external expenditure?

- **Domestic resources**: how are activities being funded?
  - Where are resources being allocated?
  - Where does actual expenditure take place?

- **External resources**: what are donors funding?
  - What activities are implementing partners engaging in?
  - Are there certain provinces/districts that receive most of the funding, while others have huge gaps?
  - Where does actual expenditure take place?
3. What specific programs are currently being funded from domestic and external sources?

DRC: RM identifies funding sources for main priority areas

<table>
<thead>
<tr>
<th>Health Systems Strengthening</th>
<th>Basic Package of Services</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of Total Donor</td>
<td>Sum of Total Public</td>
<td>Sum of Gap</td>
</tr>
<tr>
<td>53.9</td>
<td>283.9</td>
<td>6.7</td>
</tr>
<tr>
<td>381.4</td>
<td>76.5</td>
<td>6.5</td>
</tr>
<tr>
<td>-171.5</td>
<td>-815.1</td>
<td>11.0</td>
</tr>
</tbody>
</table>

(Unit: MILLIONS)
3. Where are specific programs currently being funded from domestic and external sources?

DRC: RM determines how equitably resources are allocated across provinces

[Diagram showing funding gaps and available funds across different regions.]
3. Where are specific programs currently being funded from domestic and external sources?

### Liberia: Activity mapping of external resources pins down partner activities in provinces

<table>
<thead>
<tr>
<th>IC Priorities</th>
<th>National</th>
<th>Gbarpolu</th>
<th>Grand Bassa</th>
<th>Grand Kru</th>
<th>River Cess</th>
<th>River Gee</th>
<th>Sinoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Emergency Obstetric and Neonatal Care</td>
<td>World Bank (Redemption)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Focused Antenatal Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Health</td>
<td>CHAI, UNICEF, USAID, World Bank</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</td>
<td></td>
</tr>
<tr>
<td>Ensure functioning supply chain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve Community Participation in Maternal Child Health Outcomes</td>
<td>Other</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Prevention and Treatment of Breast and Cervical Cancers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GAVI</td>
<td></td>
</tr>
</tbody>
</table>
How does RMET link with the IC?

RM supports and informs prioritization in the health sector…

- Prioritized health strategy/IC developed
- Costing of prioritized activities
- Resource mapping of PRIORITIES
- Funding gap identified

If gap is too large, then priority list needs to be further edited

- Realistic funding gap identified;
- Supports identification of “SMART” priorities – specific, measurable, achievable, realistic, and time-bound;
Do we need to refine our priority list?

Senegal: RM identifies need for further prioritizing the IC

<table>
<thead>
<tr>
<th>Donor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BM/GFF</td>
<td>69.16%</td>
</tr>
<tr>
<td>Fonds Mondial</td>
<td>9.26%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>2.25%</td>
</tr>
<tr>
<td>OMS</td>
<td>2.01%</td>
</tr>
<tr>
<td>LuxDEV</td>
<td>0.59%</td>
</tr>
<tr>
<td>JICA</td>
<td>0.01%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>0.30%</td>
</tr>
<tr>
<td>AFD</td>
<td>0.07%</td>
</tr>
<tr>
<td>Autre donneurs</td>
<td>0.08%</td>
</tr>
<tr>
<td>Funding gap</td>
<td>0.77%</td>
</tr>
</tbody>
</table>

**Initial Resource Mapping**

**Final Resource Mapping**

- AFD: 0.4%
- Banque Mondiale: 11.9%
- Fonds Mondial: 2.6%
- GAVI: 3.5%
- Gouvernement: 33.9%
- JICA: 0.1%
- LuxDEV: 0.0%
- OMS: 0.2%
- USAID: 10.2%
- UNICEF: 0.8%
- UNFPA: 2.5%
- Autres: 1.1%
- Gap: 32.9%
1. Overview of resource mapping and expenditure tracking (RMET)

2. RMET and IC: how do they link?

3. What is the RMET process in-country?
How long does RMET generally take?

**Preparation**
- 1-2 Months
  - Purpose and scope of the analysis
  - Desk review of existing data
  - Team roles and responsibilities
  - Stakeholder engagement
  - Process for data collection and analysis

**Data Collection**
- 2-6+ months
  - Adapt data collection tools
  - Conduct data collection – mapping from donors and domestic sources
  - Conduct data collection – tracking
  - Iterate, as necessary
- (Highly variable depending on context and data available)

**Data Analysis**
- 2-3+ Months
  - Data Analysis complete
  - Disseminate results
  - Conduct stakeholder engagement
  - Promote data use for decision- and policy-making
  - Establish process for institutionalisation
- (May require revisions as additional data collected)
January 2020:
- RM begins;

March 2020:
- Complete data collection and cleaning

April 2020:
- Data validation complete;
- Preliminary analysis presented to donors and government;

May 2020:
- Changes/edits based on feedback included;
- Final analysis complete;
- RMET report (draft 1);

June/July 2020:
- RM report (final draft);
- Discuss next steps;
Standardized RMET tool can be part of data collection process
Questions to consider before starting RMET

► RMET? **OR** Resource mapping and then Expenditure Tracking?

► What will be the scope of RM?
  - Relevant health strategy document(s) which the RM exercise will be based on (including IC)?

► What sub-national level should the RMET be conducted at? Which states?

► What is a realistic timeline for RMET?

► Has resource mapping been done before?
Process if resource mapping has not been done before

- **Process to develop IC**
- **IC finalized**
- **IC costed**
- **Funding gap identified**

*Initial results from RM inform the development of the IC*

- **RM preparation**
- **Data collection and RM preliminary results**
- **Finalize RM (based on priorities of the IC)**

*Sustainability and capacity building is main focus: Full participation from government team*
Process if resource mapping has been done before

Process to develop IC → IC finalized → IC costed

Review existing RM (incl NHA) → How do we build on existing work? Is RMET needed? → Finalize RM (based on priorities of the IC)

Funding gap identified

Prevent duplication is main focus: Support existing work done by government team
Importance of aligning RM process with budget cycle

**Phase 1**
Conduct macroeconomic & fiscal forecasts

**Phase 2**
Prioritize within health sector (incl costing)

**Phase 3**
Negotiate with MoF

**Phase 4**
Prepare MTEF & budget ceilings (3 yrs)

**Phase 5**
Get Cabinet approval of ceilings

**Phase 6**
Prepare and submit budget within budget ceilings (3 yrs)

**Phase 7**
Send budget to Cabinet & Parliament

Timing of RM is **KEY!!**
THANK YOU

Learn more

www.globalfinancingfacility.org
GFFsecretariat@worldbank.org
@theGFF