AGENDA

1. What does it mean to finance the Investment Case (IC)?

2. Why is Resource Mapping/Expenditure Tracking central to financing the IC?

3. What are some of the health financing questions that have been addressed by Resource Mapping?

4. What kind of support can GFF provide for Resource Mapping/Expenditure Tracking?

5. What are our objectives going forward to ensure the Investment Case (IC) is fully financed?
1. What does it mean to finance the Investment Case?
What does it mean to finance the Investment Case?

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

- **How is the health sector financed?**
- **How much** do we need to finance the IC?
- **What specific programs and activities are currently being funded and where** from domestic and/or external sources?
What does it mean to finance the Investment Case?

How is the health sector financed?

**High donor reliance**
Largest share of funding for health sector comes from external sources

**Partial donor reliance**
Significant share of financing from domestic government budget, but external funding also accounts for large share of health sector funding

**Low donor reliance**
Very little dependence on external sources for health sector funding
Donor contribution to total health expenditure in the new GFF countries – guess who is where?

Donor contribution as a percentage of total health expenditure, 2016 (%)

GNI per capita, 2016 US$)

(Both axes expressed in log scale. DAH includes resources channeled through both public and private.)
Donor contribution to total health expenditure in the new GFF countries – guess who is where?

Donor contribution as a percentage of total health expenditure, 2016 (%)

(Both axes expressed in log scale. DAH includes resources channeled through both public and private.)
What does it mean to finance the Investment Case?

How much do we need 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?
What specific programs and activities are currently being funded from domestic and/or external sources and where?

► **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?
2. Why is Resource Mapping/Expenditure Tracking central to financing the Investment Case?
How does RM link with financing the IC?

What is resource mapping?

- Any exercise that aims to rapidly capture both forward-looking budget data and high-level past budget from government and/or external partners

- In the context of GFF, RM pertains to mapping external and government budget linked to IC priorities

- Depending on context, such an exercise could go beyond the scope of the IC and focus on mapping the resources of a National Health Plan
How does ET link with financing the IC?

What is expenditure tracking?

► Expenditure tracking routinely captures the ongoing expenditures in the health sector

► In the context of GFF, ET includes tracking government and external expenditures linked to the IC priorities at various administrative levels

► Both RM/ET can be sector-wide or tailored to country needs with deep dives into specific programs or be multisectoral
Where does Resource Mapping align/support the IC process?

Inform prioritization of the IC:
If the envelope is not large, then IC needs to be reprioritized.

Inform the planning and budget process of governments and donors.

- IC developed
  - Resource mapping (whole health sector)
    - Funding gap cannot be identified (IC not yet developed, costed)
  - IC costed
    - Resource mapping of IC (with funding gap)
      - Funding gap can be identified (IC developed, costed)

- IC priorities are in the health budget

Assess allocative efficiency. Assess if some priorities over-funded, others under-funded.
What are some of the health financing questions that have been addressed by Resource Mapping?
How is the health sector financed? How much do we need to finance the IC?

Generate detailed information on the funding gap.

Cameroon: the RM determined how much the country needs to fund the IC.

Note: The category “other” (Non-Donors) includes household payment for medicines and funding from faith-based organizations.
Senegal: RM used for further prioritizing the IC

How much do we need to finance the IC?

Senegal: Funding gap too high, hence further prioritization needed

Initial Resource Mapping

Final Resource Mapping

<table>
<thead>
<tr>
<th>Source</th>
<th>Initial Resource Mapping</th>
<th>Final Resource Mapping</th>
</tr>
</thead>
<tbody>
<tr>
<td>BM/GFF</td>
<td>69.16%</td>
<td>Gouvernement, 33.9%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>9.26%</td>
<td>USAID, 10.2%</td>
</tr>
<tr>
<td>OMS</td>
<td>2.25%</td>
<td>LuxDEV, 0.1%</td>
</tr>
<tr>
<td>Funding gap</td>
<td>2.01%</td>
<td>JICA, 0.8%</td>
</tr>
<tr>
<td>Fonds Mondial</td>
<td>0.77%</td>
<td>UNFPA, 2.5%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>0.01%</td>
<td>AFD, 11.9%</td>
</tr>
<tr>
<td>AFD</td>
<td>0.59%</td>
<td>USAID, 2.5%</td>
</tr>
<tr>
<td>Banque Mondiale</td>
<td>0.07%</td>
<td>GAVI, 3.5%</td>
</tr>
<tr>
<td>GAVI</td>
<td>0.08%</td>
<td>Fonds Mondial, 2.6%</td>
</tr>
<tr>
<td>Government</td>
<td>0.0%</td>
<td>JICA, 0.1%</td>
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<tr>
<td>LuxDEV</td>
<td>1.1%</td>
<td>UNICEF, 1.1%</td>
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<tr>
<td>OMS</td>
<td>0.4%</td>
<td>Autres, 0.8%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>0.0%</td>
<td>AFD, 0.4%</td>
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<tr>
<td>USAID</td>
<td>0.2%</td>
<td>Banque Mondiale, 11.9%</td>
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<tr>
<td>Autres</td>
<td>32.9%</td>
<td>Gouvenement, 33.9%</td>
</tr>
<tr>
<td>Gap</td>
<td>0.0%</td>
<td>USAID, 0.8%</td>
</tr>
</tbody>
</table>
What specific programs and activities are currently being funded from domestic and/or external sources?
Liberia: Activity mapping of external resources helped understand partner activity at district level

What specific programs and activities are currently being funded from domestic and/or external sources?

<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>
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<tr>
<td>Construction and Renovation of Health Facilities</td>
<td>World Bank (Redemption)</td>
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<td></td>
<td></td>
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<tr>
<td>Focused Antenatal Care</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure functioning supply chain</td>
<td>CHAI, UNICEF, USAID, World Bank</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</td>
<td>CHAI</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></td>
<td>Other</td>
</tr>
<tr>
<td>Prevention and Treatment of Breast and Cervical Cancers</td>
<td></td>
<td></td>
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</tbody>
</table>
DRC: the RM determines the provinces with the highest funding gaps

What specific programs and activities are currently being funded from domestic and/or external sources and where?
DRC: the RM determines how equitably resources are allocated across geographic areas

How **equitably** are resources allocated across geographic areas?

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**BUDGET PAR HABITANT (USD)**

- Lualaba
- Sud-Ubangi
- Nord-Ubangi
- Kasai Oriental
- L’Equateur
- Haut-Uele
- Bas-Uélé
- Lomami
- Haut-Lomami
- Mai-Ndombe
- Haut-Uele
- Maniema
- Sankuru
- Kwango
- Kasai Central
- Kasai Tanganyika
- Nord Kivu
- Tshopo
- Sud-Kivu
- Ituri
- Kongo Central
- Tshuapa
- Kwilu
- Kinshasa

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**% DE POPULATION TOTAL**

- Etat (BE, BP, Ménages)
- Bailleurs
- % de Population Total

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- 0%
- 2%
- 4%
- 6%
- 8%
- 10%
- 12%
- 14%
- 16%
What kind of support can GFF provide for Resource Mapping/Expenditure Tracking?
GFF countries can access support from different partners, including from the GFF Secretariat. The level of support needed on RM-ET for each respective country will differ. GFF countries, can ask for the following support from the GFF Secretariat.

- Additional financial support for ongoing work (little to no TA)
- Consultant firm/consultants (STC) based on scope of work
- Collaboration with WB governance team for ET
- Hands-on TA (including development of tool for RM/ET)
- Strengthening knowledge and capacity for RM/ET
Standardization of Resource Mapping and Expenditure Tracking

Standardized RM/ET tool developed by GFF and applied in GFF with no RM exercise

- User-friendly, Excel-based interface + accompanying implementation guide
- Creates a standardized approach
- Maps to Investment Case
- Customizable to adapt to country context
- Adaptable to existing data collection and budgetary processes
- Captures both forward-looking budget data and past expenditures
- Produces automatic outputs to facilitate analysis of results
**How long does RM process take?**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Duration</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **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 (Highly variable depending on context and data available) | • Adapt data collection tools  
• Conduct data collection – mapping from donors and domestic sources  
• Conduct data collection – tracking  
• Iterate, as necessary |
| **Data Analysis** | 2-3+ Months (May require revisions as additional data collected) | • Data Analysis complete  
• Disseminate results  
• Conduct stakeholder engagement  
• Promote data use for decision- and policy-making  
• Establish process for institutionalisation |
Where are we now?

Resource mapping complete, PFM reforms in health sector underway, resource tracking to commence

Burkina Faso
Cameroon
CIV
DRC
Ethiopia
Guinea
Liberia
Mozambique
Nigeria
Senegal
Sierra Leone
Tanzania
Uganda

Resource mapping ongoing

Afghanistan
Cambodia
CAR
Haiti
Madagascar
Mali
Myanmar

Resource mapping ongoing, limited supported by GFF in some cases* (but no direct TA)

Indonesia
Malawi
Rwanda

Initial discussions started on resource mapping and tracking

Chad
Ghana
Mauritania
Niger
Pakistan
Somalia
Tajikistan
Zambia
Zimbabwe
Where do we want to go with RM/ET?

Characteristics of the resource mapping/tracking system

- Country-owned, meets country needs
- Real-time data availability
- Web-based
- Inter-linked with existing country systems
Where do we want to go with RM/ET?

Short, medium, and long-term objectives

By June 2020

- Resource Mapping in 36 GFF countries
- Expenditure tracking in 1/3 GFF countries

Data used for planning, budget formulation, monitoring implementation & results

Collaboration with partners to link data collection tools to improve data visualization and interoperability

RM & ET tied to the budgeting process and NHA (capitalize and strengthen NHA process)

Resource mapping/tracking “system” managed by MOH i.e. system completely institutionalized

Work with WB Governance and HNP practices to link with PFM reforms at country level

Where do we want to go with RM/ET?
4. What are our objectives going forward to ensure the Investment Case is fully financed?
How do we make sure the IC is fully financed?

To fully finance the IC (no funding gap), we have to link domestic and external resource allocation with IC financing…

► Domestic resource allocation:
  • Are IC priorities are well categorized in the budget? How is this done without program-based budgeting?
  • What is the domestic budget process?
  • How are budgetary decisions made within MoH?

► External resource allocation:
  • Are development partners aligned behind the IC?
  • What are the different processes donors use (e.g. timelines for finalizing budgets, timelines for disbursement, etc.)?
How do we link domestic resource allocation with IC financing?

**Phase 1**
- Macroeconomic and fiscal forecasts

**Phase 2**
- MTEF and sector-expenditure ceilings

**Phase 3**
- Review of health sector objectives, outputs, and activities
- Prioritization within health sector

**Phase 4**
- Costing of priority programs and sub-programs
- Internal discussions to agree on priority programs

**Phase 5**
- Approval of ceilings by Cabinet

**Phase 6**
- Preparation of 3-year estimates within Cabinet approved budget ceilings

**Phase 7**
- Submission to Cabinet and Parliament

**IC financing embedded into domestic budget preparation process**

- Activities within the MoF
- Activities within the MoH
How do we make sure external funding is aligned to the IC?

Linking **external resource allocation** with IC financing involves:

- Detailed activity mapping to determine if activity financed by donors actually align with the IC
- Discussions with donors on results of resource mapping
- Developing a roadmap on best to align external resources in the most efficient and equitable manner
THANK YOU

Learn more

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