RESOURCE MAPPING AND EXPENDITURE TRACKING (RMET)
Background and objectives of the session

**Background:**
- On Nov. 8-9 2017, the GFF developed a paper for the 7th IG meeting entitled “Strengthening Alignment At Country Level’’
- It outlined how resource mapping and expenditure tracking (RMET) of the Investment Case (IC) became a key component of the GFF approach, resulting in aligning donors and government funding to the priorities of the IC

**Objectives of the session:**
- To share the GFF RMET vision and strategy with IG members
- To provide an update on RMET results to IG members, 2 years after the initial RMET IG paper
- To discuss the role the IG can play to enable the implementation of the RMET agenda and monitor implementation of the GFF IC
Outline

1. Objectives of the GFF’s RMET work
2. GFF strategy to reach RMET objectives
3. RMET results in GFF countries
4. Challenges with current RMET
5. The role the IG can play
| 1. | Objectives of the GFF’s RMET work |
| 2. | GFF strategy to reach RMET objectives |
| 3. | RMET results in GFF countries |
| 4. | Challenges with current RMET |
| 5. | Role of the IG |
Definition of the RMET work

▪ **Resource Mapping**

→ Any exercise that aims to rapidly capture **budget data** from governments and/or external partners;

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

▪ **Expenditure Tracking**

→ **Expenditure** tracking routinely captures **expenditure data** in the health sector, e.g., National Health Account

→ In the context of the GFF, ET is about **tracking government and external expenditures**, linked to the **IC priorities** to monitor the implementation of the IC
Objectives of the RMET at country level (1)

- RMET of the IC ensures that the IC is Funded, Prioritized, and Implemented, and supports the planning and budgeting process of the entire health sector.
Objectives of the RMET at country level (2)

- More specifically RMET:
  
  1. Assesses sources of funding of the IC (domestic/external)
  
  2. The funding gap = Cost of IC - resources available
  
  3. Identifies what specific priorities and sub-priorities are currently being funded and where
  
  4. Investigates whether donors and governments have kept their initial commitment towards IC priorities → monitoring the implementation of the IC
RM is central to the health financing agenda of the GFF, donors, & countries

- **Inform prioritization:** If the envelope is not large enough, then Investment Case needs to be reprioritized

- **Link with results framework**
  Determine if desired service delivery outcomes are being achieved given current levels of health spending

- **Health Financing Analysis**
  - Identifying funding gap that needs additional domestic resources

- **Identifying and addressing Public Financial Management constraints**

- **Linking with Integrated Financial Management Information System**

Supporting MoH to make a case for health with MoF
1. Objectives of the GFF’s RMET work
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This is how we started...

<table>
<thead>
<tr>
<th>2015-2016</th>
<th>2017-2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resource mapping begins, driven by demand from investors &amp; countries</strong></td>
<td><strong>Resource mapping takes off, driven by increasing demand from countries</strong></td>
<td><strong>Supporting institutionalization of RMET</strong></td>
</tr>
<tr>
<td>- The ask during IG meetings: “we want to better track donor investments”</td>
<td>- IC paper on RM/donor coordination - with an emphasis on mapping domestic resources</td>
<td>- Ability to track trends over time within countries and compare progress across countries</td>
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<tr>
<td>- 4-5 countries use RM on their IC to map donors investments</td>
<td>- Resource mapping completed in several countries</td>
<td>- Focus on expenditures tracking now that IC’s are developed</td>
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<td>- Mapping domestic resources is marginal</td>
<td>- Developed a standardized RMET data collection and analytics tool</td>
<td>- Link RMET with planning, budgeting, and NHA processes</td>
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Resource mapping complete and being updated on a routine basis, expenditure tracking of the IC to begin

First resource mapping ongoing

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

Resource mapping ongoing, limited support by GFF

- Afghanistan
- Haiti
- Niger
- Mauritania
- Madagascar
- Mali
- Myanmar
- Pakistan
- Somalia

Initial discussions started on resource mapping and tracking

- Chad
- Ghana
- Cambodia
- Tajikistan
- Zambia

...where we are in 2019...
Real-time data availability

- Track expenditures by program
- Track by subnational geographic regions

Country-owned (meets country needs)

- Anchored within the MOH
- Accessed by planning units, as well as donors

Inter-linked with existing country systems

- Optimally link spending with HMIS
- Budget
- National Health Accounts

Web-based

- Easily access visualizations of the results

…and where we want to go
Collaboration with partners is critical to achieve this country-led vision

- **Link between RMET and MOH budget** (WB governance and health colleagues)
- **Link NHA and RM data collection** data collection to improve and harmonize processes (**WHO, CHAI**)
- **Coordination with donors** on improving quality of data collection process
- **Technical Assistance on RMET data collection tool, analytics and use**
- **Data visualization and interoperability** (local or regional IT firms)
1. Objectives of the GFF’s RMET work

2. GFF strategy to reach RMET objectives

3. RMET results in GFF countries

4. Challenges with current RMET

5. Role of the IG
Cameroon: RM determined how much the country needs to fund the IC

We can now generate, at a minimum, detailed information on the funding gap...

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>24%</td>
<td>US $ 625 625 530.94</td>
</tr>
<tr>
<td>World Bank</td>
<td>19%</td>
<td>US $ 11 000 745.61</td>
</tr>
<tr>
<td>GFF Trust Fund</td>
<td>2%</td>
<td>US $ 625 625 530.94</td>
</tr>
<tr>
<td>AFD &amp; BMZ</td>
<td>13%</td>
<td>US $ 625 625 530.94</td>
</tr>
<tr>
<td>GFATM</td>
<td>5%</td>
<td>US $ 625 625 530.94</td>
</tr>
<tr>
<td>GAVI</td>
<td>5%</td>
<td>US $ 625 625 530.94</td>
</tr>
<tr>
<td>Islamic Development Bank</td>
<td>4%</td>
<td>US $ 625 625 530.94</td>
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</tbody>
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Gap - US $ 11 000 745.61
Senegal: RM was used for prioritizing further the IC

In Senegal, the funding gap was too high, hence further prioritization was needed.
In DRC, RM determined the funding gaps for the main priority areas.
In DRC, RM also determined the funding gaps by provinces.
...and discrepancy between funding and needs

Province budget per capita x Neonatal Mortality

- Neonatal Mortality Rate (deaths per 1,000 live births neonates <28 days)
- Budget per capita (USD)

- Lualaba
- Sud-Ubangi
- Nord-Ubangi
- Kasai Oriental
- L’Equateur
- Bas-Uele
- Haut-Katanga
- La Mongola
- 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

- Government
- Donor
- Neonatal Mortality Rate
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Data Requirements

▪ Resource Mapping and Expenditure Tracking
  ➔ MoH and donors must provide budget and expenditure information on Investment Case priorities and sub-priorities, by regions

Both donors and MOH need to fill out the Resource Mapping data collection tool submitted by the MOH

The MOH data collection tool is discussed with gov and donors and validated during a workshop
## Challenges in RMET

**Resource mapping was less successful when:**

- RM tools → not user-friendly and complicated to fill out and came with limited explanation
- Budget structures of donors → not aligned with IC priorities
- Donor fatigue coupled with multiple priorities → attrition
- Too many vertical donor-driven resource mapping exercises

**Resource mapping worked well when:**

- MoH leadership
- Shared vision on RMET Terms of Reference
- Validation process of the data collection tool in a consensual way
- When combined with NHA
- Preliminary results of RM were communicated → better understand objective of RM
- Basic PFM system like program-based budgeting
Challenges in RMET (2) – Multiple RMET exercises in DRC

- **Resource mapping GIBS Health System Pillar:**
  - donor and budget data / national

- **Single Contact – Provincial health workplan:**
  - donor and budget data / province

- **PNDS Resource mapping:**
  - donor, government budget and expenditure data / national and province

- **Program budgeting PNDS:**
  - budget and expenditure / national and province

- **National Health Account – health sector:**
  - donor, government, households expenditure data / national

- **USAID:**
  - data visualization of GIBS /donor budget data

- **GAVI resource tracking on vaccination:**
  - donor, government budget and expenditure data / province and health facilities
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Role of the Investors Group

1. To support governments in GFF countries to implement RMET by providing timely information and participating in country platform data reviews

2. To integrate the need for disease specific data in overall RMET and NHA data collection efforts

3. To support the implementation of PFM reforms institutionalizing RMET/NHA
THANK YOU

Learn more
- www.globalfinancingfacility.org
- GFFsecretariat@worldbank.org
- @theGFF
RESOURCE MAPPING IN CENTRAL AFRICAN REPUBLIC

Main challenges

▪ Disaggregation at the level of regions and health districts
▪ Little visibility on data availability beyond the current year
▪ Difficulties in matching PTF budgets/reports to mapping format
▪ Reluctance of some partners to share project financial information

Next steps

▪ Institutionalization and integration of the tool into the activities of the Ministry of Health
▪ Advocacy tool for better alignment of external resources with government programs;
▪ Advocacy tool with the Ministry of Finance to increase the national envelope allocated to health
Main challenges

- Difficulty obtaining data at regional level
- Difficulty in collecting the prospective budgets of development partners
- Lack of a dedicated national team, resulting in cumbersome and prolonged data collection.

Next steps

- Using the results of resource mapping in brainstorming about the medium-term expenditure framework;
- Alignment of the resource mapping with the budget preparation cycle
- Use RM with the Ministry of Finance as an advocacy tool for domestic resource mobilization
RESOURCES MAPPING IN ETHIOPIA for 2018-19

Next steps

- Advocacy and active engagement of country partnership platforms
- Integration and interoperability between different tools (NHA + Health Sector Transformation Plan Resource Mapping)
- Upgrade Resource Mapping tool to web-based tools – user friendly and live updates