

# 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



Implemented

- **and supports the planning and budgeting process of the entire health sector**



# Objectives of the RMET at country level (2)

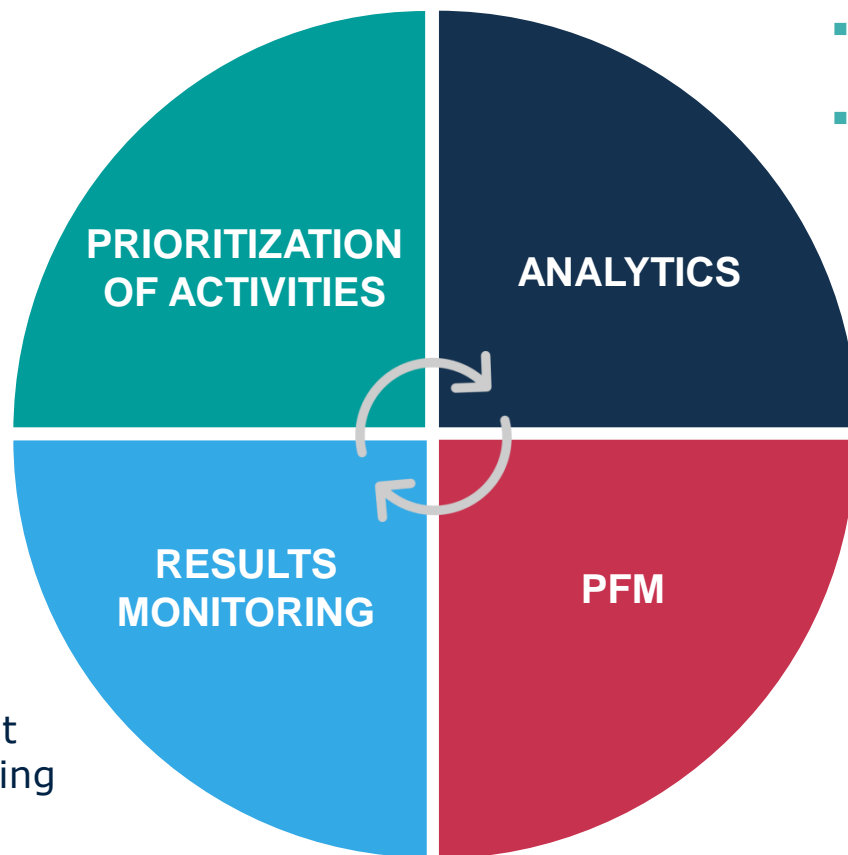
- **More specifically RMET :**

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**

**2.**

**GFF strategy  
to reach RMET  
objectives**

**3.**

**RMET results  
in GFF  
countries**

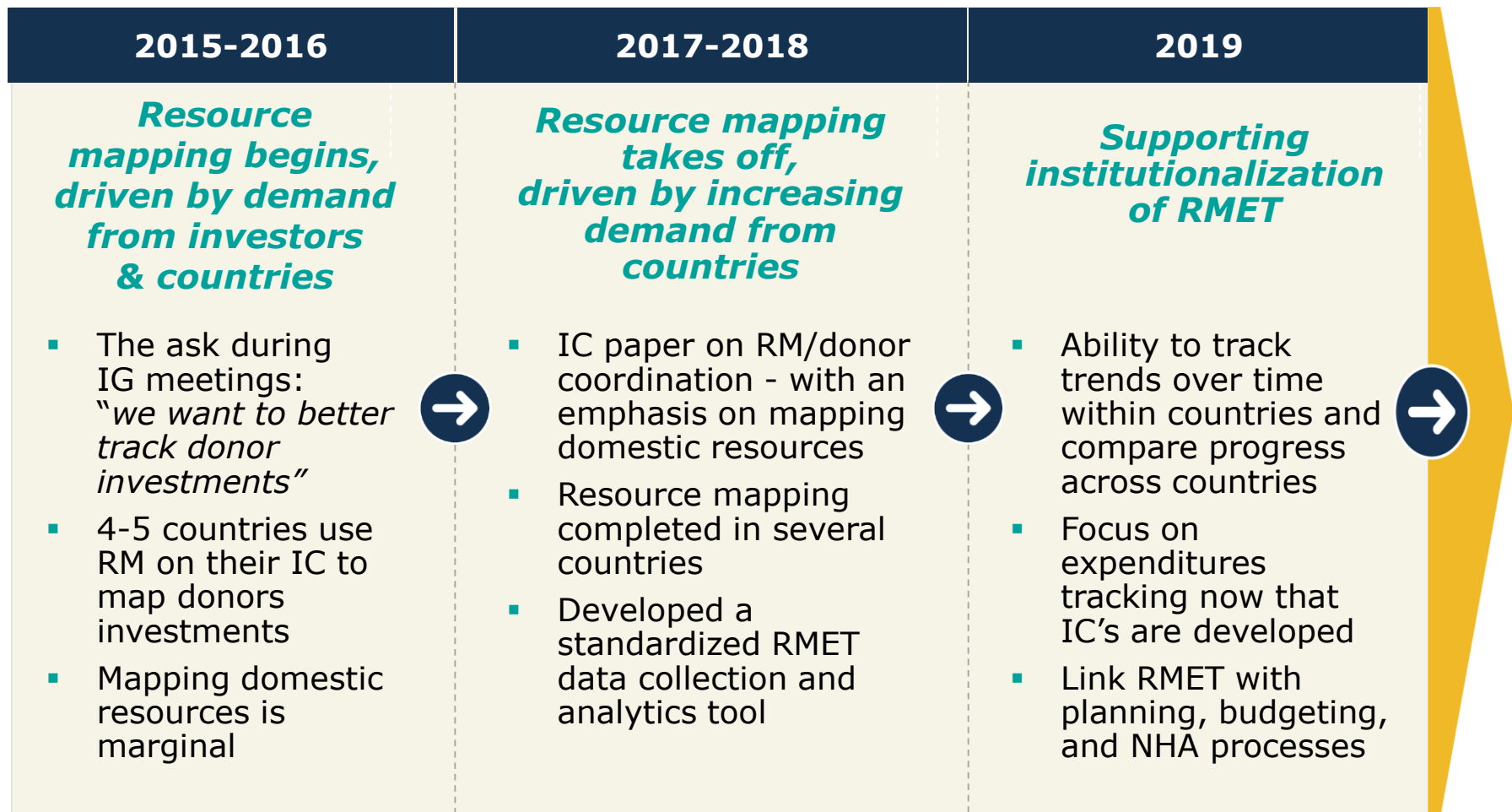
**4.**

**Challenges  
with current  
RMET**

**5.**

**Role of the IG**

# This is how we started...



# ...where we are in 2019...

**Resource mapping complete and being updated on a routine basis, expenditure tracking of the IC to begin**

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

**First resource mapping ongoing**

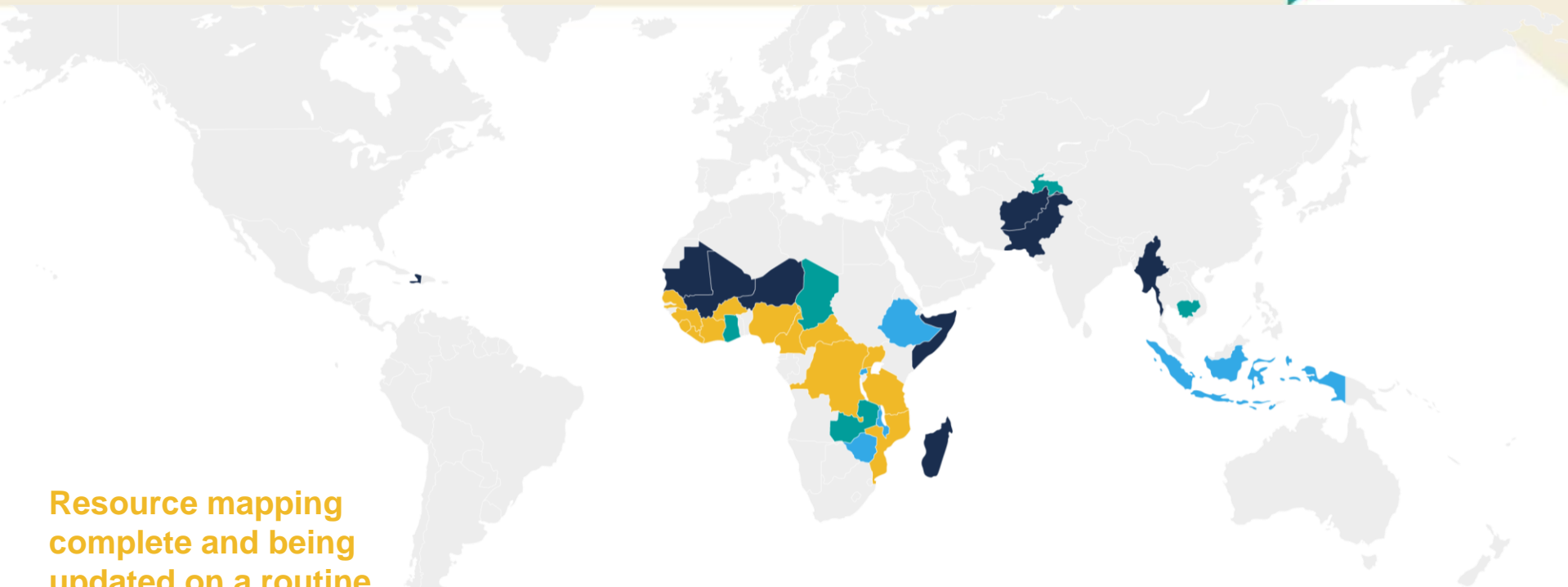
Afghanistan	Madagascar
Haiti	Mali
Niger	Myanmar
Mauritania	Pakistan
	Somalia

**Resource mapping ongoing, limited support by GFF**

Ethiopia  
Indonesia  
Malawi  
Rwanda  
Zimbabwe

**Initial discussions started on resource mapping and tracking**

Chad	Tajikistan
Ghana	Zambia
Cambodia	

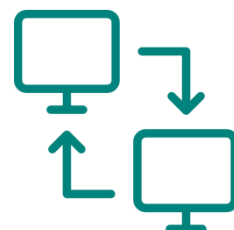


# ...and where we want to go



## **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



## **Real-time data availability**

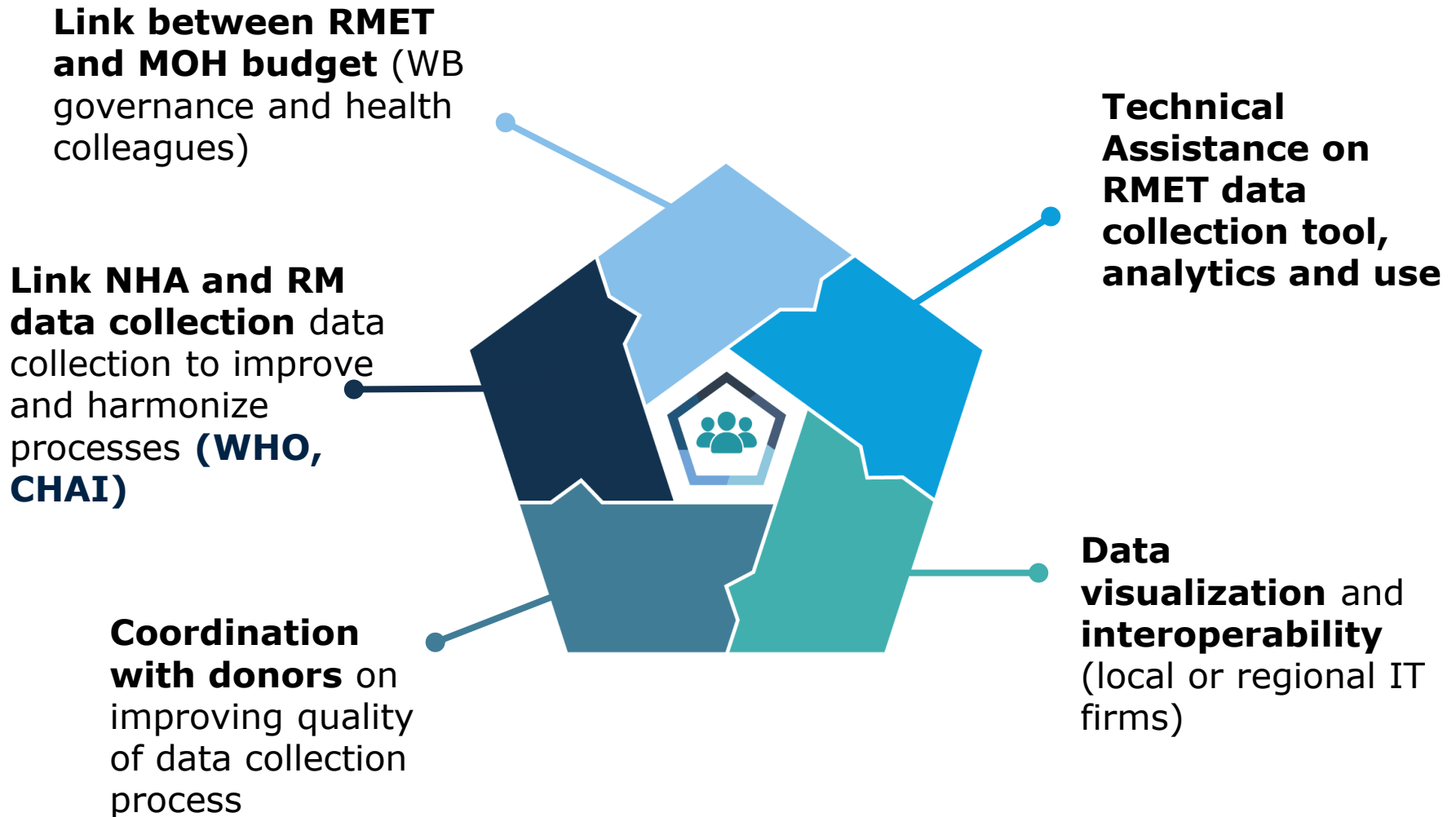
- Track expenditures by program
- Track by subnational geographic regions



## **Web-based**

- Easily access visualizations of the results

# Collaboration with partners is critical to achieve this country-led vision





**1.**

**Objectives  
of the GFF's  
RMET work**

**2.**

**GFF strategy  
to reach RMET  
objectives**

**3.**

**RMET results  
in GFF  
countries**

**4.**

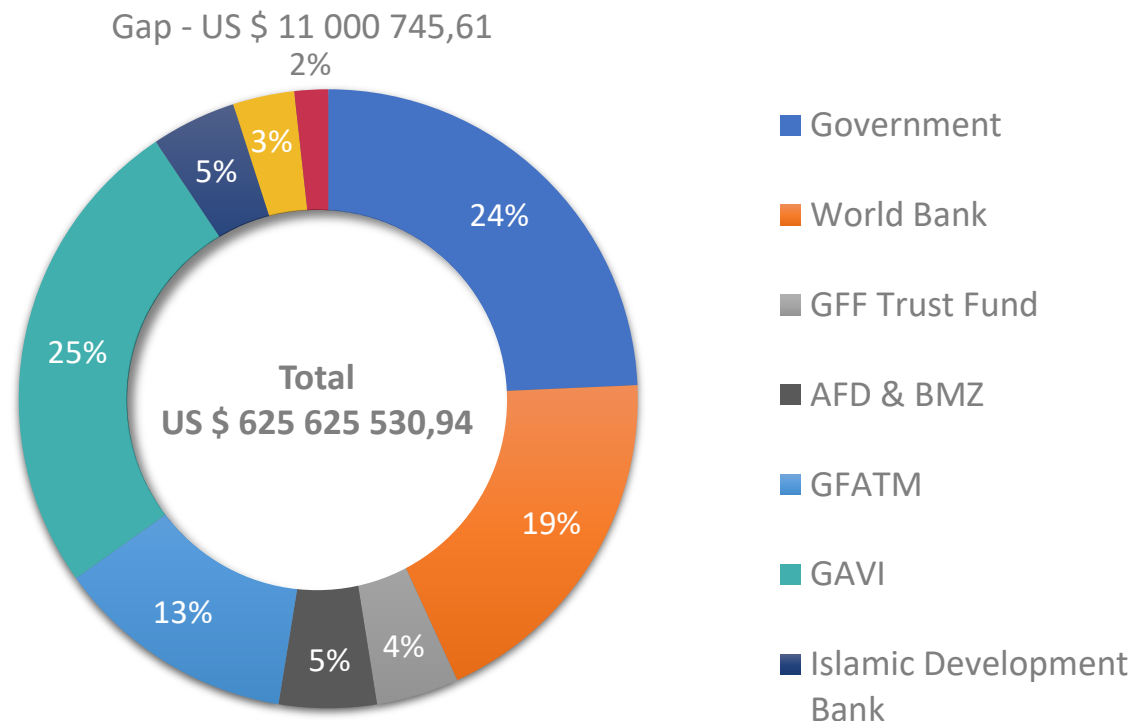
**Challenges  
with current  
RMET**

**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...

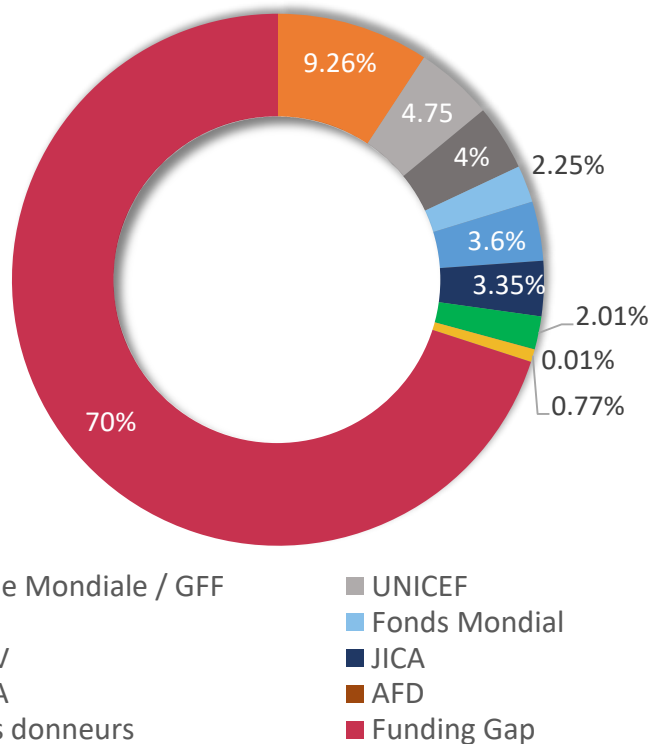




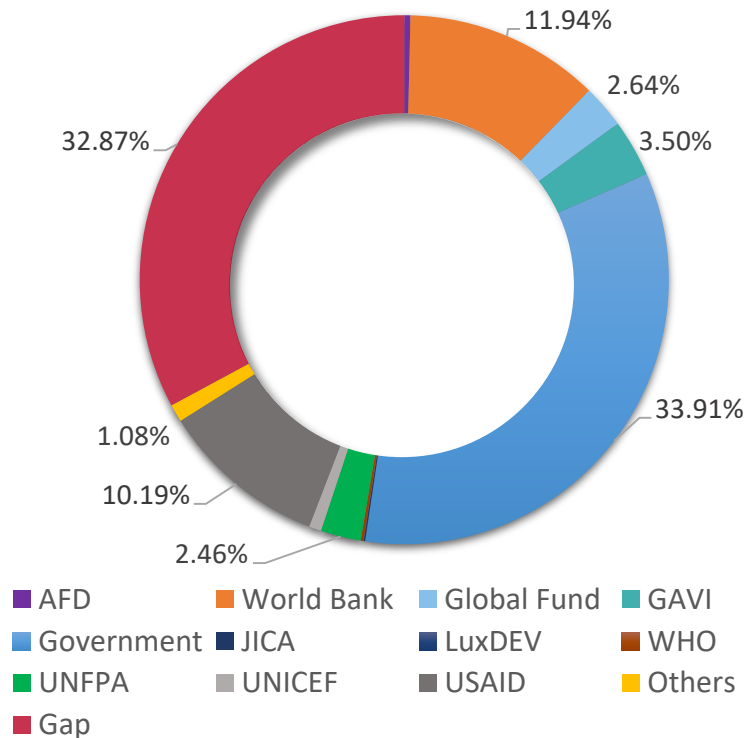
# Senegal: RM was used for prioritizing further the IC

In Senegal, the funding gap was too high, hence further prioritization was needed

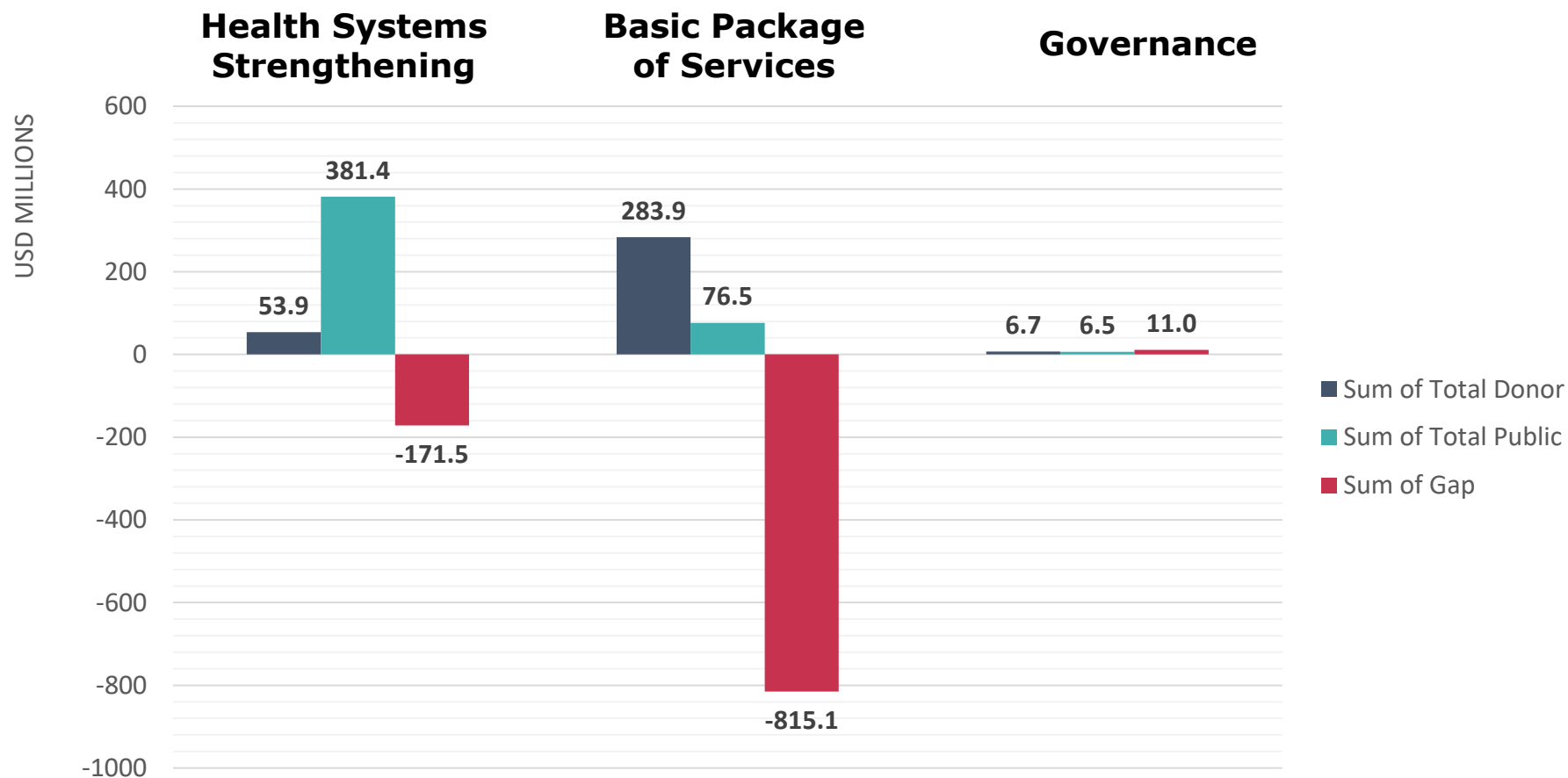
## Initial Resource Mapping



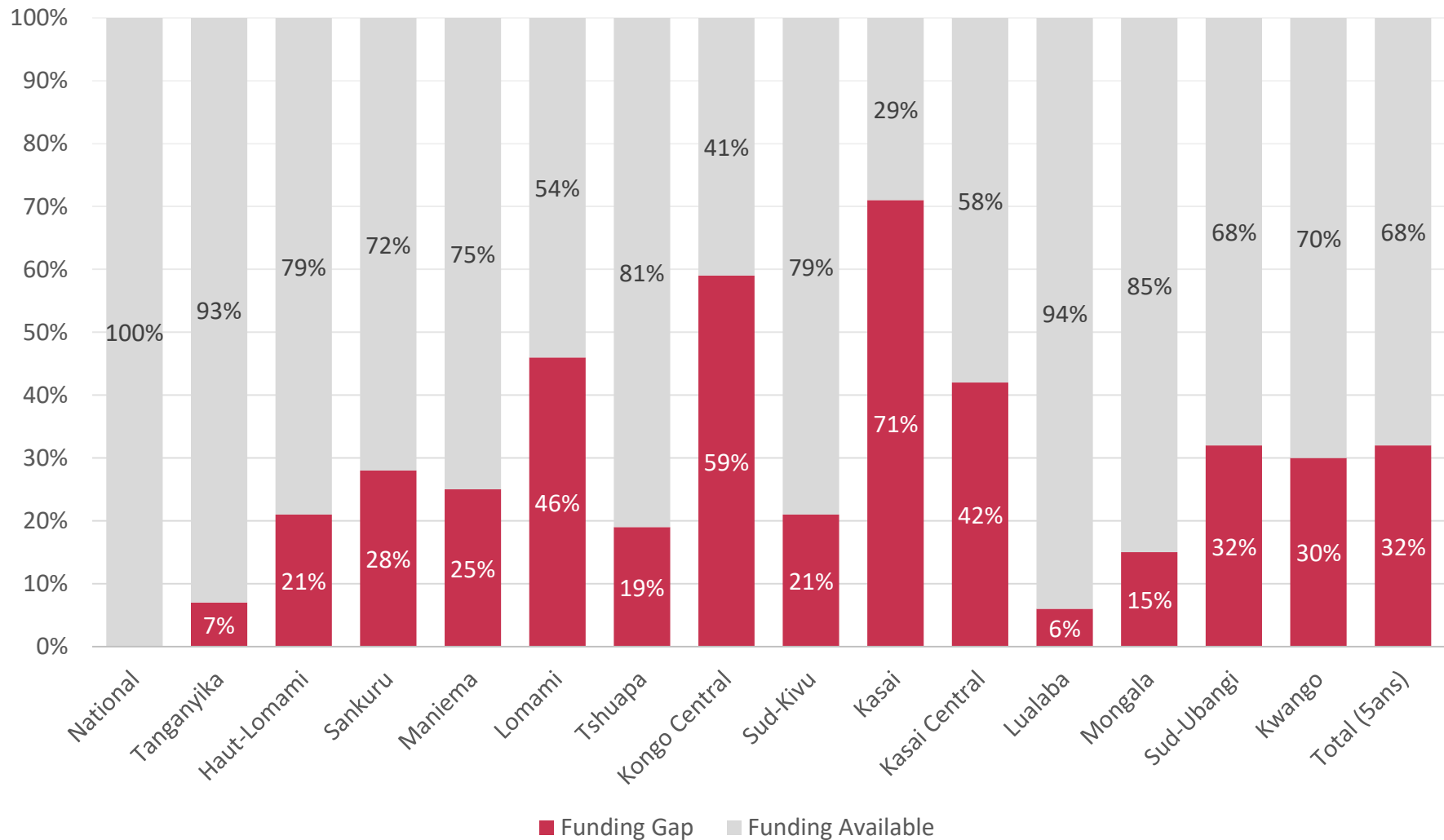
## Final Resource Mapping



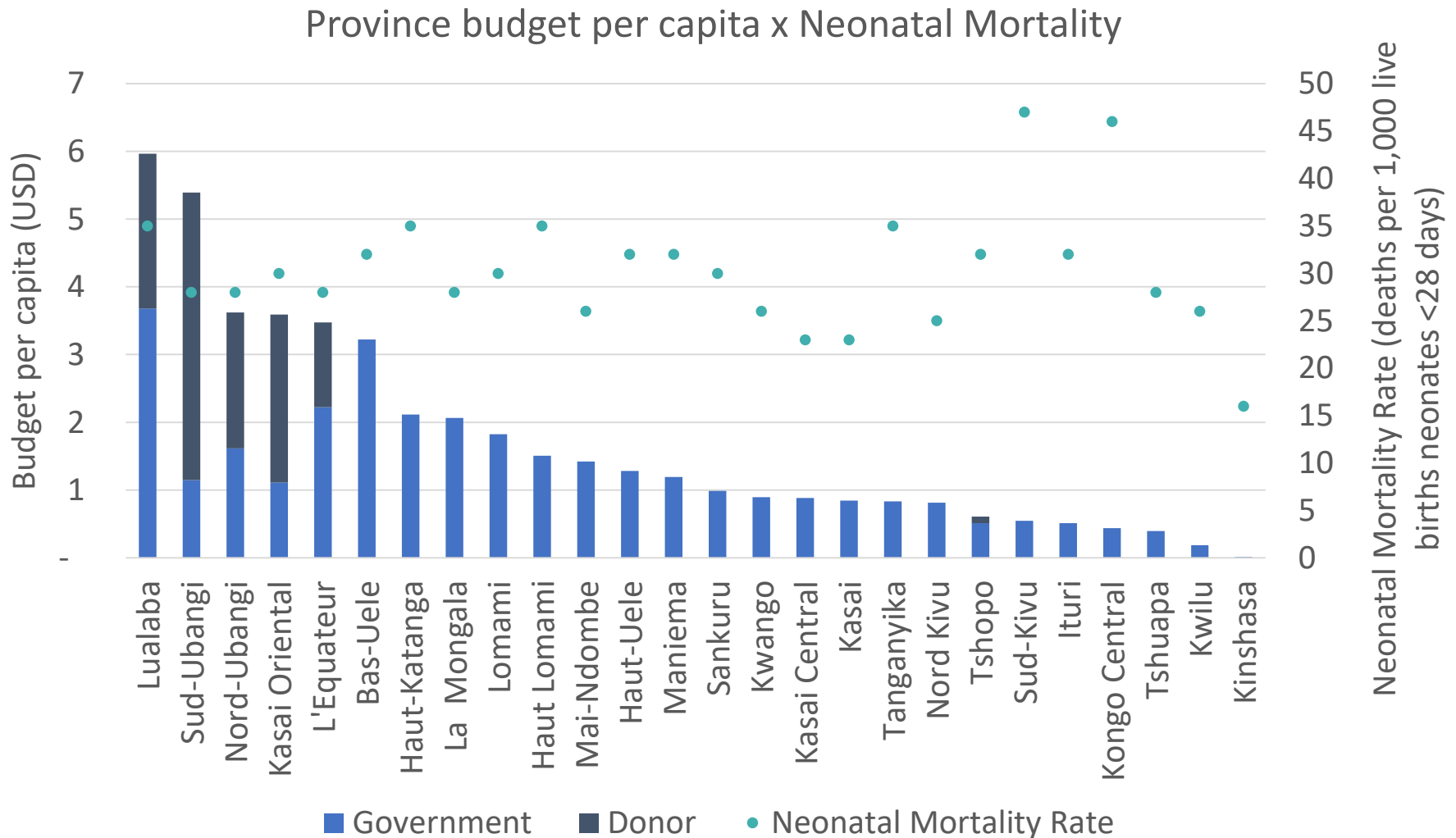
# In DRC, RM determined the funding gaps for the main priority areas



# In DRC, RM also determined the funding gaps by provinces



# ...and discrepancy between funding and needs



**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**

# 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

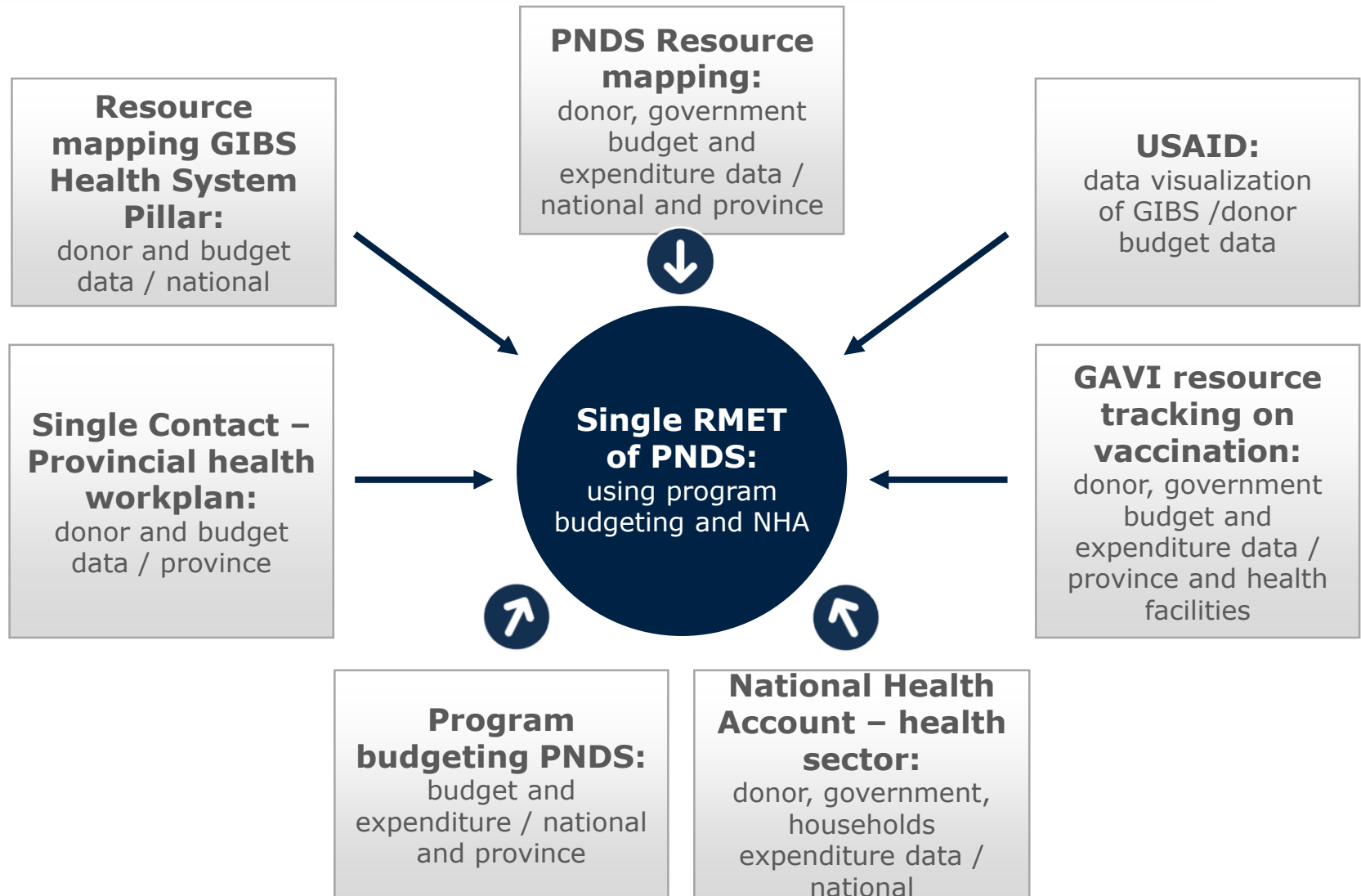
## Resource mapping **worked well** when:

- 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



**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**

# 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](http://www.globalfinancingfacility.org)

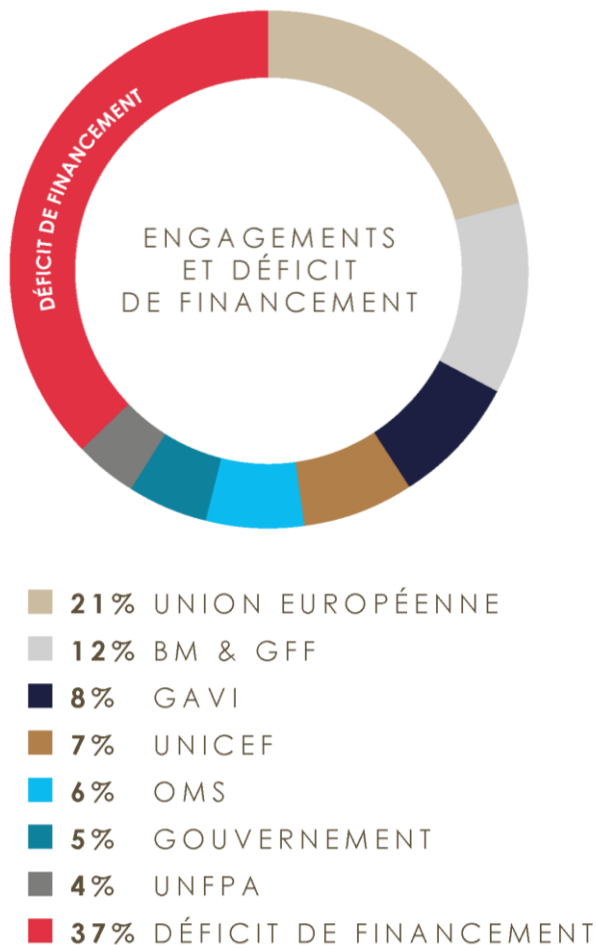


[GFFsecretariat@worldbank.org](mailto:GFFsecretariat@worldbank.org)



[@theGFF](https://twitter.com/theGFF)

# RESOURCE MAPPING IN CENTRAL AFRICAN REPUBLIC



## Main challenges

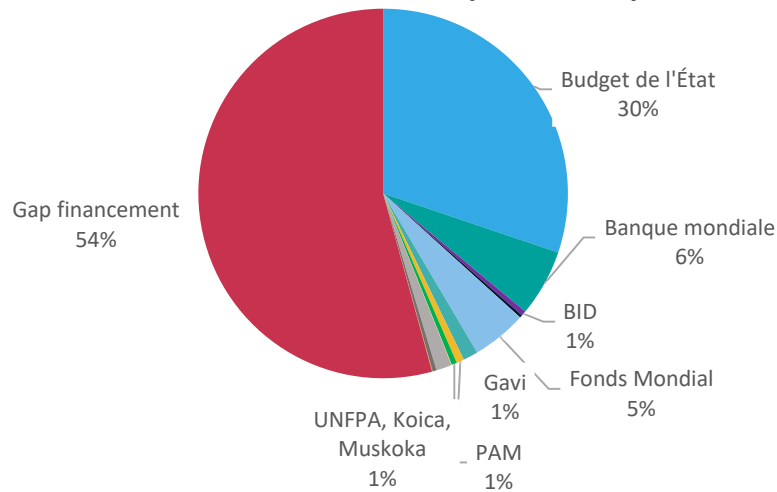
- Disaggregation at the level of regions and health districts
- Little visibility on data availability beyond the current year
- Difficulties in matching PTF budgets/reports to mapping format
- Reluctance of some partners to share project financial information

## Next steps

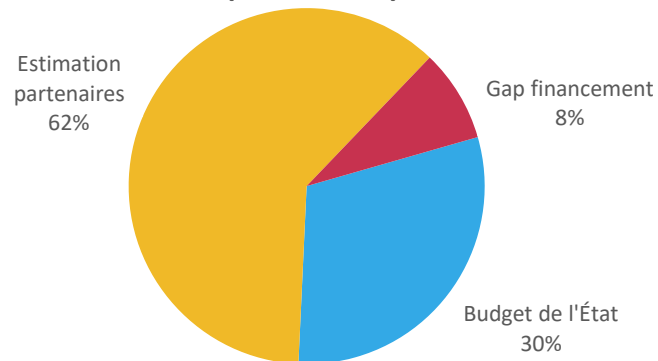
- Institutionalization and integration of the tool into the activities of the Ministry of Health
- Advocacy tool for better alignment of external resources with government programs;
- Advocacy tool with the Ministry of Finance to increase the national envelope allocated to health

# RESOURCE MAPPING IN CÔTE D'IVOIRE

## RESSOURCES DISPONIBLES (2020-2022)



## ESTIMATION MOBILISATION DES RESSOURCES (2020-2022)



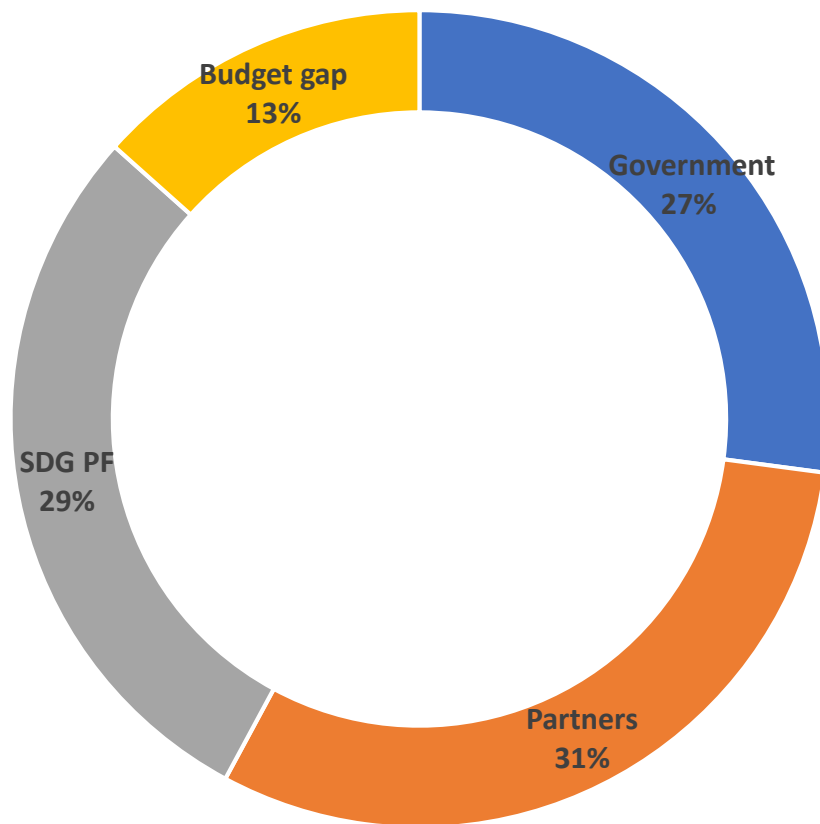
## Main challenges

- 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

# RESOURCE MAPPING IN ETHIOPIA for 2018-19



■ Government ■ Partners  
■ SDG PF ■ Budget gap

## 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