RESOURCE MAPPING AND EXPENDITURE TRACKING (RMET) IN THE CONTEXT OF COVID-19

Supporting Evidence-Based Decision Making During and After COVID response
1. RMET in the context of COVID-19

2. WHO COVID-19 RMET tool - use case in Chad

3. Country case study: Ethiopia
What is Resource Mapping (RM) and Expenditure Tracking (ET)?

In the context of IC or National Health Strategy…

- RM aims to rapidly capture **budget data** for the most recent fiscal year and high-level future commitments;
- **Annual** exercise;

**vs.**

- ET captures **ongoing expenditures** in the health sector;
- **Ongoing** (exceptions: NHA, PERs);

However, both RM and ET…

- …look at **domestic and external financing** linked to IC priorities;
- …can be sector-wide, **tailored to country needs** with deep dives into specific programs, be **multisectoral**, or look **beyond the scope of the IC** (mapping the resources of a National Health Plan);
Why conduct RMET during the COVID-19 response?

► There are two dimensions to any pandemic response:

**Direct response to the outbreak**
- Mobilize resources;
- Coordinate partner response;
- Deploy mobilized resources;

**Mitigating impact on health system**
- Reduce impact on routine service delivery;
- Ensure long-term health funding is not undermined;
- Harmonize pandemic response with long-term HSS;
Why conduct RMET during the COVID-19 response?

Direct response to the outbreak
- Mobilize resources
- Coordinate partner response
- Deploy mobilized resources

Mitigating impact on health system
- Reduce impact on routine service delivery
- Ensure long-term health funding is not undermined
- Harmonize pandemic response with long-term HSS
### Why conduct RMET during the COVID-19 response?

**RMET allows decision makers to...**

<table>
<thead>
<tr>
<th>Direct response to the outbreak</th>
<th>Mitigating impact on health system</th>
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<tbody>
<tr>
<td>Mobilize resources</td>
<td>Quantify financial gaps</td>
</tr>
<tr>
<td>Coordinate partner response</td>
<td>Improve allocative efficiency of resources</td>
</tr>
<tr>
<td>Deploy mobilized resources</td>
<td>Support monitoring, coordination, and accountability</td>
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<tr>
<td>Reduce impact on routine service delivery</td>
<td>Asses impact of emergency response on essential health services</td>
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<td>Ensure long-term health funding is not undermined</td>
<td>Determine the impact of financing for outbreak on health sector budgets</td>
</tr>
<tr>
<td>Harmonize pandemic response with long-term HSS</td>
<td>Identify activities that align with HSS</td>
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Use-case 1: Calculating funding gap for each pillar of COVID response
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Use-case 2: Tracking budget execution for each pillar of COVID response

- Risk Communication and Community Engagement
- Medical Equipment, Logistics, and Supplies
- Training and Capacity Building
- Coordination
- Quarantine, Isolation, and Treatment Facilities
- Surveillance
- Social Support and Risk Mitigation
- Laboratory
- Other

Budget execution rate

Total Budget
Disbursed
Expenditure
Execution Rate

Millions

Budget execution rate

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

0
50
100
150
200
250

Disbursed
Expenditure
Execution Rate

Case 2: Tracking budget execution for each pillar of COVID response.
Use-case 2: Tracking budget execution for each pillar of COVID response

- Risk Communication and Community Engagement
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**Budget execution rate**

- Total Budget
- Disbursed
- Expenditure
- Execution Rate

**Millions**

**Budget execution rate**
Use-case 2: Tracking budget execution for each pillar of COVID response

- **Budget** = $210 million
- **Disbursement** = $80 million
- **Expenditure** = $40 million
- **Budget execution rate** = 45 percent

**Issues to consider:**

- Disbursement challenges? Disbursement less than half of budget;
- Issues with getting funds out:
  - Absorption capacity?
  - Procurement issues?
  - Other HSS challenges?
Use-case 3: Assessing the subnational distribution of resources in relation to caseload
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What is required to conduct an effective RMET for COVID response?

<table>
<thead>
<tr>
<th>Use - case</th>
<th>Data required</th>
<th>Tools needed</th>
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<tbody>
<tr>
<td><strong>Finalize use case(s) of the RMET</strong></td>
<td><strong>Determine data required based on use cases(s)</strong></td>
<td><strong>Decide tool to use for RMET (off-the-shelf or custom)</strong></td>
</tr>
<tr>
<td>► What decisions will RMET inform?</td>
<td>► What data is required to inform those decisions?</td>
<td>Tools adapted for COVID:</td>
</tr>
<tr>
<td>► Who will use the RMET for decision making?</td>
<td>► What are trade-offs (e.g. rapid turnaround vs. granularity)</td>
<td>○ <strong>GFF RMET tool</strong></td>
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<td>○ <strong>WHO REMAP Tool - RM for IHR and Health Security</strong></td>
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<td>► <strong>WHO Partners Platform</strong>;</td>
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<td>► <strong>Other tools designed at country level</strong>;</td>
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</table>
How can GFF support RMET for COVID response?

**IMMEDIATE (SHORT-TERM)**

**Related to COVID response**

- **Rapid technical assistance:**
  - Share Quality Checklist
  - Review RMET for COVID tools

- **Facilitate implementation** of WHO RMET for COVID-19 tool

**GFF RMET tool** *adapted for COVID response in GFF countries*

**MEDIUM-TERM**

**Related to health system response**

- **Assess impact** of emergency response on *essential health services*

- **Ensure COVID response is sustained and linked** with *long-term health priorities* (incl HSS)
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THANK YOU

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