
Strengthening the tracking of official development assistance and domestic financing for women's, children's and adolescents' health

Countdown to 2030 and Partnership for Maternal, Newborn & Child Health: Joint consultation

Location: Bill & Melinda Gates Foundation, London Office,
May 10-11, 2018

MEETING REPORT

Meeting objectives

Countdown to 2030 and the Partnership for Maternal, Newborn & Child Health (PMNCH) organized a consultation on the tracking of global and domestic financing for women's, children's and adolescents' health (WCAH) at the London Office of the Bill & Melinda Gates Foundation on May 10-11, 2018.

The overall objective of this meeting was to lay the foundation for improved accountability of WCAH financing to maximize the use of existing funds and mobilize additional WCAH financing. More specifically, the meeting aimed to:

- agree on key elements of a tracking method and roadmap to harmonize and improve the tracking of official development assistance (ODA) for WCAH to hold donors accountable and improve coordination;
- lay the foundation for greater alignment and coordination to support predictability of WCAH ODA; and
- contribute to further integration of health ODA and domestic health financing tracking approaches.

Representatives from all the major tracking initiatives for WCAH financing and representatives of donor governments, multilateral agencies, and partnerships attended the meeting. A list of participants and the meeting agenda are both included as annexes to this report. Day 1 of the meeting focused on ODA for WCAH while Day 2 focused on domestic financing for WCAH and health more broadly. This report summarizes the major discussion points of the consultation and provides an overview of agreed upon next steps.

Key thematic topics

This section summarizes the debate around three major topics discussed at the consultation.

i) Linking the tracking of WCAH funding to broader UHC and DAH tracking

One key topic discussed at the meeting was how the tracking of WCAH ODA links to the broader tracking of finance for universal health coverage (UHC) and overall development assistance for health (DAH).

Meeting participants highlighted that ODA has become less important due to several trends, including rapid economic growth in low- and middle-income countries, rising domestic health budgets, and substantial increases in remittances. The majority of the world's poor live in middle-income countries (MICs) today, while the number of low-income countries (LICs) decreased from 64 in 1994 to 31 in 2017. In addition, different from the health-related Millennium Development Goals, Sustainable Development Goal (SDG) 3 takes a more holistic approach and includes reaching UHC. Because of these dynamics, the boundaries of accountability for health finance are shifting towards a focus on domestic financing, UHC, and global health security.

At the same time, participants emphasized the value of tracking WCAH ODA to (a) hold individual donors accountable, (b) guide identification of funding gaps and, thus, future investment priorities, and (c) bolster advocacy efforts at global, regional and country levels. Overall, the tracking of thematic areas such as WCAH, family planning, EWEC commitments, nutrition, and adolescent health, contributes to accountability and therefore should be continued. It is, however, critical to link the specific tracking efforts to the broader financial assessments of UHC and DAH. Outputs from various tracking processes should be compared on a regular basis to converge and align on common messages.

ii) Improving the tracking method for WCAH ODA

The London School of Hygiene and Tropical Medicine (LSTHM) presented a detailed overview of their manuscript (in press, *Lancet Global Health*) that compared results from four different WCAH ODA tracking methods. Based on this analysis, LSTHM recommended developing an improved Muskoka methodology ("Muskoka 2") for future tracking of WCAH ODA. Participants commented on the methodology and shared their views on key criteria that should guide any future tracking process. The group jointly concluded that the new method for WCAH ODA tracking should be based on three major criteria: Credibility, Comparability, and Comprehensiveness – the 3Cs:

- **Credibility:** The development of the tracking method needs to be based on a credible process to facilitate its use and increase buy-in from donor governments, implementing countries,

multilaterals, foundations, non-governmental organizations, and others. It also needs to be credible in the sense that it produces accurate results.

- **Comparability:** The method should allow for comparison between WCAH funding provided by different donors and across recipient countries. In addition, comparability means that all major audiences, including non-technical audiences, can reasonably replicate the method to ensure that financial data are accessible in a timely manner for key events and major publications. To allow for full comparability, it is also critical that donor governments further improve and align their financial reporting.
- **Comprehensiveness:** The method should be cost-efficient in the sense that WCAH ODA estimates can be (re-)produced with limited resources. At the same time, it should include all major donors, including non-DAC donors, and, to the extent possible, funding from non-health specific sectors (e.g. humanitarian assistance; water and sanitation). The method should build on a modular approach to allow for specific sub-analysis, such as on adolescent health.

Following the agreement on the 3Cs as key criteria for an improved tracking method, participants suggested that LSHTM should further develop the proposed the “Muskoka 2” method but first that LSTHM should test the proposed method to understand to what extent it produces accurate results. Enhancing this method will require further consultative work to agree on the required dimensions (e.g. disaggregation by age group/target population) and therefore initial findings and remaining challenges will be discussed in a newly formed working group on WCAH financing (see section on next steps below).

iii) Domestic financing for WCAH

There was agreement among participants that the tracking of domestic financing for WCAH and health in general is of critical importance to improve financial accountability. WHO’s global health expenditure database (GHED) is based on the 2011 System of health Accounts (SHA) and tracks health expenditures from domestic and external sources. It provides a breakdown by health care level (primary, secondary, and tertiary) and differentiates between capital and current expenditures. As such, there was agreement that GHED is the best source of data for health expenditures in LICs and MICs.

However, the GHED only includes data through 2015 and, in the context of WCAH, there is only systematic SHA data on *reproductive health* (much more narrow focus) for 25 countries. Thus, it will be critical to expand the SHA 2011 over the coming years to broaden country coverage but also strengthen the SHA and replicate it in existing countries, therefore enabling more comprehensive financial resource tracking for WCAH. In addition, it will be critical to further improve and integrate health ODA and domestic health financing tracking approaches among donors, countries and major implementers.

Further discussions focused on the need to also conduct more subnational tracking (i.e. similar to the way AidData does), and to support countries in their efforts to improve their financial tracking systems through technical support.

Next steps

A Joint Countdown to 2030 and PMNCH Technical Working Group for the Tracking of ODA and Domestic Financing for WCAH will be established. Its objective will be to enhance accountability for WCAH by improving the tracking of financial resources at global, regional and country levels. To achieve this objective, the working group intends to:

- Finalize a method for tracking WCAH ODA based on LSHTM proposal and analysis;
- Serve as forum to coordinate financial WCAH tracking, including to ensure that financial data are available in coordination with major reports and meeting timelines;
- Work with major donors to (i) promote the use of the agreed tracking method to contribute to greater alignment, transparency, and predictability of WCAH ODA, and (ii) to improve financial data for tracking;
- Work towards a 'political moment' like the PMNCH 2018 Partners' Forum to announce better tracking methodologies and greater alignment in donor reporting;
- Converge and align on advocacy messages, including with UHC processes
- Coordinate WCAH tracking with larger ODA tracking, including UHC;
- Contribute to further improvement and integration of health ODA and domestic health financing tracking approaches among donors, countries and major implementers;
- Collaborate with WHO to help strengthen and expand SHA 2011 in more countries.

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