

Sample DRM for Health Dossier: Jasmania

Marty Makinen & Kirstin Krusell
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Abt Associates Inc.

In collaboration with:

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) | Johns Hopkins Bloomberg School of Public Health (JHSPH) |
Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)



Purpose of Sample Dossier

This sample dossier demonstrates how countries might utilize available data to hold more productive discussions concerning domestic resource mobilization for health.



Purpose of Sample Dossier

In adapting this sample dossier, countries should keep in mind:

- Which types of information each Ministry desires from the other
- Where there are gaps in available information
- How to present data in a way that is easily understood by both Ministry and speaks to each other's goals



Sample Dossier Contents

- National Policies and Strategies
- Macroeconomic Indicators
- Health Expenditure Data
- External Assistance for Health
- Health Indicators
- Issues Concerning MOH-MOF Relationship



National Policies and Strategies



Jasmania's National Policies and Strategies

- **National Strategic Development Plan (2015 – 2025)**
 - Strategy emphasizes investment in economic infrastructure and improving the social sectors to achieve SDGs
- **National Health Sector Strategy (2015-2020)**
 - Main objectives
 - Advancing UHC
 - Reaching underserved populations
 - Decreasing MMR and IMR
 - Improving information systems
 - Main approaches
 - Increase investment in facilities
 - Increase hiring of health workers (particularly midwives)
 - Use resources more efficiently
 - Mobilize additional resources



Macroeconomic Indicators

Macroeconomic Indicators

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|-----------------------------|--------|--------|--------|--------|--------|------|------|------|
| Income group | LIC | LMIC | LMIC | LMIC | LMIC | LMIC | LMIC | LMIC |
| GDP per capita | \$1013 | \$1045 | \$1083 | \$1118 | \$1156 | | | |
| Economic growth rate | 5.7% | 5.5% | 5.9% | 5.7% | 5.7% | | | |
| Taxes as % GDP | 11.1% | 11.3% | 11.4% | 12.4% | 12.4% | | | |

Projections

*All monetary amounts presented in current \$USD, unless otherwise noted



Health Expenditure Data

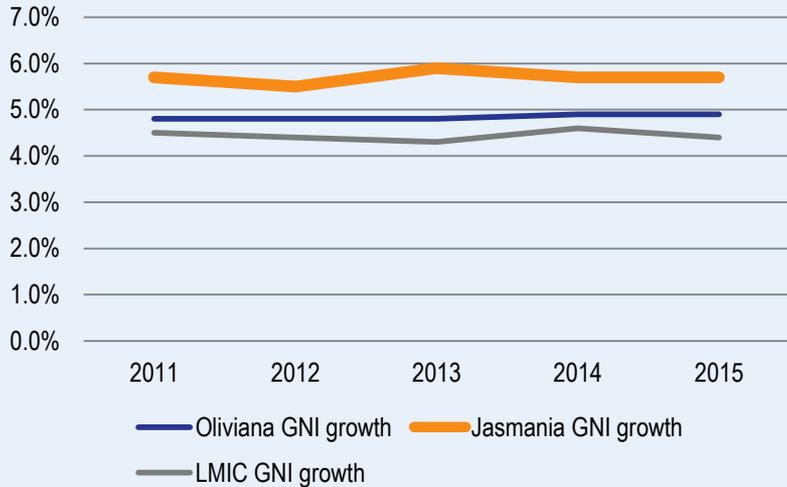
Total Health Expenditure (THE)

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------------------|-------|-------|---------|---------|---------|
| THE (USD millions) | \$977 | \$997 | \$1,040 | \$1,043 | \$1,064 |
| THE per capita (USD) | 50 | 51 | 52 | 51 | 52 |
| THE as % of GDP | 5.0% | 4.9% | 4.8% | 4.6% | 4.4% |

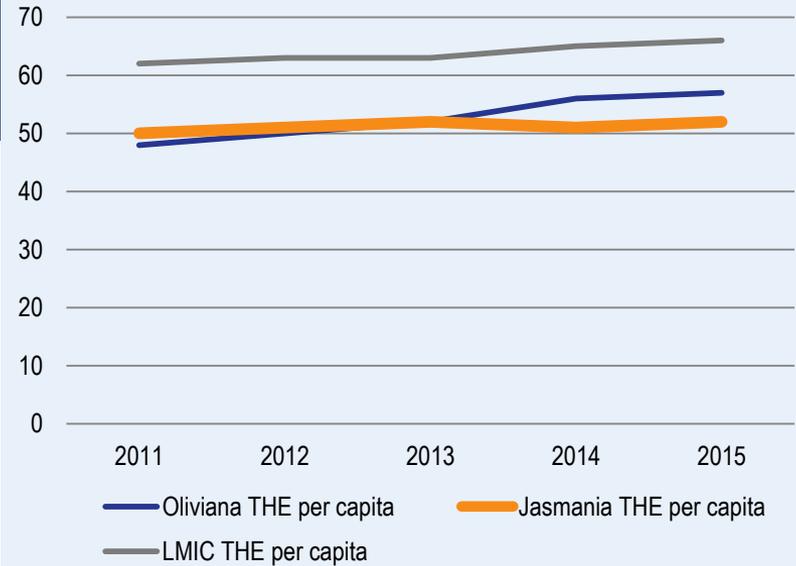
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Comparison to peers

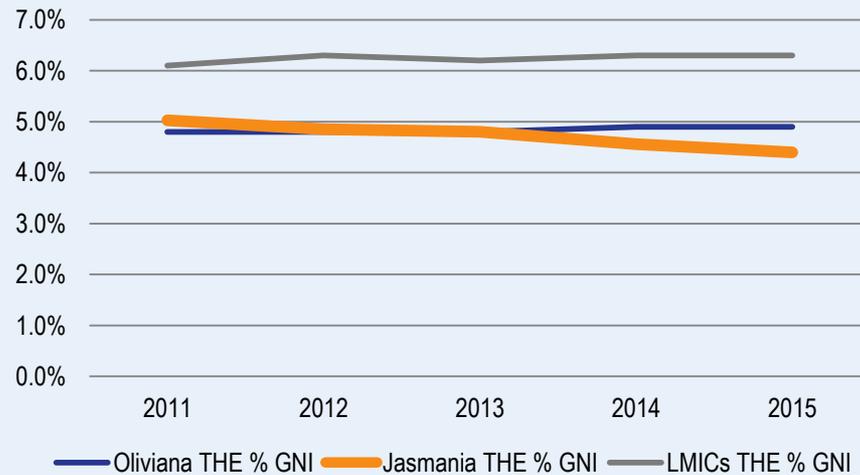
GNI growth rates



THE per capita



THE as a % of GNI

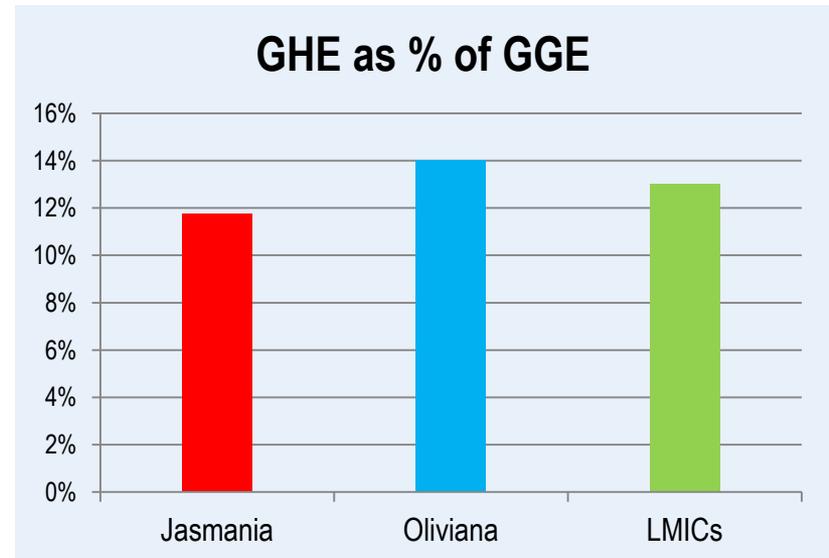
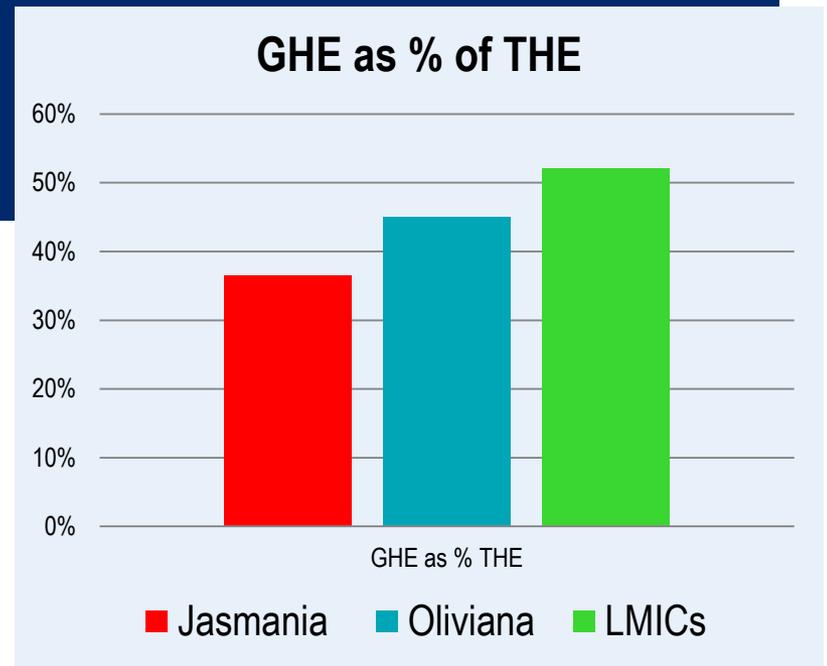
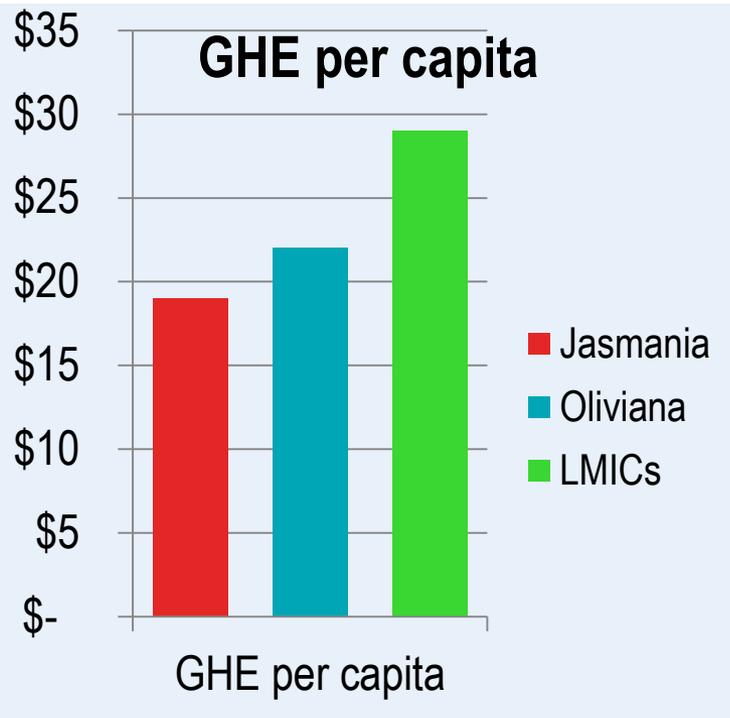


Government Health Expenditure (GHE)

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------------------|-------|-------|-------|-------|-------|
| GHE (USD millions) | \$332 | \$332 | \$360 | \$368 | \$389 |
| GHE per capita (USD) | \$17 | \$17 | \$18 | \$18 | \$19 |
| GHE as % THE | 34% | 33% | 35% | 35% | 37% |
| GHE as % GGE | 12% | 12% | 12% | 12% | 12% |
| GHE as % of GDP | 1.7% | 1.6% | 1.7% | 1.6% | 1.6% |

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Government Health Expenditure (GHE)





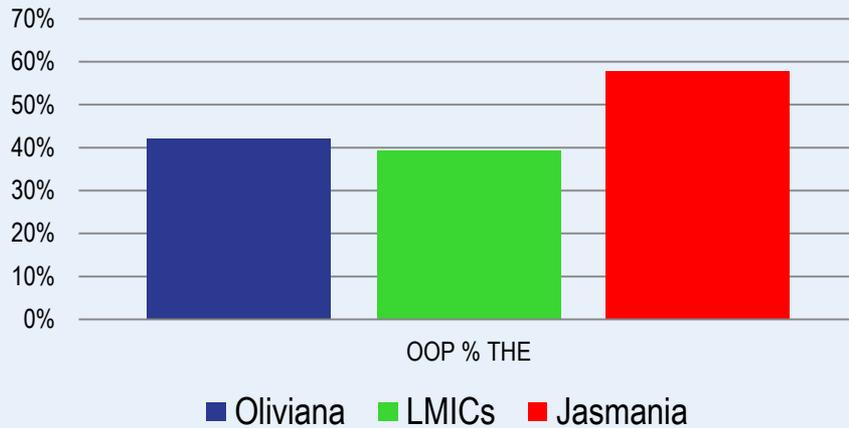
Out-of-Pocket Expenditure (OOP)

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------------|-------------|-------------|-------------|-------------|-------------|
| OOP as % THE | 60% | 61% | 60% | 59% | 58% |
| OOP per capita | \$30 | \$31 | \$31 | \$30 | \$30 |

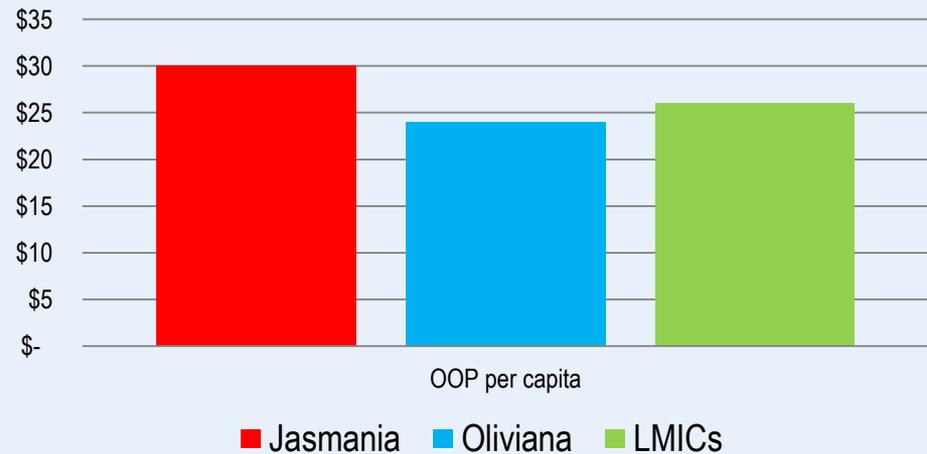
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Out-of-Pocket Expenditure (OOP)

OOP as a % of THE 2015



OOP per capita 2015





Budget Execution

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|-------------------------------------|------|------|------|------|------|
| GHE as % of budgeted amounts | 82% | 88% | 92% | 90% | 89% |

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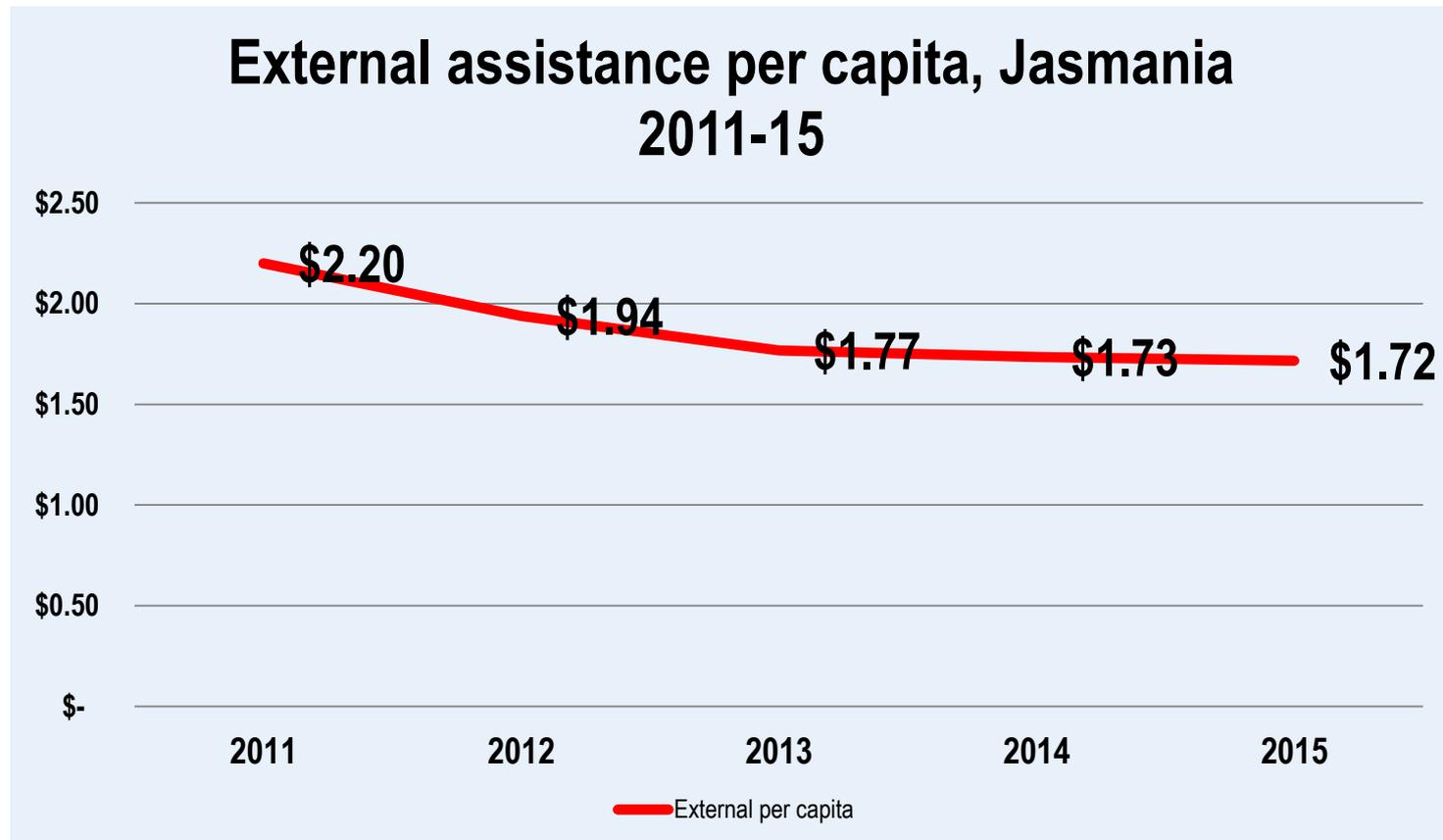


External Assistance for Health

External Assistance for Health

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------------|------------|--------------|--------------|--------------|
| External resources as % THE | 4% | 4% | 3% | 3% | 3% |
| Grants | 62% | 45% | 40% | 45% | 49% |
| Loans | 38% | 55% | 60% | 55% | 51% |
| External resources per capita | \$ 2.20 | \$1.94 | \$1.77 | \$1.73 | \$1.72 |
| External assistance (USD millions) | \$43 | \$38 | \$35 | \$35 | \$35 |
| Gavi status | Graduating | Graduating | Graduating | Graduating | Graduating |
| Global Fund status | Graduating | Graduating | Graduating | Ended | Ended |
| PEPFAR status | Graduating | Graduating | Graduating | Graduating | Ended |
| World Bank IDA lending | Eligible | Eligible | Not eligible | Not eligible | Not eligible |

External Assistance for Health



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Health Indicators



Jasmania Health Indicators 2011-15

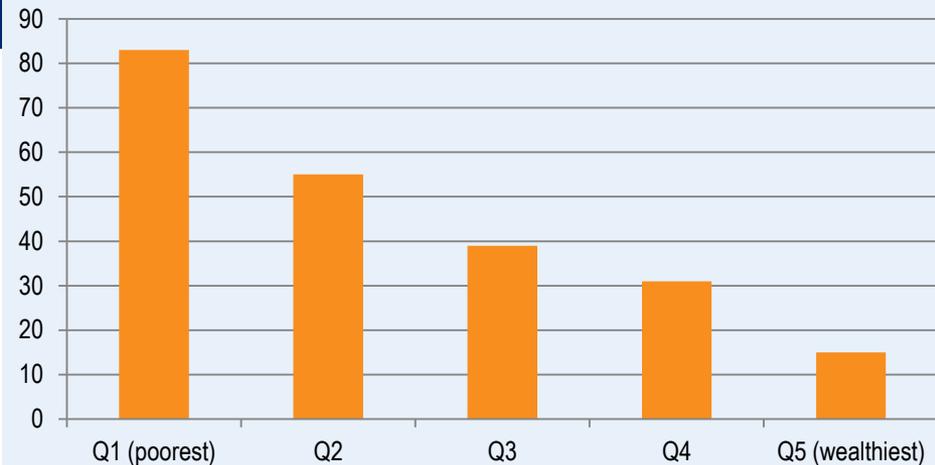
| | 2011 | 2012 | 2013 | 2014 | 2015 |
|-----------------------------|------|------|------|------|------|
| IMR | 54 | 52 | 50 | 47 | 45 |
| MMR | 175 | 168 | 157 | 160 | 158 |
| U5M | 120 | 118 | 117 | 114 | 110 |
| Pentavalent Coverage | 88% | 85% | 83% | 87% | 85% |

Jasmania Health Indicators by Wealth Quintile 2015

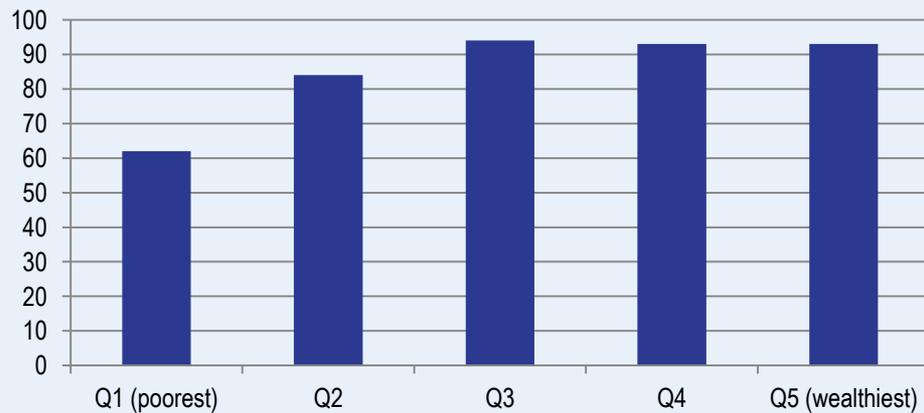
| | Q1 (poorest) | Q2 | Q3 | Q4 | Q5 (wealthiest) |
|-------------------------------------|-------------------------|-----------|-----------|-----------|----------------------------|
| IMR | 83 | 55 | 39 | 31 | 15 |
| MMR | 305 | 220 | 148 | 81 | 38 |
| U5M | 197 | 157 | 98 | 55 | 45 |
| Pentavalent Coverage (%) | 62 | 84 | 94 | 93 | 93 |

Jasmania Health Indicators 2015 by Wealth Quintile

IMR by wealth quintile 2015

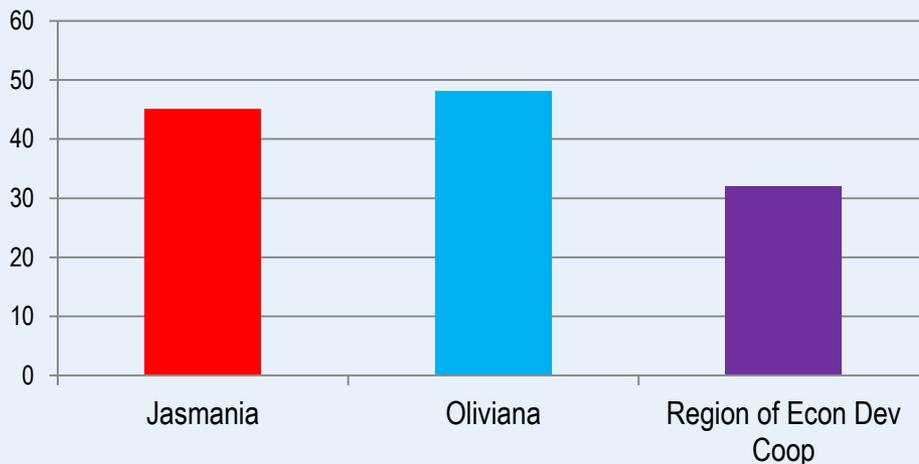


Pentavalent Coverage by Wealth Quintile 2015

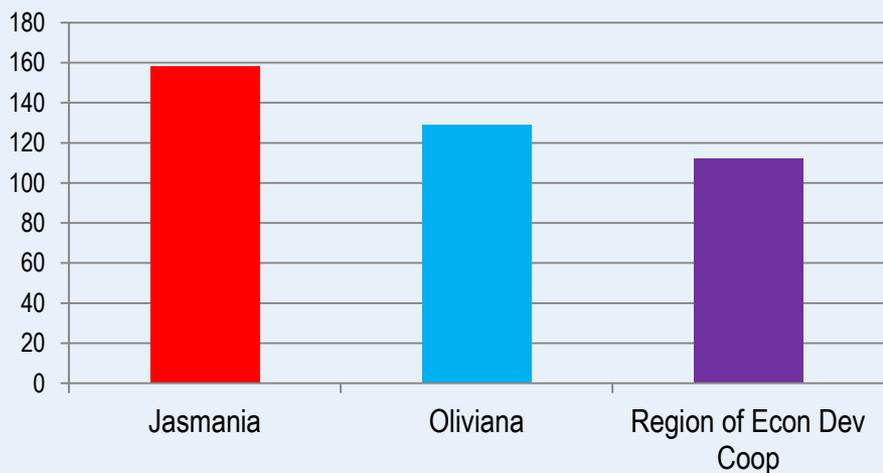


Jasmania Health Indicators, 2015 Compared to Peers

IMR 2105, Jasmania, Oliviana, REDC



MMR 2015, Jasmania, Oliviana, REDC





Issues Concerning MOH-MOF Relationship



Issues concerning MOH-MOF relationship

- The MOH has difficulty demonstrating the efficiency of its spending (i.e., linking expenditure to health outcomes)
- The MOF is hesitant to allocate additional resources to health, given the health sector's challenges spending its past allocations
- Dispersal of funds from MOF to MOH is often delayed
- MOH feels it is underfunded given comparisons to neighboring countries and others in its region
- MOH feels like its contribution to poverty reduction and overall well being of the Jasmania population is under-appreciated

Provides evidence base for MOF-MOH interaction

- Macro economic data
- Policy priorities
- Health financing data
- Population health indicators
- Comparisons to peers
- Equity breakouts
- Issues of misunderstanding or misalignment between MOF and MOH