

**Trip report: Tracking expenditure on commodities for child survival,
Countdown to Child Survival 2015, London meeting
11-14 December 2005**

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Abstract

At the request of the Partnership for Maternal, Newborn and Child Health, RPM Plus/MSH developed and tested a methodology for tracking the expenditure on public procurements of child health commodities. The results were presented, in conjunction with two other expenditure tracking exercises, at the Countdown to Child Survival 2015 conference in London in December 2005. It was agreed that the resource tracking work should be focused on global donors and countries to monitor their expenditures on child health, and that the proposed work should be completed by the next conference scheduled for 2007.

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Key Words

Commodities, child survival, Countdown, commodity tracking tool, expenditure, procurement

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Acronyms

BASICS	Basic Support for Institutionalizing Child Survival
GAVI	Global Alliance for Vaccine
GF	Global Fund
ITNs	Insecticide-Treated Nets
LSHTM	London School of Hygiene and Tropical Medicine
MDG	Millenium Development Goal
MSH	Management Sciences for Health
NHA	National Health Accounts
PHR Plus	Partners for Health Reform Plus program
PMNCH	Partnership for Maternal, Neonatal and Child Health
RPM Plus	Rational Pharmaceutical Management Plus program
UNICEF	United Nations Children’s Education Fund
USAID	US Agency for International Aid
WHO	World Health Organization

Background

Many life saving and essential child and newborn care interventions depend on the availability of safe and assured quality medicines and health-related supplies.

In the public sector, these commodities are in part financed by governments (the Ministry of Health), with international donors, faith-based organizations and the private sector contributing substantially to the remainder of the needs.

At the request of the Partnership for Maternal, Newborn and Child Health (PMNCH), RPM Plus/MSH developed and tested a methodology for tracking the expenditure on public procurements of child health commodities, with the additional aim of assessing if tracking expenditure on public procurement of commodities could serve as a proxy measure of expenditure or investment in child health.

This tracking exercise was one part of a three-part project commissioned by the Partnership to identify potential methods for monitoring donor and country investments in child health as part of the overall monitoring of progress towards the achievement of Millennium Development Goal (MDG) 4 to reduce child mortality. The results of the three research pieces were to be presented in a session at the Countdown to Child Survival 2015 conference in London in December 2005.

Purpose of Trip

Jane Briggs and Melissa Thumm of the RPM Plus Program/MSH traveled to London, 10-15 December, to meet with the other researchers and collaborate on the preparation of a joint presentation on finance flows research for the Countdown to Child Survival conference as well as to attend the conference.

Scope of Work

Both staff had the same scope of work.

- Participate in a meeting on Sunday 11th December with the other researchers to discuss research methodology, to prepare for a meeting with the partners and to prepare a draft presentation for the conference
- Participate in a meeting with key representatives of the partnership to discuss the draft presentation on Monday 12 December
- Complete the presentation for the conference
- Discuss next steps to propose to the partnership with the other researchers
- Attend the two day Countdown to Child Survival 2015

Melissa attended, as it is expected that she may work on any further work resulting from this research.

Activities

1. Participate in a meeting on Sunday 11th December with the other researchers to discuss research methodology, to prepare for a meeting with the partners and to prepare a draft presentation for the conference.

The research teams presented and discussed their findings and recommendations, including the conceptual, modeling and technical issues around each approach (See Annex 1 for the RPM Plus presentation). The three pieces of work included a child health sub analysis of National Health Accounts by WHO and PHR Plus, an analysis of donor funds for child health activities by the London School of Hygiene and Tropical Medicine (LSHTM), and a tracking of expenditure on procurement of commodities at national level by RPM Plus. Each group presented their issues, concerns, problems and recommendations and then LSHTM presented the summary and comparisons which they had prepared during the previous week. During the course of these discussions, the participants listed issues requiring additional discussion at the meeting the following day. At the end of the afternoon, the group drew up recommendations as to which approaches should be adopted, and which require further work or should be dropped. The group also prepared a draft of the conference presentation to be made to the Partnership representatives (USAID, WHO, UNICEF and World Bank) the following morning.

Participants at the meeting included: Aparnaa Somanathan (WHO), Dan Kraushaar (Gates), Tessa Tan Torres (WHO), Jane Briggs (RPM Plus), Thierry Lambrechts (WHO), David Collins (BASICS), Diana Silimperi (BASICS), Anne Mills (LSHTM), Dirk Mueller (LSHTM), Tim Powell-Jackson (LSHTM), Jo Borghi (LSHTM), Fred White (BASICS), Tania Dmytraczenko (PHR Plus), Karin Stenberg (WHO), Ravi Rannan-Eliya (Institute for Health Policy, Sri Lanka), Melissa Thumm (RPM Plus).

2. Participate in a meeting on 12th December with key representatives of the Partnership to discuss the draft presentation

The partnership representatives joined the meeting in the morning (some partnership representatives opted to stay longer). During that session, the research teams presented to partnership representatives on the completed work, strengths and weaknesses of each approach and their overall recommendations on the way forward. A draft of the conference presentation was used as the basis for this presentation and discussion. The partners provided feedback on the presentation, the methodological approaches and the application of results. They also offered suggestions for next steps, which included expanding the scope of any future work to incorporate resources for maternal and neonatal health, particularly given the mandate of the Partnership, and tracking resources every 2 years for presentation at the subsequent Countdown conferences.

The following partnership representatives were present at the meeting: Abdelmajid Tibouti (UNICEF), Maria Francisco (USAID), Petra Ten Hoope-Bender (WHO), Flavia Bustreo (World Bank), Al Bartlett (USAID), Manjula Lusti-Narasimhan (WHO).

Once the presentation and discussion with the partners finished, the research group completed the conference presentation and then discussed the additional issues identified the previous day. The following conclusions were reached:

- Although the methods are fragmented, there is a need to develop a mechanism for countries to do some form of resource tracking.
- Indicators need to be standardized and some kind of gap analysis performed. This had not been possible in the feasibility testing stage, in part due to the limited time available.
- It will be important to track resources at both country and donor levels

During the discussion of NHAs, the group agreed that they are a very valuable analysis. It was acknowledged that vertical funding of NHAs and the use of slightly different methodologies for each vertical program area e.g. HIV and Reproductive Health, pose challenges for countries. The group briefly discussed how a child health sub-analysis might be added to an NHA conducted for, and with funds from, HIV/AIDS projects, for example.

In terms of commodity tracking, specifically, the group noted that commodities procurements at the donor-level were not part of the commodity tracking exercise, as this had not been part of the original task description, but that they could be included in the donor flow tracking. It was recommended that commodity tracking could also be a useful tool to complement and/or incorporate into NHAs. No evaluation of whether tracking of expenditure on procurement of child health commodities could serve as a proxy for general expenditure on child health had been possible. It had been hoped to compare results of a child health sub analysis in Kenya with the results of the commodity tracking, but this had not been possible as PHR Plus had had to stop the work in Kenya and start in Malawi. However in absence of this kind of validation, it was felt that commodity tracking could be complementary to NHA sub analysis.

3. Complete the presentation

After the meeting with the Partnership, the team of researchers completed the presentation for the conference that Anne Mills was to present on the 2nd day of the conference. In light of the discussions some additional data was added and some of the text was revised.

The final conference presentation is attached (Annex 2).

4. Discuss next steps to propose to the partnership with the other researchers

Proposals from the partner meeting held on the 12th December were further developed in a meeting attended by Anne Mills, Tim Powell-Jackson, Jane Briggs, Tania Dmytraczenko, Karin Stenberg and David Collins on the 14th December. They were prepared to be presented at the follow-on partnership meeting on the 15th December, but due to time constraints at that partnership meeting, the recommendations were not presented. They were, however, forwarded to Flavia Bustreo to share with the partnership.

The main themes of the recommendations were to explore the options for conducting child health sub analysis of NHAs in as many of the PMNCH priority countries as possible, to include where possible tracking of expenditure on procurement of child health commodities as a complementary analysis, and to continue the tracking of donor funding including donor funded child health commodities.

It was agreed that the resource tracking work should be focused on (a) global donors and (b) countries and that the proposed work should be completed by the 2007 meeting. The technical capacity and funding needed to do the work were not discussed.

See Annex 3 for a detailed outline of the proposed next steps.

5. Attend the 2 day Countdown to Child Survival 2015

The 2 day conference agenda was packed with a constant trend of why and what to monitor. The partnership director was announced: Dr Francis Songane who was previously the Minister of Health in Mozambique and the PMNCH and its role presented.

The program of the first day of the two day conference included:

- An introductory session setting the context and current situation of child survival
- Case studies :
 - o Pakistan (neonatal interventions and another on disaster response)
 - o Senegal (nutrition intervention)
 - o Nepal (community based interventions including treatment of ARI)
 - o Bolivia (C-IMCI)
 - o Tanzania (reporting on progress and challenges)
 - o Zambia (the impact of HIV/AIDS)
 - o UNICEF West African Accelerating Child Survival Development (ACSD)

Sessions on day 2 of the conference focused on:

- Monitoring. According to the report Tracking Progress; tracing intervention coverage launched at the conference, of 60 priority countries, only seven countries are on track to meet the MDG for child survival
- Tracking of resource and financial flows. Anne Mills gave the presentation of all the pieces of research on resource tracking
- Importance of equity in monitoring progress
- New directions from WHO CAH, included use of the private sector
- New evidence on interventions: included oral amoxicillin vs. injectable penicillin, early initiation of breastfeeding, handwashing, highly fortified ready to use foods, cotrimoxazole prophylaxis for HIV infected children and chlorhexidine for cleansing of newborn skin and umbilical cord. New vaccines on the horizon for pneumococcus, rotavirus and malaria.
- The price tag for newborn and child survival
- Action plan for the countdown focusing on country level action, expanding coverage of care for maternal, neonatal and child health, and monitoring of progress.

A summary of the conference was provided by the organizers:

- i. Reconfirmed evidence on cause of death from the Lancet child and neonatal series.
- ii. Presented updates on country mortality and coverage rates for 20 interventions;
 - Changed from 42 Lancet countries to 60 Countdown countries to include other countries with high under-5 mortality.
 - Also concerned with and want to work with other countries, especially those with large inequities in health.
- iii. Shared information on recent scientific evidence on the effectiveness of interventions and on delivery strategies
- iv. Included recognition of need to focus more on continuum of care
 - Maternal- newborn-child
 - Home-community-facility-referral
- v. Agreed on need for more attention to community and household approach
 - Call for further research on policies and implementation, such as more effective delivery of interventions
- vi. Excellent evidence-based country examples of what works as well as challenges faced
- vii. Agreed on need for strengthening outcome-oriented health systems
- viii. Called upon partners to collectively monitor and account for investments in child health
 - New cost estimates provided
 - Tools to reprioritize resources to address the burden of disease using cost effective interventions
- ix. Identified resource gap for newborn and child health and identified need to mobilize new resources and better utilize existing resources
- x. Recognized need for a longer terms commitment by all partners around one country led strategy.

Who will do what by when as presented by the PMNCH at the end of the conference:

- Follow-up meeting on Thursday 15th with Countdown organizers and country representatives to develop an action plan.
- Steering committee of the partnership to meet on 15th and 16th – agenda includes agreeing on strategies to support countries
- UNICEF and WHO to discuss with key regional bodies the regional plans for MDG 4 & 5 monitoring
- PMNCH to call for a consultation with the major global health partnerships to concretely plan coordinated action
- Countries are called upon to move forward with one coordinated plan to reach MDG 4 & 5, with clear budgets, bringing partners together to raise coverage on the identified interventions

Collaborators and Partners

Researchers:

Timothy Powell-Jackson, London School of Hygiene & Tropical Medicine

Anne Mills, LSHTM

Dirk Mueller, LSHTM

Jo Borghi, LSHTM
Tessa Tan Torres, WHO
Karin Stenberg, WHO
Thierry Lambrechts, WHO
Charu Garg, WHO
Tania Dmytraczenko, PHR Plus
Ravi Rannan- Eliya, Institute for Health Policy, Colombo, Sri Lanka
Apaarna Somanathan, Data Institute, Dhaka, Bangladesh

Coordinators:

David Collins, BASICS/MSH
Diana Silimperi, BASICS
Fred White, BASICS
Dan Kraushaar, Gates Foundation

Partnership representatives:

Elizabeth Mason, WHO,
Bernadette Daelmans, WHO
Manjula Lusti-naras
Petra Ten Hoope-Bender, Partnership
Abdelmajid Tibouti, UNICEF
Flavia Bustreo, World Bank/WHO
Al Bartlett, USAID
Maria Francisco, USAID
Kamden Hoffman, USAID

Adjustments to Planned Activities and/or Additional Activities

In addition to the activities in the SOW, Jane Briggs had some side meetings with participants at the conference:

1. with Dr Theopista John from Tanzania to inform her of the work RPM Plus was doing with the accredited drug outlets in Tanzania and integration of a child health component. She was not aware of the work, so she was briefed and we discussed how useful this will be in contributing to the efforts of the public sector in reducing child mortality.
2. with Karin Kallander of Karolinska University, Sweden to discuss issues of community management of ARI and malaria and their TDR funded project. The work of RPM Plus in supporting community case management was described and we will seek opportunities to collaborate.
3. with Dr Isseu Diop Touré of WHO Senegal to discuss the upcoming IMCI facility survey and the possible role of RPM Plus.

Next Steps

Immediate Follow-up Activities

- Complete the final report of results from the two countries where expenditure on public procurement of commodities for child health were tracked, including the additional analysis of expenditure per child under 5, expenditure per drug and expenditure per donor.
- Follow up with PHR Plus on the timeline for Kenya's NHA so that results can be compared with that of the commodity tracking exercise in part to consider whether commodities procurement could be used as a proxy indicator of overall expenditure on child health.

Recommendations

If the PMNCH and USAID wish to pursue tracking of expenditure on procurement of commodities further either as a stand alone analysis or linked to NHA work;

- Develop the HIV commodity tracking web site used for this exercise so there is a separate entry screen for tracking data on child health commodities procurement, so that specific analysis can be run and to complete the list of commodities
- Standardize the pro-rating factor calculation for commodities that are not specific to child health so that each analysis uses a standardized formula
- In countries where there are ongoing, planned or recent NHAs conduct tracking of expenditure on central procurement of child health commodities as a complementary analysis

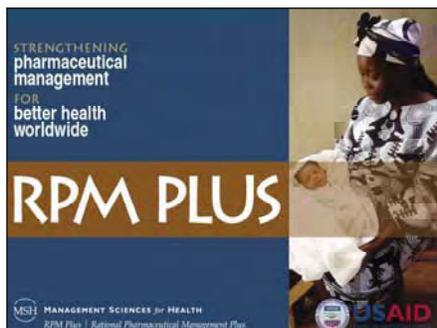
Agreement or Understandings with Counterparts

Depending in funding decisions, RPM Plus may collaborate with PHR Plus on upcoming NHAs, tracking expenditure on procurement of commodities to complement the NHA sub analyses.

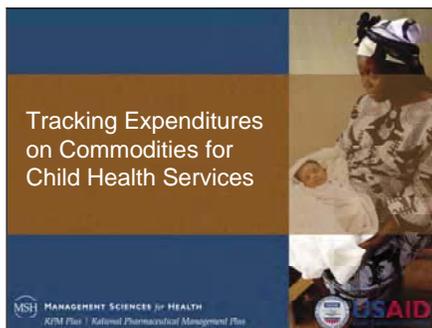
Important Upcoming Activities or Benchmarks in Program

It is hoped that some of these recommendations will have been implemented with results to present at the 2nd Countdown to 2015 Child Survival Conference in 2007.

Annex 1. RPM Plus presentation to researchers



Slide 1



Slide 2



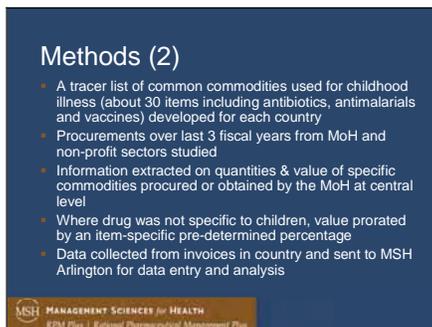
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Slide 4



Slide 5



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Problems encountered

- Tracer list selection- inclusive but not all-inclusive
- Accessibility to information
- Procurement filing systems sometimes complex, disorganized, and not computerized
- Most sources of procurement obtained (although in one country the national religious procurement agency was not included)
- Prorate estimates – “guesstimated” but ratio consistently applied throughout analysis

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Country	Category	Unit	Unit Price	Quantity	Total Value
Country Y	Commodity A	Unit	\$10.00	1000	\$10,000
Country Y	Commodity B	Unit	\$20.00	500	\$10,000
Country X	Commodity C	Unit	\$50.00	200	\$10,000

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Country	2002	2003	2004
Country Y	\$1,000,000	\$1,500,000	\$2,500,000
Country X	\$2,000,000	\$1,500,000	\$10,000,000

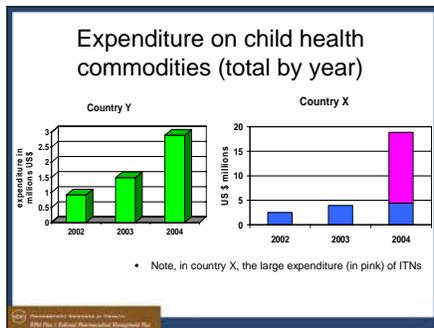
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Major Findings

- Data is collectable and can be analyzed
- Tool produced results to show trends in expenditure on procurement of child health commodities, for example:
 - expenditure on specific child health commodities increased in both countries over 3 years

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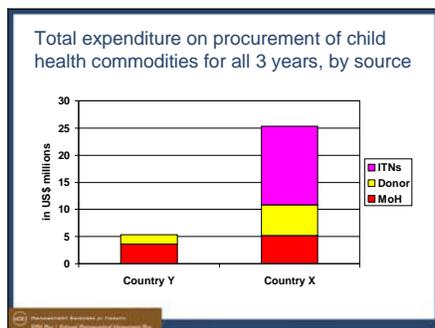
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Findings (cont.)

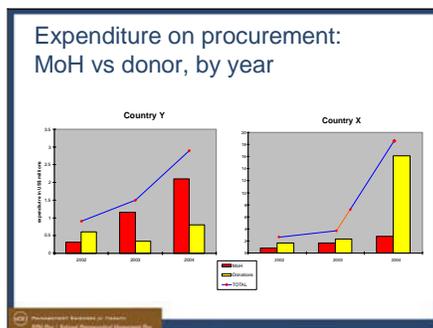
- Donors contribute largely to the expenditure on commodities:
 - In country Y, MoH spending on commodities was about double that of donor spending
 - In country X, MoH spending on commodities was about 1/4 of donor spending
- Both donor and MoH expenditure on commodities has increased over the 3 years (except 1 year in 1 country)
- No Ambu bags were procured

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Methodological Issues

- Tracer list focused mostly on medicines used at the primary health care level
- Estimates used to prorate the expenditure on commodities used in adults as well as children
- Data on expenditure on commodities may not reflect need or government commitment
- Difficult to compare countries' expenditures because of differences between each country's HMIS, as well as the epidemiological profile

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Conclusions

- Data on expenditure on procurement of commodities for child health was possible to collect in the 2 countries
- Expenditure on procurement of tracer child health commodities increased over 3 yrs in the 2 countries studied
- Donor contribution to that expenditure is significant and therefore, important to know
- Resources tracked on expenditure on child health commodities and method feasible

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Recommendations

- Method can be used elsewhere to assess expenditure on procurement at country level
- More in depth analysis needed in country to compare expenditure to need eg
 - ratio of expenditure on procurement per child
 - ratio of expenditure to coverage
 - ratio of expenditure to theoretical need eg a forecast of need using same unit prices

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Annex 2. Resource tracking presentation to conference by Dr Anne Mills

Following the money:
Monitoring financial flows for child health at global and country levels

Presentation by Anne Mills

Tracking Progress in Child Survival
Countdown to 2015
13-14 December 2005
at the University of London



Slide 1

Acknowledgements

Work included in this presentation was carried out by:

- the London School of Hygiene and Tropical Medicine (LSHTM);
- the World Health Organization (WHO), Institute for Health Policy in Sri Lanka, Data International in Bangladesh;
- the Partners for Health Reform *plus* (PHR*plus*) project, Ministry of Health in Malawi; and
- the Rational Pharmaceutical Management Plus (RPM Plus) programme.

Coordination was provided by the Basic Support for Institutionalizing Child Survival (BASICS) project

PHR*plus*, RPM Plus and BASICS are funded by the United States Agency for International Development

Slide 2

Why monitor financial flows?

- Help raise global awareness of the gap between current expenditures and funding required to achieve the child survival MDG
 - e.g. annual recurrent cost of universal coverage of 23 interventions in 42 countries estimated to be \$9.3bn of which \$5.1bn is additional (Bryce et al 2005)
- Encourage greater and more effective national and international investments for child survival
- Hold stakeholders at all levels to account

Slide 3

Purpose of research

- To develop and test methodologies for tracking expenditures on child health
- To produce initial estimates for a sample of donors and countries

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Three studies

1. Global and country level tracking of Official Development Assistance (ODA) from major international donors (by LSHTM)
2. Analysis of domestic spending on child health using framework of the National Health Accounts (NHA) in a selection of countries (by PHR*plus* and WHO)
3. Tracking expenditure on procurement of commodities for child health in two countries (by RPM Plus)

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What are "child health resources"?

- Resources used for activities whose primary purpose is to restore, improve and maintain the health of children aged 0 to 5 during a specified period of time*
- We consider resources for only those services or interventions given *directly* to the child

*in line with NHA definition

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Study 1 Tracking ODA for child health

Global level study

- Examine resources provided by eight key donor organisations to developing countries between 2002-2004, including:
 - Grant and loans flowing through general and sector budget support, basket-funding and projects
 - Disbursements through: (i) child health specific projects; (ii) multi-purpose health projects; (iii) general health system development projects

Country case study of Tanzania

- Develop and test a methodology to estimate the allocation of ODA funds to child health at country level
- Explore feasibility of allocating integrated funds (e.g. SWAps, general budget support) to child health

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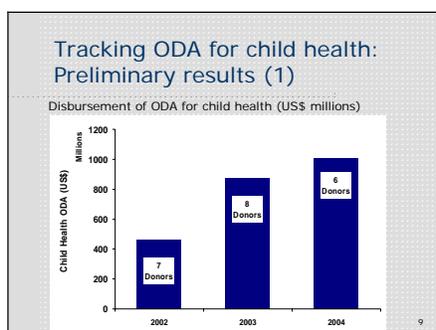
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Tracking ODA for child health: Global study methods

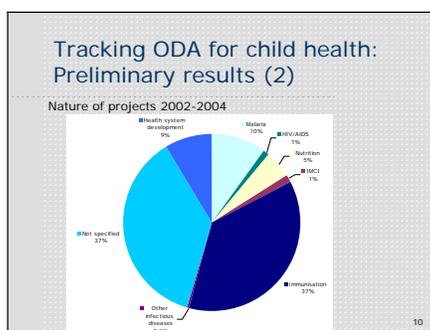
- Data sources included OECD's Creditor Reporting System (CRS) database and primary data collection from donors
- Identification of child health disbursements on a project by project basis
- Assumptions used for child health proportion of total funds depending on aid modality and nature of project

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Country case study

- Child specific expenditure a very small proportion of public health expenditure: 1.27% at MOH level; 1.0% - 5.2% across five districts
- Child utilisation as % of total utilisation varies greatly (33-60% in 5 districts)
- Large proportion of health expenditure is out of pocket in private sector (common across countries)

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Tracking ODA for child health: Challenges and limitations

- Data gaps in OECD's CRS database (esp. project descriptions) for some donors
- Challenges of primary data collection in face of donor fatigue and limited access to project level data for independent analysis
- Difficulty in apportioning integrated funds to child health in absence of reliable cost or utilisation data

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Study 2: Country resource tracking via NHA - Scope

- Country studies ongoing in Malawi, Sri Lanka and Bangladesh
- Studies extend existing NHAs, aiming to track child health expenditures from sources of health finance, through financing agents, to providers and end uses of funds
- Breakdowns by e.g. curative, preventive, promotive; household pharmaceutical purchases; health administration; capital formation (e.g. incubators); health care related activities (e.g. training)

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Country resource tracking via NHA: Methodology

- Starting point is existing NHA data & domestic NHA capacity
- Covers public, private and donor expenditure
- Identifies and allocates components in the NHA to child health, for example:
 - Immunisation programme – using financial records
 - Hospital outpatient care – using HMIS & household utilisation survey reports
 - Medicine purchases – using household expenditure survey data

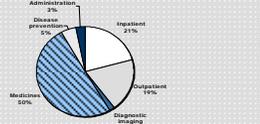
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Country resource tracking via NHA: Provisional results*

Country	Year	Total Health Expenditure (% GDP)	Child spending (% THE)	US\$ per child
Bangladesh	2000	3.2%	12%	\$11
Sri Lanka	2002	3.6%	9%	\$36

Bangladesh: spending on child health services



*Not for citation

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Country resource tracking via NHA: Challenges and limitations

- Difficult to apply definition of child health expenditure in practice
- Not all countries have NHAs
- Requires good utilisation data to apportion integrated health service expenditure to child health
- Limited support for developing comprehensive health management information systems

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Study 3: Commodity tracking - Objectives

- Develop and test a method for tracking expenditure on procurement of commodities that relate to child health through studies in two countries
- Assess if expenditure on CH commodities is an effective proxy for measuring expenditure on child health services

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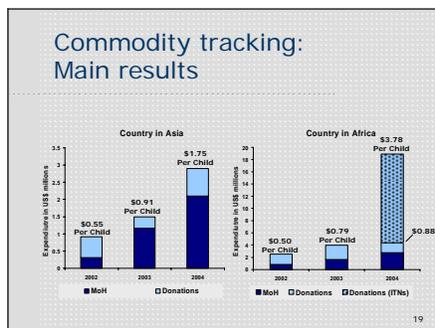
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Commodity tracking: Methodology

- Develop tracer lists of common commodities used for childhood illness
- Identify main sources of procurement of the tracer items at national level
- Study procurements over last 3 fiscal years from Ministry of Health, non-profit sectors and donors
- Obtain quantities and values of specific commodities procured
- Pro-rate drugs not specific to children
- Analyze data using an existing web-based tool

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- ### Commodity tracking: Challenges and limitations
- Gaining access to procurement information
 - Pro-rating drugs not specific to children is limited by the quality of health information
 - Data on expenditure on commodities received may not reflect need or government commitment
 - Difficult to compare countries' total expenditures because of differences between each country's health management information system, as well as the epidemiological profile

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- ### Conclusions: Summary of findings
- Great majority of child health resources channelled through integrated health services: resource tracking methods must allow for this
 - Tracking resources for child health at country level is feasible through NHAs but requires good quality financial and utilisation information
 - Global ODA for child health can be tracked over time using OECD's CRS database and supplementary information

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- ### Conclusions: Summary of findings
- Tracking expenditure on public procurement of commodities for child health over time is feasible and complementary to other methods
 - Mismatch between apportionment methods of resource tracking and costing methods of price tags makes it problematic to estimate financing gap for donors
 - Lack of national capacity and data to estimate country level financing gap

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- ### Conclusions: The way forward
- Continuing support to countries needed for:
 - NHAs
 - Household surveys to improve data on household expenditures and utilisation
 - Improving HMIS, budgeting and accounting systems
 - Further explore commodity tracking as proxy for child health expenditure
 - CRS database should be the basis for global ODA tracking
 - Improve project descriptions
 - Encourage better reporting by multilaterals
 - Consistent with recommendations of CGD working group on NHA and non-obtrusive methods for ODA tracking

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- ### For 2007:
- Track child health ODA using CRS database
 - Support countries with NHAs to analyse child health expenditure and produce baseline indicator "total health expenditure on child health per child"
 - Develop price tag methodology at country level to facilitate comparison with expenditure data and identify the financing gap
 - Support countries to track expenditure on procurement of commodities for child health

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Annex 3. Recommendations presented to PMNCH by researchers

Child health resource tracking

Draft proposal for follow-on work

14th December 2005

Background

The following proposals came from the partner meeting held on the 12th December and were further developed in a meeting attended by Anne Mills, Tim Powell-Jackson, Jane Briggs, Tania Dmytraczenko, Karin Stenberg and David Collins on the 14th December. They were prepared for the follow-on partners' meeting that was held on the 15th December. They were not presented at that meeting due to lack of time and it was agreed that they will be forwarded to Flavia Bustreo for sharing with the partners.

Proposal

It was agreed that the resource tracking work should be focused on (a) global donors and (b) countries. The following work should be completed by the 2007 meeting. The technical capacity and funding needed to do the work were not discussed.

1. Monitor global ODA resource tracking to lobby donors and hold them accountable for promises
 - a. Update figures for the donors already included for years up to 2007
 - b. Consider additional analyses of figures and include if appropriate
 - c. Increase numbers of ODA donors included in figures
 - d. Include other major donors – eg foundations
 - e. Explore feasibility of gap analysis and estimate rough magnitude of gap
 - f. Show commodity expenditures where figures are provided by as part of ODA analysis
2. Monitor country resource tracking to lobby donors and countries and hold both accountable
 - a. Do analysis of expenditure and commodities for all possible recent years in the 60 priority countries that will have NHAs done by 2007 (around half of the countries?). Where NHA is done in 2006 or 2007 do child health sub-analysis as part of NHA.
 - b. Consider additional analyses of figures and include if appropriate
 - c. Explore expanding commodities analysis to include private sector
 - d. Do commodities and other analyses for the other top 10 countries with the largest numbers of child deaths that do not have NHAs – Nigeria, DRC and Afghanistan – and at same time design and test methods for conducting such analysis
 - e. Explore feasibility of gap analysis and estimate rough magnitude of gap in 3 countries that have NHAs
3. Other activities
 - a. Develop a way to include maternal and neonatal expenditures figures and commodities details in global and country CH work

- b. Do analysis of NHA into all key programmes for one country to develop method and show cost effectiveness of single comprehensive analysis and how it may eliminate double counting.
 - c. Complete commodities tracking program and carry out commodities studies in Malawi, Bangladesh and Sri Lanka to complement current NHA sub-analyses.
 - d. Prepare one publication on ODA study and one publication of 3 country studies (WHO, PHR Plus and RPM Plus) for The Lancet.
 - e. Make formal ongoing link with other groups doing resource tracking to try to align methods and compare results and also with utilization information and survey groups.
4. Promotion
- a. Promotion of NHAs as key building block, especially in sub-Saharan Africa.
 - b. Promote importance of health service utilization information systems and surveys
 - c. Promote importance of accounting and budgeting systems.