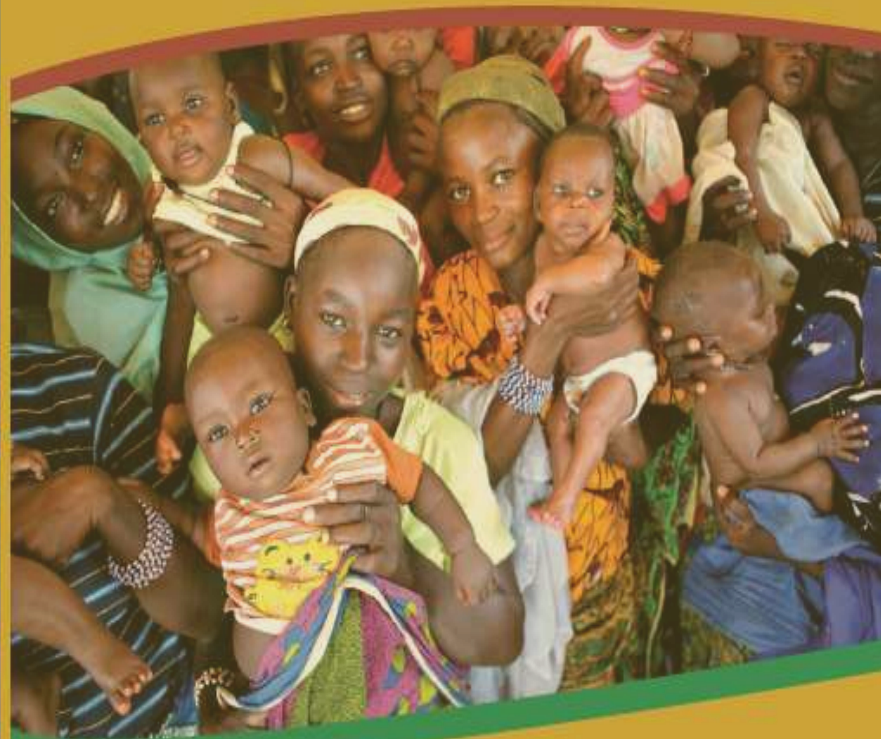


*Fulfilling the Health Agenda
for Women and Children*

The 2014 Report




Countdown to 2015
Maternal, Newborn & Child Survival

Countdown to 2015: Trends in RMNCH Financing

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On behalf of LSHTM colleagues

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Countdown Tracking and Methods

- In collaboration with the London School of Hygiene and Tropical Health, CD has been tracking Official Development Assistance (ODA) for Child Health (CH) and Maternal and Newborn Health (MNH) since 2003
- ODA+ (ODA + Gates) for 75 CD priority countries and all recipient countries from all donors reporting to the CRS
- The 2014 CD Report includes ODA+ data up to 2011; This presentation includes analysis of up to 2012 ODA+ data
- Analysis includes donor funding to maternal, newborn, child health (MNCH) and reproductive health activities (R*)
- Manual coding of all aid disbursements in the CRS of OECD based on CRS-stated purpose

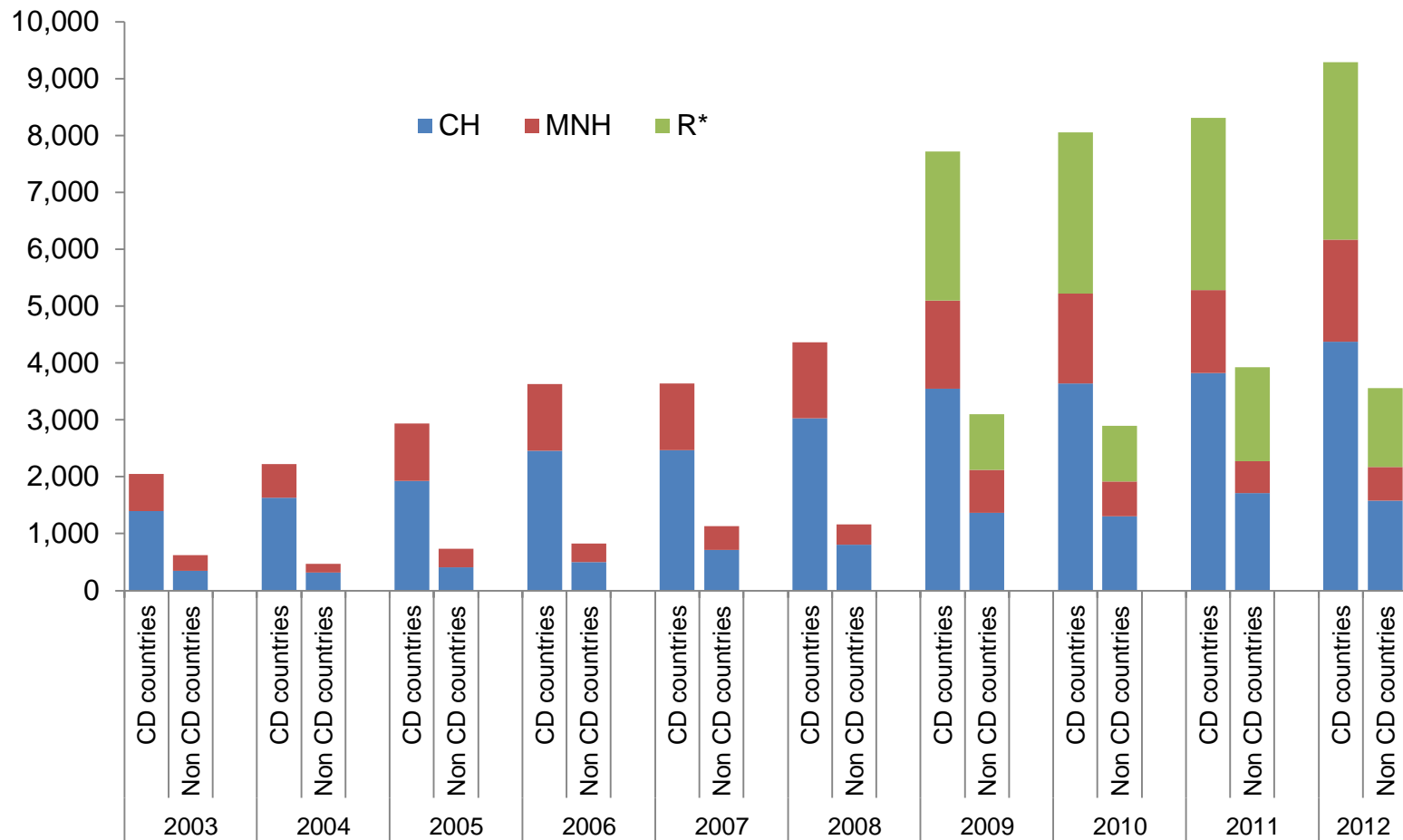


ODA+ for RMNCH

- ODA+ for RMNCH is about **8.6%** of total ODA+
 - ODA+ for MNCH is **5.6%** of total ODA+, and **38.8%** of ODA+ for health
 - ODA+ for R* is **3.0%** of total ODA+, and **20.9%** of ODA+ for health
- Aid to RMNCH is about **\$12.2B** in 2011 and **\$12.8B** in 2012
 - 2010-2011 increase = **11.8%**
 - 2011-2012 increase = **5.0%**
- Aid to maternal, newborn, and child health accounted for over **65%** of RMNCH; aid to R* accounted for **35%** of RMNCH



Trends in ODA+ for MNH, CH, and R*



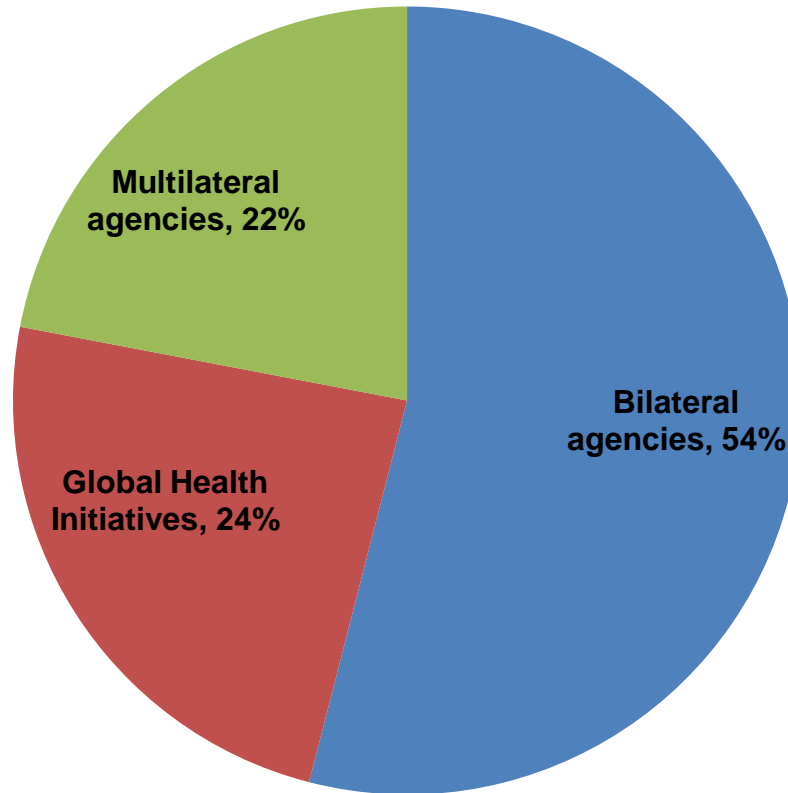
Recent trends in ODA+ for MNCH and R*

(all donors to all recipients worldwide)

	2011 (USD, billion)	2012 (USD, billion)	% change in 2011	% change in 2012
MNCH	7.6	8.3	+5.9%	+10.4%
MNH	2.0	2.4	-7.9%	+18.2%
CH	5.5	6.0	+12.0%	+7.5%
R*	4.7	4.5	+22.8%	-3.7%

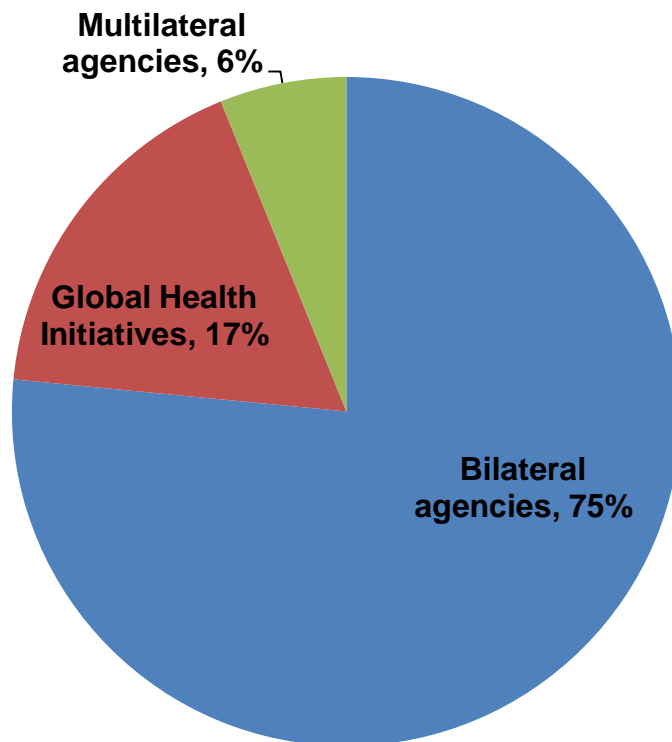


Official development assistance for maternal, newborn and child health in the 75 Countdown priority countries was \$5.3 billion in 2011

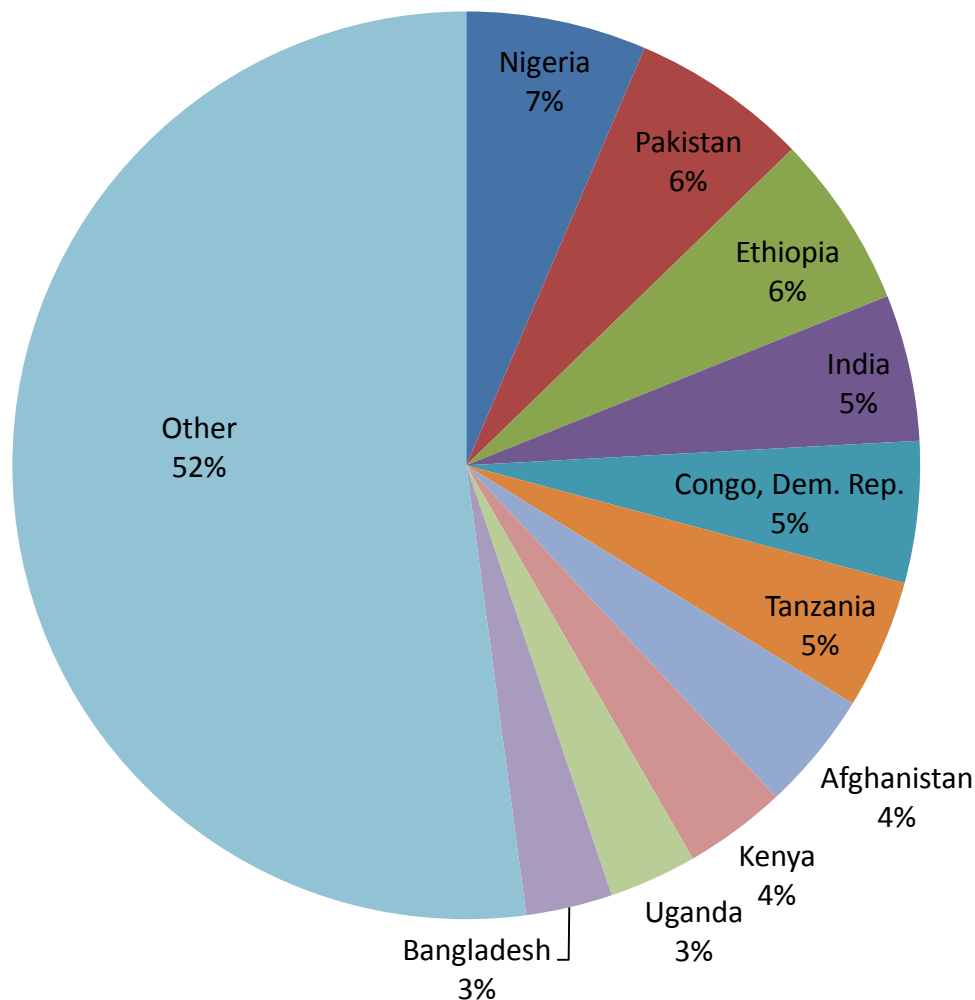


Source: Organisation for Economic Co-operation and Development's Development Assistance Committee's Creditor Reporting System Aid Activities Database

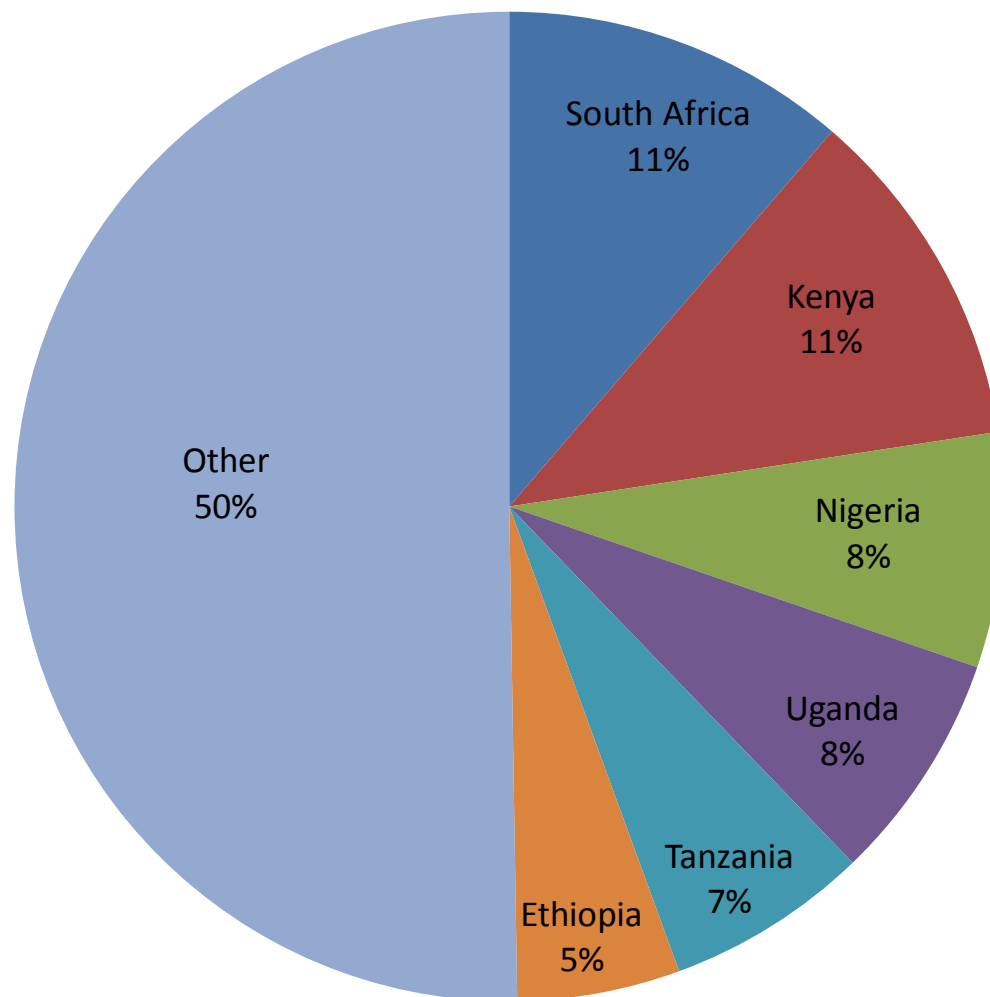
Official development assistance for R* in the 75 Countdown priority countries was \$3.0 billion in 2011



Ten *Countdown* countries received just under half of total ODA+ for maternal, newborn and child health in 2012



Six *Countdown* countries received half of ODA+ to R* in 2012 (includes ODA for HIV/AIDS related programs)



Are aid disbursements responding to need?

- Analyzed association between ODA+ and child, maternal and newborn, and R* with country-level measures of need for 2005, 2010, and 2012
- Aid flows are positively associated with need, but the strength of the association declines across all three models in 2012 relative to 2010
- Aid continues to be targeted to countries with higher levels of need, but there was no evidence of improvement between 2010 and 2012 for RMNCH funding



National expenditure on health in *Countdown* countries

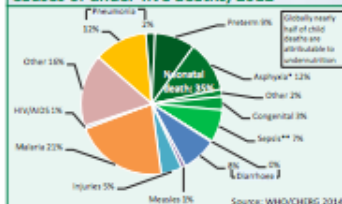
- For the first time, the 2014 *Countdown* country profiles include the COIA recommended resource indicator on RMNCH by source of funding to track both domestic and external financial commitments
- Only 4 of the 75 *Countdown* countries can report completely and 2 countries partially on recommended financing indicator
- 18 countries report to be developing these financial indicators and 25 countries report to be in the planning phase
- Limited data are available to assess the effects of OOP payments for health and RMNCH specifically



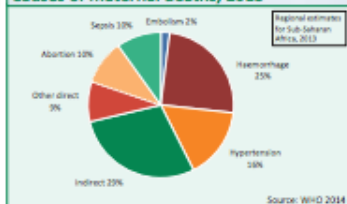
Liberia

DEMOGRAPHICS

Causes of under-five deaths, 2012



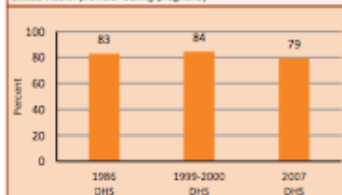
Causes of maternal deaths, 2013



MATERNAL AND NEWBORN HEALTH

Antenatal care

Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy



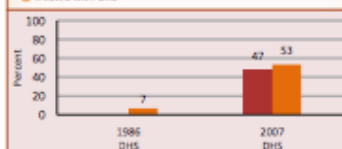
Demand for family planning satisfied (%)	24	(2007)
Antenatal care (4 or more visits, %)	66	(2007)
Malaria during pregnancy - intermittent preventive treatment (%)	48	(2012)
C-section rate (total, urban, rural, %)	4, 5, 3	(2007)
(Minimum target is 5% and maximum target is 10%)		
Neonatal tetanus vaccine	91	(2012)
Postnatal visit for baby (within 2 days for home births, %)	-	(2007)
Postnatal visit for mother (within 2 days for home births, %)	60	(2007)
Women with low body mass index (<18.5 kg/m ² , %)	-	(2007)

CHILD HEALTH

Diarrhoeal disease treatment

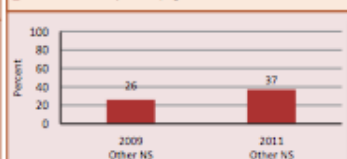
Percent of children <5 years with diarrhoea:

- Receiving oral rehydration therapy/increased fluids with continued feeding
- Treated with ORS



Malaria prevention and treatment

Percent children receiving first-line treatment among those receiving any antimalarial

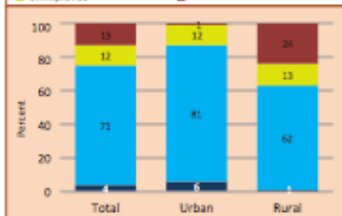


WATER AND SANITATION

Improved drinking water coverage

Percent of population by type of drinking water source, 2012

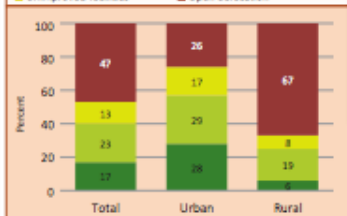
- Piped on premises
- Unimproved
- Other improved
- Surface water



Improved sanitation coverage

Percent of population by type of sanitation facility, 2012

- Improved facilities
- Unimproved facilities
- Shared facilities
- Open defecation



POLICIES

Laws or regulations that allow adolescents to access contraceptives without parental or spousal consent	Partial
Legal status of abortion (x of 5 circumstances)	3 (R/F)
Midwives authorized for specific tasks (x of 7 tasks)	7
Maternity protection (Convention 183)	No
Maternal deaths notification	Yes
Postnatal home visits in the first week after birth	Yes
Kangaroo Mother Care in facilities for low birthweight/preterm newborns	Yes
Antenatal corticosteroids as part of management of preterm labour	-
International Code of Marketing of Breastmilk Substitutes	No
Community treatment of pneumonia with antibiotics	Yes
Low osmolarity ORS and zinc for management of diarrhoea	Yes

SYSTEMS

Costed national implementation plan(s) for: maternal, newborn and child health available	Yes (2012)
Life Saving Commodities in Essential Medicine List:	
Reproductive health (x of 3)	2 (2012)
Maternal health (x of 3)	3 (2012)
Newborn health (x of 4)	2 (2012)
Child health (x of 3)	3 (2012)
Density of doctors, nurses and midwives (per 10,000 population)	2.9 (2008)
National availability of Emergency Obstetric Care services	27 (2011)

FINANCING

Per capita total expenditure on health (Int\$)	102 (2012)
General government expenditure on health as % of total government expenditure (%)	19 (2012)
Out of pocket expenditure as % of total expenditure on health(s)	21 (2012)
Reproductive, maternal, newborn and child health expenditure by source	Partially available
External sources	
General government expenditure	
Out-of-pocket expenditure	
Other	
ODA to child health per child (US\$)	98 (2011)
ODA to maternal and neonatal health per live birth (US\$)	118 (2011)

Note: See annex for additional information on the indicators above

FINANCING

Per capita total expenditure on health (Int\$) 102 (2012)

General government expenditure on health as % of total government expenditure (%) 19 (2012)

Out of pocket expenditure as % of total expenditure on health(%) 21 (2012)

Reproductive, maternal, newborn and child health expenditure by source Partially available

- External sources
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- Out-of-pocket expenditure
- Other

ODA to child health per child (US\$) 98 (2011)

ODA to maternal and neonatal health per live birth (US\$) 118 (2011)



Different Reports Use Different Methods

	RMNCH funding		MNCH funding	
	Countdown*	PMNCH*	Countdown**	IHME**
2010	8.0	9.6	7.1	5.2
2011	8.3	9.6	7.3	6.1
2012	9.3	10.4	7.9	--
2010-2011 growth rate	3.2%	0.5%	2.7%	17.7%
2011-2012 growth rate	11.8%	8.8%	7.1%	--

Source: *PMNCH 2014 Report* and *IHME Financing Global Health 2013 report*

*75 countdown priority countries from the 31 consistent set of donors

** all countries receiving aid worldwide



Conclusions

- Overall aid decreased in 2011 and increased marginally in 2012, but aid to RMNCH increased during the same period
- R* remains primarily funding for HIV/AIDS; however, there has been a surge in funding for family planning since 2011, mainly due to the U.S
- The mode of delivering aid has shifted overtime from multilateral to bilateral channels, which can result in greater volatility in aid disbursements
- Continued increases in ODA and in-country investments are needed in order to accelerate towards MDGs 4 and 5



Thank you



Countdown to 2015
Maternal, Newborn & Child Survival



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