How to use and adapt the Muskoka2 global estimates of aid for RMNCH for analyses of individual countries

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on behalf of the Countdown to 2030 Health Financing Data Analysis Centre

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Aim

To show how to use the ready-made figures and analyses and conduct further analyses using the Muskoka2 Global Excel Workbook

- focusing on the needs of Countdown to 2030 country-focused teams

- This webinar is designed to follow the previous webinar from the Health Financing Data Analysis Centre – please watch that one first!

- A future webinar will demonstrate how to assemble detailed country-specific analyses for those country teams wishing to understand aid for RMNCH in greater depth.
Overview of this webinar

• Muskoka2 methods and results (powerpoint slides)

• Walk through the Muskoka2 Global Workbook (in Excel)
  • General structure
  • Country-specific results
  • How country teams can use the figures, analysis, and data

• Q&A
The Organization for Economic Co-operation and Development maintains the **Creditor Reporting System (CRS)**, the main source for external financing – or “aid” data.

- Data are reported by:
  - 49 bilateral (i.e. country) donors
  - 42 multilateral donors (i.e. institutions such as UN agencies)
  - 36 private donors

- Relatively complete data for years 2002-19; more complete in more recent years

- 200,000 – 300,000 data points **per year** (!!!)

- Covers all sectors (not just health)

- The CRS categorises aid for the health, water and sanitation, and humanitarian sectors according to sub-sectoral areas . . . **but NOT in ways that permit straightforward estimates of aid for RMNCH**
Muskoka2 estimates of aid for RMNCH

- Muskoka2 is an algorithm applied to the CRS database
- Generates estimates of the monetary value of aid for:
  - Maternal and newborn health
  - Child health (age 1-59 months)
  - Reproductive health (of non-pregnant women)
- Includes aid directed towards reproductive health and family planning, but also relevant shares of aid directed towards HIV, malaria, TB, basic health care, health systems, water and sanitation, humanitarian aid, and general budget support recognize the value of the wider health system in promoting RMNCH
- Accessible as an Excel workbook
The automated Muskoka2 algorithm determines what % of each disbursement reported in the OECD’s CRS to count towards RH, MNH, and CH (which together sum to RMNCH).

Fixed % of all aid from 3 multilateral institutions (UNICEF, UNFPA, GAVI) is assumed to benefit RMNCH.

For other donors, 0% - 100% of each disbursement is considered to support RMNCH depending upon either the purpose code or the recipient and year.
Muskoka2 “Global” dataset includes key data for all recipients (i.e. millions of records) for the 2002-19 period, summarized into an Excel dataset of ~230,000 records

**Indicators produced:**
- Total aid for...
- RH
- MNH
- CH
- RMNCH
- Aid per relevant population:
  - Aid for RH per woman of reproductive age
  - Aid for MNH per birth
  - Aid for CH per child under 5

**Estimates disaggregated by:**
- Year
- Donor
- Recipient country or region
- Sub-sectoral “purpose”
- Flow type (ODA* grants, ODA* loans, private)

*All values reflect disbursements in constant US $*

*ODA*=Official development assistance
Muskoka2 Global dataset: Global analyses

Falling aid for reproductive, maternal, newborn and child health in the lead-up to the COVID-19 pandemic

Catherine Pitt, David Bath, Peter Binyaruka, Josephine Borghi, Melissa Martínez-Alvarez

Estimates of aid for reproductive, maternal, newborn, and child health: findings from application of the Muskoka2 method, 2002–17

Antonia Dingle, Marcus Schäuffelf, Josephine Borghi, Melina Lewis-Salu, Leonardo Arroyos, Melina Martínez-Alvarez, Catherine Pitt

Figure 1: Trends in aid for RH/MCH, 2015–2019. Trends shown are linear, restricted to countries reporting data in both 2015 and 2019, and are calculated as differences between the log of the aid received in 2015 and 2019. The error bars represent the standard error of the estimated difference. The data are from the World Bank’s World Development Indicators and are expressed in 2019 US$. RH = reproductive health; MCH = maternal, newborn, and child health.

Figure 2: Trends in aid for RH/MCH by beneficiary group and type of aid flow, 2012–17. Trends are presented for all reported data (A), and for data from donor reporting in 2015 and 2019 (B) and for 2012 to 2017 (C). RH = reproductive health; MCH = maternal, newborn, and child health. The data are from the World Bank’s World Development Indicators and are expressed in 2019 US$.
Disaggregated by RH / MNH / CH in absolute values and as %
Figure 5d. Trends in aid for RMNCH for each of the 19 Countdown to 2030 focus countries by purpose, 2010-2019

Total values of aid for RMNCH are presented in constant 2018 USD (millions). To avoid reporting bias, these values are restricted to aid from donors that reported their aid in both 2010 and 2019. For this reason, values are lower than those reported in analyses focused only on more recent time periods, when more donors reported their aid more consistently.

Each country is presented on its own vertical axis. Only aid directed towards specified recipient countries is shown; aid directed towards regional and unspecified recipients are not included. The top 7 purpose codes contributing to RMNCH estimates for all countries over the period are shown alongside aid directed towards all other purposes.

Disaggregated by purpose
Muskoka2 Global dataset: Country-specific analyses

Figure 5e. Trends in aid for RMNCH for each of the 19 Countdown to 2030 focus countries by donor type, 2010-2019

Total values of aid for RMNCH are presented in constant 2018 USD (millions). To avoid reporting bias, these values are restricted to aid from donors that reported their aid in both 2010 and 2019. For this reason, values are lower than those reported in analyses focused only on more recent time periods, when more donors reported their aid more consistently. Please note that each country is presented on its own vertical axis. Only aid directed towards specified recipient countries is shown; aid directed towards regional and unspecified recipients are not included.

Figure 5f. Trends in aid for RMNCH for each of the 19 Countdown to 2030 focus countries by donor, 2010-2019

Total values of aid for RMNCH are presented in constant 2018 USD (millions). To avoid reporting bias, these values are restricted to aid from donors that reported their aid in both 2010 and 2019. For this reason, values are lower than those reported in analyses focused only on more recent time periods, when more donors reported their aid more consistently. Please note that each country is presented on its own vertical axis. Only aid directed towards specified recipient countries is shown without shares of aid directed towards regional and unspecified recipients. The top 7 donors for all countries over the period are shown alongside aid from other donors combined.

Disaggregated by donor type and donor
Figure 6. Aid for RMNCH per relevant population for the 19 Countdown to 2030 focus countries, 2010-2019

Estimates of aid for RMNCH are disaggregated and presented per relevant population. Figures are on different y-axes. Only aid directed towards specified recipient countries is shown without shares of aid directed towards regional and unspecified recipients.
Muskoka2 Global dataset: Country-specific analyses

- Country-specific analyses have been prepared for 19 Countdown to 2030 focus countries (i.e. country collaborations and/or MNH exemplars)
  - Total aid for RMNCH in absolute values or as % disaggregated...
    - by RH/MNH/CH
    - by “purpose” – i.e. activity area as coded by donors
    - by donor (top 7 + other donors)
    - by donor type
  - Aid for RMNCH per relevant population
    - Aid for RH per woman of reproductive age
    - Aid for MNH per birth
    - Aid for CH per child under 5
  - Further analyses are possible within the Excel workbook for those comfortable with Excel graphs and pivot tables
A note on reporting bias

Problem
• Many more donors report aid disbursed in more recent years than in earlier years
• In some cases, the absence of reporting may reflect that a given donor did not disburse any aid in a given year (i.e. a true 0), but more often, the absence reflects missing data
• To avoid reporting bias, analyses of trends over time must be restricted to aid from donors that reported their aid at the beginning and end of the given time period

Recommendations
• To analyse trends over time, we recommend the period 2010-19 and restricting to donors that reported in both 2010 and 2019
• Analyses of aid in a single year (e.g. 2019) can use all reported data, as long as there is no comparison with prior years
Muskoka 2 Country dataset: Uganda

- Slight variation on the global dataset, allowing more in-depth exploration

- Includes all records from the CRS for a single recipient (e.g. Uganda): ~25,000 records for Uganda for the period 2009-18

- Contains additional variables, including:
  - Project title
  - Short description
  - Long description
  - Channel of delivery (Recipient gov't, local NGO, INGO, UN, etc)
  - Modality (Project, basket funds, sector budget support, general budget support, etc)

Covered in the next webinar!
Where to find the Muskoka2 datasets

Publicly available at: https://datacompass.lshtm.ac.uk/id/eprint/2273/

- As new datasets become available, they will be added here.
- Look carefully at the titles to ensure you are downloading:
  - the most recent version
  - the correct version for your interests – Global, or more detailed workbooks focused on specific countries or other themes

Please contact catherine.pitt@lshtm.ac.uk (en français ou en anglais) for further assistance in accessing the Muskoka2 datasets.
Muskoka2 global workbook (Excel)