Health Financing Analysis for Annual Reviews

Josephine Borghi, Catherine Pitt, Melisa Martinez-Alvarez, Peter Binyaruka, Federica Margiani
Overview

• Why financing matters (Jo)
• How do we study financing?
  • Potential research questions (Jo and Melisa)
  • Examples from Country work for Countdown
    • Uganda (Federica)
    • Tanzania (Peter)
• Introducing data
  • External financing (Catherine)
  • Domestic financing (Melisa)
• Next Steps (Jo)
Why financing matters
Why financing matters

- Health financing is a core function of the health system
- **Where funds come** from matters
- The extent to which they are **pooled**
- And how resources are **allocated** for service delivery

Source: USAID
https://www.fpfinancingroadmap.org/learning/health-financing-concepts/health-financing-basics
Where funds come from: higher OOP associated with worse health outcomes

Where funds come from: Malawi

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Higher levels of pooled funding associated with greater UHC

Purchasing matters

- Fee for service associated with supplier induced demand (higher rates of C-section)

- Performance based financing, can increase production of incentivised services

- Change in purchasing arrangements can affect worker motivation
Health Financing Sources

Three traditional sources of financing at country level

– External (donor) financing

– Domestic financing
  • Government financing
  • Household contributions (OOP/insurance contributions)
  • GFF keen to increase funding from domestic sources – important to track funding by source
Potential Research Questions
Potential research questions

• Resource tracking
  – Levels of funding (domestic, external) for health and RMNCH (national and subnational levels; for specific health areas);
  – Funding levels compared to need/outputs/outcomes/equity
  – Impact of policy reforms on levels and nature of funding
• Aid effectiveness
Potential research questions

• Equity analysis
• Evaluation research
  • Impact of financing arrangements/reforms on access to care and affordability
The health financing system
Research dimensions

How resources are raised (equity?)
How resources are managed (efficiency and equity)
How resources are spent (efficiency and equity)

Can study from global, national and sub-national perspective
Overall health

How much is a country spending on health
  – Per capita
  – As a proportion of GDP
  – As a proportion of General Government Expenditure
  – Trends over time

How much is a world region or income group spending on health
  – Per capita
  – As a proportion of GDP
  – As a proportion of General Government Expenditure
  – Trends over time
## Financing sources

### Research question examples

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<tr>
<th>Citizens</th>
<th>External Financing</th>
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<tr>
<td>• How regressive/progressive are citizen's tax and health insurance contributions?</td>
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<td>• What proportion of total health expenditure are out of pocket?</td>
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<td>• Catastrophic out of pocket expenditure</td>
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### Secondary data available

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<td>Household surveys (depending on the country): MICS, DHS, household budget surveys, Income and Expenditure surveys</td>
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### RMNCH data available?

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<td>Yes (Muskoka2)</td>
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Financing channels

**Government**

- Proportion of government expenditures that goes to salaries, infrastructure, different levels of health care
- Distribution of government expenditure according to need (geographic, health priority, income)
- Drivers of government expenditure, including fungibility, shocks (such as epidemics), political economy of decision making

**Health insurance**

- Fragmentation
- Level of pooling
- Benefit package

### Research question examples

- Proportion of government expenditures that goes to salaries, infrastructure, different levels of health care
- Distribution of government expenditure according to need (geographic, health priority, income)
- Drivers of government expenditure, including fungibility, shocks (such as epidemics), political economy of decision making

### Secondary data available

- WHO Global Health Expenditure Database
- Budget books
- National Health Accounts
- Public Expenditure Reviews
- Government policy documents

- Health insurance claims reports
- Health insurance policy documents
- WHO Global Health Expenditure Database

### RMNCH data available?

- For some countries

- For some countries
Uganda Example
Total health expenditure to reproductive health – NHA

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External Financing – MUSKOKA2

![Bar chart showing external financing for Child Health, Maternal and newborn health, Reproductive Health, and Others from 2009 to 2018.

- Child Health
- Maternal and newborn health
- Reproductive Health
- Others

Constant 2018 USD Million]
RMNCH Aid by Channel – MUSKOKA2

Constant 2018 USD Million

Year:
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018

Channels:
- Government
- Private Sector
- Donors International Organizations and NGOs
- Others
External aid volatility
Tanzania example
Planned analyses in Tanzania

Financing analyses at national and sub-national level

1. Analysis of **annual health financing by source** (government, donor, out-of-pocket, and insurance) at the district level from 2015-2020.

2. Analysis of **health financing equity at the district level** with respect to economic and health need.

3. Analysis of the **relationship between health system inputs** (e.g. financing) and **health system outputs** and outcomes (coverage and mortality).

4. Analysis of the **levels of facility level funding** from the RBF and HBF-DHFF programme over time, and by facility characteristics.
Binyaruka et al. 2018 *Does payment for performance increase performance inequalities across health providers? A case study of Tanzania. Health Policy and Planning*
RBF payments (in TZS) by facility SES

RBF payments in TZS

RBF Payment quarters

- Poor
- Non poor
Equity trend – payment gap & ratio

Payment gap between poor vs. nonpoor

- 2016_q2: $487,995
- 2016_q3: $915,368
- 2016_q4: $972,731
- 2017_q1: $3,711,981
- 2017_q2
- 2017_q3: $2,915,095
- 2017_q4: $3,820,532
- 2018_q1: $3,705,476
- 2018_q2: $4,093,188
- 2018_q3: $2,935,309

Payment ratio between poor vs. nonpoor

- 2018_q3
- 2018_q2
- 2018_q1
- 2017_q4
- 2017_q3
- 2017_q2
- 2017_q1
- 2016_q4
- 2016_q3
- 2016_q2
Introducing the Data
Introducing the Data: External Financing (or “aid”) for RMNCH

• The Creditor Reporting System (CRS) aid dataset

• The Muskoka2 Global dataset of aid for RMNCH

• The Muskoka2 Country datasets of aid for RMNCH
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**
## Creditor Reporting System (CRS)

### Find in Themes
- Development
- Flows by Provider
- Flows by Provider and Recipient
- Flows based on individual projects (CRS)
- Aid activities targeting global Environmental Objectives
- Aid projects targeting gender equality and women empowerment (CRS)
- CRS Grant Equivalent
- Members' total use of the multilateral system
- Private Philanthropy for Development (CRS)
- Paris Declaration on Aid Effectiveness
- African Economic Outlook
- Africa’s Development Dynamics

### Data by theme
- Popular queries

### Development
- Official Donors, Total
- Total: All Sectors
- Official Development Assistance
- All Channels
- Gross Disbursements
- All Types, Total
- Constant Prices

### Unit
- US Dollar, Millions, 2018

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<td>Bosnia and Herzegovina</td>
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Data extracted on 27 Apr 2021 13:55 (GMT) from OECD.Stat
# Microdata for Creditor Reporting System (CRS)

Selected Dimensions:
- **Donor**: Official Donors, Total
- **Recipient**: Angola
- **Sector**: Reproductive health care
- **Flow**: Official Development Assistance
- **Channel**: All Channels
- **Amount type**: Constant Prices
- **Flow type**: Gross Disbursements
- **Type of aid**: All Types, Total
- **Year**: 2019

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<tr>
<th>Donor</th>
<th>Recipient</th>
<th>Sector</th>
<th>Flow</th>
<th>Channel</th>
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<td>Project-type interventions</td>
<td>2019</td>
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<td>Reproductive health care</td>
<td>ODA Grants</td>
<td>Public Sector</td>
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<td>Project-type interventions</td>
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### Creditor Reporting System (CRS)

#### Data by theme
- Development
  - Flows by Provider:
    - All activities targeting Statistical Environmental Objectives
    - Aid projects targeting gender equality and women empowerment (CRS)
    - Creditor Reporting System (CRS)
    - CRS Grant Equivalent
    - Members' total use of the multilateral system
    - Private Philanthropy for Development (CRS)
    - Paris Declaration on Aid Effectiveness
    - African Economic Outlook
    - African's Development Dynamics

#### Popular queries
- Flows by Recipient
- Flows by Provider and Recipient

#### Table options
- Selection
- Layout
- Table options

#### Selection
- Donor [148 / 155]
- Recipient [226 / 246]
- Sector [206 / 286]
- Flow [6 / 6]
- Channel [9 / 9]
- Amount type [2 / 2]
- Flow type [2 / 2]
- Type of aid [27 / 27]
- Year [10]

#### Development
- Total Donors, Total
- Total All Sectors
- Total Development Assistance

#### Channels
- Disbursements
- Types

#### Disbursements
- Total, Millions, 2018

#### Disbursements by Country
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Data: 27 Apr 2021 13:55 UTC (GMT)
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 → recognises the value of the wider health system in promoting RMNCH
• Accessible as an Excel workbook
The Muskoka 2 Global dataset

- 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*
The Muskoka 2 Global dataset

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

Figure 2: Trends in aid for RMNCH by beneficiary group and type of aid flow, 2002–17
Trends are presented for all reported data (A), and for data from donors reporting in 2016 and 2017 (B), 2012 and 2017 (C), and 2002 and 2017 (D). O=child health, MN=maternal and newborn health. ODA=official development assistance. RMNCH=reproductive, maternal, newborn, and child health.

Figure 5: Trends in aid for RMNCH for each of the 16 recipient countries with greatest RMNCH need, 2002–17
Countries are ordered alphabetically. Data are restricted to donors that reported disbursements in both 2002 and 2012. RMNCH=reproductive, maternal, newborn, and child health.
# Muskoka2 Estimates of Aid for RMNCH

**V3.2 - 27 April 2021** - Global data update based on new data for 2019 and updates to prior years officially released in January 2021. Currency is presented in constant 2018 USD. Specific topic analyzed in this workbook: None (general)

This workbook implements the Muskoka2 (M2) method to estimate donor aid for reproductive, maternal, newborn, and child health (RMNCH). This first sheet describes the workbook and lists all the sheets contained within it. Subsequent sheets present the figures prepared for publication (Pitt et al, 2021; Dingle et al, 2020), and then the various pivot tables, data, and assumptions behind these figures.

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"Start Here" tab
Muskoka2 Global Dataset

Blue tabs show figures, linked to data in yellow analysis tabs.
Muskoka2 Global Dataset

Yellow analysis tabs show pivot tables linked to the detailed data.
Muskoka2 Global Dataset

"CRS detailed data" tab shows longform data.
The 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)

• NB: Muskoka2 estimates designed to be reasonably accurate for individual countries and years, but not down to the level of individual projects
Muskoka2 Uganda Dataset

"Start Here" tab
(all very similar to global dataset!)

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Additional analyses only possible in country-level dataset.

Specific topic analyzed in this workbook: Uganda (GFF report)

This workbook implements the Muskoka2 (M2) method to estimate donor aid for reproductive, maternal, newborn, and child health (RMNCH). This first sheet describes the workbook and lists all the sheets contained within it. Subsequent sheets present figures, and then the various pivot tables, data, and assumptions behind these figures. The purpose of this workbook is to inform preparation of the ending report on Uganda for the Global Financing Facility (GFF). Please note that the analysis to credit bilateral donors for their core contributions to multilaterals has been removed from this workbook because it would be inappropriate to link a bilateral donor’s contribution to a multilateral (e.g. Canada to UNFPA) to a specific recipient country (e.g. Uganda). For this reason, analyses of aid to Uganda by donor must recognize that multilateral institutions, though treated as donors in this dataset (and in the OECD’s CRS), are not the source of the funds they disburse.

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Muskoka2 Uganda Dataset

"CRS detailed data" tab shows longform data
Muskoka2 Uganda Dataset

"CRS detailed data" tab

ADDITIONAL DATA
Where to find the Muskoka2 datasets

- Currently available at https://datacompass.lshtm.ac.uk/id/eprint/1526/:
  - Muskoka2 **2002-17 global** dataset

- Soon to be available at https://datacompass.lshtm.ac.uk:
  - Muskoka2 **2002-18 Uganda** dataset
  - Muskoka2 **2002-19 global** and country-level datasets
  - Updates and new datasets can be found by searching LSHTM Data Compass for “Muskoka2” in the title field

Please contact catherine.pitt@lshtm.ac.uk (en français ou en anglais) for further assistance in accessing the Muskoka2 datasets.
Introducing Data: External Financing (or “aid”) for RMNCH

• The Creditor Reporting System (CRS) aid dataset

• The Muskoka2 Global dataset of aid for RMNCH

• The Muskoka2 Country datasets of aid for RMNCH
### NHA Indicators

Columns: Years(6), Metadata(1); Rows: Countries(48), Indicators(2); Fixed: Relations – in million current US$

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<th>Countries</th>
<th>Indicators</th>
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<td>Domestic General</td>
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RMNCH-relevant data available from the WHO GHED

48 countries have data on RMNCH-relevant indicators
Date range: 2013-2018
Indicators:
- Reproductive health, disaggregated by maternal conditions and family planning
- Nutrition
- Immunisations (only 2016-2018)
- Available by source (government, external and private)
## Next Steps – Webinars

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