

Financing MNCH: current levels, the need, the gap

Peter Berman
The World Bank

Reporting on work done by the London School of Hygiene and Tropical
Medicine

On behalf of the Financing Working Group of Countdown 2015

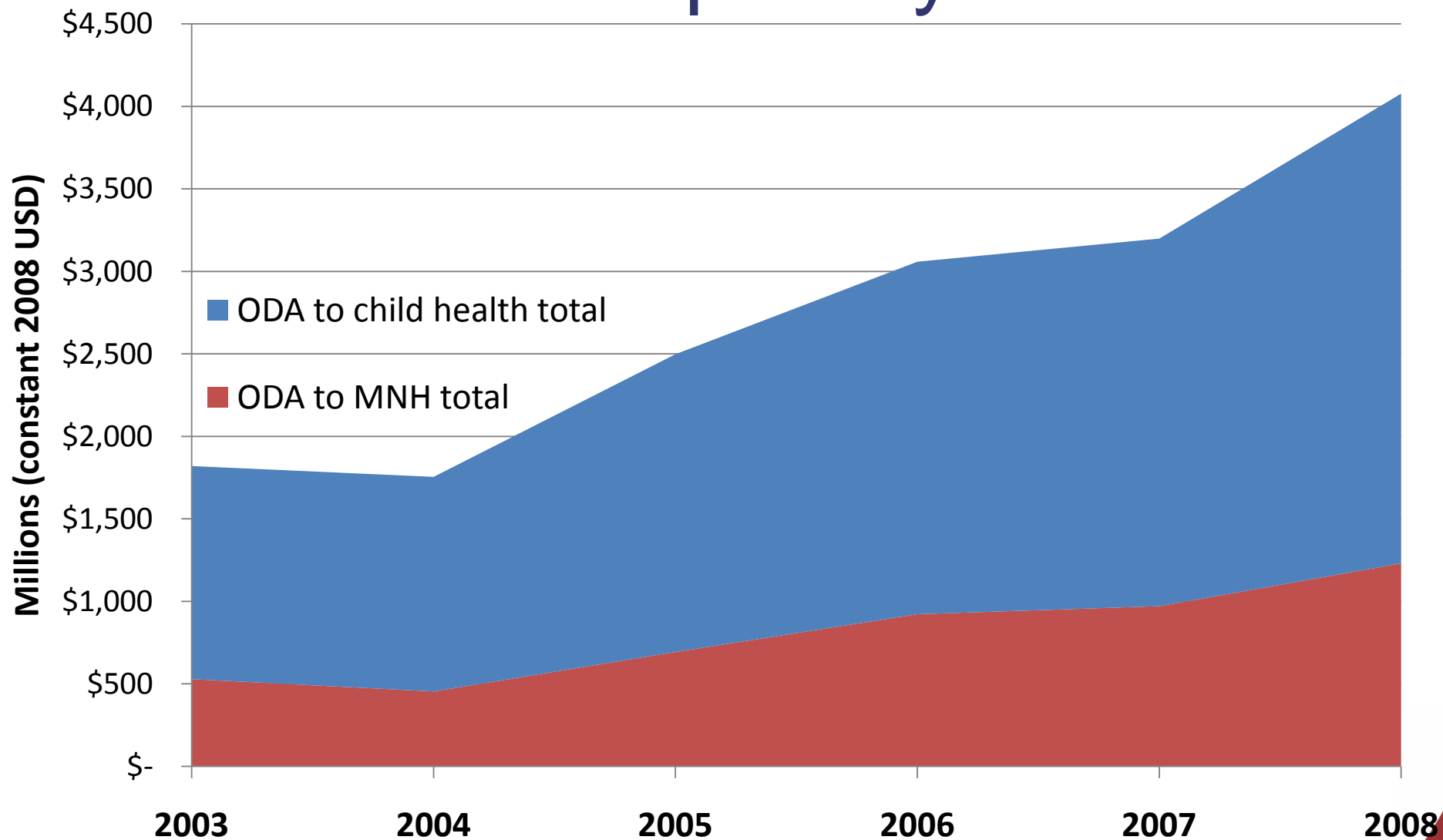
Women Deliver
June 8, 2010

Countdown Financing Working Group Activities

- Estimates of ODA for MNCH 2003-2008
- Analysis of financing gap for MNCH 2008-2015
- Analysis of domestic spending on MNCH (to be available in 2011)
 - Government spending (Africa and Asia)
 - Non-government spending (Asia)

Total aid to

MNCH for 68 priority countries



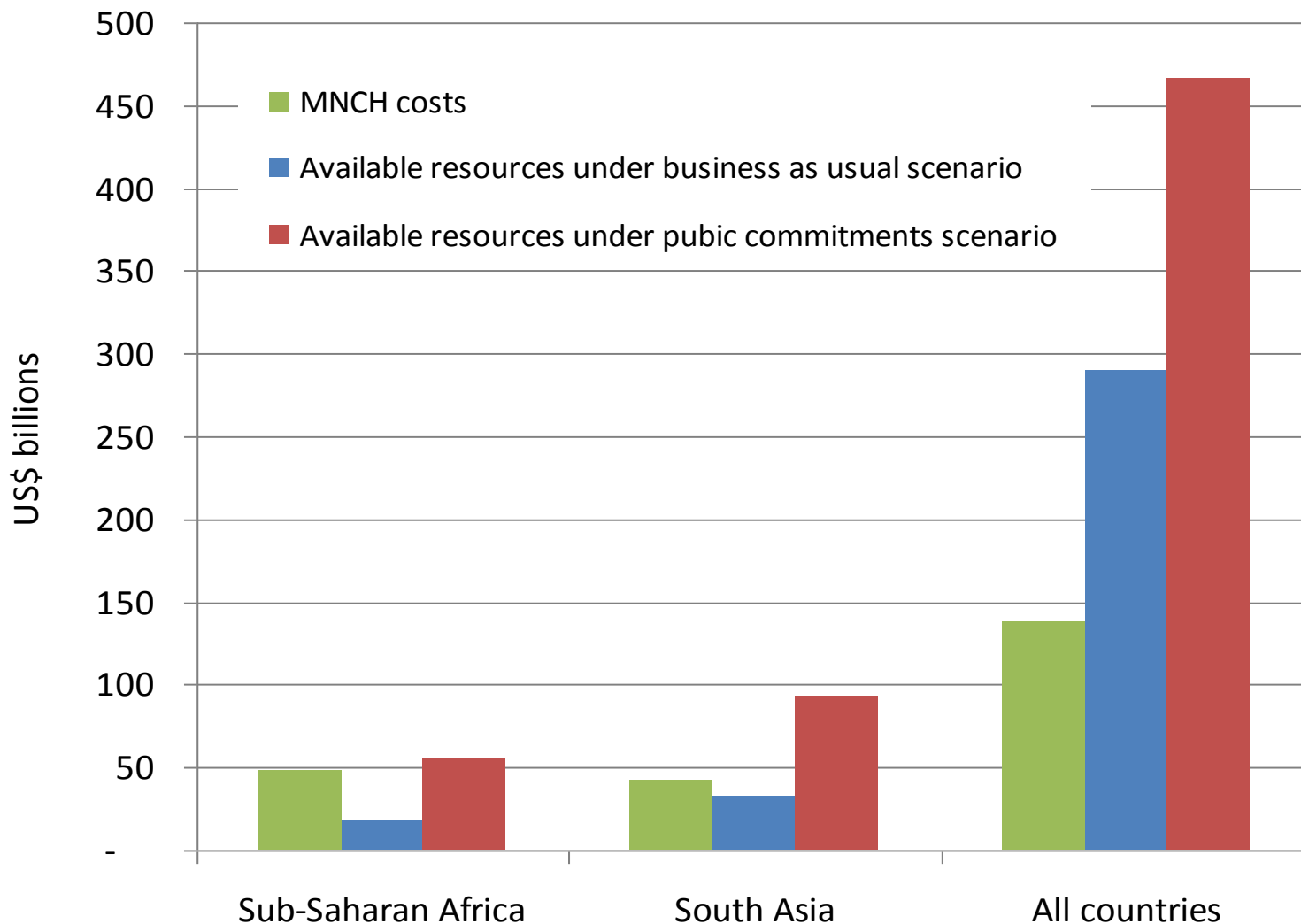
Purpose of the gap analysis

- To estimate the availability of financial resources for MNCH under different assumptions
- To compare this with the resource requirements for scaling up effective MNCH service coverage
- To give “an order of magnitude” of the financing gap for the 68 “Countdown” countries

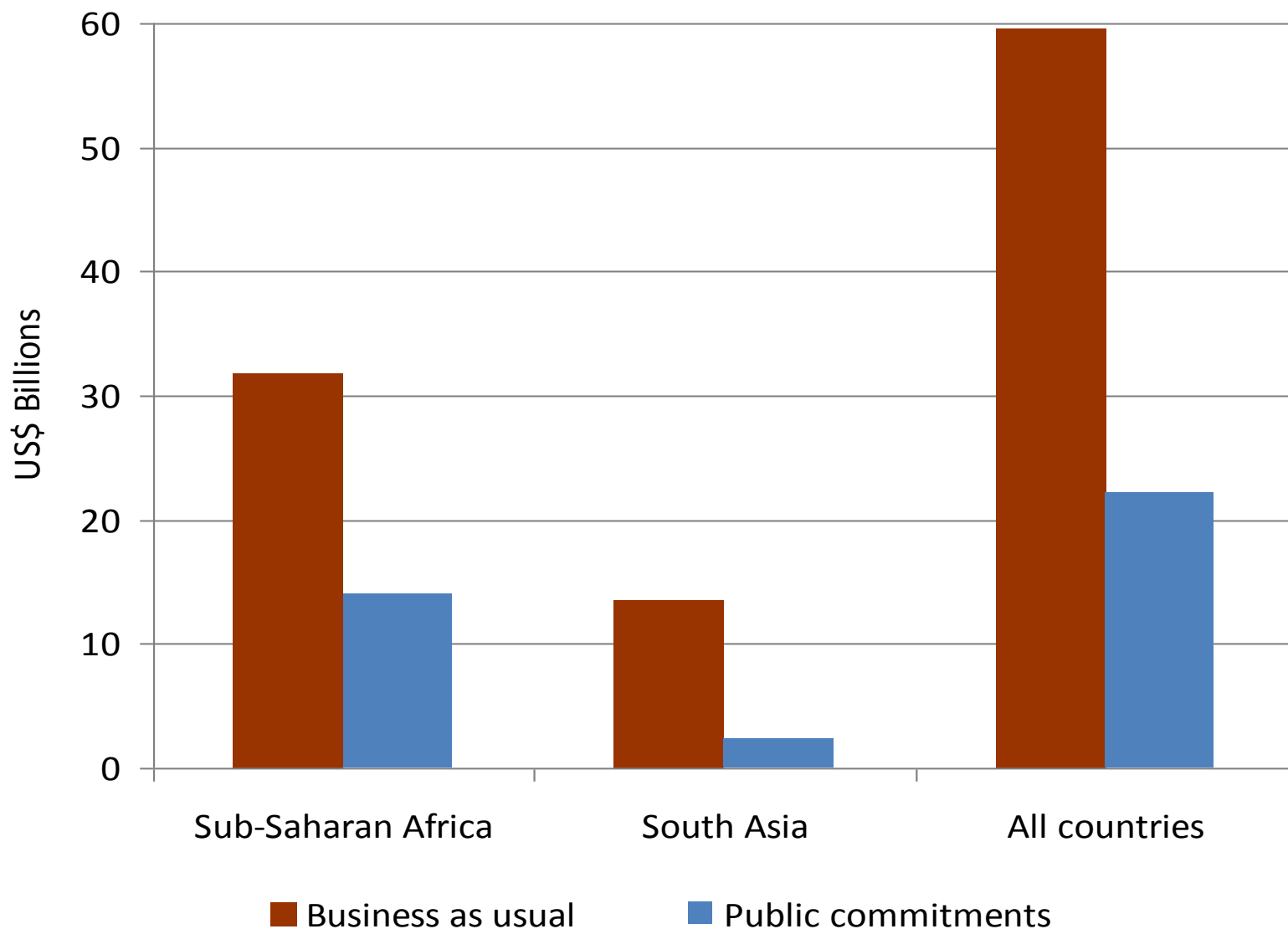
Methods

- Total and per capita health expenditure trends 2000-2007, from NHA data on government, private and external spending
- Projected total health expenditure from 2008 to 2015 under different scenarios for each of the 68 countries, additional to baseline 2007 values
- Estimated country spending on maternal, newborn and child health using methods of apportionment based on available CHAs and RHAs
- Costs from the *First report for the Global Campaign for the health MDGs*
- Measured the financing gap on a yearly basis, as the difference between the additional costs required to scale-up MNCH interventions and the additional projected MNCH expenditure available, per each country
- Aggregated financing gap figures excluded years that reported a financial surplus

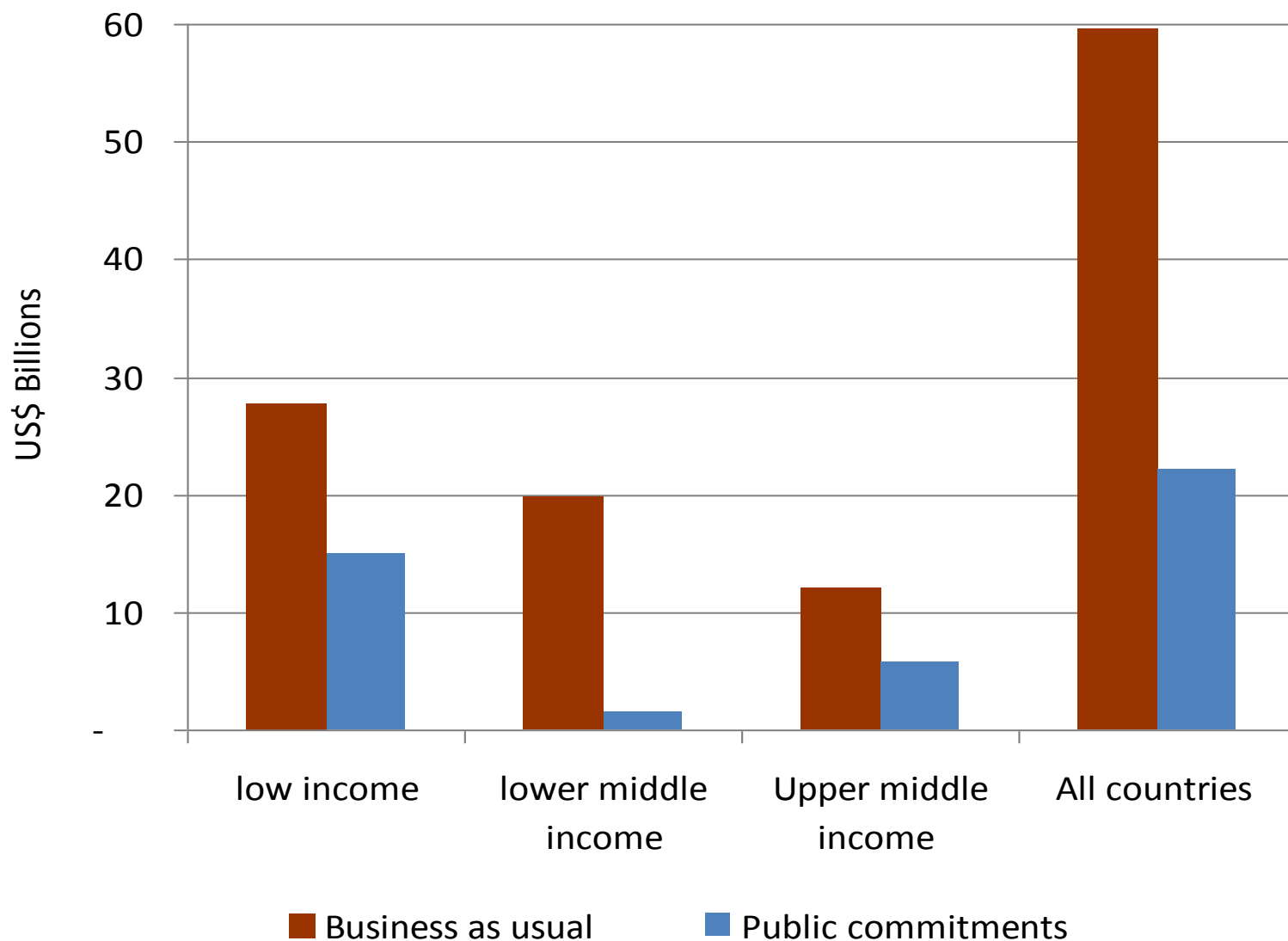
Resources needed and available over the period 2008-2015



The financing gap by regional groups



The financing gap by income groups



Main differences with other exercises

	HLTF	Countdown
Countries	49 (China and India excluded)	68 (63: 5 excluded)
Target	All health MDGs: 1,4,5,6&7	Only MDGs 4&5
Timeframe	2009-2015	2008-2015
Baseline	2008	2007
Assumptions future expenditures	Similar	
Costs	Comprehensive	FP, CH and MNH only
Financing gap	Aggregated [1]	Country specific

Limitations

- Figures are based on estimates which are likely to change
- Future expenditure trends are largely based on forecasted GDP growth rate
- Results are highly sensitive to cost estimates
- Limited numbers of CH and RH sub accounts: assumption on the share on total health spending on MNCH is not robust (25%)
- The study is meant to give an order of magnitude of the financial needs, rather than precise estimate

Main message

- Estimates show that majority of countries are likely to have inadequate financial resources to achieve MNCH coverage
- If donors and country governments fulfil their promises and commitments, the financing gap reduces considerably
- Hence to fill the gap resources are needed on top of what has been committed
- Where should this money come from?
- GDP growth is the most influential factor in determining resource availability
- Middle income countries appear to have sufficient financial resources – domestic allocation decisions is paramount to achieve MNCH coverage

The way forward

- Encourage and support better resource tracking at domestic level (national sub-accounts)
- More timely, reliable and detailed tracking of donor disbursements
- Updated cost estimate → HLTF costs for all CD countries?

References

Pitt C, Greco G, Powell-Jackson T, Mills A. Countdown to 2015: tracking donor flows to MNCH in 2007. Draft report, Health Economics and Financing Programme, London School of Hygiene and Tropical Medicine, 2010, and additional authors estimates

Giulia Greco, Timothy Powell-Jackson, Jo Borghi and Anne Mills. *Countdown to 2015: the Financing Gap for Scaling up Child, Newborn and Maternal Health*, LSHTM, Draft report May 2010

Karin Stenberg and Howard Friedman for the MDG 4&5 costing and impact estimate group (2008), *Approach taken to update WHR 2005/ MNCH+FP costs for the first year report of The Global Campaign For The Health MDGs*, WHO, UNFPA, UNICEF, UNAIDS, World Bank, Aberdeen University, Southampton University, John Hopkins University, and NORAD