

Countdown Working Group on Financing

Annex 3

Proposal for Development of Mechanism to Track Domestic Resources for Maternal, Newborn and Child Survival in Asia-Pacific region

Work plan and proposed budget January 2009-April 2010

Requesting Organization:

Institute for Health Policy, Sri Lanka
(On behalf of Asia-Pacific NHA Network – APNHAN)
72, Park Street
Colombo 2
Sri Lanka

Total funds requested:

US\$ 66,900

Time period:

1 January 2009 – 30 April 2010 (16 months)

Goals:

The overall goal is to support the development of a mechanism in the Asia-Pacific region to routinely track domestic expenditure flows for maternal, neonatal and child health (MNCH), that is sustainable and integrated with other existing activities. We propose to do this by building on ongoing efforts at regional health expenditure statistics collection by the regional network of health accounts agencies and experts in the Asian region, and through the development, pilot-testing and initial scaling-up of a expenditure module added to regional health expenditure data collections.

Background:

Countries have pledged to scale-up the coverage of health services to reach the Millennium Development Goals (MDGs). MDGs 4 and 5 refer to reducing child mortality, and improving access to reproductive health. Scaling up the delivery of interventions to address the MNCH continuum of care will require additional investments in commodities, equipment, and human resources as well as strengthening of the operational health system.

WHO regards a revitalized primary health care as key to enabling countries to expand MNCH services and make them accessible to all. Central to the PHC strategy is ensuring the effective, integration of comprehensive health services, supported by adequate financing. The PHC approach implies that in practice most MNCH activities will be and should be delivered through an integrated health services system, and not as separate vertical programs. In addition, although external assistance can make a significant contribution to financing expansion of MNCH services, the major financing for MNCH care in most developing countries will come from domestic financing sources. Effective management of the health system requires that countries have

access to routine, up to date information on financing patterns and trends, including the overall resource flow for MNCH.

National policy makers and health managers need information on budget expenditures in order to assess how resources are distributed within the health sector, and to determine the funding gap between the resources currently available and those additional investments required to achieve national targets. They also need information on private expenditure flows for MNCH, since these are significant in most developing countries. Such information provides the evidence necessary to make informed decisions, to allocate resources between competing needs, to help set strategic priorities and to ensure sustainable funding for MNCH programs and strategies.

Efforts are already ongoing to track country level investments in areas related to MDG 6 for HIV/AIDS, TB and malaria. Similar initiatives exist for health expenditure tracking on non-communicable diseases. This work plan outlines the suggested steps to initiate a similar process for tracking government expenditures for child and maternal health in the Asia-Pacific region. This will accompany a similar effort managed by WHO PNMCH in the African region. The findings will allow civil society to assess the accountability of national governments for MDGs 4 and 5, and provide a basis for routinely monitoring MNCH expenditure flows at the country level in future years.

Objectives:

The general objective is to assess and enable the future regular assessment of spending patterns on MNCH across countries and time in the Asian region, with specific attention to the following indicators:

- Expenditures on child health as % of total government health expenditures
- Expenditures on child health as % of total private health expenditures
- Expenditures on child health per capita / child
- Expenditures on reproductive health as % of total government health expenditures
- Expenditures on reproductive health as % of total private health expenditures
- Expenditures on reproductive health per capita
- Expenditures on maternal health as % of total government health expenditures
- Expenditures on maternal health as % of total private health expenditures
- Expenditures on maternal health per capita / pregnant woman
- Proportion (%) of government expenditure going to Child Health
- Proportion (%) of government expenditure going to Reproductive Health
- Proportion (%) of government expenditure going to Maternal Health

The availability of such data will enable program managers to inform and influence policy discussions and planning processes at national level.

The perspective taken will be at the financing agent level of the health accounts, which profile overall health spending in a country in a given year, and for all domestic financing agents including both public and private. It will not break out separately donor funds, where these are channeled through the public sector.

This methodology is intended to be complementary to the assessment of ODA for MNCH and also complementary to the expenditure tracking processes for other programs.

There are three additional objectives:

- To strengthen existing and emerging regional and country technical capacities for monitoring health spending flows
- To support the national and regional institutionalization of data collection related to domestic expenditures on MNCH, to provide data on an annual basis.

- To generate reference data from recognized good MNCH performers such as Malaysia, Sri Lanka and Thailand, to provide a benchmark to assess the appropriateness and effectiveness of spending patterns in other Asian Countdown 2015 countries.

Methodology:

Asia-Pacific mechanisms for health expenditure reporting

In the past fifteen years, the Asia-Pacific region (WPR, SEAR) has seen widespread adoption of health accounts methods to generate official and routine statistics on national health spending. More recently, since the publication of the WHO endorsed standard for health accounts, the OECD System of Health Accounts (SHA), most countries in Asia-Pacific region who officially compile health accounts have adopted the OECD SHA as their reference standard.

Countdown countries in the region, who now report annually or intermittently health expenditures using SHA-based frameworks, or who are in the process of setting up systems to do so, include Bangladesh, China, India, Indonesia, Nepal, Pakistan, and Philippines. Other non-Countdown countries who also report include Sri Lanka, Thailand and Malaysia, all of which are of interest as examples of best practice financing for MNCH. Others include Mongolia, Vietnam and several Pacific Island countries.

The Asia-Pacific NHA Network brings together the technical experts and agencies responsible for compiling official NHA statistics in the region. The identify of these agencies vary from country to country, being units based in health ministries in some (Malaysia, Mongolia, Thailand, Samoa), national statistical offices in others (Philippines, Papua New Guinea), and other autonomous and independent centers, often not in the public sector, in others (Australia, Japan, China, Sri Lanka). Most of these agencies are now reporting data through a regional collection process, which is linked to the annual Regional HA Experts Meeting. This regional meeting jointly organized by APNHAN and OECD Korea Center, provides a regular venue for experts to discuss data reporting issues, work on harmonization of methodologies, and also provides an opportunity to organize training activities.

In 2008, AusAID made a major grant to APNHAN to support regional health accounts data collection, with specific emphasis on MNCH financing. As part of the grant-funded activities, some of which are likely to be also co-financed by ADB, regional experts are conducting in-depth studies of equity in MNCH financing in regional countries. In addition, the AusAID grant provides seed money for developing a pilot mechanism for compiling regular MNCH expenditure data in the region. This component of the grant is directly relevant to the Countdown activities, and will be used to co-finance the proposed Countdown work.

A tentative proposal to establish a regional MNCH data collection, as an adjunct to the annual regional health accounts data collection, was discussed at the July 2008 regional meeting, and was endorsed positively by those present. A wide range of countries, including Bangladesh, India, China and Australia indicated they would participate.

Relationship with sub-accounts

The method proposed here involves making use of existing health accounts reporting systems in Asian countries. This would involve developing practical and low-cost methods for extrapolating from and teasing out from existing health accounts statistics, details of MNCH expenditures. This differs from a sub-account approach, which would develop separate accounts for MNCH spending, not necessarily linked to an overall health account for the country. The advantages of our proposed approach are (i) that it ensures greater consistency with the annual health expenditures reported by each country and published by WHO, (ii) that it will make use of the technical capacities and competencies already developed or being developed in each of the reporting countries to analyze health expenditure data, and (iii) it offers a higher likelihood of

sustainability in future, as it is linked to an existing process of national expenditure data reporting. The second is important, since the technical capacity to analyze budgetary and other expenditure data and make extrapolations using reliable methods is a technical competency that is often hard to build and maintain, and is often available only in a few agencies in a given country.

Details of methodological approach

The project will make use of the fact that several countries in the region have produced disease sub-accounts, child health accounts, and reproductive health accounts in recent years. In most cases these are directly linked to the overall health accounts. A full disease accounts is considered the gold standard in terms of unbiased and comprehensive estimates of MNCH expenditures.

Experts in a selected sub-group of countries will first jointly develop and validate a set of protocols and methods for using the disease sub-accounts and other information to routinely estimate the proportions of key categories in the main annual health accounts that are devoted to MNCH. This process will be led by IHP. For example, for countries that are in a position to reliably report overall public and private inpatient spending, we will identify methods that use other secondary data to estimate the share of inpatient spending that is for childbirth. In doing this, we will be able to use disease accounts results and other data to calibrate the methods. For example, other data may provide information on the relative cost-weight of childbirth admissions compared to all other admissions, and this can be combined with annual admissions statistics and the annual health accounts estimates of inpatient spending to estimate an annual estimate of childbirth inpatient spending.

Based on this analysis and protocol development, a short questionnaire module with a linked set of estimation guidelines will be developed for piloting. This will be discussed with all other regional HA experts at the annual meeting in mid-2009, and then revised before being used in the 2009-2010 collection round to ask a wider range of countries to report MNCH expenditures as an additional extension to their main accounts. The results of this exercise with any revisions to the guidelines will be reported at the end of the project.

Subsequently, we plan to sustain the project in subsequent annual data collections, gradually expanding the number of countries that report.

Capacity building

Since this activity will work with the different agencies and experts who are responsible for compiling official health accounts estimates in countries, it will benefit from the competencies and capabilities already developed in expenditure estimation and budget data analysis in each country. At the same time, it will further promote the development and retention of such competencies in each of the relevant agencies, by working with them to improve methods for estimating MNCH specific expenditures. As all these agencies also have close links with health ministries (some are also based in health ministries) in order to perform their health accounts exercises, this would also support development of closer links between MNCH managers in health ministries and the existing health accounts teams in each country. In addition, the project is expected to provide further stimulus to health accounts development in countries such as Indonesia, where health accounts are still in a development phase.

Capacity building of the national experts will occur primarily through exchange of information on methods via email and at the annual Regional Health Accounts Experts meeting, through an organized training session at one of these annual meetings, and the written guidelines that will be prepared. In addition, the project coordinator will also provide follow-up support to each country team via email.

Data collection process

Data collection will take place in two rounds. In the first round, estimates will be compiled for a subset of countries as part of development of the draft protocols and guidelines. A second round will take place in 2009-2010, when the revised pilot MNCH expenditure module is added to the annual regional health accounts data collection.

Since the MNCH expenditure module will be piloted using the existing regional health accounts collection mechanism, it is expected that the data collection process will can be sustained with modest support in subsequent years.

Work plan:

Development Phase (January - August 2009)

- Working group of health accounts experts from 4-5 countries with relevant other data, such as disease accounts, etc, will be established.
- Currently available data will be reviewed and possible low-cost methods for MNCH estimation discussed by group.
- Draft pilot questionnaire module will be developed by group, and then piloted in 6-8 countries.
- Review paper will be prepared by IHP which (i) looks at the level and scope of MNCH reporting that is currently possible in regional NHA reporting countries, based on their existing data returns and with a potential MNCH add-on module,(ii) reviews the options for potential low-cost methods for more detailed reporting in countries with recent disease accounts projects, (iii) provides guidelines for a pilot data collection, (iv) presents preliminary estimates of MNCH spending in 6-8 countries.

Outputs

- Background paper on MNCH reporting options in Asia-Pacific with pilot guidelines
- Pilot MNCH add-on expenditure module for use in regional collections
- Review of background paper and guidelines and results at 2009 Regional Health Accounts Experts Meeting

Implementation Phase (September 2009 - March 2010)

- Revised MNCH expenditure module to be added to the 2009-2010 regional health accounts collection round and used in 8-12 countries.
- Feedback from country correspondents obtained at 2010 Regional HA Experts Meeting.
- Report prepared summarizing results for the MNCH expenditure exercise.
- Training session to be held at annual experts meeting on how to compile the new MNCH module in the annual questionnaire, with funding prioritized to ensure participation of all regional Countdown 2015 countries.
- Reporting of findings at Countdown meeting.

Dissemination Phase (April 2010)

- Travel to conference and dissemination of methodology and findings

Annex: Budget table

PHASE AND TIMELINE		Cost details	Cost (US\$)
Development Phase: January - August 2009			
	Review by regional experts of potential for MNCH reporting linked to routine health accounts in region, and identification of methods.	\$10,000 (of which \$5,000 from AusAID grant)	5,000
	Development of pilot questionnaire module for collecting MNCH expenditure data	\$3,500	3,500
	Pilot test of questionnaire in 6-8 countries with QA of data returns by IHP	Honoraria to country correspondents - \$1000 x 8 QA by IHP staff time – no cost	8,000
	Review and feedback on pilot test at 2009 Regional HA Experts Meeting	Travel x 1 persons x 8 countries (of which 5 persons funded by AusAID/OECD) - \$2,700 x 3	8,100
	Authoring of paper presenting review of methods, initial estimates of MNCH spending in 6-8 countries, and guidelines for future collection	\$2,000 – paper coordinator at IHP \$1,500 honoraria x 4 regional authors	8,000
		sub-total	32,600
Implementation Phase: September 2009 - March 2010			
	Collection of MNCH expenditure estimates in annual regional health accounts collection	Honoraria to country correspondents - \$800 x 10	8,000
	Feedback on regional collection and reporting back at 2009 Regional HA Experts Meeting	Travel x 1 persons x 10 countries (of which 8 persons funded by APNHAN) - \$2,700 x 2	5,400
	Training session for country experts on new MNCH expenditure module	Travel x 1 persons x 2 additional countries not covered above - \$2,700 x 5	5,400
	QA of data returns by IHP	\$5,000 for staff time	5,000
		sub-total	23,800
Dissemination Phase: April 2010			
	IHP staff time for participation in follow-up activities	Dissemination of methodology and findings	\$2,000
	Final dissemination of results at Countdown conference (April 2010)	Travel to conference (1 person)	\$5,000
		sub-total	7,000
Other			
	Logistics/printing		\$500
	Miscellaneous	Unexpected costs/contingencies	\$3,000
		sub-total	3,500
Grand Total in US\$			66,900