

# Assessment of donor assistance to maternal, newborn and child health between 2003 and 2006

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# Why monitor financial flows?

- Existence of a funding gap to meet MDGs 4 and 5 especially in low income countries
- Tracks progress and promotes accountability
- Improves efficiency of resource allocation and donor coordination

# Objectives

- Update previous analysis to assess aid flows between 2005 and 2006
- Consider trends over time
- Explore determinants of aid allocations – what determines where donors invest and how much they invest?

# Methods

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- Resource tracking for 22 bilateral donors, EU, World Bank, UNICEF, GAVI, Global Fund
- Data from OECD and GAVI
- Developed two indicators for tracking progress in the 68 priority countries for MNCH
- Financial estimates in constant 2005 US Dollars
- Regression model of ODA per child and per live birth on indicators of: health and economic need, population, political and civil liberties, aid effectiveness

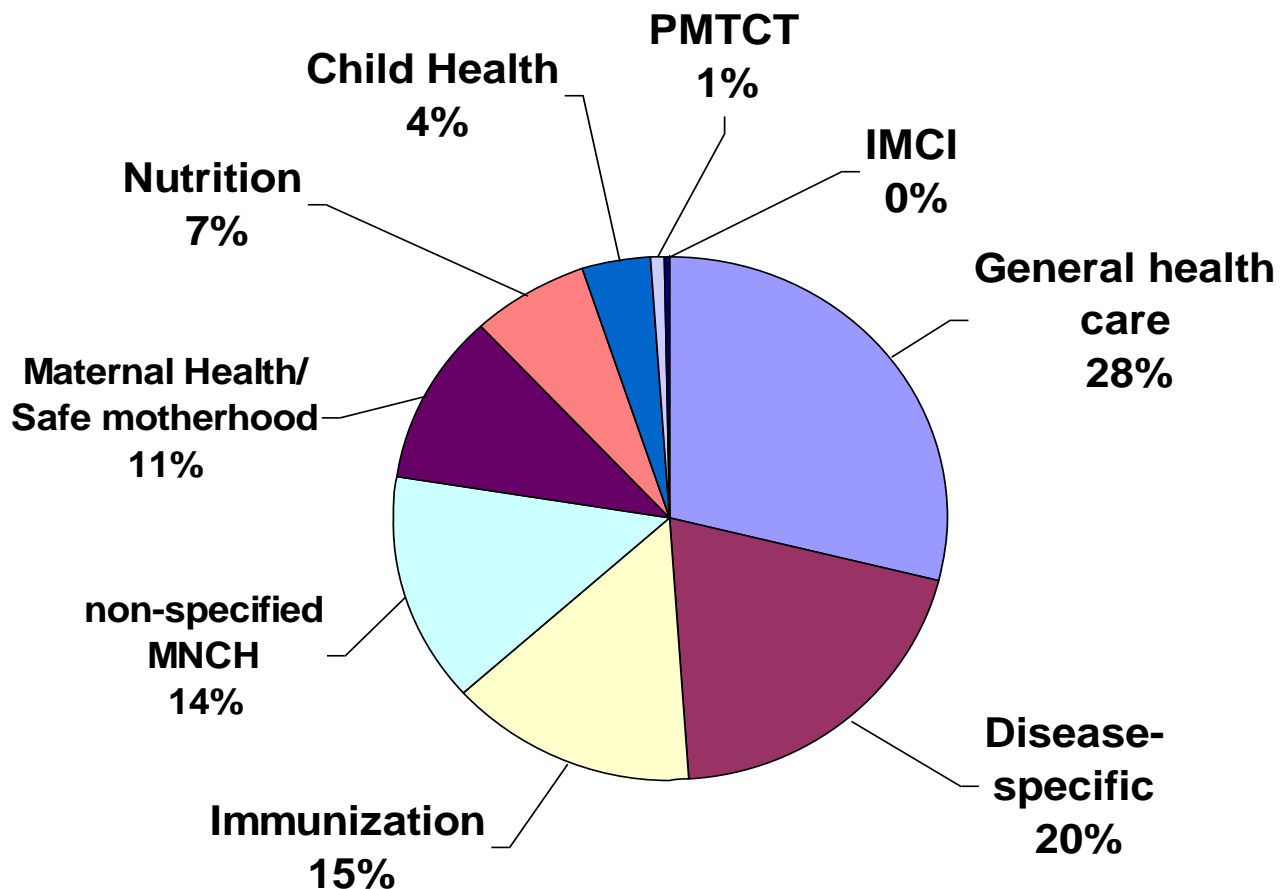
# Donor Aid to Maternal, Newborn and Child Health: is it increasing?

- Total aid on MNCH rose from \$2 billion in 2003 to \$3.5 billion in 2006 (from 2% to 3% of total gross aid)
- ODA to Child Health increased by 63%
- ODA to Maternal & Newborn Health increased by 66%
- Per capita aid to the 68 priority countries nearly doubled

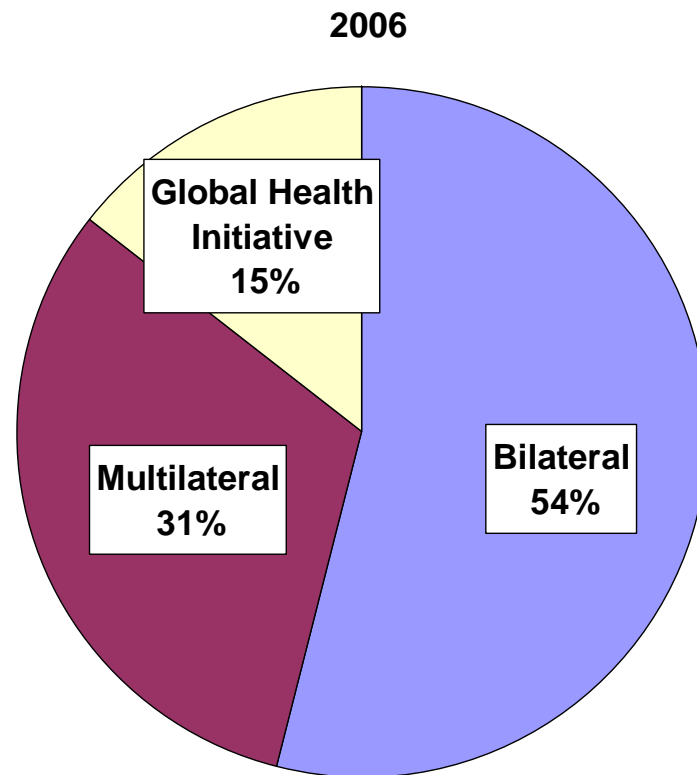
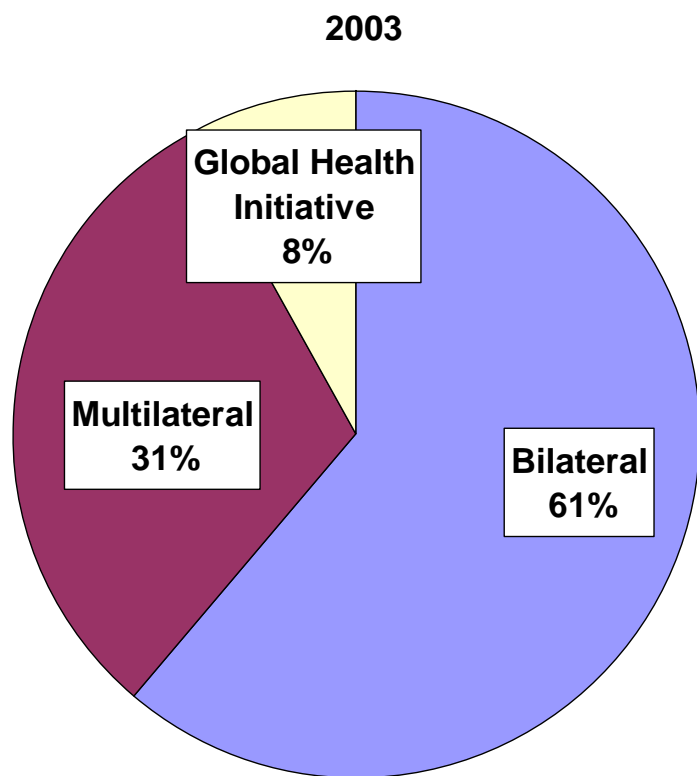
# Yes, but what type of aid?

- Only 5% goes to budget support and basket funding
- The bulk of aid is delivered through projects - e.g. Malaria booster programme, polio eradication, vaccination campaigns
- Aid flows are volatile and variable across years

# Purpose of projects in 2006



# Source of aid in 2003 and 2006



# A closer look at donors ...

In 2006, 8 donors disbursed more than double their 2003 contributions.

But Greece, France and Italy reduced their disbursements.

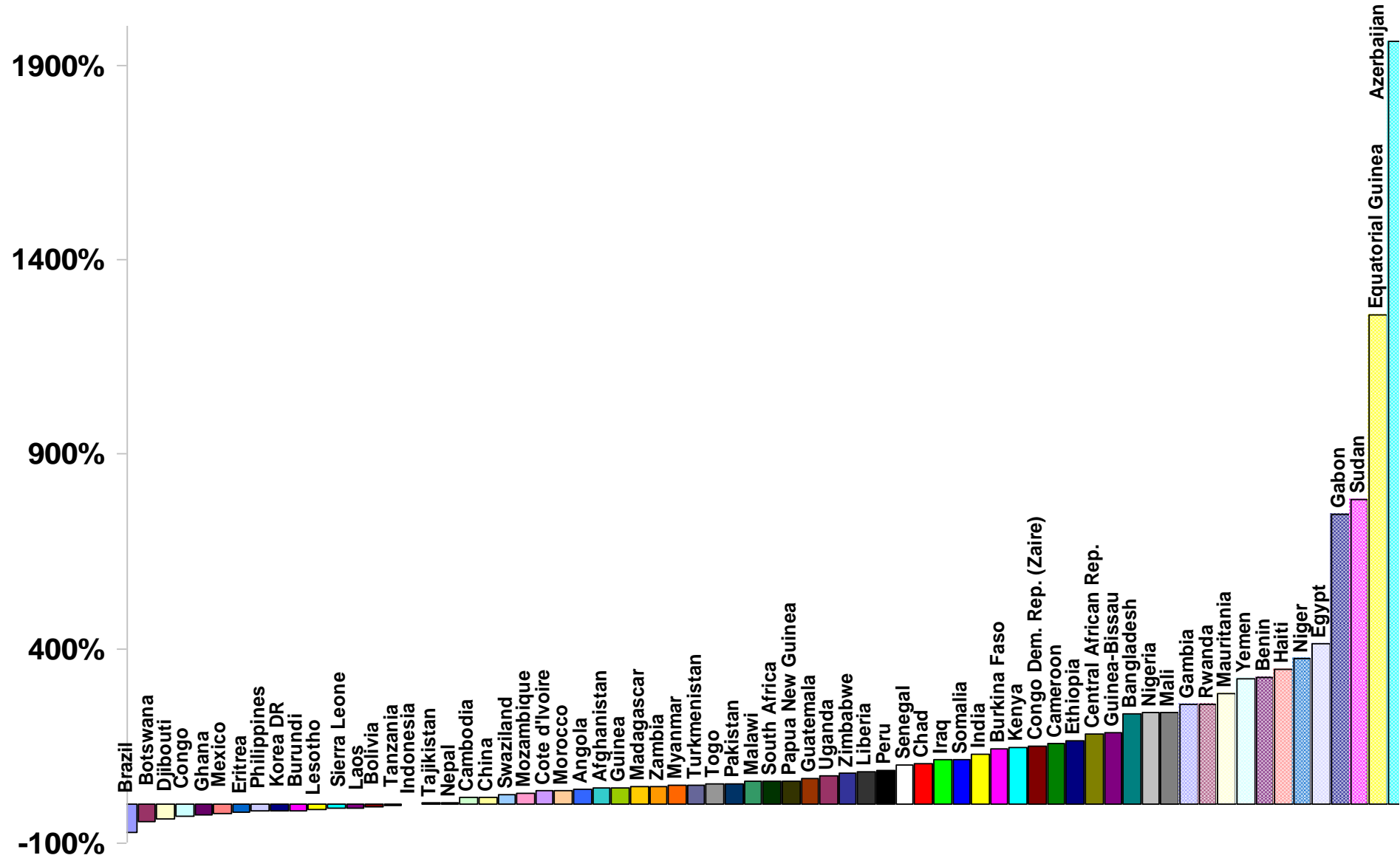
Three donors (USA, WB, Global Fund) disbursed collectively more than half of total aid to MNCH

bilateral aid increased by 45%

multilateral aid increased by 68%

Global Fund and GAVI increased by nearly 200%

# % change 2003-2006 across Countdown countries



## A closer look at Countdown countries ...

- Across priority countries annual disbursements increased from \$4 to 7 per child and from \$7 to 12 per live birth
- Some countries received more than \$20 per child – e.g. Rwanda, Zambia and Equatorial Guinea; others less than \$1 per child – e.g. Philippines, Mexico and China

# Determinants of ODA to MNCH

Variables	Coefficient - ODA to child health per child	Coefficient - ODA to MNH per live birth
Health needs	0.50**	0.36
Income per capita	- 0.24**	- 0.11
Population	- 0.31***	- 0.28***
Corruption	- 0.10	- 0.10
Civil liberty	- 0.23	- 0.03
Health commitment	- 0.01	0.05

\*\* p<0.05; \*\*\*p<0.01

# Conclusions

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- **Despite a general increase, some countries are left out, and more is needed**
- **Long-term commitments, predictable aid flows and effective coordination are required**
- **Ongoing tracking of aid flows to MNCH is essential to foster donor accountability and encourage allocation of resources to most needy countries**