



TRACKING RESOURCES FOR WOMEN'S AND CHILDREN'S HEALTH

RATIONALE

The health of women and children is at the forefront of the development agenda. Despite this, we have been making less progress on the Millennium Development Goals (MDGs 4 & 5) that relate to women and children's health than any of the other MDGs. Improving health outcomes for mothers, newborns, and children requires sufficient funding for the implementation of proven interventions that span the continuum of care; from pre-pregnancy to delivery, the postnatal period, and childhood.

To enhance accountability mechanisms and practices, and to assess whether resources are sufficient and used in the best possible way with respect to efficiency, equity, and sustainability, The Commission on Information and Accountability (COIA) recommended that, by 2015, countries would track and report at a minimum, two aggregate resource indicators: (i) total health expenditure, and (ii) total reproductive, maternal, newborn and child health (RMNCH) expenditure, both by financing source, and per capita.

This summary focuses on how countries can best track resources for RMNCH by using the System of Health Accounts framework (SHA 2011), an internationally recognized methodology for comprehensive tracking of spending in the health sector. This summary also outlines the latest tools developed for production, and institutionalization of tracking health expenditure.

GETTING STARTED

- Assess the health expenditure information system in place (see Toolkit). This will help (i) learn about existing National Health Accounts (NHA) and subaccounts on reproductive or child health; (ii) evaluate country level capacities for tracking health and RMNCH expenditures; (iii) assess the level of national support for this work.

- If countries have no history of tracking RMNCH spending, guiding principles are to (i) undertake an advocacy campaign to ensure relevant stakeholder participation; (ii) establish an official steering committee to officially support development and institutionalize NHA production activities; and (iii) prepare an implementation roadmap which includes training, analysis and dissemination of results.

APPROACHES

1. FOCUS ON NATIONAL LEADERSHIP AND OWNERSHIP

- Formally set up coordination, management, and budget mechanisms to produce health accounts annually. These will track RMNCH expenditure data combined with total health spending. National commitment is essential for institutionalizing tracking of health expenditure data and thereby making it a natural component of the health information system.
- Use robust and timely health expenditure data for the development and assessment of health sector strategic plans. Add a component on resource tracking in the M&E component of strategic plans. This will facilitate government leadership in developing the capacity to collect and use information on expenditure on RMNCH, and engaging all country's stakeholders in developing policies based on comprehensive evidence including financial inputs.
- Facilitate resource tracking through the use of 'compacts', between country government and all major development partners. Having a legal document or a 'compact' in place that requires all relevant stakeholders to report on externally funded expenditures and predictable commitments would be of great advantage for tracking health and RMNCH resources. IHP+ can help play a role to facilitate participation by relevant stakeholders to reach formal agreements (see Toolkit).

2. ENGAGE IN REGULAR AND TIMELY TRACKING OF RMNCH EXPENDITURES BASED ON INTERNATIONAL GUIDELINES

- Officially adopt the international guidelines SHA 2011. This will enhance capacity in health account production, including RMNCH expenditures. The use of a consistent method ensures comparability of country data over time. Methods to allocate expenditures to specific diseases or programs have been developed.
- Integrate data collection of RMNCH expenditures in existing routine health information system.
- Adopt the Production Tool software that takes national health accounts team step-by-step through the health accounts production process (see Toolkit section). This is the recommended approach to make health expenditure data more robust and timely at lower cost.
- Train staff on SHA 2011. Organize national capacity building workshops, including for district and regional staff. Build capacity of health accounts responsible officers to use the recommended framework and build



upon recommended guidelines both for data production and metadata or information on data for all users.

3. USE RESULTS FOR ANALYSIS THAT RESPOND TO HEALTH POLICY NEEDS

- Produce yearly analytical briefs to display time trends, address policy questions, and analyze equity issues. Reports, indicators and analyses should be publicly accessible. WHO has a web-based documentation center for countries to upload their NHA reports (see Toolkit).
- Use health expenditure data, including RMNCH data, in the development of national policies, including RMNCH specific policies.

ROLE OF ACTORS

This summary may be of use to policy-makers, program managers, technical staff of local and national governments, health professionals, civil society representatives, and development partners. The approaches are suggested as practical guidelines, and would be country and context-specific. Approaches should be carefully coordinated to promote institutionalization of health accounts and a nationally driven production process. Successful implementation requires support and participation from all stakeholders who are involved in the functioning of the national health system.

TOOLKIT

APPROACH	RESOURCES
Provides an overview of the current status of the different components of a country accountability framework, with a focus on MNCH. One module assesses monitoring of resources going towards RMNCH	<ul style="list-style-type: none"> WHO and IHP+, (2012) Country Accountability Framework - A tool for assessing and planning implementation of the country accountability framework for health with a focus on women's and children's health (Page 12-13). http://www.who.int/woman_child_accountability/about/caf_tool_web.pdf
Guides health accountants teams through the entire production process, thereby reducing the need for technical assistance and increasing local capacity for NHA production	<ul style="list-style-type: none"> NHA Production Tool – version 2. To be accessible online from WHO web site before the end of 2012. The tool will include guidelines for IT developments to facilitate yearly automatic uploading of government expenditure budget records into the system and map the data using the budget line codes.
Analyzes variation in RMNCH, and health resources across countries, and over time using internationally comparable health and disease- specific health expenditure data	<ul style="list-style-type: none"> WHO Global Health Expenditure Database. http://apps.who.int/nha/database/DataExplorerRegime.aspx
Provides assistance to set up country compact and assess and monitor progress	<ul style="list-style-type: none"> IHP+ framework. http://www.internationalhealthpartnership.net/en/

TWO CASE STUDIES

Information on health expenditure are used for policy formulation, implementation, and monitoring. It is needed for health system and health system financing policies.

Rwanda: The 2006 health accounts showed that reproductive health (RH) accounted for only six percent of total health expenditure. The government and health planners used

this information to advocate for and select family planning and reproductive health as one of four priority areas in the 2008 Joint Annual Health Work Plan.

The Philippines: In the Philippines, NHA has been used to evaluate the impact of the government's decentralization of the health sector, a policy enacted in 1993. Prior to the reforms, both central and regional government funding for 'public' health care (services such as immunization, which benefit the community at large as well as the individual) was low, with central government funding actually decreasing significantly. NHA conducted from 1991 through 1997, before and after decentralization, found that spending on public health care increased from 25 percent to 35 percent of total government health spending. This increase was largely due to increased funding from local governments, which allocated more than half their health resources to public health care in 1997. Thus, NHA showed that decentralization allowed local governments to increase their financial commitments to health care.

Sources: Examples are from Health Systems 20/20: Policy Impact Database: <http://www.healthsystems2020.org/section/impact>; Republic of Rwanda Ministry of Health. July 2008. National Health Accounts Rwanda 2006 with HIV/AIDS, Malaria, and Reproductive Health Subaccounts. Kigali, Rwanda; Schwartz, J.B., R. Racelis, and D.K. Gukey. November 2000. Decentralization and local government health expenditures in the Philippines. Working Paper 0136. MEASURE Evaluation Project.

OPPORTUNITIES TO ENGAGE

- The community of System of Health Accounts 2011 (<http://ezcollab.who.int/SHA2011/>) is a community for national health accountants to share questions, experiences and lessons learned when working with SHA 2011 and producing RMNCH expenditure data. Request login information from nhaweb@who.int

RESOURCES

- Maeda et al (2012). Creating Evidence for Better Health Financing Decisions. Washington, DC: World Bank. Available at: <http://elibrary.worldbank.org/content/book/9780821394694>
- OECD, Eurostat, WHO (2011). A System of Health Accounts 2011. Paris: OECD. Available at: <http://www.oecd.org/els/healthpoliciesanddata/asystemofhealthaccounts2011.htm>
- WHO (2010). The World Health Report: Health Systems Financing: The Path to Universal Coverage. Geneva: WHO. Available at: www.who.int/whr/2010/en/index.html
- WHO (2010). Guide to Producing Reproductive Health Subaccounts within the National Health Accounts. Geneva: WHO. Available at: http://www.who.int/nha/docs/guide_to_rh/en/index.html
- WHO (2011). Guidelines for RMNCH-GET: A Reproductive, Maternal, Newborn, and Child Health Government Expenditure (and budget) Tracking tool - A Methodology and Data Collection Tool to support tracking of Government expenditure on Reproductive, Maternal, Newborn, and Child Health as part of an annual routine survey. Geneva: WHO. Available at: <http://www.who.int/entity/choice/gettool.pdf>
- WHO (2012). Guide to Producing Child Health Subaccounts within the National Health Accounts. Geneva: WHO. Available at: <http://www.who.int/entity/nha/chsubcolumn.pdf>
- WHO Global Health Expenditure Database. Country NHA reports. Available at: <http://apps.who.int/nha/database/ResourcesPage.aspx>

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