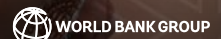


RESOURCE  
MAPPING AND  
EXPENDITURE  
TRACKING FOR  
**COVID-19  
RESPONSE:**  
A DESIGN CHECKLIST  
AND OVERVIEW OF TOOLS



In partnership with:



An effective response to COVID-19 requires mobilizing additional resources, reprogramming existing resources, ensuring that available resources are allocated efficiently, and rapidly deploying them in a coordinated way to address the COVID-19 outbreak. Given the crowded landscape of funders and implementers, it can be difficult to track funding commitments and disbursements and to ensure their efficient use. Furthermore, reported disruptions to essential service delivery during the outbreak increases the need to monitor resource availability and spending on routine health services (e.g. RMNCAH and nutrition). *Resource mapping and expenditure tracking* (RMET) may help to address these challenges by rapidly collecting data on health- and COVID-19-related operational budget commitments, disbursements, and expenditures from various financing sources and implementers across sectors.

This brief is intended to inform policymakers and development partners designing and implementing RMET for COVID-19 responses. It covers three key sections:

- 1 How to define country needs for your COVID-19 RMET: “use cases”**— including illustrative examples of how resource mapping data can be used to strengthen COVID-19 responses
- 2 Designing a “fit for purpose” RMET exercise** — a checklist of design tradeoff considerations for countries that seek to improve an existing RMET exercise and countries that are assessing technical requirements for an upcoming exercise for COVID-19 response
- 3 Overview of available tools**— for countries that would like to begin resource mapping and/or expenditure tracking for COVID-19, or would like to change the tool they are using and are assessing available tools and resources

<sup>1</sup> This brief was developed through an interagency initiative on resource mapping and expenditure tracking in health, including the Global Financing Facility, the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Bill & Melinda Gates Foundation, and the Clinton Health Access Initiative.

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## **Annex** \_\_\_\_\_

Existing Tools and Resources for Mapping COVID-19 Resources

# I. HOW TO DEFINE COUNTRY NEEDS AND “USE CASES” FOR COVID-19 RESOURCE MAPPING AND EXPENDITURE TRACKING

Resource mapping and expenditure tracking exercises have the greatest impact when they are **fit-for-purpose**. Exercises that are fit-for-purpose begin by building consensus among key government and partner stakeholders on how the data will be used, by whom, at what time, and to what end. This articulated vision is commonly known as the “**use case**” for the collected data.



## STANDARD USE CASES FOR RMET IN RESPONDING TO COVID-19

Like other resource mapping for broader health sector responses, resource mapping for COVID-19 serves several functions. It can increase transparency, enable more effective mobilization of resources, improve efficiency in allocation, and improve coordination among partners. Six standard use cases may be applied to RMETs addressing COVID-19. They are (1) RMETs designed to quantify financial gaps in order to mobilize additional resources; (2) those designed to improve efficiency in allocating resources; (3) those that aim to support the monitoring, coordination, and accountability of implementation; (4) those aimed at assessing and mitigating the impact of COVID-19 on routine/essential service delivery; (5) those designed to help harmonize the COVID-19 emergency outbreak response with long-term investments in health systems investments; and (6) those that support mobilizing technical assistance for countries’ COVID-19 preparedness and response. Each of these is discussed in turn, next.

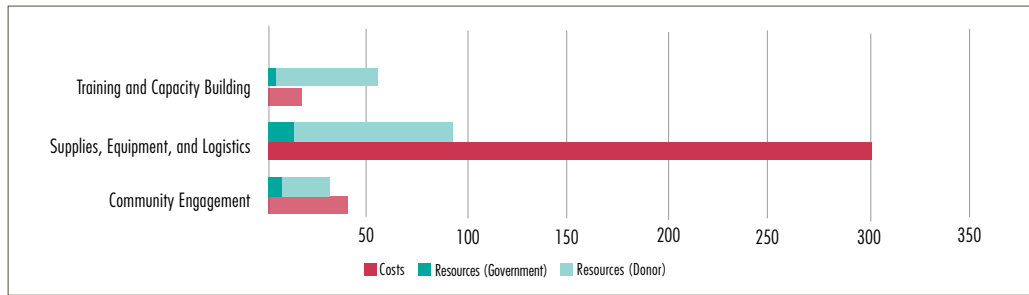
### 1. Quantify financial gaps and mobilize additional resources from government and/or external funders.

A comparison of costs against resource commitments for a national COVID-19 response plan would reveal the funding shortfall, and therefore inform efforts to mobilize additional resources. Such analyses could be done rapidly, at a high level, or else be structured to enable more detailed funding gap analyses, such as by priority and/or intervention, by timeframe and urgency, or by region/district.

### 2. Improve efficiency in allocating existing/committed resources.

Even when COVID-19 response plans are adequately funded, there can be variation in the level of funding assigned to specific priorities. For instance, in the hypothetical scenario pictured in Figure 1, an analysis of funding levels shows that supplies, equipment, and logistics-related investments face the largest gaps, whereas training and capacity building are overfunded. In such situations, resource mapping data can highlight opportunities for reprogramming resources to maximize the efficiency of allocations.

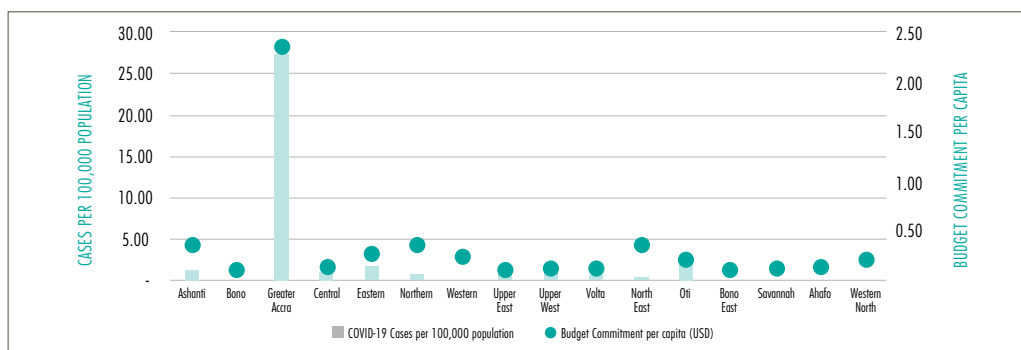
**Figure 1.**  
Mapping of Costs vs. Resources, by Priority and Funding Source, in Millions USD



Source: World Bank

Similarly, data on resource allocation across geographic regions can be used to identify possible opportunities for reprogramming and efficiency gains. In the example in Figure 2, based on Ghana, the financial commitments per capita within each region are compared to the cumulative COVID-19 caseload. Although any correlations—or the lack of them—do not reflect the nuances in resource allocation decisions, they do offer a relatively traceable proxy indicator to assess whether resources are being efficiently and equitably allocated and invite further investigation to understand outliers in the data.

**Figure 2.**  
Cumulative COVID-19 Cases vs. Budget Commitments per Capita, by Region



Source: World Bank

**3. Support implementation monitoring, coordination, and accountability.**

In crisis situations, governments and partners may find it difficult to know who is funding what activities and in which geographical regions. Resource mapping may collect detailed activity/intervention data that outlines, at a minimum: who is implementing what activities; for which pillar in the national COVID-19 response plan; and in which geographical region. This can aid national and subnational authorities in coordinating the response in their jurisdictions and in planning to address gaps in the response.

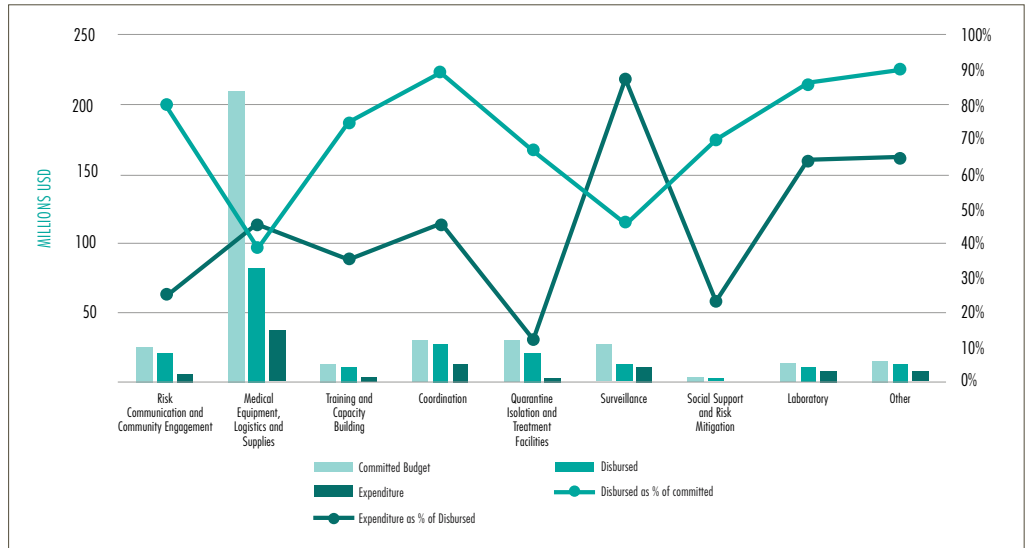
**Figure 3.**  
Data from Resource Mapping Details on Activity Implementation

SOURCE OF FUNDING	ACTIVITY	STATUS OF ACTIVITY	IMPLEMENTING AGENCY	THEMATIC AREA
World Bank	Case management: Medical supplies, logistics and equipment.	Just started	UNICEF	MEDICAL_EQUIPMENT_LOGISTICS_AND_SUPPLIES
World Bank	Procurement of 30-Seater Bus (quarantine facility), Special purpose Ambulance (quarantine facility)	Just started	MoH/ GHS	MEDICAL_EQUIPMENT_LOGISTICS_AND_SUPPLIES
World Bank	Supply and Installation of Thermal Scans With Cameras and Screens. Supply and Installation of Split Standing Air Conditioners- Negative Ventilators, Supply and Installation of Split Air Conditions 2HP	Just started	MoH/ GHS	QUARANTINE_ISOLATION_TREATMENT_FACILITIES
World Bank	Transport allowance and per diems for contact tracers and field surveillance officers	Just started	GHS/ MoH	SURVEILLANCE
World Bank	Vehicle, equipment and supplies for Surveillance	Just started	GHS/ MoH	SURVEILLANCE
World Bank	Procurement of Smart Television Screens 52"	Just started	GHS	SURVEILLANCE
World Bank	Large waste bins with bin liners, special cleaning mops, required cleaning detergents, hand sanitizers, mechanised disinfection chemical bousers, carbon dioxide detector, safety boxes, chlorine	Just started	UN Agency	MEDICAL_EQUIPMENT_LOGISTICS_AND_SUPPLIES
World Bank	procurement of lab reagents	Ongoing	UN Agency	LABORATORY
World Bank	5000 of Complete Set PPE	Ongoing	UNICEF	MEDICAL_EQUIPMENT_LOGISTICS_AND_SUPPLIES
World Bank	Procurement of Hospital Bed Sheets and Pillow Cases with Pillows, disposable linens and towels & Procurement of Foldable Hospital Beds and Mattress	Ongoing	UN Agency	MEDICAL_EQUIPMENT_LOGISTICS_AND_SUPPLIES
World Bank	Medical supplies, logistics and equipment for case management across the country	Ongoing	MoH/ GHS	MEDICAL_EQUIPMENT_LOGISTICS_AND_SUPPLIES
World Bank	Essential logistics and supplies and support—needles and sample bottles and reagents	Ongoing	MoH/ GHS	LABORATORY

Source: World Bank

Additionally, there can be the problem of donor pledges and commitments remaining as such, without translating into disbursements. Delayed disbursements severely affect the implementation of agreed plans. Donors may delay disbursements if they perceive a project's absorptive capacity to be limited, such as when implementers report low expenditure rates, or when implementers do not report at all. However, when disbursements and expenditures are monitored against budget commitments, as shown in Figure 4, stakeholders can collectively ensure that COVID-19 response plans are implemented accordingly and that bottlenecks are addressed.

**Figure 4.** Budget Commitment vs. Disbursement vs. Expenditure by COVID-19 Priority Area



Source: World Bank

**4. Assess and mitigate the impact of COVID-19 on routine/essential service delivery.**

The COVID-19 response has, in some instances, led to the reallocation of funding away from the provision of essential health services (e.g. reproductive, maternal, neonatal, child and adolescent health/RMNCAH) toward more urgent outbreak response priorities. This can lead to funding gaps and disruptions in routine service delivery, which might otherwise go undetected. Resource mapping for COVID-19 can help to identify whether committed funding has been newly mobilized or was reprogrammed from other health investments, as illustrated in Figure 5. Where reprogramming occurs, the magnitude and nature of anticipated disruptions to other programs can be assessed and addressed.

**Figure 5.** FY2020 Budget Commitments to the Health Sector, by Program Area, Original vs. Reprioritized after COVID-19 Outbreak (Hypothetical)

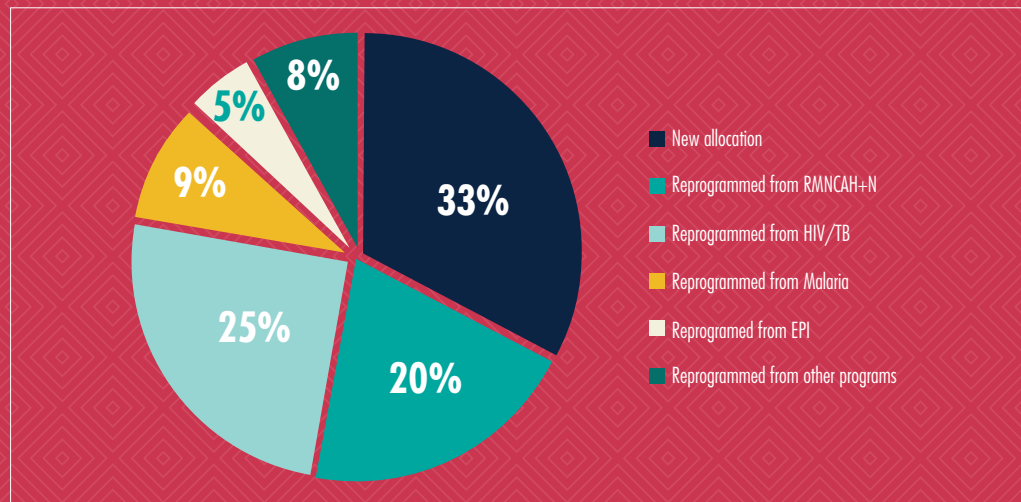


**Note:** HSS = Health systems strengthening; NCDs =non-communicable diseases; RMNCAH+N = reproductive, maternal, neonatal, child and adolescent health plus nutrition.

## 5. Support the harmonization of the COVID-19 emergency outbreak response with long-term health system investments.

In countries with existing sectorwide resource mapping and expenditure tracking, such as for a National Health Plan, resource mapping for COVID-19 can be linked to the broader exercise both immediately and in the long term. By reviewing actors and existing investments in critical areas (e.g. health workforce, supply chains, medical equipment and infrastructure, community outreach, etc.), stakeholders implementing the COVID-19 response may be able to tap into wider networks and resources and be better able to integrate emergency-response investments into long-term recovery and systems strengthening.

**Figure 6.**  
COVID-19 National Plan  
Budget Commitments, by  
Source of Funding, New vs.  
Reprogrammed (Hypothetical)



## 6. Mobilization of technical assistance to support countries in COVID-19 Preparedness and Response

Implementation of country COVID-19 preparedness and response plans generally requires both domestic and external funding to help countries build capacities and carry out public health measures to prepare for and respond to COVID-19. However, funding alone is not the solution. Most countries require support in the mobilization of technical assistance as well, such as trainings and expertise. Resource mapping identifies country needs for technical assistance and facilitates mobilization of partner support.



## RANKING THE USE CASES

In many cases, more than one use case will apply. However, **ranking** the use cases and specifying the target audience for data use will help to guide you in making design tradeoffs and enable prioritized stakeholder engagement. It is important to reach a consensus on the use cases of the exercise *before* deciding on the data collection tool and process.

# II. CHECKLIST AND TRADEOFF CONSIDERATIONS FOR COVID-19 RMET DESIGN



## CHECKLIST OF RMET FUNCTIONALITY

Your project's context will have its own unique characteristics and its own requirements for an effective COVID-19 RMET, which should be articulated through the development of the use case at the beginning of your exercise. Nevertheless, the items in the checklist below are relevant in most contexts and should be included to ensure a smooth RMET exercise.

### Collect and standardize resource commitments

- Respondent selection:** Does the RMET exercise collect data from the appropriate entities to create a comprehensive overview of resource commitments towards the COVID-19 response? Consider these entities:
  - Government (ministries of health, national and subnational entities, public institute of health, social protection, etc.)
  - External donors (both bilaterals and multilaterals)
  - Private entities (corporations, foundations, etc.)
  - Implementing agents (e.g., NGOs)
- Parameter selection:** Does the RMET tool capture data elements at the appropriate level of detail for priority use cases? Are there unnecessary data elements that can be removed altogether or recorded separately to minimize the burden on respondents?
- Alignment to plan:** Does the resource mapping data collection tool allow respondents to tag their budget commitments with corresponding priorities in the COVID-19 response plan, national health strategies, and/or the WHO Strategic Preparedness and Readiness Plan?
- In-kind and in-service donations:** Does the RMET tool allow for capturing of in-kind (material) and in-service (personnel) assistance, in addition to in-cash (financial) assistance?

- Cost categories:** Does the tool allow respondents to tag budgeted or committed resources using a one common list of cost categories, ideally one that maps to the COVID-19 response plan cost categories?
- Timeframe:** Is the timeframe captured by RMET data appropriate for the policy decisions relevant to the COVID-19 response?
- Double counting:** Does the RMET methodology include a consistent approach to verify that the COVID-19 resources are not double-counted by both financing sources and their implementing agents?
- Currency conversion:** Does the RMET tool convert the various currencies into one common currency that enables collective analysis?

### Quantify the funding gap

- Costing data:** Has the COVID-19 response plan been costed, prioritized, and technically approved by WHO?
- Funding gap:** Does the analysis compare costs against budget commitments to produce a funding gap?
- Feasibility:** Is the estimated funding gap based on a realistic measure of potential resource mobilization? If not, is a further prioritization of costs possible?



## Disaggregate the analysis

- ❑ **Intervention funding status:** Can the funding gap be disaggregated to show the funding levels of each intervention in the COVID-19 response plan and opportunities for either resource mobilization and/or reprogramming among COVID-19 interventions?
- ❑ **Subnational funding gaps:** Can the resource mapping budget data be disaggregated by geographic units (e.g. districts, counties, regions) to enable comparisons against regional/district COVID plan costs, where available?
- ❑ **Cost category:** Can the budgeted investments be disaggregated by cost types/categories and compared against the cost categories of the national COVID-19 plan to inform reprogramming decisions or response coordination?
- ❑ **Investment levels vs. capacity/need:** Can the resource mapping budget data be disaggregated by geographic units (e.g., districts, counties, regions) to assess whether investments are equitable, given the variation in capacity and/or need (e.g. COVID-19 incidence, testing capacity, etc.)?

## Support implementation

- ❑ **Activity/investment details:** Does the tool capture detailed activity or input descriptions to enable implementation monitoring and coordination by funders and implementers?
- ❑ **Priority and timeframe:** Does the dashboard(s) indicate which activities need to be monitored for completion within weeks to months, versus ongoing monitoring throughout the year? Similarly, does it include levels of urgency for monitoring implementation?
- ❑ **Disbursement monitoring and expenditure tracking:** Is there a data collection tool component and plan/process for tracking disbursements and expenditures? If so, does it strike the right balance between feasibility and usefulness?

- ❑ **Performance indicators:** Is the tool accompanied by key performance indicators or activity completion status to be reviewed jointly alongside financial data during routine implementation progress reviews for the COVID-19 response plan?
- ❑ **Ease of updates:** As new commitments are made and/or COVID-19 response costs change, can you easily re-configure the RMET tool to capture changes? Is it easy to update the resulting data analysis and dashboards?

## Safeguard essential services

- ❑ **Reprogrammed vs. new resources:** Does the tool allow respondents to indicate which budget lines were reprogrammed from pre-existing health projects versus having new funding raised specifically for COVID-19 response? In the case of reprogramming away from basic services, does the tool capture the original program (e.g. HIV/TB, RMNCAH, EPI, various HSS, etc.) from which funding was divested?
- ❑ **Impact of budget reprioritization:** If your country has pre-existing RMET data on budget commitments for essential or basic services for the current and/or upcoming fiscal year(s), does the tool capture potential changes to those commitments for a before-pandemic vs. after-pandemic comparison?

## Harmonize emergency response with long-term systems strengthening

- ❑ **Linkage to health sector planning processes:** Can the RMET data captured for the multi-sectoral COVID-19 response be linked to sector-specific health systems planning and resource allocation? Have the responsible entities been identified and contacted to assess timelines and collaboration potential?
- ❑ **Data sharing:** Can the data captured by COVID-19 RMET be cross-walked into similar RMET exercises for the health sector and/or national strategies (e.g. relevant HSS-specific strategies) for integration?

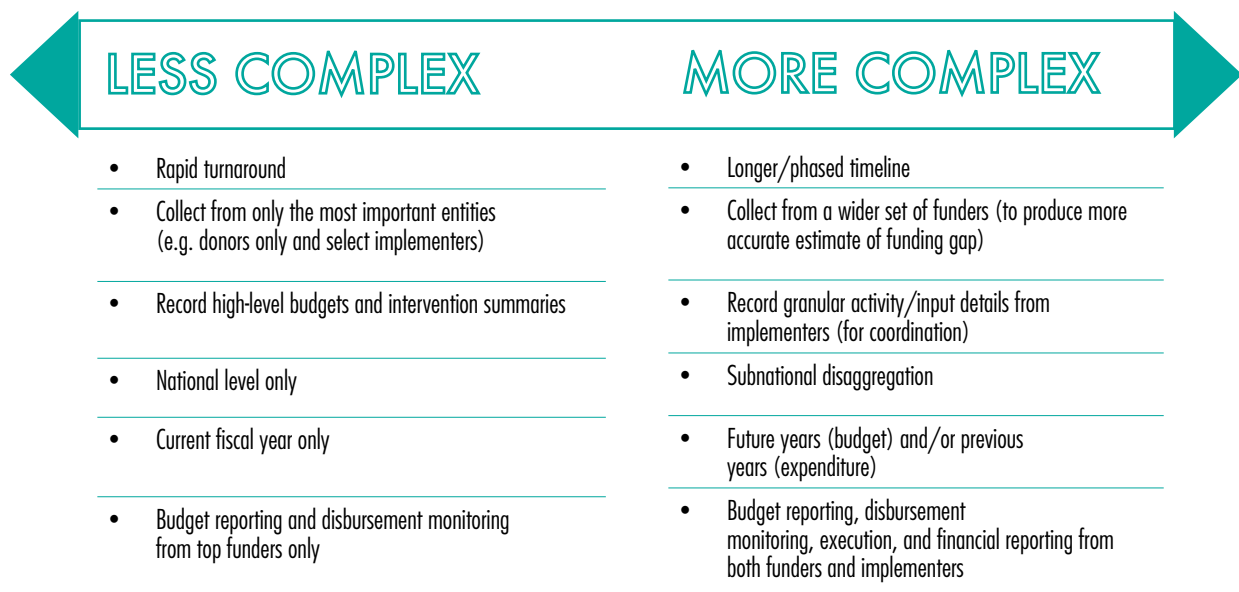
<sup>2</sup> Cost categories can be used to identify reported investments that could be coordinated among financing sources/implementing for greater efficiency and effectiveness. These include, for instance, technical assistance, in-service trainings, and supply chain categories (e.g. procurement, warehousing, distribution).

<sup>3</sup> Data from financing sources (e.g. donors) are typically aggregated budget figures at the grant level, whereas data from their recipient implementing partners provide supplementary intervention and activity details.



## ASSESSING DESIGN TRADE-OFFS

Depending on the prioritized use cases, resource mapping requires several strategic trade-offs in design priorities and functionalities.



Where each country lands on the above spectrum of complexity will largely be determined by what the stakeholders have prioritized as the most important data use cases (section I, above) and the required RM functionalities to enable those data uses (section II). No resource mapping exercise is perfect—what will support evidence-based decision-making in each unique policy environment should guide RM design.

# III. SELECTING A TOOL AND METHODOLOGY FOR COVID-19 RMET

Countries seeking to conduct RMET for COVID-19 may opt to adapt an off-the-shelf tool that can be customized for their country's COVID-19 response. Alternatively, they may also adopt an existing in-country RMET solution to meet the needs of the COVID-19 response. This section outlines the available options and their relative strengths and weaknesses.

## OPTION 1

### Use an Off-the-Shelf RMET Tool

Several complementary RMET tools can be used for COVID-19 resource mapping and tracking.

At the *country level*, the **GFF RMET for COVID-19 Tool** and the **WHO REMAP Tool** are two ready-made products that can be tailored to country contexts. While the two tools were initially developed in parallel in response to different country requests, the teams have combined efforts to standardize the approach. As a result, these two tools are now similar in functionality, and either of them can be adapted to meet specific country requirements. In several countries, combined GFF/WHO-REMAP tools are now being piloted to address the COVID-19 response.

At the *global level*, the **WHO Partners Platform** is a web-based platform where countries can showcase their national COVID-19 responses, highlight progress toward Strategic Preparedness and Readiness Plan (SPRP) priorities, and coordinate high-level resource requests to donors and to the WHO supply and distribution platform. Data from country level RMET exercises for COVID-19 response (*e.g. GFF/REMAP/other country tools*) can be exported and uploaded into the *Partners Platform*.

Annex 1 contains more detailed descriptions and side-by-side overviews of the tools listed above. A link to examples of each tool and training materials/demos is also provided.

## OPTION 2

### Adapt an Existing Solution

In some countries, adapting an existing RMET tool (e.g., health sector resource mapping, strategic plan resource mapping) in-country or from another country context may be an appropriate solution for tracking the COVID-19 response. Countries planning to adapt existing solutions to build customized COVID-19 RMET tools may use the following resources:

- 1. Rapid technical reviews:** The global agencies involved in RMET (e.g. GFF, GFATM, WHO), through their health financing and financial resource tracking teams, can review customized tools to provide specific and actionable feedback. This may help to improve the efficiency and effectiveness of the RMET tools, including their analytical outputs and data use.
- 2. COVID-19 RMET design checklist:** Countries can refer to the design checklist in this brief (section II) while developing or modifying a custom resource mapping and expenditure tracking exercise. Doing this will help ensure that key required inputs and analytical outputs are included.
- 3. Use best-practice examples:** Countries can refer to the examples in the annexes for reference to identify what features may be appropriate to include in their own exercise.

## LEVERAGING GLOBAL PARTNERSHIPS

As countries navigate the landscape of RMET tools and resources, global partners involved in RMET are aware of the ongoing challenges related to their implementation and are working toward addressing them.

### Resolving challenges at the country-level

Countries may escalate RMET-related challenges to partner organizations and their governance bodies for resolution, e.g. to facilitate data collection, to streamline divergent reporting categories across major donors, or to influence partners to share their data.

### Harmonizing resource mapping and expenditure tracking exercises

Many countries face challenges in harmonizing disparate resource tracking exercises (e.g., National Health Accounts and various resource mapping exercises). Global agencies are working toward harmonizing and integrating different tools that serve related purposes, where possible. This includes, among others: combined data collection for resource mapping and National Health Accounts; integrating different resource mapping tools, for COVID-19 and other health sector mapping exercises; and streamlining data uploads into the WHO Partners Platform. Countries that are interested in piloting these approaches may reach out to the respective agencies for additional support in these areas.



## EXISTING TOOLS AND RESOURCES FOR MAPPING COVID-19 RESOURCES

Link to folder:

<https://www.globalfinancingfacility.org/tools-and-resources-tracking-covid-19-response-financing>

### **Resource Mapping and Expenditure Tracking for COVID-19 Tool (GFF)**

The GFF RMET Tool for COVID-19 is a customizable Excel-based tool that enables country stakeholders to compare costed strategic plans against domestic and external resources to identify where the gaps are and how investments can be optimized, and to track their implementation through financial monitoring. The tool can be used to simultaneously track resources and expenditures for both COVID-19 response plans and other national plans (e.g. health sector strategic plans) to reduce duplication of resource mapping and expenditure tracking efforts. Users can customize the tool to capture disaggregated data at the national and subnational level, create custom strategic plan priorities, add in epidemiological data, and add other data required for analyses and performance monitoring.

### **REMAP Tool – Resource Mapping for IHR and Health Security (WHO)**

The WHO Resource Mapping (REMAP) tool is a country-owned tool developed by WHO that links national priorities for COVID-19 preparedness and response with available and potential resources (financial and technical). The tool is used to map investments and activities related to COVID-19 in the country at the national and subnational levels, allowing policymakers, donors, and partners to see where the gaps exist and where more investment of financial and technical resources is needed. It facilitates identification of the funding gap in implementing the country's COVID-19

plan, visualizes the level of support for each pillar in the plan, and maps the geographical locations of investments and activities in the country. The tool is also used to track and monitor implementation of the country's COVID-19 preparedness and response plan and to provide a platform for the identification of activities within the plan that require technical and/or financial support. The tool provides visualizations of partner and donor support and country progress in plan implementation, allowing policymakers to see where additional support and action is needed. The data collected through the WHO REMAP tool at the national and subnational level feeds the WHO COVID-19 Partners Platform, which supports global coordination and monitoring of country preparedness and response.

### **COVID-19 Partners Platform (WHO)**

The WHO developed the COVID-19 Partners Platform web-based tool to collaboratively scale up preparedness and response to COVID-19. Countries are able to showcase the actions they are planning and implementing, request international support, and track contributions and progress in real-time. The platform facilitates planning aligned to international COVID-19 guidance developed in collaboration with countries and partners; supports the monitoring of preparedness and response activities at national and subnational levels; enables the costing of resource requests when they are not available at the country level; and provides visibility into the donor contributions that have been committed in the context of this outbreak.

While the following table presents the information side-by-side for clarity, the tools are intended to be **complementary**. Information from country-specific RMET exercises (left column) can feed into the global platform (right column).

**Table A-1.**  
RMET for COVID-19:  
Tool Overview

	<b>GFF COVID-19 / WHO REMAP TOOL<sup>4</sup></b>	<b>WHO PARTNERS PLATFORM</b>
<b>GENERAL</b>		
<b>Input format</b>	Excel-based data entry	Web-based data-entry
<b>Output format</b>	Excel-based dashboards	Web-based dashboards (in progress)
<b>Ease of tool customization</b>	<b>High</b> Can be customized on a country-by-country basis	<b>Low</b> Developer team makes changes to the platform structure and feature updates
<b>Access and updates</b>	<b>Offline</b> , manual updates, single owner	<b>Web-based</b> , manual updates, multiple owners with varying access permissions
<b>COLLECTING AND STANDARDIZING RESOURCE COMMITMENTS</b>		
<b>Captures funding commitments</b> toward National COVID-19 Response Plan	<b>YES</b> Commitments can be tagged by custom lists of pillars/themes (e.g. COVID-19 plan)	<b>NO</b>
<b>Captures funding commitments</b> toward other health strategies	<b>YES</b> Commitments can be tagged by custom lists of pillars/themes (e.g. national health plan)	<b>NO</b>
<b>Captures funding commitments</b> toward WHO Strategic Preparedness and Readiness Plan (SPRP)	<b>YES</b> Commitments can be mapped to global SPRP through linkage with Partners Platform	<b>YES</b> Commitments must be tagged by SPRP pillar
<b>Captures in-kind (material) and in-service (personnel) donations</b>	<b>YES</b> Can be customized to capture in-kind donations and cash equivalents	<b>NO</b>
<b>QUANTIFYING THE FUNDING GAP</b>		
<b>Integrates costing data</b>	<b>YES</b> Costs can be imported and compared against resources for disaggregated levels (by region, by intervention, etc.)	<b>YES</b> Manually entered as individual budget requests by pillar and geographic targeting; includes cost validation by country platform administrator
<b>Produces total funding gap</b> for national plan	<b>YES</b>	<b>IN PROGRESS</b> Dashboards currently being developed

<sup>4</sup>The GFF RMET for COVID-19 Tool and the WHO REMAP Tool are being integrated/harmonized to incorporate the full range of functionalities.

**DISAGGREGATED ANALYSIS**

Disaggregates funding gap by priorities in the national COVID-19 response plan	<b>YES</b> User can define tool to present funding gap by priority areas of any health strategy and/or COVID-19	<b>NO</b>
Disaggregates funding gap by priorities in national health plans/strategies pillars	<b>YES</b> User can define tool to present funding gap by priority areas of any health strategy and/or COVID-19	<b>NO</b>
Disaggregates funding gap by priorities in the WHO SPRP	<b>POSSIBLE</b> Data can be uploaded into partners platform for funding gap analysis by SPRP pillar	<b>YES</b> Funding gap is presented along SPRP pillars
Disaggregates funding gap by geographic unit (region, district)	<b>YES</b> Budgets and costs can both be tagged by geographic unit to produce local funding gap	<b>IN PROGRESS</b> Dashboards currently being developed
Disaggregates funding gap by cost category	<b>YES</b> User may define the same cost category list for both costs and commitments to enable comparison by cost category	<b>YES</b>
Investment levels vs. capacity/need	<b>YES</b> GFF Tool allows user input of epidemiological data by region to compare with local resource allocation. REMAP Tool allows users input of required infrastructure/health workers and comparison with actual availability to calculate gap.	<b>IN PROGRESS</b> Platform includes local/regional risk assessment and response capacity ratings; dashboards currently being developed to link datasets

<b>SUPPORTING IMPLEMENTATION AND MONITORING</b>		
Activity completion status for National COVID-19 plan	<b>YES</b> Tool contains dashboards on activity implementation progress by region and by intervention	<b>NO</b>
Activity completion status for WHO SPRP	<b>YES</b> Activity completion status can be tracked and monitored within the tool as well as uploaded into partners platform	<b>YES</b> Allows countries to monitor and assess implementation progress through self assessments, simulations, and external evaluations
Priority and timeframe	<b>YES</b> Includes field for entering start/end date of intervention	<b>NO</b>
Monitor disbursements	<b>YES</b> Self-reported, not automated	<b>YES</b> Individual costed budget support requests can be tagged as either “requested” or “received”
Monitor expenditures	<b>YES</b> Self-reported, not automated	<b>NO</b> Only reports on commitments disbursed/received
Links to UN system for supply distribution	<b>NO</b> Costs need to be uploaded to Partners Platform as budget requests	<b>YES</b> Resource requests related to materials and supplies will be connected to UN system and directed to the UN supply distribution request platform which standardizes country requests.
<b>SAFEGUARDING ESSENTIAL SERVICES</b>		
Reprogrammed funds vs. new funding	<b>YES</b> The tool can capture whether budget commitments for COVID-19 preparedness and response are newly committed funds or reprogrammed funds	<b>NO</b>
Impact of budget reprioritization (pre-/post- pandemic)	<b>POSSIBLE</b> Tool can be used to capture health sector commitments (beyond COVID-19), enabling a comparison of latest funding figures against pre-outbreak commitments to quantify the magnitude of reprioritization	<b>NO</b>

## SUMMARY

### Summary and Recommendations

Highly flexible for user-defined customization for COVID-19 response and other health plans/priorities. Data elements and analyses can be modified based on country-specific needs.

Support from GFF Secretariat and WHO Health Security Teams available upon request. Strong monitoring framework and dashboards for assessing implementation progress. Data can be uploaded to WHO Partners Platform.

**Recommended for** countries seeking to start country-level RMET for COVID-19 response. This tool is especially suitable for countries seeking harmonization among COVID-19 response planning and health sector planning, resource mapping, costing, and resource allocation. Custom implementation monitoring dashboards for COVID-19 response can be tailored. Information can be exported and uploaded into Partners Platform.

Robust web-based platform with real-time data updated by stakeholders; linked to WHO supply and distribution platform; strong SPRP activity monitoring component with assessment/evaluation history over time.

Limited data analysis and visualization; analysis presently focused on WHO SPRP and does not capture full costs and resources of national plans.

**Recommended for** countries that already have country-level RMET data for country COVID-19 plans. Countries can upload information into the Partners Platform, where stakeholders can monitor progress toward the WHO SPRP action items, showcase high-level budget commitments, submit requests to the WHO supply and distribution portal, and make aggregated resource requests to donors.



## EXAMPLES OF COUNTRY COVID-19 RMET TOOLS

<https://www.globalfinancingfacility.org/tools-and-resources-tracking-covid-19-response-financing>







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