Summary Note: GFF Knowledge Sharing Webinar
Resource Mapping and Expenditure Tracking in the Context of COVID-19
April 29 and 30, 2020

Introduction

This webinar focused on how to conduct or facilitate resource mapping and expenditure tracking to support evidence-based decision making during (and after) the COVID-19 outbreak. It discussed the linkages between COVID-19 specific RMET exercises and routine RMET (for investment cases or national health strategies). Discussions during the webinar also focused on how to integrate both exercises.

The online seminar was initiated with technical overviews presented by Vibhuti Haté (Health Economist, GFF Secretariat), Marion Cros (Senior Health Economist, GFF Secretariat), Ludy Suryantoro (Head, WHO Multisectoral Engagement for Health Security Unit) and Sean Cockerham (WHO Multisectoral Engagement for Health Security Unit). Dr. Yekoyesew W. Belete (Director General, Health Systems/Operations, and Task Force Lead for COVID response Resource Mobilization, Ethiopia Federal Ministry of Health) presented the Ethiopian case study, followed by a discussion facilitated by Petra Vergeer (GFF Lead, Knowledge and Learning and RBF, GFF Secretariat). The webinar was attended by key stakeholders involved in GFF countries, including those with a specific interest in RMET.

GFF Resource Mapping and Expenditure Tracking

The GFF Resource Mapping and Expenditure Tracking (RMET) focuses on mapping domestic and external budget and expenditure to priorities outlined in ICs or national health plans/strategies. The RMET tool is developed to make coordination with donor partners easy, identify funding gaps, and to effectively allocate the available resources. 17 out of 36 GFF countries have adopted RMET exercises.

The two key dimensions regarding the importance of conducting RMET during COVID-19 include: responding directly to the outbreak and mitigating the impact of pandemic response on health systems. First, when countries have to respond to a disease outbreak, they have to mobilize resources, coordinate the response from development partners, and then make sure that the additional resources that have been mobilized are deployed in a timely manner. Conducting RMET is beneficial during a pandemic response because it allows countries to assess if there are financial gaps despite the additional resources that are being mobilized, ensure that these additional resources are being allocated efficiently (i.e. donors are not all inadvertently supporting the same activities with major gaps in other key areas), and that pandemic-related spending is monitored with accountability (especially because external financing can be significant during a pandemic).

Second, in order to ensure that routine service delivery is not being poorly impacted by the pandemic response, RMET helps countries to assess the impact of the emergency response on any disruptions in routine service delivery, determine if domestic and external resources are being reprioritized from routine health investments to short-term pandemic response, and if the activities that strengthen health systems in the context of the pandemic response are also aligned with national health system strengthening (HSS) priorities. The GFF is providing support in all the areas outlined here through RMET focused on the current COVID-19 response.

Three use-cases were presented to illustrate the value of RMET in the context of COVID-19: (1) data used to calculate funding gaps for various activities of the COVID-19 response, (2) tracking budget execution for each activity related to COVID-19 response, and (3) assessing the subnational distribution of resources in relation to caseload. Additionally, GFF is working to ensure that the existing RMET tool can be used with existing tools developed by other actors, with a specific focus on collaboration with WHO. The goals of these tools are to help countries identify possible responses when funding gaps are identified and how to coordinate with donors.

GFF supported RMET for COVID-19 has uses both in the short-term (facilitation of financing – in articulation with other tools) and in the medium-to-long-term (evaluating impact on or disinvestment in essential health care services).

WHO Resource Mapping and Expenditure Tracking

The GFF presentation was followed by presentations by Dr. Ludy and Mr. Sean Cockerham from the WHO. The main objectives of the World Health Organization (WHO) RM efforts is to promote dialogue between countries and partners, share information, and identify gaps in available resources. The main focus of WHO's resource mapping is to map resources for implementation and to facilitate multi-sectoral coordination (which is essential during a pandemic response). The strategic preparedness plan for COVID-19 was launched on April 30, 2020 and is linked to the National Action Plan (NAPHS) work also supported by WHO.

Case Study 1 – Chad

WHO colleagues also presented on the RMET tool that has been developed to map available resources in Chad and how they are being used in implementation of prevention and response activities. The tool is mostly used to display partner activities and details of support provided, track implementation of the national COVID-19 plan, track partners investments, and identify funding gaps.

WHO Collaboration with GFF in COVID-19 Response

GFF and WHO are closely collaborating to support countries with resource mapping and expenditure tracking during COVID-19. The main focus of this collaboration has been on adapting GFF's RMET tool, coordination and collaboration in data collection for RM for COVID-19, and National Health System.

Case study 2: Ethiopia

Dr. Yeko from Ethiopia's Ministry of Health (MoH) presented on the ongoing RMET in Ethiopia. He began by explaining the importance of a scenario-based approach in planning for RM with the three key stages being "Preparation" (developed in February 2020), "Response" (started in March 2020) and activated actions. Budgeting and planning follow the established scenarios while monitoring tools were developed to get updates on the cases. There are emergency response centers at national and regional levels in Ethiopia and a sectoral and multisectoral readiness plan in place for COVID-19 response. A response team was formed consisting of MoH Health Financing Experts in RM and partners. The two key functions of the team are monitoring and coordination of resources. The factors identified were financial, in-kind and HR and Technology. Resources are being mobilized from government, NGOs, donors, the private sectors, and Civil Society Organizations (CSOs). Different approaches are used for the allocation of resources. Monitoring is done through dashboards that display available resources, allocations of resources, and donor

contributions. Seven pillars were developed to help allocate resources with resource mobilization undertaken at international, national, and sub-national levels.

Dr. Yeko also shared important lessons from Ethiopia, namely (1) the value of scenario-based planning, (2) the importance of consensus in moving forward, (3) regular communication to improve transparency, (4) identification of existing resources, (5) demonstrating COVID-related investments as opportunities for long-term HSS, (6) the critical role of the private sector, and (7) the need for constant engagement with donors in finding adequate response solutions.

Discussions

i. **Routine health care services for RMNCAH during COVID-19**: Ethiopia has repurposed some resources to RMNCAH. The fiscal year budget maintained for the essential services. Guidelines have been developed for essential services. The WHO resource mapping is focused on COVID-19 and are allocated depending on country by country needs. The essential services are not currently included. The GFF is also working on re-allocating the funds to include essential services during the COVID-19.

ii. **The Role of Liaison Officers (LOs) and key areas of GFF-support for COVID-19 response:** GFF has been supporting health ministries as they map, and track resources allocated for the COVID-19 response. The role of the LOs is to communicate any demand need and to provide feedback on the resource mapping in the field.

iii. **Collaboration among partners to avoid duplication in support provided to countries**: Ethiopia used the SDG pool fund and decisions are made based on agreement by board members. The grant is a gap filler. Quarterly reports on resource utilization are routinely submitted.

The WHO tool is built on concessions with partners. The information is publicly available. Harmonization of the WHO and GFF data tools will be will done soon. Inclusion of the COVID-19 tool into the existing RM tool will be a great opportunity for countries. The CSOs are not involved in the WHO process, but the WHO will be happy to provide training support to CSOs if the need arises. The CSOs are involved in the GFF process. RM on national health strategy should be done frequently in preparedness of emergencies. The RMET tools are developed to avoid duplication of support, that is why gaps are identified by regions.

iv. **Using the partners' platform and financial resource allocation during COVID-19:** In Ethiopia, the government utilized its existing resources for COVID-19. Additional resources were mobilized from the Ministry of Health. Coordination with partners was existing before the COVID-19 outbreak, and it has been intensified. Fund allocation is based on priorities and the COVID-19 pillars. The tool shows flexibility of budget. Partners are engaged through Bi-monthly meetings, and the government is working on a tool that will lead to global collaboration.

WHO has a platform for partners in connection to COVID-19, and it helps identifies any financial gap. This will help in long term sustainability preparedness beyond COVID-19. Allocation of resources will be coordinated based on the size of the funding gap to avoid over funding or underfunding. Countries requests and partners platform will be linked. The WHO is working on adapting the tool to GFF RMET, and this will lead to collaboration in data collection.

The GFF support the Niger's MoH in resource mapping. The GFF is also encourages the its countries to adapt the WHO tool as it helps with data collection and visualization in the RMET process.

v.   **Existing structures and methods for information sharing, including countries that are using the RMET Tool during COVID-19**: An emergency operating center existed in Ethiopia after the Ebola Viral Disease (EVD) outbreak. Since then the government has added more members to the advisory task force. RM has also been expanded to the existing work that has been ongoing for the national health strategy and Investment Case (IC). Electronic data collection has not yet started in Ethiopia and currently the data is housed in MS excel.

vi.   **Budget Reallocation and Obtaining RMET Data from Partners**: Ideally, budget reallocation should be done based on evidence on financing gaps. It is therefore critical that countries can identify funds that need to be repurposed based on existing priorities and realistic implementation plans.

So far, obtaining information from partners has been straight-forward and timely. Most partners are willing to provide the necessary data as long as they are fully informed about the tool. Additionally, external partners recognize the use of COVID-19 related resource allocations and spending for their own planning and budgeting purposes.

Ideally, it is most useful to do RMET before and after the COVID-19 response in order to understand reprioritization of funding and expenditure.