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## **Toward Accountability for Resources: Independent Budget Monitoring of the Global Strategy for Women’s and Children’s Health Commitments**

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The International Budget Partnership, in collaboration with the Maternal Health Task Force, produced this paper as part of the Ask Your Government! Initiative. It provides an overview of how civil society organizations and citizens can use independent budget analysis to hold their governments accountable for pledges made under the U.N.’s Global Strategy for Women’s and Children’s Health. While the document focuses on those commitments that relate to maternal health, we hope that it can also contribute to the accountability efforts of the child health community.

***“Every Woman, Every Child” – A new Global Strategy provides an opportunity to improve maternal and child health***

Over the past 20 years the international community — including civil society, multilateral institutions and governments — has pledged to take all the steps needed to ensure that women around the world are guaranteed their right to safe motherhood. In spite of a number of international initiatives like the Millennium Development Goals, there has been little progress in reducing the significant number of women who die or suffer from injuries that result from complications during pregnancy and childbirth. MDGs 4 (reduce child mortality) and 5 (improve maternal health) are now widely recognized as the goals toward which the least amount of progress has been made, and the persistence of maternal mortality and morbidity is evidence of our global failure to address key social injustices.

The U.N. MDG Summit in September 2010 formally recognized this lack of progress and, led by U.N. Secretary-General Ban Ki-moon, launched the Global Strategy for Women’s and Children’s Health (Global Strategy) in response. Through the Global Strategy’s “Every Woman, Every Child” Initiative 49 heads of state of the world’s poorest countries have pledged to intensify their efforts to improve women’s and children’s health. An estimated US\$ 40 billion was committed over a five-year period to achieve MDGs 4 and 5 through investments in improving access to health services, increasing the number of births attended by skilled birth attendants, expanding access to Emergency Obstetric Care, ensuring access to anti-retroviral medications for HIV/AIDs treatment, and increasing the use of contraception. The United Nations estimates that millions of lives could be saved by 2015 if governments were to address the global challenge of universal access to basic health, and these Global Strategy investments are important steps to doing so.

The ambitious goals of the Global Strategy and the willingness of governments to make detailed public commitments are laudable. However, to ensure that the targets are met, it is vital that civil society organizations (CSOs) and citizens undertake *efforts to monitor government compliance as soon as possible*. While the United Nations has set up a Global Strategy Commission on Information and Accountability Monitoring to make recommendations about how governments should monitor the Global Strategy, it is equally important for CSOs and citizens to engage in independent monitoring.

**The Global Strategy**

***“Accountability is essential. It ensures that all partners deliver on their commitments, demonstrates how actions and investment translate into tangible results and better long-term outcomes, and tells us what works, what needs to be improved and what requires more attention.”***

— U.N. Secretary-General Ban Ki-moon  
introduction to Global Strategy Document

## ***What specific budget and policy promises are governments to keep?***

Through the Global Strategy, governments have committed to explicit policy and budget-related targets. While monitoring health outputs and outcomes is a long-term endeavor, assessing the adequacy of specific budget and policy commitments made to produce these outcomes and tracking their fulfillment are activities that can be relatively easy for civil society, as long as the commitments are explicit and the necessary budget information is available. The first important step in assessing and monitoring these explicit budget and policy commitments is to understand what specific outcomes they seek to accomplish and exactly how they intend to do so, as well as how and why they lend themselves to monitoring.

**Policy commitments** that the 49 governments have made under the Global Strategy include expanding existing programs, introducing new ones, and, in some cases, abolishing others, such as those that require user fees for care. A number of countries have committed to very specific health policy reforms and targets (see Box 1). Zimbabwe and Sierra Leone, for example, pledged to abolish user fees; while Indonesia, Mali, and Malawi promised to create public health insurance programs. Kenya, Bangladesh, and Malawi affirmed that they would increase the supply of health infrastructure, while Afghanistan, Tanzania, and Niger committed to increase training programs for and skilled birth attendants.

Although they are not always explicit, we know that new *policy commitments necessarily have budget implications*, as no public policy can be implemented without sustained financial resources. When a country commits to “increases” in public goods and services, whether these are increases in infrastructure, access to emergency obstetric care, or in the supply and training of skilled personnel, it generally needs to increase the pool of available funds or shift funds out of existing activities. In addition, new policies that are intended to reduce the out-of-pocket cost of care, such as providing public insurance or abolishing user fees also imply budget costs as household funds are replaced by public funds. If there are no explicit budgetary allocations for such changes in policy, the policies will not be implemented.

Some countries actually made explicit **budget commitments** in the Global Strategy (see Box 2). For example, Ghana and Burkina Faso both committed to increasing health spending to 15 percent of the national budget, in line with the Abuja Declaration. Benin committed to reach a level of health spending equal to 10 percent of total spending by 2015. Afghanistan and Nigeria said they will increase per capita public spending on health by specific amounts. The Democratic Republic of Congo agreed to increase the use of specific revenues (from the World Bank’s Heavily Indebted Poor Countries initiative) to finance health

### **Box 1: Key Policy Targets within the Global Strategy**

#### **Afghanistan**

- Increase the proportion of deliveries assisted by skilled professionals from 24% to 75%
- Increase the proportion of women with access to emergency obstetric care to 80%

#### **Bangladesh**

- Upgrade one third of MNCH centers to provide adolescent friendly sexual and reproductive health services.
- Halve unmet need for family planning by 2015

#### **Indonesia**

- Ensure that all deliveries will be performed by skilled attendants by 2015

#### **Liberia**

- Double the number of trained midwives by 2015 and increase the proportion of health care clinics providing EMOc from 33% to 50%

#### **Kenya**

- Recruit and deploy an additional 20,000 primary care health workers
- Expand community health care, and decentralize resources

#### **Mali**

- Create a free medical assistance fund by 2015

#### **Tanzania**

- Expand coverage of health facilities and provision of EMOc

programs. Obviously, these types of commitments should be clearly established and easily identified in the government's budget.

#### **Box 2: Where can resources to implement new policies come from?**

- Creating new sources of revenue, such as new taxes or insurance programs that require employers or citizens to pay premiums
- Reallocating budget expenditures, such as reducing spending on administration or allowances
- Reducing waste or inefficiency in the use of existing resources by, for example, eliminating payments to "ghost" workers or increasing the budget "execution" rate.
- Receiving international development assistance, such as resources provided to governments on or off budget.

#### **Key elements of a budget monitoring exercise related to the Global Strategy**

Monitoring the Global Strategy policy and budget commitments, like any budget monitoring exercise, requires information. In some cases, this information may be more details about the commitments themselves, as well as information on issues within the local health system that may be linked to maternal deaths. An example of an ambiguous commitment might be a promise to increase funding for health to 15 percent of the total budget. Though this sounds clear and explicit, determining whether this commitment is met by the governments hinges on how funding for health is defined, and what specific expenditures are included in the national budget.

The problem is even worse for policy commitments that do not explain precisely *how* the target will be met, or for those that seem unrealistic. The expansion of health infrastructure can be monitored *if* we know what kind of infrastructure to look for, where it is to be located, how much is to be built each year, how much it is supposed to cost, and where the money is going to come from. Likewise, a commitment to increase access to emergency obstetric care (EMoC) could be achieved in a number of ways depending on what is perceived to be the main obstacle to access, whether that be lack of skilled personnel, inadequate supply of blood banks or other inputs, shortage of health facilities, weak referral systems, or all of the above.

#### **Box 3: Key Budget Commitments within the Global Strategy**

##### ***Burkina Faso***

- Commit to maintain health spending at 15 percent of total spending

##### ***Ghana***

- Increase funding to health to at least 15 percent of the national budget by 2015

##### ***Benin***

- Increase the national budget dedicated to health to 10 percent by 2015

##### ***Cambodia***

- Ensure that 95 percent of the poor are covered by health equity funds by 2015

##### ***DRC***

- Allocate more funds from the Highly Indebted Poor Countries Initiative to the health sector

##### ***Nigeria***

- Fully fund health programs at \$31.63 per capita by increasing budgetary allocation by up to 15 percent

##### ***Niger***

- Increase health spending from 8.1 percent of total spending to 15 percent by 2015 and provide free care for maternal and child health services

##### ***Rwanda***

- Increase health sector spending from 10.9 percent of total spending to 15 percent by 2012

Thus the monitoring process must start with an attempt to clarify both the targets that governments have committed to and details of the plans for reaching those targets. This information should be included in national health plans or ministry plans. If these plans exist and are publicly available, women and child health advocates must study them and extract the information that relates to the specific commitment they seek to track. In many cases countries do not produce, or do not release, these planning documents to the public. Sometimes even when governments do release these plans, the information provided may not be sufficiently detailed. When governments have not created plans or released them to the public, or when they refuse to do so, citizens must push them to do so or propose their own plan based on evidence they are able to gather from the ground and international good practices. This can be an effective way to force governments to develop and present an alternative plan if they object to the advocates' or public's plan. Using the government's pledges to the Global Strategy as an advocacy tool is also a good strategy to oblige it to produce and release this crucial information.

Once the targets and plans have been clarified, it is possible to begin monitoring the proposed policy changes by analyzing the specific programs linked to those plans, as well as the corresponding budget policies that are needed to implement them. Here again, information is crucial. As a first step, advocates can assess whether the government has provided sufficient funding by analyzing the Enacted Budget's allocations. Groups can examine particular budget lines linked to the relevant programs to see whether funds have been allocated to them, in what amounts, and how these expenditures are distributed among population groups and regions.

**Box 4: Eight Key Budget Documents Governments Should Produce and Disseminate (Open Budget Index 2010)**

**Pre-Budget Statement**

**Executive's Budget Proposal**

**Enacted Budget**

**In-Year Reports**

**Mid-Year Review**

**Year-End Report**

**Audit Report**

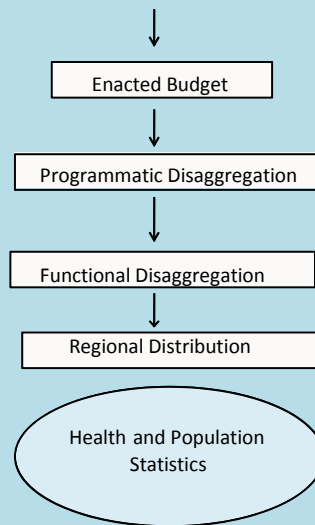
**Citizens Budget**

## Figure I: How do we monitor budget allocations?

### Key allocation questions

- What share of the total budget goes to health, and how is this changing over time?
- What is the per capita spending on health (health spending divided by population served)?
- What share of health spending goes to different groups, like the poor?
- What share of spending goes to different regions (is it targeted towards those areas with greater need)?
- What is the distribution of the health budget among different programs? Are funds targeted specifically to maternal health programs?

### To find budget information we look at...



[www.InternationalBudget.org](http://www.InternationalBudget.org)

If advocates seek to measure explicit budget commitments, such as overall increases in health budgets, they can compare health spending over time and against spending for other sectors. In order to do this, civil society and the public need access to the Enacted Budget, which is the budget approved by the country's legislature based on the Executive's Budget Proposal. The budget document should present funding data that is disaggregated by sectors and, if the country abides by international good practices of budget transparency, by programs and functions. In addition, the public should be able to freely obtain information from the government on the regional distribution of spending.

A comprehensive budget monitoring effort should not stop at monitoring budget allocations. It is equally important to monitor the implementation or execution of the budget to determine whether the money that is allocated is actually spent, and spent on the items delineated in the budget. This requires analyzing budget execution reports, annual reviews, and audit reports that describe how much of the funds allocated was actually spent, and on what. Analyzing these documents and developing field-level budget monitoring allows advocates to assess the degree of waste, mismanagement, and other leakages of public health funds. We can also determine if resources are being used in a timely fashion, or whether there are delays in spending.

Independent monitors should keep a watchful eye on whether resources are adequately spent. Even if budget execution reports are readily available and comprehensive, advocates may still need to go beyond this to the facility level and, by using a variety of tools, verify that the funds are actually reaching their intended beneficiaries. Some of the tools used by civil society organizations to monitor budget implementation include the following:

**Public Expenditure Tracking Surveys (PETS)** – This tool allows citizens to track public spending by comparing revenues and expenditures to reconcile budgetary flows. Some CSOs doing this include ACODE in Uganda and Haki Elimu in Tanzania.

**Social Audits** – This is a participatory process that allows community members to collectively monitor implementation of government programs. Access to information on expenses is critical when conducting a social audit, as cash books, wage rolls, contract specification and invoices can show where resources are being spent. Some groups implementing this tool are MKSS, NDCHR, SAMARTHAN in India and MUHURI in Kenya.

**Citizen Report Cards** – First developed by the Public Affairs Centre in India, CRCs can be used to gauge public satisfaction with public services. Citizens are asked about their access to services and the quality of those services. CRCs are repeated in the same communities over time to check for improvements. Data is made public to put pressure on service providers to improve performance.

### ***The Biggest Challenge to Independent Budget Monitoring: Access to Budget Information***

Given the importance of access to timely, useful, and comprehensive budget information to holding governments accountable for managing the public's money to meet public needs, the International Budget Partnership (IBP) conducts the biennial Open Budget Survey, the only comparative and independent evaluation of budget transparency and accountability around the world.

A subset of Survey questions are used to calculate the **Open Budget Index**, which gives each country in the Survey a score based on the amount of information it makes available to the public. The OBI 2010 shows that some countries produce and make publicly available a number of key budget documents that allow citizens to know how money is being spent. However, even in countries that are relatively transparent about their budgets, such as Indonesia, Tanzania, Kenya, and Ghana, a number of the Global Strategy commitments require more detailed or disaggregated information than what is available in the published budget. Some of the countries with high levels of maternal mortality such as Rwanda, Nigeria, and Burkina Faso also score very low on the OBI, meaning that they release little to no information to the public. Some of these governments not only do not publish budget information proactively but are also unwilling to provide information upon request.

### **Box 5: The State of Budget Transparency around the World**

*The 2010 Open Budget Survey found that:*

41 out of 94 countries release minimal or no meaningful budget information; and...

aid-dependent countries surveyed had an average OBI 2010 score of 30 out of 100, 14 points below those countries not dependent on foreign aid; but on the positive side...

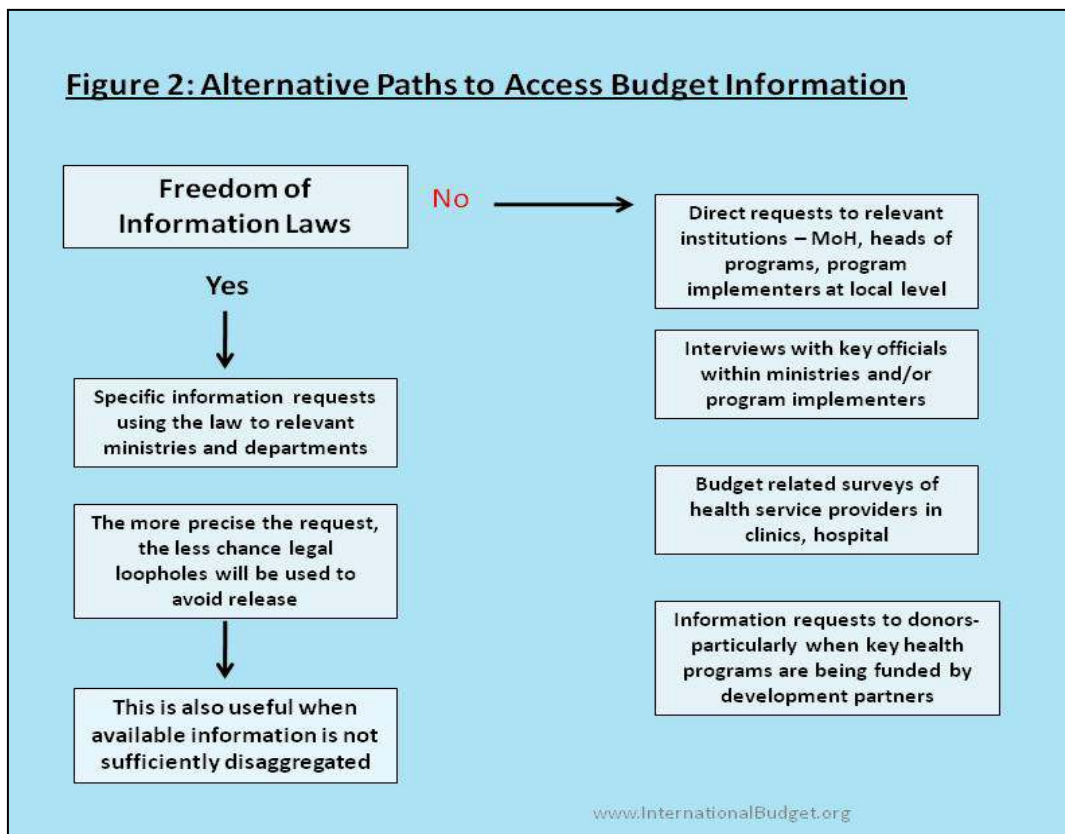
nearly 8 of 10 countries surveyed do publish the Executive's Budget Proposal, and nearly 9 of 10 publish the Enacted Budget, allowing citizens to monitor allocations; and...

three of four countries publish In-Year Reports that allow citizens to monitor whether funds that have been allocated are actually being spent.

For more information, please see the Open Budget Index 2010 Report at [www.openbudgetindex.org](http://www.openbudgetindex.org).

Last year, the IBP and several other international organizations launched the Ask Your Government! Initiative, which sought to measure governments' responses to citizens requests for specific basic data about public spending in key sectors. Two questions related to maternal health asked about spending for training skilled birth attendants and on life-saving drugs used for EMOc. *Only 27 out of 84 governments provided some information about their investment in life-saving interventions linked to maternal health.* In Bangladesh, Liberia, Mali, Nigeria, and Zimbabwe, for example, researchers were unable to get any information on either of the maternal health questions. The results of the initiative showed that the majority of countries studied answered some questions but failed to provide any information on at least one of the six questions, either because the governments did not have the requested information or had only incomplete data. This made it almost impossible to conclude how public resources were being spent.

In cases in which governments do not proactively publish budget information, civil society organizations and citizens seeking to undertake independent budget monitoring can and should seek other ways to access this information. If the country has a Freedom of Information law, advocates should use this to request information from relevant authorities. If there is no such law, then advocates must depend on the willingness of relevant institutions or officials (i.e., health ministries, heads of programs, or program implementers at the local level) to provide information upon direct request. Moreover, it might be necessary to interview key officials within the relevant ministries and design budget-related surveys for health service providers. Information can also be requested from donors who fund key health programs and legislators, both of whom may have access to the relevant information.





*Civil society must also push hard for public access to information. As part of their monitoring efforts, CSOs must demand greater information about maternal health spending. The existence of the Global Strategy commitments, and better transparency practices in other countries, can help to generate pressure on recalcitrant governments to make health plans and health budgets available to the public.*

### ***A Snapshot of What Global Strategy Budget Monitoring Exercises Might Look Like***

If citizens and civil society organizations want to monitor their government's Global Strategy commitments, what can they do? What type of initial analysis is possible? We consider a few examples of commitments below and briefly explain the kinds of monitoring that could be done in each case.

In **Indonesia** the government committed to *“ensure that all deliveries will be performed by skilled birth attendants by 2015.”* Monitoring this policy will require examining the yearly budget allocations for training and recruiting skilled birth attendants, as well as monitoring the implementation of these expenditures. If the information is available, citizens could analyze how these funds are distributed across regions to see whether funds are reaching the most affected communities. Advocates can also track actual expenditures against allocations using PETs or social audits. Lastly, community scorecards can be used to gauge whether pregnant women were treated by a skilled care provider.

In **Liberia** the government vowed to *“double the number of trained midwives by 2015 and increase the proportion of health care clinics providing EMoC from 33% to 50%.”* Advocates will first need to identify yearly allocations and actual expenditures for midwife training programs at the national and subnational levels (in the event that these resources are spent at the local level). The next step is to monitor yearly investments in EMoC interventions and examine the distribution of these resources among existing clinics.

In **Kenya** the government promised to *“recruit and deploy an additional 20,000 primary care health workers.”* Advocates can begin by identifying the yearly allocations for salaries for primary care health workers and then monitor the regional distribution of health workers to assure it is in line with need.

In **India** the government's commitment refers only to providing technical assistance to other countries, even though India still has a high incidence of maternal deaths. In this case, advocates could

### **Box 6: Examples of Civil Society Health Budget Monitoring**

**Fundar (Mexico)** monitors maternal health budgets at national and subnational levels and conducts costing – an analysis that estimates level of funding needed based in part on the cost of service and the number of beneficiaries – for costing EMoC.

**Health Equity Group/Women's Dignity (Tanzania)** conducts costing for providing delivery kits and analyzes national maternal health budget.

**CBGA (India)** tracks the flow of funds for maternal health from the central government to the district level and analyzes district program implementation plans.

**TAC/CEGAA (South Africa)** monitors health budget implementation at the local level focusing on HIV/AIDS budgets.

**Public Affairs Centre (India)** combines Community Scorecards and expenditure tracking to evaluate links between service delivery problems and the budget.

begin by urging their government to make its commitments for what it plans to do within India more explicit.

### **Conclusion**

*“With the right policies, adequate and fairly distributed funding, and a relentless resolve to deliver to those who need it most, we can and will make a life-changing difference for future generations.”* This statement by the U.N. Secretary-General, Ban Ki-moon, clearly underscores the critical role that good policies and properly used resources will play in the reduction of women and child mortality. Governments have a primary obligation to “relentlessly deliver” these policies and resources. But as citizens affected by these policies and budgets, and as activists concerned about the current state of women’s and children’s health, we also have a role to play in “delivering” for present and future generations.

One means to fulfill this role is to work with governments, but we also need to push governments to deliver. One way of doing this is to monitor how these policies and budgets are being implemented and, with evidence and knowledge generated through this work, contribute to the efficient and transparent use of these resources to meet these critical challenges. Independent citizen monitoring should be a key element of the Global Strategy accountability equation.

The time is now. If these goals are not met, the world will have lost yet another opportunity to finally fulfill women and children’s right to health.

### **Box 7: IPPF and IBP Pilot on Maternal Health Budgets in Latin America**

The International Planned Parenthood Foundation and the IBP recently piloted a program to study the availability and accessibility of budget information related to maternal health in Latin America.

The pilot comprised five countries and sought to determine how much information was available for citizens to link policies, plans, and budgets so as to hold governments accountable for a full policy cycle.

CSOs in the pilot countries first identified their government’s plans for reducing maternal mortality, and assessed whether the plans were consistent with internationally accepted policy approaches.

The plans were then linked to actions and subsequently linked to budget lines where possible. Information was accessed through requests or interviews, while information that was unattainable was documented for follow-up advocacy purposes.

## Recommended Readings

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