Development Assistance for Health (DAH) tracking

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WHO



Background

Understanding DAH flows in terms of what DAH funds and through which channels is an important aspect of ensuring funding for HSS and promoting EDC.

- UHC2030 Core Team has embarked on a review of the different existing, and potential future, ways of doing DAH tracking, in order to inform a discussion on what kind of DAH tracking we should aim at in the SDG era.
- In addition UHC2030 has issued a call for proposals to develop a methodology using existing DAH tracking frameworks to report aid to more efficiently support health financing decisions towards the implementation of health related targets in the SDGs, in particular efforts towards UHC through HSS and addressing health security challenges.



DAH funding sources, channels, and implementing institutions



- National treasuries
- Debt repayments
- Private citizens

Corporate Financing

Unc 2030 International Health Partnership

DAH Channels

- Bilateral development assistance agencies
- The European Commission
- UN Agencies: UNFPA, UNAIDS, WHO, UNICEF
- The World Bank and other regional development banks
- The Global Fund
- GAVI
- Foundations
- International NGOs

DAH Implementing institutions

- Governmental programs
- National ministries of health
- National disease control
- Programs
- Non-governmental programs
- National NGOs
- Private sector
 - Universities and research institutions=

Main current actors & data sources

- **OECD-DAC**: DAC members, some non-DAC donors, World Bank, Regional Development Banks, and some UN agencies.
- WHO GHED: NHA and/or OECD-DAC data.
- AidData: DAC members, select non-DAC (incl. Tracking Underreported Financial Flows (TUFF) that enables the collection of data from non-Western sources).
- IHME: National treasuries, corporations, debt repayments, US foundations, other public and private donors, unspecified donors, World Bank, IDB, ADB, AfDB, DAC bilateral donors, EC, GAVI, GFATM, UNAIDS, UNICEF, UNFPA, WHO, PAHO, US-based NGOs and foundations.
- IATI: DAC members, select non-DAC (use OECD-DAC sector codes)

Key Issues

- What are the future principles for EDC
- What should we measure?
- Do we have, or could we agree on, commitments on DAH flows, that we can hold partners accountable for?
- For any approach, how can we keep transaction cost low, while still get useful and robust data?



Existing DAH tracking disaggregation

- OECD DAC: Aid to health general and basic health; Population policies / programmes and reproductive health includes HIV/AIDS
- IHME: health focus areas: HIV/AIDS; malaria; tuberculosis; MNCH; NCDs; other infectious diseases; and HSS and sector-wide approaches
- NHA: DAH data currently based on OECD-DAC
- IHP+Results: Use of country systems.



Potential future DAH tracking

There are many options for better aligning the way we measure DAH in the SDG era. One proposal (Schaferhoff et al) uses the following categorisation:

- Global functions:
 - Global public goods
 - Management of cross-border externalities
 - Leadership & stewardship
- Country specific functions:
 - Infectious disease control
 - RMNCH
 - Controlling NCDs & injuries
 - HSS



Questions for the Steering Committee

• What should be UHC2030's role in taking forward this issue?

- Possibilities include:
 - Work, combined with a review of EDC principles, on what would be a useful disaggregation of DAH data
 - Creating consensus around this and on the institutional home for DAH tracking



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