Tracking aid to reproductive, maternal, newborn, and child health

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Tracking aid to reproductive, maternal, newborn, and child health

One major contribution of the study by Christopher Grollman and colleagues in *The Lancet Global Health* to the strand of literature on the resource tracking of reproductive, maternal, newborn, and child health lies in the construction of a comprehensive estimate of the official development assistance plus grants from the Bill & Melinda Gates Foundation (termed ODA+) for reproductive, maternal, newborn, and child health classified by donor countries, recipient countries, and area of spending (malaria, HIV/AIDS, immunisation, child health activities, etc). This nicely brings a close to the tracking exercise across the lifetime of the Countdown to 2015 project. This study also presents new data for reproductive, maternal, newborn, and child health (for 2013), reproductive and sexual health expenditures, including estimates for 2003-08, and presents trend data for reproductive, maternal, newborn, and child health, child health alone, maternal and newborn health, and reproductive and sexual health for the period 2003-13. This adds to the extant literature on tracking the ODA to various health sectors and purpose codes.

Although a wealth of studies tracking ODA+ have been done, few have provided in-depth study of how ODA+ in reproductive, maternal, newborn, and child health affects health outcomes, and to what extent the long-term goal of donors has been achieved through aid programmes. This panel dataset opens the window for further investigation of how ODA+ affects various health indicators such as infant mortality, neonatal mortality, mortality in children younger than 5 years, maternal mortality, HIV prevalence, and female life expectancy. Towards this objective, appropriate econometric techniques beyond correlation analysis are needed to account for endogeneity in the funding decision and controlling for confounding variables like gross domestic product growth, domestic health expenditure, etc. To enhance the application of the data, the authors could consider broadening the data tracking from reproductive, maternal, newborn, and child health to reproductive, maternal, newborn, and child health plus adolescent activity, which is the current focus of the field.

Besides assessing the degree of impact of ODA+ on reproductive, maternal, newborn, and child health, the mechanism through which ODA+ on reproductive, maternal, newborn, and child health enhances the welfare of the recipient countries in equally important. On top of reducing the health outcome of various age groups, does it also raise labour productivity and women’s participation rate, as well as bring in technical knowhow and expertise that enhance the effectiveness and efficiency of the health-care system that ultimately improve economic growth? These questions need further investigation.

Additionally, one key message that this study illuminates is that many recipient countries with lower needs still received substantially more funding per person than other countries with higher need, though this misallocation might have slightly improved over time. This finding coincides with those of some previous studies, like that of Greco and colleagues, which assesses the determinants of donor assistance to maternal, neonatal, and child health between 2003 and 2006 and concludes that ODA is broadly allocated to countries with higher mortality in children younger than 5 years, although not necessarily to countries with the greatest maternal and newborn health needs. This message calls for a deeper analysis on why significant misallocation still exists and how frequently this misallocation occurs for various countries. In particular, it would be of high policy relevance to investigate whether the reason for the misallocation is due to the lack of quality medical facilities and health personnel for effective use of the health aid, or whether it is due to other factors. A comparison between the actual ODA received and the optimum predicted ODA from the regression models that take into account the health need, economic condition, and institution factors could also help to gauge the extent of misallocation for various recipient countries. Further analysis in this area would generate important policy implications.

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I declare no competing interests.

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