FINANCING PREPAREDNESS: COUNTRY-LEVEL EXPERIENCES & LESSONS LEARNED

A GHSA-Wide Virtual Roundtable hosted by the Sustainable Financing for Preparedness Action Package
GHSA ROUNDTABLE: COUNTRY-LEVEL EXPERIENCES & LESSONS LEARNED FOR PREPAREDNESS FINANCING

Hosted by the GHSA Sustainable Financing for Preparedness Action Package (SFP AP)
September 2, 2021 (0700-0815 EDT/1100-1215 GMT)

EVENT SUMMARY

Over 80 GHSA participants, representing 17 countries, 8 regional or multilateral organizations, and 16 non-governmental organizations joined a GHSA-wide informal roundtable to share perspectives on country-level financing for health security to inform ongoing global conversations.

Participants shared insights on challenges and successes, priorities for change, recent global recommendations, and actions to strengthen health security financing at the country-level. Examples of challenges raised included the need for technical support and collaboration (e.g., legal frameworks), securing buy-in from decision makers and non-health sector partners, effectively spending allocated funds, and maintaining appropriations for subsequent years. Examples of successes included ensuring that health security is captured in the national risk assessment and planning, engaging One Health partners such as through Performance of Veterinary Services workshops, and establishing funds for health emergencies. Some priorities for change before the next pandemic included applying lessons from COVID-19 to national preparedness plans and making the most of tools like Joint External Evaluations (JEEs) and National Action Plans for Health Security (NAPHS), including by engaging multiple sectors, prioritizing actions in NAPHS, and using these to make the case for investment. Participants also suggested making links across other and broader agendas and exploring non-traditional approaches for financing preparedness, including roles for non-governmental partners.

Stressing the need to enhance domestic financing for preparedness, partners noted that recent global recommendations are too high-level and do not give enough attention to country-level actions and important details on how they will work in practice.

The discussion concluded with a call to action for regional, advocacy, and government organizations to step up in their respective roles and go beyond the call of duty to be at the table, with finance and other sectors, and stand ready. Example issues to address include concrete action across sectors, incorporating preparedness as a priority and risk at the highest levels, enhancing regional and other efforts to empower countries, and building human resource capacity. It was clear that GHSA members have valuable perspectives to share that can inform global efforts - and that more conversations and joint action will be needed to address these important challenges and priorities.

ADDITIONAL DETAILS

Introduction
While much of the world is asking how to be ready for the next pandemic threat - what it means to be prepared and how to finance that - we have an opportunity to take action that can help break the historic cycle of crisis and complacency. Global Health Security Agenda (GHSA) members have been working on these issues and have experience from sectors, countries, and organizations from around the world. GHSA efforts like the November 2020 Ministerial meeting and this roundtable
bring these partners together to share insights that are critical for the success of solutions to these complex challenges. This discussion will be grounded at the country level, as we need a clear understanding of what is truly happening locally for this work to resonate and succeed globally.

1. **Sharing Lessons Learned**
   What are some challenges and successes in country-level health security financing - beyond availability of financing - that may be helpful for others to be aware of?

**Challenges and Needs**
- Countries need technical support and collaboration to address challenges with legal frameworks, training, capacity, policy and planning, and IHR Monitoring and Evaluation Framework.
  - GHSA, WHO, and others can help provide support, tools, and resources
- Health sector partners need to get educated around health financing, participate in resource mapping activities, develop annual operational plans based on the NAPHS, and to report/demonstrate results of investments
- Challenges in communicating and collaborating across sectors, including:
  - Changing mindsets of non-health partners and policy makers
  - Bridging efforts across different departments, especially to take bold action
- Persuading ministry of finance to allocate budget for uncertain events, the next outbreak/epidemic
- Limited capacity to disburse and spend appropriated or allocated funds efficiently and effectively, which can hinder future allocation of funds.

**Successes, Lessons**
- Certain capacities can only be financed through domestic budget allocations
- Must engage diverse partners (and share examples of success), including:
  - Multiple sectors (e.g., agencies, advocates, examples from G20 and COVID-19)
  - Leadership/policy-makers (e.g., parliament, agencies), including for developing NAPHS
  - International organizations (e.g., WHO, WB), field experts, whole of society, etc.
- Engage partners early and throughout processes to:
  - Identify and prioritize investments
  - Shape recommendations for needed step-changes (e.g., leadership structures)
  - Include health in national assessments of risk (e.g., National Risk Register)
  - Conduct JEEs to understand gaps and develop NAPHS to address gaps
  - Communicate regular updates to key stakeholders for preparedness and response
- Country examples:
  - Bangladesh PVS workshops helped to engage One Health partners
  - Nigeria is working to secure financing for health security through their National Health Act and develop annual operational plans based on national strategies. A health emergencies bill is also in development to authorize public health emergency powers and establish a Health Emergency Fund
  - Thailand established emergency funds at central and provincial levels through the Disaster Prevention and Mitigation Act, used for SARS, Avian Influenza, etc.
The Republic of Korea’s post-MERS reforms led to budgets for IHR capacity building, resources including from private sector, and analyses that helped to inform budget planning and make the case for investments and legal changes.

2. Priorities for Change

What are the top changes at the country level around financing that you would like to see before the next pandemic?

- Draw on lessons from COVID-19, including:
  - By investing in studies of response gaps and health system needs (e.g., workforce).
  - Using lessons to develop or revise national pandemic preparedness plans
- Make the most possible use of JEEs, After Action Reviews, NAPHS, etc. by:
  - Ensuring key sectors are engaged to understand the gaps, challenges, and priorities
  - Ensuring plans are risk-informed to help engage whole-of-society in emergencies
  - Prioritizing activities for action:
    - Consider the public health system conditions, availability of resources, and the communities most vulnerable or at risk.
    - Establish a science-based way to identify and prioritize the first set of key investments of NAPHS, which could lead to additional future investments
  - Using results to make the case for investments (e.g., trigger considerations)
- Make links across sectors and agendas:
  - Take a whole-of-society-approach to preparedness
  - Elevate diverse country level perspectives into the multilateral levels, including to use the window of opportunity to address country-level needs
  - Look at efficiencies, linkages, integration, etc. to synergize global health agendas (e.g., health systems strengthening, health security, essential services).
  - Legislative reform could help depoliticize preparedness and make necessary links to economic recovery, infrastructure investments, etc. for preparedness and response
- Go beyond traditional approaches:
  - Consider innovative mechanisms and sources of funds:
    - Budgeting beyond the government's fiscal year (e.g., multi-year)
    - Globally coordinated tax for a challenge fund (e.g., 9/11 airline taxes)
  - Engage civil society and private sector:
    - In finance space, seen as gov-to-gov, to draw in all capacities within countries
    - Not just to respond to outbreaks or for donations, but leverage capabilities over time (e.g., tabletop exercises, JEEs, preparedness/response plans)
    - For private sector preparedness (e.g., production/logistics in emergencies)

3. Recent Recommendations

What are some of the country-level challenges in health security financing that these recommendations do or do not help to address? (Reference: Summary of gaps and recommendations)

- Countries are keen to take the ownership of financing and develop plans integrated with national systems, processes, and regular spending reviews
- Recommendations are very high level without enough attention/detail on:
  o Recommendations for specific for country-level actions
  o How they will work in practice, particularly in regard to financing.
  o The need to mobilize domestic resources and how to do this (e.g., efficient tax revenue collection; political will for a whole of government approach; incentivizing investments through concessional lending, matching grants, or co-financing).

- Issues for which additional details/guidance could be particularly helpful to countries include ways seek guidance to:
  o Identify, measure, and evaluate core benefits to demonstrate impact/justify funding
  o Convey the investment case/risks effectively to leaders, stakeholders, and the public.
  o Address social protections and make sure costs don’t fall on households because of reallocation of funds due to shifting priorities or lack of funding (e.g., during emergencies).
  o Establish models for efficient distribution of funds that also account for extreme scenarios (e.g., examine spending on preparedness, efficiencies in preparedness)
  o Track and define the budget allocation for health security

- Additional ideas and resources:
  o WHO has a dashboard of recommendations, including those focused on finance
  o Could map centers of excellence and technical/financial assistance globally

4. **Actions to Take**

What are actions that country, regional, global, and non-governmental partners should take - or are underway - that can help support concrete next steps needed at the country level?

- Roles
  o Government organizations (e.g., ministries, national public health institutes) need to be better at resource mobilization and human capacity development, including to enable greater engagement in multilateral platforms.
  o Regional organizations must empower countries to develop necessary capacities
  o Non-governmental organizations (e.g., Global Health Advocacy Incubator) can support countries (e.g., NPHIs) in their advocacy efforts to mobilize resources.

- Actions
  o Ensure high-level attention:
    ▪ Make this part of national assessments (e.g., national risk register)
    ▪ Make clear that it is a security and economic issue too
  o Expand the community of committed partners:
    ▪ Health sector needs to communicate/engage better with non-health audiences, (e.g., economists, policy-makers)
    ▪ Build and support networking of networks.
  o Show up and shape the many ideas that are being discussed:
    ▪ Including those at the global levels.
    ▪ Be at the table and ready to engage at all levels, at any moment’s notice.
  o Continue this discussion, including to identify specific issues for action by the SFP AP, GHSA community, and global partners.
Conclusion
This is the moment to address both long-standing and new challenges for preparedness financing at the country level. This community should take collective action, recognizing that there will not be a one-size-fits-all solution. Participants raised valuable points, such as the need to evaluate efficiency and effectiveness of spending for health security, to incorporate lessons learned, and to focus on global, country, and individual-level needs and impacts (e.g., social protections). The SFP AP will follow up to continue this dialogue. It will be important for all to continue this valuable work, to support one another, and to maintain an idealism and optimism that can propel us forward.

Speakers/Discussion Leads

Sura Wisedsak – Deputy Permanent Secretary, Ministry of Public Health, Thailand
Loyce Pace – Director, Office of Global Affairs, Department of Health and Human Services, United States
Hanan Hamzah Edrees – Advisor, Public Health Authority, Kingdom of Saudi Arabia
Mukesh Chawla – Advisor, Health, Nutrition and Population, World Bank
Miriam Carter – Director of Strategy & Multilateral Engagement, Indo-Pacific Centre for Health Security, Department of Foreign Affairs and Trade, Australia
Carolyn Reynolds – Co-Founder, Pandemic Action Network (GHSA Consortium)

Participants (80 total)

Countries (17): Argentina, Australia, Bangladesh, Denmark, Finland, The Gambia, Germany, Italy, Kingdom of Saudi Arabia, Netherlands, Nigeria, Pakistan, UAE, Republic of Korea, Thailand, United Kingdom, United States

Intergovernmental/International Organizations (8): Africa Centres for Disease Control, Association of Southeast Asian Nations (ASEAN), Asia Europe Foundation (ASEF), UN Food and Agriculture Organization (FAO), Inter-American Development Bank (IADB/IDB), International Law Development Organization (IDLO), World Health Organization (WHO), World Bank

Non-Governmental Organizations (16) (NGOs, Private Sector, universities, etc): Black Emergency Managers Association, Chatham House, FHI 360, Georgetown University, Global Health Advocacy Incubator (GHAI), Global Emerging Pathogens Treatment Consortium, International Public Health Advisors, Merrick Company, Initiative for Global Security, NTI, Pandemic Action Network, Rabin Martin, Southeast Asia One Health University Network (SEAOHUN), University of Bologna, Vanderbilt University, Yale University

For more information or any comments or questions, please contact the GHSA SFP AP at GHSASustainableFinancingAP@gmail.com.