

Tracking financial flows on Preparedness

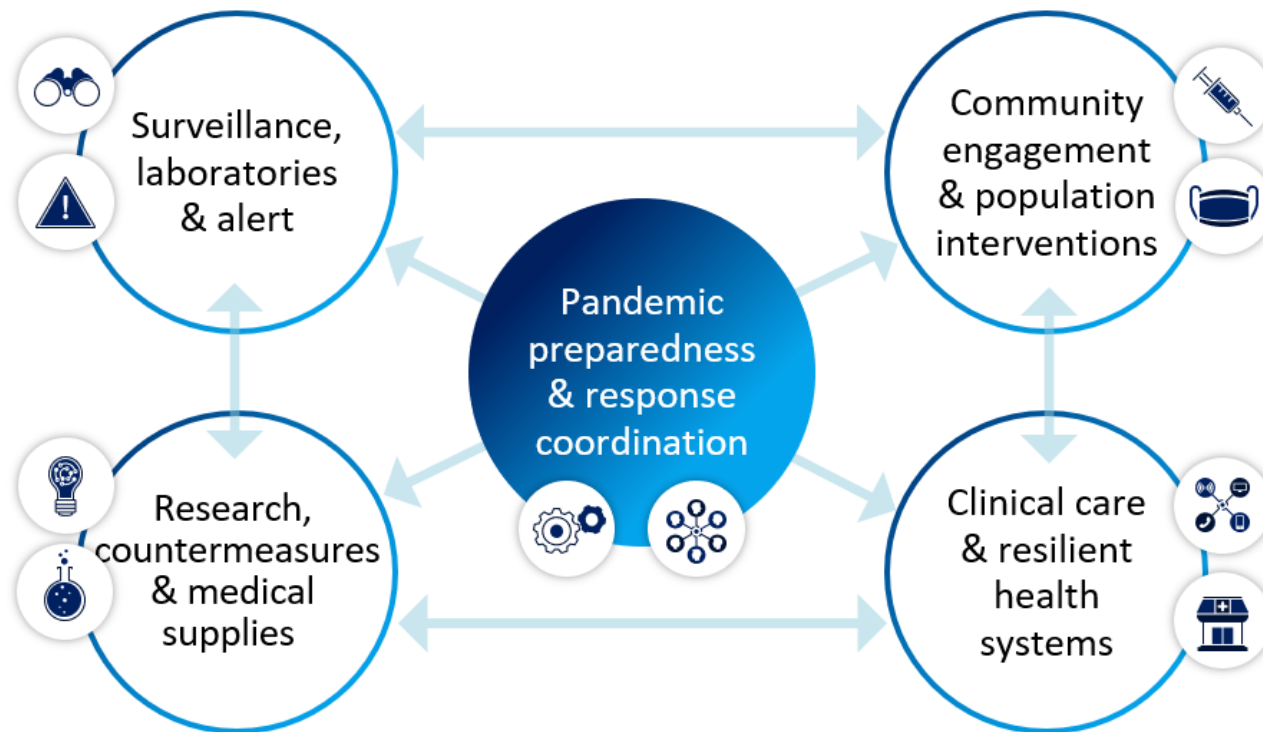
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World Health
Organization

What is needed for preparedness?

Readiness of critical and interconnected pandemic preparedness and response **systems** needs to be bolstered



Underpinned by

- Financing
- Governance
- Workforce

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How much is needed for preparedness?

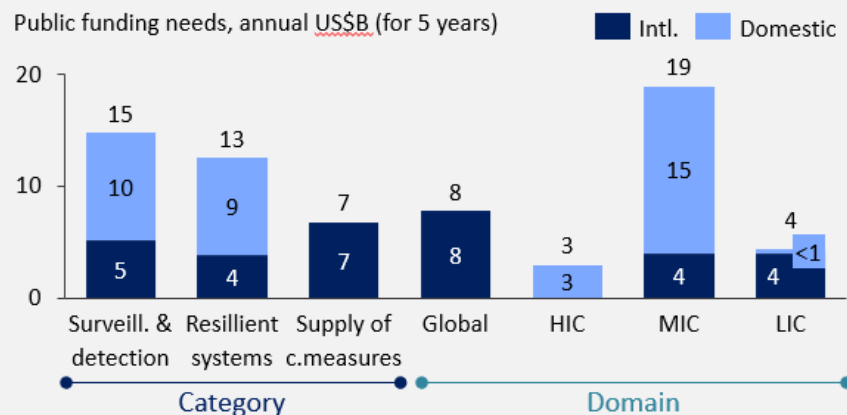
Two approaches have been used to estimate local/country financing needs

Approach 1 (\$25B): Costing* National Action Plans for Health Security (NAPHS)

- Focus on incremental annual cost to move from **baseline to benchmark IHR performance**
- Global estimate of approx. **\$25B per year for 5 years**
- **60%** of costs for workforce

Approach 2 (\$26.4B): HLIP based on estimates of IHR costing and other sources

- Total estimated financing need **\$34.4B per year**
- **\$26.4B** per year (77%) needed at country level for surveillance, detection, resilient health systems
- Average annual ODA for PPR at country level approx. **\$9B**



* e.g., Georgetown University IHR Costing Tool⁷ and the CDC Priority Actions Costing Tool)



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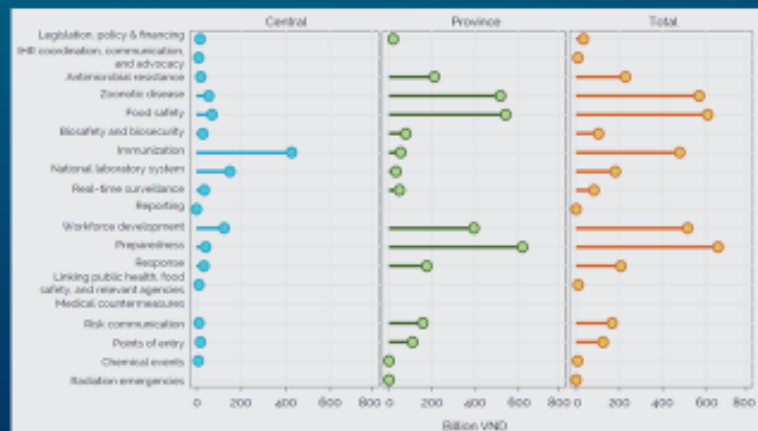
What is known about financing at the country level?

Illustration | Key findings and lessons from health security financing assessment in Vietnam



Study undertaken Nov '17 – Jun '18 to assess current state of financing for health security & institutional arrangements

Quantitative & qualitative data collected using *Health Security Financing Assessment Tool*, aligned with JEE



Some key findings...

- High level of fragmentation of PPR functions across ministries, departments & agencies (at national & provincial level)
- Further fragmentation in funding sources, with multiple domestic budget buckets & donor funding sources, multiple agencies, across national and provincial level
- In 2016, Vietnam spent ~\$181M on health security activities across JEE 19 technical areas – **\$1.94 per capita, 0.09% of GDP and 0.29%** of total government expenditure.
- 74% of domestic PPR spending takes place at provincial level
- Most significant spending areas: Preparedness (emergency plans, simulations, etc.), food safety, zoonotic disease, workforce development, and immunization
- Government sources funded **77% of the health security expenditures in 2016, followed by external aid at 12% and others (including fees and charges) at 11%.**
- Additional spending of **0.33 USD per capita on average per year over 5 years needed to improve JEE score by one point if below 4 in respective areas**

The tool has not been implemented in an LIC to date. In such a context, development assistance for PPR is likely to be more significant.

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What more needs to be done to track financial resources?

- At the country and global levels, track financial flows within the scope of the 5 pillars for PPR
- At the country level, standardize and promote/support PPR financial flows tracking using the System of health accounts 2011 framework
- At the global level (TOSSD), refine definitions and track within the scope of the 5 pillars, preferably at a more disaggregated level (pillars)

