Tracking financial flows on Preparedness

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What is needed for preparedness?

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

- **Surveillance, laboratories & alert**
- **Research, countermeasures & medical supplies**
- **Community engagement & population interventions**
- **Clinical care & resilient health systems**

Underpinned by:
- Financing
- Governance
- Workforce
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**

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* e.g., Georgetown University IHR Costing Tool7 and the CDC Priority Actions Costing Tool)}
What is known about financing at the country level?

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.
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)