

DAY 4 Q&A

Donor funding: how to facilitate alignment with domestic PFM systems?				
#	Question	Asker Name	Answer(s)	
1	Moritz, your scatter plot of PEFA scores vs % funding that is on-system is fascinating. From knowing the countries in the scatter plot, do those with high percentages have any other features in common? Or do those with low percentages have features in common?	Matt Gordon	mattdn@yahoo.co.uk	Thanks for the question. We have not done that analysis but it's a great question. We will need to look into this. The point is that as PFM systems improve, we are not then seeing a correlated increase in their use, suggesting that other factors may be more important, e.g., donor policies, risk appetite of donors, etc.
2	Yes, there needs to be a debate on what are country systems ? there seems to be a fuzziness there and its also evolving with time ! In India, there has been couple of decade old system of using societies/parastatals (outside of state budget) for implementing health sector programs which initially couldve been defined as out of counry systems. But over the few decades that've become so entrenched and so pervasive (at all levels of the government and across all geographies now) that they are indeed now part of the country systems, and efforts have been/continue to be made to make them stronger both from a accountability and service delivery perspective ! Will be good to hear speakers views	Manoj Jain (World Bank)	mjain1@worldbank.org	This is a great point. Parastatals, NGOs, CSOs etc. all play an important role in many aspects of health systems. While this funding may not flow through government, we argue that those actors can align in other ways - ensuring support is aligned to strategic plans, reflected in a comprehensive budget, etc. So yes, it is much more useful to have a more nuanced dialogue around use/non-use. Thank you for this excellent point.
3	Thanks Sarah. Given what Moritz is saying now, that the concept of "on-system" is multi-faceted, it would also be great to know whether you used the multi-factor diagnostic for determining the %s that appear in that scatter plot.	Matt Gordon	mattdn@yahoo.co.uk	Thanks for this. No - our hypothesis was that as PEFA scores increase (a proxy for quality of PFM) we would see an increase in use of those systems. This is a simple correlation. We mention some of the factors contributing to use/non-use but really wanted to focus on what CAN be done to align across the budget cycle. Thanks for your excellent comment. It would indeed be interesting to follow up.
4	I believe that there are other costs of inaction. On Tuesday and again yesterday, we heard that progresses with PFM are very slow in LICs. One reason could be the incentive issue. In too many countries, GHIs do not incentivize the health sector to be a strong advocate of / contributor to PFM/public sector reforms. Should we not invent new arrangements to enable GHIs to actively contribute to PFM strengthening? (along second best solutions referred by Moritz) And monitor these GHIs on how they contribute actively?	Bruno Meessen	meessenb@who.int	Yes, excellent thought. There are partners supporting PFM in general. We need to make an even more concerted effort to at least work closely together on this common objective. That being said, so much progress happened in the last few years and I really appreciate the inputs from colleagues in that space. ----- We are facing here a typical problem of confusion between financing which encompass essential functions such as PFM and is a technical and insitutional issue and funding which is what donors do. Confusion between both is at the root of lack of progress.
5	<a href="https://odi.org/en/publications/intergovernmental-fiscal-transfers-equity-and-service-delivery-lessons-from-uganda/">https://odi.org/en/publications/intergovernmental-fiscal-transfers-equity-and-service-delivery-lessons-from-uganda/</a> The DFF vs PBF discussion from Tanzania yesterday is a good example of closer alignment, without necessarily completely aligning to a country systems. PBF remains a project, DFF is used to deliver the Basket Fund using many national PFM systems, and could feasibly be implemented through the intergovernmental fiscal transfer system in future, but isn't yet merged with the "Other Charges" fiscal transfers. However, in Uganda, the World Bank is now supporting national fiscal transfers directly without having a separate 'donor funded' grant to local governments.	Sierd Hadley (ODI)	s.hadley@odi.org.uk	Thank you for sharing this example.
6	The correlation could also work (and in this case it does not) the other way -ie donors using country systems results in stronger systems. The end here being is stronger country systems. But I am not sure this can be tested given the data.	Kalipso Chalkidou	kalipso.chalkidou@theglobalfund.org	Great point, Kalipso! I suppose we could try to find a way to measure "donor investment/capacity building efforts" to see if that might show a correlation.
7	We are planning for having a Development Partners network to support 150,000 Garments workers who are under a health insurance program with one of the development projects in Bangladesh. The project will expire its tenure at the end of next Financial Year - June 2022. Is it possible that development partners could provide support/fund to BGMEA - Bangladesg Garments Manufacturer and Exporters Association by forming a Fund Manager (operating under Companies Act as Social Business)?	Anwar Chowdhury	Anwar_Chowdhury@abtassoc.com	Apologies but we don't quite understand the question and what you mean by fund manager. In either case, the donors could still align with the government by ensuring consistency with government plans ('on plan') and reflecting their investments through a comprehensive budget. Please follow up if you have further questions.

	8 Can you explain if you consider development bank loans on system? There are on budget but often use a PIU outside the system that is not sustainable	Charlotte Wyld	charlotte.wyld@theglobalfund.org	Somewhat...hard to say yes or no, but in principle one would prefer a shift away from the development budget toward the recurrent budget. But this is already better than being off budget entirely.  ----- ----- It really depends on the type of loan - Program for Results uses more parts of the government system because it directly funds a government's program. There are examples in Nigeria where investment projects are not on the health budget, but the funding is reflected in the debt management office. As for PIUs, a really nice ODI report explains that PIUs may not be 'on treasury', 'on account' or 'on procurement' but could be 'on budget' and coordinated with development plans and budgets. See here: <a href="https://um.dk/en/danida-en/partners/research/other/~/media/UM/English-site/Documents/Danida/Partners/Research-Org/Research-studies/Use%20of%20country%20systems%20in%20fragile%20states.pdf">https://um.dk/en/danida-en/partners/research/other/~/media/UM/English-site/Documents/Danida/Partners/Research-Org/Research-studies/Use%20of%20country%20systems%20in%20fragile%20states.pdf</a>
	9 I would be interested to hear from partners what they see as prospects for progress given the data Moritz presented. Globally there is much less attention to this issue than during the heyday of the 2005 Paris and 2008 Accra aid effectiveness declarations. Donor financing as a proportion of overall sector financing is typically much higher in the health sector than other sectors – so is there scope for the health sector to forge its own path ahead of other sectors in use of government systems?	Tom Hart	t.hart@odi.org.uk	Agreed. The health sector could pave the way for other donors to follow suit. In fact, CABRI's review of factors affecting donors' use of country systems found that there can be a ripple effect when one donor begins using country systems – it can encourage other countries to follow suit. The same could apply across sectors.
	10 Yes Sarah, the litmus test is that of sustainability - what implementation arrangements, systems, processes will last for a long time in the country context ? and In India's case its been amply demonstrated... so using an argument that whatever is off budget is not country systems doesnt work, the context and nuance is very important - and cap bldg efforts must be directed towards arrangements that are expected to be sustainable using the agreed principles of harmonisation, alignment, accountability, transparency and service delivery efficiency !	Manoj Jain (World Bank)	mjain1@worldbank.org	Agreed! And it's very good to see sustainability becoming more of a focus of donor strategies, e.g., Gavi and Global Fund.
	11 Thanks for this timely discussion. Do you have any reflections on the potential trade-offs between alignment with gov't systems and deviations that might encourage reforms in particular directions. Sierd mentioned Uganda, where there are some misalignments in rules around funds use (e.g., RBF payments used for cash bonuses for health workers; not allowed with gov't's own funds). Should we think about this as a misalignment that could/ought to have been avoided or a shrewd way to encourage gov't to consider greater flexibility in funds use when time comes to mainstream RBF (as gov't is very actively strategizing around now)?	Michael Chaitkin	michael@chaitkin.com	Michael- thanks for your question. I'm not sure we'll get time but Moritz and others have done some really useful work on flexibility and the trade-offs of controlling different expenditures. They argue that we need to balance control with flexibility and that these objectives are often in conflict with one another. i hope this partially answers your question. Happy to follow up after! : <a href="https://openknowledge.worldbank.org/handle/10986/32488">https://openknowledge.worldbank.org/handle/10986/32488</a>
	12 Question for Rwanda MOH: How has using Government systems for donor financing facilitated COVID-19 financing and response? Is there a specific example where use of country systems enabled fast and effective response	Sarbani Chakraborty	Chakraborty.Sarbani4@gmail.com	live answered
	13 There is a political economy issue in donor assistance. DFID was pushing for a time direct budget support but there was big push back...and Dfid was absorbed into the foreign office. Doesn't seem to work politically in donor countries especially United States with congressional oversight.	Charlotte Wyld	charlotte.wyld@theglobalfund.org	This is a great example. But we argue that even given these limitations donors have, progress can be made on other aspects of budget cycle - e.g., ensuring funding commitments are communicated upfront and aligned with country priorities (through plans). There is also the point of donor appetite around risk. A more nuanced dialogue could hopefully help to understand this and how it might change.
	14 Dr. Amir, great pleasure to see you in this role. Thank you for your clear intervention. Knowing you were never scared to take things a few steps further than the status quo: where ultimately should this discussion lead, i.e. what more fundamental shifts should come next?	Godelieve Van Heteren	gmvanheteren@xs4all.nl	live answered
	15 Apologies, I posted the wrong link earlier. This paper looked at the major donors providing support for the non-wage operational costs of local government health services in Uganda. Three key points that it raises in relation to this agenda - (i) some funds are on-budget at local level, but not national level or vice versa; (ii) fungibility of resources is important; (iii) the aggregate allocations do not support equitable financing, even for services like immunization which are donor priorities. <a href="https://odi.org/en/publications/equity-of-local-government-health-financing-in-uganda/">https://odi.org/en/publications/equity-of-local-government-health-financing-in-uganda/</a>	Sierd Hadley (ODI)	s.hadley@odi.org.uk	Thanks so much, Sierd, for this very useful example. We will have a look at this report. Sounds very illuminating - that nuancing at local vs. national is also so important! This seems to be quite common where states receive funds directly but national governments are not aware. Thanks again.

16	This alignment framework is a great initiative for the use of Country systems that are long overdue. A lot of the success is built in the need for DPs to trust country systems and set safe guards to mitigate risks/weaknesses identified within PEFA assessments. I saw this in Uganda with increased trust comes increased alignment of PFM systems.	PAUL ANKUNDA	pankunda@gavi.org	Thanks for this comment, Paul. The issue of trust is important. Also, it might be useful to socialize the PEFA with the donor community. FM colleagues would know about it but decision-makers may not be aware of the power of this data and how it can be used to shape decision-making around alignment.
17	Of course, it is better to use existing platforms... but progress has been so slow. Maybe we have to activate our collective intelligence and bring new ideas for this agenda. For instance, we could imagine a hackathon on "aid instrument and PFM in health"? We would bring in one venue teams composed of experts from different agencies, different expertise (PFM, health, project management, digital,...) and countries. They would have 2 days to come with innovative arrangements. Several scenarios could be assigned (e.g. fragile state, post-humanitarian crisis). At least, it would be fun!	Bruno Meessen	meessenb@who.int	Sounds great, Bruno! We'll hold you accountable for organizing! We might need more than 2 days to find ways to overcome a decades-old issue! :-)) But we really like the idea of giving this more focus!
18	Nice panel discussion, would appreciate if the recorded video is available	Said Mohamoud	sam69@mail.aub.edu	Thanks, Said. Helene has just sent the link to the recordings.
19	We need to also recognize that there is also particular political economy in countries resisting moving vertical GHI funding from off-government to government systems. NGOs and some UN country offices have become dependent over time on these external fund flows. Would be interested in views from panelists.	Toomas Palu	tpalu@worldbank.org	in some cases, these NGOs play an important role and have a unique advantage in reaching certain populations, for example, civil society organizations reaching key populations for HIV prevention and treatment. We have learned that in many cases, the government may not be able to contract these organizations due to legal, regulatory and political barriers. But we argue that despite these challenges of how funding is channeled, there can be other aspects of alignment across the budget cycle. For example, aligning with government plans, reflecting investments in a comprehensive budget, etc.
20	Are you looking at the different types of donor funds and how they are treated "on-system"? Specifically how are recurrent/HR expenditures handled as compared to capital expenditures?	Susan Sparkes (CHAIR)	sparkess@who.int	Thanks, Susan. This is a great distinction. I believe our FM colleagues have some data on this and we will follow up.
21	Thanks a lot, Agnes, for being honest about size/impact and drawing our reflections towards the vital and fundamental disconnects (of 'objectives', presumed 'attributions', and long term real development versus short operational timeframes) you bring to the fore. Would really love to hear the others comment, for following this line of thinking would require a much more fundamental reset.	Godelieve Van Heteren	gmvanheteren@xs4all.nl	
22	@Agnes, what would your thinking mean for future efforts. I hear common goods for health, I hear HRH, and comprehensive public health as much more long term systemic integrative work, with long-term indicators. What else?	Godelieve Van Heteren	gmvanheteren@xs4all.nl	
23	To Sarah: I agree it would take more than 2 days. (and the word 'hacking' seems appropriate on this issue).	Bruno Meessen	meessenb@who.int	:-)
24	Merci Agnès d'avoir soulevé un point très important qui est celui de la part de l'aide internationale (qui est faible) dans les budgets de santé des Etats. Certes, il permet de réaliser certains programmes spécifiques dans le court terme, mais à condition qu'il soit directement annexé au budget du ministère de la santé et non comme un appui budgétaire qui est destiné au ministère de l'économie et des finances sans qu'il soit systématiquement attribué au ministère de la santé.	Hassan SEMLALI	semalihassan@gmail.com	
25	Agnes, its so refreshing to hear a donor talking about the need to focus on ~10 year time frames for systems change. Do you see any movement on this given the internal pressures to align with shorter term political cycles?	Sarah Fox	s.fox@options.co.uk	live answered
26	Will we have all these Q&A recorded and published as a separate document?	Farhad Farewar	ffarewar@gmail.com	Responses to questions will be provided after the meeting and shared on the Resource portal. Please consult the portal but please bear with us, we need a bit of time to answer the numerous questions that were sent during the session
27	Please advise where to find slide deck and recording this and other sessions? Recommended <a href="https://www.who.int/news-room/events/detail/2021/11/15/default-calendar/5th-meeting-of-the-montreux-collaborative-event">https://www.who.int/news-room/events/detail/2021/11/15/default-calendar/5th-meeting-of-the-montreux-collaborative-event</a> page doesnt provide the links to slides/recording. Thank you	Olga Zues	olga.zues@abtbrtain.co.uk	Hi Olga! The slide decks and recordings will be available on that page, but not there yet - expect to have it completely there next week. In addition, background papers, etc., can be found on the resource portal, which is here: <a href="https://www.pfm4health.net/montreuxcollaborativeresources">https://www.pfm4health.net/montreuxcollaborativeresources</a>
28	Thank you, Joe!	Olga Zues	olga.zues@abtbrtain.co.uk	ok
<b>Digital technologies: what are the opportunities and risks for better PFM in health?</b>				
29	Are there examples of e-Gov platforms and use of digital modules for the health sector?	Logan Brenzel	Logan.Brenzel@gatesfoundation.org	

30	Do you have any collaborative projects or any support on digital health and health innovation in Thailand and other countries in SEA? Do you think what are the things that Thailand and SEA should prioritize and improve to have successful health tech and digital health ecosystem?	Rainy	fonthip.fw34@gmail.com	As you most likely assume, there are many projects focused on digital health and innovation in SEA. The question here is how these new technologies are enablers for better PFM - how do they contribute to better execution while ensuring the necessary transparency and meeting key accountability requirements. What can we ensure this? I think a key point is to clarify first what you want to achieve, but also to define what are the key milestones on your journey to this objectives. Technologies are means to an end, not a finality in itself. India and Tanzania provided examples from other places in the world.  ----- We are not in a position to answer this country/regional-specific question at this stage.
31	It seems that these FMIS experience are separate from EMRs or HIS? How important is it to link the two systems?	Pura Angela Co	p.wee.md@gmail.com	Indeed, one of key issues is that FMIS serves the purpose of transparency and accountability in how public resources are spent. It is not always well connected to sector-specific data systems which may however provide relevant information on service provision, or input mix used to deliver services. For the health sector it is however essential that this bridge is built, so that data on spending can be confronted to data on input use or on outputs. Tanzania has taken a good step in that direction by connecting PFM systems and other key systems in the sector - LIMS, DHIS. But there's still to be done. And when it is done, it is essential to ensure that privacy of patients and data protection are maintained.
32	Thanks Manal - two quick questions:	Sierd Hadley (ODI)	s.hadley@odi.org.uk	We may not be able to answer both, not even one. But we will answer in writing. Sorry for that.
33	Question for Anupam: is this platform mainly for national functions and schemes, or does it also work for state schemes? And are line ministries at national and state levels integrated? Thanks!	Nirmala Ravishankar (ThinkWell)	nravishankar@thinkwell.global	The platform PFMS is mainly for the union Government, however it has been customised for use by sub-national state governments to make use of, for their welfare schemes as well in case they do not have a platform of their own. All National LMs operate on this system, for sub-national state levels it is mandatory for the finance departments, other departments make use of it on need basis
34	Do have a view on the value of extending FMIS controls to the level of health centres - particularly in resource constrained settings?	Sierd Hadley (ODI)	s.hadley@odi.org.uk	The implementation of FMIS controls and processes to spending units, such as health centers, is a good practice to improve the generation of quality, reliable, and timely financial information to support better fiscal policy design and operations. In addition, implementing FMIS controls and process at the spending units helps to improve the fiscal transparency and accountability of public spending.
35	And what preconditions or support is needed to help procure digital technologies for the public sector effectively? This seems to be a challenge everywhere, but clearly approaches such as agile come with additional demands.	Sierd Hadley (ODI)	s.hadley@odi.org.uk	The adoption of digital technologies in the public sector are often complex initiatives, require a sustained commitment and leadership, call for strong internal technical capacities, and sufficient human and financial resources to be successful. In this context, implementation of an effective FMIS depends on two critical preconditions: the correct motivation and political commitment, and the presence of a fundamentally sound PFM system. You could find more details at IMF's Publication "How to Design a Financial Management Information System: A Modular Approach".
36	I am piggy-backing on Sierd's question to pose another question to Anupam. Are public health centres and hospitals integrated into this system? And are payments under Ayushman Bharat/PMJAY scheme captured in this system? Thanks.	Nirmala Ravishankar (ThinkWell)	nravishankar@thinkwell.global	Yes public health centres and hospitals which receive Union government aid money are integrated. PFMS is the platform to operate all schemes major or minor, however schemes have different modalities of operation, for instance the PMJAY scheme is for universal health insurance, for which the insurance premium is paid out using PFMS, but the claims received from hospitals are settled by insurance companies directly under information to Line Ministry concerned.
37	Thanks for the presentations. Specifically on Tz can you please elaborate if FFARS is specifically to streamline financial planning or does it also integrate with DHIS?	Agnes Munyua	Amunyua@r4d.org	FFARS - Facility Financial Accounting and Reporting System is for low settings facility (26K in intotal). The system is connected to DHIS via PlanRep (Planning System). The FFARS returns data to PlanRep which later share with DHIS via Muungano Gateway.  ----- PlanRep (Planning and Budgeting System) gets feedback of the previous year expenditure done in FFARS and uses that information to Plan for the next financial year. Basically, Facility Activities, Revenue Projection and Costing are done in PlanRep; FFARS controls and manages Fund Allocations and Expenditures (manages financial planning by controlling budget executions). FFARS integrates with PlanRep where it imports Plans and Budgets from PlanRep for executions; Currently, FFARS is not integrated with DHIS, however, DHIS can get expenditure data (FFARS
38	Erick - thanks for a really informative summary of the systems in Tanzania. How do you ensure that the planning, FMIS, HR, and treasury payment systems have the same list of facilities? What are the internal processes to ensure integrity of the data across these? Does one of the systems act as the 'master' registry?	Sierd Hadley (ODI)	s.hadley@odi.org.uk	The following references some of your questions as it describes the reform process that was implemented in Tanzania. <a href="https://bmcmedinformdecismak.biomedcentral.com/track/pdf/10.1186/s12911-021-01499-6.pdf">https://bmcmedinformdecismak.biomedcentral.com/track/pdf/10.1186/s12911-021-01499-6.pdf</a>  A key objective of the reform process to improve interoperability was to establish a national health information exchange. Such effort consisted in "developing the architecture for health system data exchange, putting a middleware interoperability layer in place to facilitate the exchange, and training to support use of the system and the data it generates."  One key challenge that was observed to implement the national exchange was the non-existence of standardized unique identifiers of providers and of individual patients in the Tanzanian health sector. One key action that was taken was to attribute a unique identifier to all public health providers for all data systems used in the public sector. This was why Tanzania developed a Health Facility registry  Data integrity but also quality checks are challenges that are being addressed at the level of the interoperability service layer, the "health information mediator" that undertakes a series of actions that are meant to ensure the following key data rules: Privacy, confidentiality, security, integrity and quality  ----- List of Facilities in Education - We have different systems that captures the number of facilities two systems (Annual School Census – Every year on 31 March (Updating once per year and School Information System (SIS) – Conducts Routine Data (Updating as needs arise))
39	The paper on modular FMIS approaches that Neil mentioned was an IMF How To Note authored by Gerardo Una and me in 2019 - see file:///C:/Users/Owner/Downloads/HowToNote1903%20(1).pdf	Richard Allen	rallen.pfm@gmail.com	<a href="https://www.imf.org/en/Publications/Fiscal-Affairs-Department-How-To-Notes/Issues/2019/05/15/How-to-Design-a-Financial-Management-Information-System-A-Modular-Approach-46818">https://www.imf.org/en/Publications/Fiscal-Affairs-Department-How-To-Notes/Issues/2019/05/15/How-to-Design-a-Financial-Management-Information-System-A-Modular-Approach-46818</a>
40	Could an open access link to the paper referenced by Richard above be placed in the Chat?	Logan Brenzel	Logan.Brenzel@gatesfoundation.org	We will put the paper on the platform as soon as we have it: <a href="https://www.pfm4health.net/montreuxcollaborativeresources">https://www.pfm4health.net/montreuxcollaborativeresources</a>

41	Inke -- one thought i have is that digital PFM may help with health accounts. thoughts?	Nirmala Ravishankar (ThinkWell)	nravishankar@thinkwell.global	Thanks for this great question. Yes, I agree that a well developed (digitalized) FMIS could help to more easily fill in the health accounts templates as the data would be more readily available. And also, I think more granular data would be available (e.g. health financing schemes aggregated by levels, functions, etc.) which is often missing in country health account reports.
42	and help with PETS type exercises.	Nirmala Ravishankar (ThinkWell)	nravishankar@thinkwell.global	Same for PETS exercises indeed. In principle, all information that previously had to be collected in a tedious process, should be more readily available through an integrated and inter-operable system. It would be great to hear from the real health accounts and PETS practitioners what they think.
43	Yes Nirmala!! Definitely see the links there.	Logan Brenzel	Logan.Brenzel@gatesfoundation.org	