

DAY 2 Q&A				
MACRO-FISCAL AND COVID-19				
#	Asker Name	Questions	Answers	Complementary answers
1	Godelieve Van Heteren	Q to mr. Espinoza: Thanks for your clear presentation. 15 minutes into the talk you mention for the first time climate change. Is this not the moment to firmly connect the considerations you have expressed here to health/climate, for similar mechanisms at even larger scale may enter the equation?	Certainly, the needs to prepare for climate change should enter the discussions on the kind of stimulus (eg via green investment), and fiscal framework and fiscal rules.	This connection is at the heart of the Common Goods for Health Agenda - https://www.who.int/publications/i/item/9789240034204 - not to bifurcate these financing agendas - which we have a tendency to do in the health sector - but rather to bring them together in terms of joint priorities and investments.
2	Danielle Serebro	Has anyone measured the efficiency of health spending during COVID-19? Would usual measuring tools work for this purpose?	Certainly would like others to contribute, but suffice it to say that time lags associated with verifying/auditing expenditure statements has made it difficult to collect and therefore analyze health spending trends.	
3	Rainy	Can we download the presentation and watch the recorded session later?	Yes, the presentation and recording will be posted on the meeting page after the event: https://www.who.int/news-room/events/detail/2021/11/15/default-calendar/5th-meeting-of-the-montreux-collaborative	
4	Justine Hsu	Thanks to IMF for the very interesting presentation. The end of your presentation touched on efficiency gains. Discussions (esp. of late) have spoken of health system resilience in which flexibility within the system to respond to shocks has been raised to the foreground. What do you see as the interactions/balance between efficiency but also flexibility (i.e. 'slack' in the system which	live answered	
5	Nirmala Ravishankar (ThinkWell)	Thanks Dr. Espinoza for that informative presentation. You talked about people's appetite for more taxes and govt spending being linked to trust. Is there any info/evidence on how COVID has impacted trust? Have most govts taken a hit in trust? Is it the same across countries, or have govts in HIC taken a bigger hit?	There are regular surveys on this question. For certain countries, indeed the effect on trust is negative, but it is early to tell given the pandemic is still evolving and these perceptions can change rapidly	
6	Mark Blecher (Ministry of Finance)	Thank you Dr. De Silva for great presentation	Thanks Mark for your compliment	
7	Godelieve Van Heteren	Dr. De Silva: great presentation covering all interconnected dimensions of health/economics in Sri Lanka. Linked to my previous question to mr. Espinoza: What your presentation also appears to demonstrate is that perhaps a much more fundamental rethink of the interconnection of Sri Lanka's economic basics and health may be required in face of what is ahead of us, regarding climate change. How far ahead are the Sri Lankan experts considering scenarios, and how far 'out of the box' are some of these considerations (for that new future may already be there and 'back to business as usual' not possible).	In Sri Lanka "Health" and "Health Financing" get a far superior consideration when compared to climate change at policy level.	Please see the article by Palitha Abeykoon on Common Goods for Health in Sri Lanka which reflects on how the country has worked to tackle issues related to natural disasters, while prioritizing public health interventions. https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1655358
8	Munkhtuul B	Can we have the recordings and the ppts posted daily to follow up promptly?	yes, see link in the chat	
9	Vilma Aurora Montanez Ginocchio	Mr. Rafael Espinoza, if the LMIC countries will see their debt level increase, because they will not be able to expand their public revenues and they will have to continue facing increasing health spending. What are the possible solutions that the IMF will apply?	Many countries are expected to suffer from a persistent fall in growth and a shortfall in revenues. This is a major concern for reaching the SDGs. Access to financing is key, and whether financing was available or not was a big driver of what countries were able to do to protect their populations and economies in the last 2 years. Governments can improve access to financing by strengthening the credibility of their fiscal policy. The IMF provides advice to countries to strengthen their medium-term fiscal framework, which allows governments to communicate their strategy, and thus build credibility and access financing at lower cost. When the recovery is on a strong footing, the IMF may recommend a reduction in deficits that is consistent with stabilizing debt and that is also mindful of the need to support growth and achieve the SDGs. Mobilizing more revenues and improving expenditure efficiency are possible ways to achieve these objectives if deficit reduction. Reprioritizing spending, as has been done already since the onset of the pandemic, can provide some space for more health spending when financing is a tight constraint. But it comes at a cost in other areas of spending. However, this is unlikely to be enough for the low income countries (LIC), as I showed in my presentation. The international community has provided critical support to many countries, but more is needed, loans, grants and for some countries, debt relief. For LICs, the expiration of the DSSI at the end of the year makes a fully functioning G20 Common Framework for debt relief urgently needed.	Help could also come with reallocation of some of the IMF General Allocation of Special Drawing Rights to low-income developing countries, including through the Poverty Reduction and Growth Trust.
10	gbayoro Christelle Epse Kouame (OMS)	En 2020, la Pandémie a eu un impact sur le niveau global des recettes fiscales en CI. La contraction de l'activité économique s'est traduite par un recouvrement moindre des ressources fiscales. Toutefois le Gouvernement a pris des mesures de soutien au secteur privé en général et en particulier pour les secteurs fortement impactés par la pandémie	Très bon retour. C'est en effet une bonne pratique.	

11	Sai Htet Aung	Thanks all panelists. Very interesting discussion. My question to any speaker, if the world cannot distribute COVID vaccine equally to LMICs, do you see a larger gap of income inequalities among countries? How long would it take for LMICs to regain an economy of pre-Covid state (2019)? What are the recommended approaches or interventions for those countries to quickly catch up (fast-track) in terms of 'economic stimuli' — health and non-health interventions? Sorry my questions are too many.		The July 2021 update to the IMF's World Economic Outlook was focused on this specific issue - referring to it as the "widening fault lines" between economies based on vaccination rates. The link to this report can be found here: https://www.imf.org/en/Publications/WEO/Issues/2021/07/27/world-economic-outlook-update-july-2021 . We know based on IMF projections that countries are likely
12	Danielle Serebro	Congratulations to Ghana for a successful and innovative COVID response and garnering enough trust with your citizens to be able to introduce the 1% levy. I believe Mr Gaddah mentioned incentivising frontline healthcare workers during the pandemic. Can he share what these incentives were and any challenges that came up in design and implementation if these incentives were financial?	live answered	Please see this article that gives an overview of adjustments in health purchasing as part of the COVID-19 response: https://p4h.world/en/blog-covid-19-and-health-purchasing-r-response
13	Bruno Meessen	Question to Tamas on categorising spending: would you conversely agree that furlough schemes (for instance) are health expenditure as well? To my mind, they were key to enforce lockdowns. Maybe with crises like COVID, we are reaching the limitations of the health / non-health spending distinction. Any reflection?	Thanks for your question. The following incentives among others were provided to health workers: (i)Waiver of Personal Income Tax for all health workers (for 6 months from April 2020), (ii)Provision of Allowance of 50% of basic salary for health workers (for 4 months in April, May, June, and July), (iii)Busing of Health workers in Accra, Tema, Kumasi and Kasoa to and from work for the duration of the lock-down	Thanks Bruno, I would consider the furlough schemes as social protection spending, but agree with you that in the COVID response world, the boundaries between categories became even more blurred. My example is based on a real country policy dialogue experience where the argument from finance was that the health sector is taking a far too large share of the budget now and they need to cut back to pre-crisis levels forgetting that the pandemic is not over yet and the need for vaccination will continue, so we need to sustain a higher level of spending (not to mention the need to address increased unmet need as a result of the pandemic).
14	Prof ELOKO EYA MATANGELO Gérard	Bonjour à Tous et je félicite le Ghana pour sa présentation sur le financement de la riposte contre la COVID et son impact budgétaire. C'est la même réflexion que j'ai fait en RDC sur le financement Multibaillleurs de la riposte contre le Coronavirus et en comparant le financement public et celui des Baillleurs	Merci beaucoup	
15	Prof ELOKO EYA MATANGELO Gérard	Merci	OK, on a noté la question	
16	Logan Brenzel	We haven't heard much about the effects of social safety nets - and how these can support health. Are there any examples we can draw from for the future?		This is an excellent question. Typically, a major constraints to social safety net programs in low and middle income countries is determining eligibility when so much of the economy is informal and there is so much cycling in and out of poverty. This remains a problem in relation to social safety net programs to expand to health. There are also constraints related to the often convoluted process to apply for benefits across agencies and levels of government - which is not a health issue per se. From a health side, there are considerations around setting what can be purchased with that conditional cash transfer, and whether health should or should not be explicitly prioritized. In the case that it is, setting the specific benefits is critical, as well as any potential administrative costs.
17	Farhad Farewar	to my knowledge UHC is a path not a goal. Instead it has its goals. Therefore, progress towards 100% coverage will always remain as that 100 percent coverage should be traded off across all dimensions of cost, population and services coverage. For the low income countries targeting public financing towards the poor while letting those who afford to pay to directly purchase services would be a good first step. Please comment on this.	Thanks for this comment Farhad and I agree. Progressive universalism is the right approach. The challenge in many countries is that publicly funded insurance may not reach the most vulnerable and favour those who are already better off. My example of the US may not be relevant to low income countries, but highlights the trap of traditional thinking about health insurance (where entitlement is linked to payment of contribution).	
18	Nirmala Ravishankar (ThinkWell)	Thanks for sharing Ghana's experience, Mr Gaddah. I am curious to hear your thoughts on the progressivity of the new levies. Given the talk about solidarity and the huge hit on households, seems like contribution should be linked to wealth -- which is harder to do with levies on goods and services.		As a note, only the formal sector pay the COVID-19 levy in addition to the NHI levy. There is mixed evidence in terms of the regressivity/progressivity of the VAT in Ghana. Please see the recently published paper on this topic: https://www.tandfonline.com/doi/abs/10.1080/07360932.2021.1977970?af=R&journalCode=rfse20

19	Farhad Farewar	CVS could be a better approach for empowering consumers and incentivizing demand by the poor.		We would like to clarify what CVS stands for. We are interpreting it as compliance verification system (CVS) for this response. In this case, CVS is a necessary component of any conditional cash transfer program. However, the cost and sustainability of the CVS needs to be fully factored in when considering the benefits of CCTs in health. While advances in technology can make CVS programs more cost-efficient, they still remain a cumbersome (and costly) process in many countries.
20	celine colin	Thank you Tamas for your very clear intervention. You mentioned a study linking vaccination rate and tax revenues gains. Could you please send the link to that paper? Thank you very much. Céline	live answered	Thanks Celine, study is not yet available, but Jon Cylus (j.d.cylus@lse.ac.uk) at the Observatory may provide further insights and details on when it will be.
21	Emily Hulse	Question: What about the opportunity cost of increasing spending (and prioritisation) on health? To negotiate with ministries of finance, are there areas in budgets which should have 'less priority'. (This is other than pushing for increasing economic growth as this will be long-term). Many thanks.		in the absence of economic growth, increased revenue collection or increased borrowing - indeed deprioritization will have to happen as prioritization happens. The fact that health has been systematically de-prioritized over the past 15 years shows that there is scope to re-prioritize health.
22	Eva Pascoal	What about the crowding out effect of cutting on non Covid expenditures in health related sectors?		We know that indeed Covid 19 is crowding out other expenditures in many contexts. A recent WB presentation from Papua New Guinea showed that budgets and budget execution rates were far off their targets for essential care services as compared to trends prior to COVID 19. In particular grant flow through for church owned hospitals. In this case, a primary constraint was not that there wasn't enough funds in the system, but rather a HR constraint as financial managers were mapped to COVID-19 related activities. There are indications this same issue is happening in other countries.
PFM & COVID-19				
24	Rajeev Saxena	Richard & Srinivas - what in your view, are the improvements required in oversight and legislative scrutiny of public finance for enhancement in the transparency and public accountability in PFM particularly during covid19 times. What in your view, are the enhancing and detracting factors (critical variables) in this regard?	live answered	
25	Godelieve Van Heteren	Helene, the links to the pfm imf org docs do not work	Which link please?	
26	Bruno Meessen	Thanks Richard for this very nice presentation. I like your table 1! Are you aware of any similar table reviewing the spectrum of traditional aid instruments against a list of valuable PFM attributes or requirements?	live answered	
27	George Gotsadze	@Richard Allen - when reflecting on programmatic funding for COVID19, where all funds for various health interventions (for curative services, for surveillance, for quarantine and isolation) were allocated in one program or in several budget programs?	live answered	
28	Sabine Schmitt	Hello, where can I find the slides of the speakers?	see link in chat	
29	Jo Keatinge	Is there a growing demand and priority given by countries to strengthen their PFM systems since the COVID pandemic? Do we see this demand being sustained? Which type of support are countries asking for the most?	is there a growing demand and priority given by countries to strengthen their PFM systems since the COVID pandemic? Do we see this demand being sustained? Which type of support are countries asking for the most?	live answered
30	Nirmala Ravishankar (ThinkWell)	Thanks for synthesizing these 6 great lessons. Any thoughts on PFM constraints slowing flow of funds to frontline providers? My apologies if I missed that...	live answered	
31	Godelieve Van Heteren	Note on extra-budgetary funds for CoVID and the WHO/IMF collaborative work. In both cases the doc comes up for one second and then a screen saying: downloading problem	OK, let me re-send in the chat. It's a link to a blog that has the link to the document in there.	
32	Mark Blecher (Ministry of Finance)	Thanks to Richard for very clear presentation	Great, you have enjoyed!	
33	Sabine Schmitt	Which link do you mean? Is there a pdf or a zip?	On this page, we will upload the PPTs and the recordings after the meeting. Please stay tuned!	

34	Tom Hart	To Mario - please could you say a bit more about what the procurement challenges have been and what reforms to the procurement code are being proposed?	live answered	The standard procurement process in the Philippines will entail longer time frame even if our bids and awards committee will decide on going to emergency purchase mechanism. What we did was to use the flexibilities available in the financing and procurement processes of the multilateral financing institutions (WB, ADB, AfDB) for the loans that we negotiated with them, which is also allowed by the Procurement Law.
35	Nirmala Ravishankar (ThinkWell)	Extrabudgetary funds and health insurance have been getting a real beating at this meeting. But in countries that already have national health insurance agencies -- like Philippines -- it seems like they can assist in front-loading and rapid disbursement of funds to providers. The Philippines case however also underscores the point Richard made about the need for the legal framework and accountability of such adjustments. I am curious if either Richard or Dr. Villaverde have thoughts on this. Thanks!	Thanks Nirmala. Couple of reactions from Helene, and others can complement: I think it makes sense to acknowledge that EBF created for COVID-19 have helped to overcome some rigidities in existing PFMs and facilitated the budgetary response to COVID-19 in some contexts (eg Sierra Leone). In countries where health insurance funds (often, being EBF) have led the response (eg the Philippines), their built-on flexibility has also helped to enable a quick response (eg change in provider payment by Philhealth to enable frontloading).	
36	Prof ELOKO EYA MATANGELO Gérard	A Tous! J		
37	Nirmala Ravishankar (ThinkWell)	Helene/Srini -- If there is time, it would be great to hear from Richard and the country speakers about what PFM bottlenecks countries faced in terms of channeling public funds to private providers to either ramp up COVID testing and treatment, or boost the delivery of essential health services. Thanks!		
38	Godelieve Van Heteren	Q to most speakers: very curious to hear whether the mood in countries regarding the health/PFM nexus is leaning in the direction of regression; building back better or building forward with real innovative perspectives?		
39	Prof ELOKO EYA MATANGELO Gérard	Ma connexion internet aujourd'hui est très instable et j'ai raté certaines présentations Prof ELOKO en RDC	OK, les enregistrements seront disponibles sur la page de l'OMS: https://www.who.int/news-room/events/detail/2021/11/15/default-calendar/5th-meeting-of-the-montroux-collaborative	
40	Rajeev Saxena	Thanks Srini and Teresa.		
41	Anwar Chowdhury	Is there any specific recommendation for Bangladesh to increase the budgetary execution of Health sector!	Please stay tuned for the budget execution session on Wednesday!	
42	Saro Tsaturyan	Great session, thanks a lot to all speakers for excellent points.	Thanks!	
60	Bruno Meessen	Julia, I do not mean for the data collection but for the feedback when the report is available. Organising a specific event with the business sector could be powerful		
PFM & HEALTH TOOLS				
43	Faraz Khalid	Hello Helene, Faraz here	Welcome!	
44	Bruno Meessen	Question to speakers of this session and of the previous one, especially colleagues @ the WB and IMF. COVID will be an accelerator of PFM reforms if and only if during the crisis, senior governmental technocrats have identified by themselves issues with PFM, bottlenecks and possible solutions. Is there any ongoing or planned survey to document their experience of the crisis and their priorities in terms of PFM reform?	live answered	
45	Logan Brenzel	Can Manoj repeat the countries where the World Bank tool has been and is being deployed?	live answered	
46	marina madeo	Bruno, interesting suggestion. In Somalia are seeing a PFM reform process going on in parallel with the pandemic response ... not sure about interconnections between the two processes	Bruno, interesting suggestion. In Somalia are seeing a PFM reform process going on in parallel with the pandemic response ... not sure about interconnections between the two processes	
47	Tom Hart	Julia - can you share any of the emerging findings from the pilots of the PEFA service delivery approach? Are there any issues consistently highlighted as important?		
48	Prof ELOKO EYA MATANGELO Gérard	Helène Merci beaucoup, je vais avoir ces documents à la fin de meeting Prof Eloko		
49	Felix Obi	Thanks @Mart for the highlights of the PFM component of the HF Metrics. How does WHO use the findings to engage countries on PFM reforms cos a major challenge is poor allocation and release of funds in most LMICs?	Thanks Felix. In many countries (e.g. Tajikistan) MoF has been closely involved in the assessment itself, which already helps to focus on key issues. Secondly, several countries (e.g. Ghana, Kenya) have already started to integrate these questions into their annual review processes, which in turn feeds into the budget dialogue process. Happy to discuss more.	

50	Godelieve Van Heteren	Thanks to all speakers for sharing the very valuable tools with considerations embedded. Question to all, linked to a remark Jennifer Asman made in her presentation: 'we do not wish to duplicate, but...'. Across the tools there are quite a number of overlaps, and we all know every self-respecting agency wishes to have its own tool or framework. For end-users this may be cumbersome. So are we ever going to move away from these duplications or is this an inevitable part of our industry?))	live answered	
51	Michael Chaitkin	Very exciting to see these many tools. On first look there appear to be overlaps in content and use cases -- do the speakers have any reflections about on how government officials can efficiently select from this growing menu of diagnostics?	live answered	
52	Justine Hsu	Building on Godelieve's comment about different tools, in addition to a repository of different tools, it would also be useful to document a mapping of tools of their scope/focus/uniqueness...as well as incredibly useful to understand how countries have used these diagnostics to ultimately improve service delivery, plus to better meet any fiduciary requirements from e.g. donor partners. – as there is a shared interest in country and by partners in these assessments as a means to strengthen country systems.	i lost the ability to reply to Godelieve's comment so adding on here: The questions about duplication will be really important. It emerged early as UNICEF-ODI were looking at options. It led to this publication: https://odi.org/en/publications/review-of-public-financial-management-diagnostics-for-the-health-sector/ (also on the portal Helene has shared).	
53	Bruno Meessen	In the previous session, Richard said that progress with PFM reforms were very slow in LICs. Any speaker willing to elaborate about the underlying causes? Do we know anything about political demand or policy activism by national stakeholders, e.g. national business associations?	Underlying factors include: low demand for structural change, political turnover, overemphasis on short-term results, need for combined actions on legal, central policy and sub-national engagement, limited capacities to sustain long-term change	
54	Bruno Meessen	In the previous session, Richard said that progress with PFM reforms were very slow in LICs. Any speaker willing to elaborate about the underlying causes? Do we know anything about political demand or policy activism by national stakeholders, e.g. national business associations?	Yes they are. Triangulation of information from different sources and agencies is at the core of applying PEFA Framework. The same is valid when it comes to disseminating the findings from the PEFA assessments.	
55	Godelieve Van Heteren	Can't help myself. Here Freddy Mercury in Montreux https://www.youtube.com/watch?v=Y2NEyhY_izc		
56	Godelieve Van Heteren	Especially for Helene		
57	Joyker Gomes	Thanks so much!		
58	Lisa Fleisher	Thanks to all the speakers and panelists for a great series of sessions today.		
59	Joyker Gomes	The Best Energies!		
60	Bruno Meessen	Julia, I do not mean for the data collection but for the feedback when the report is available. Organising a specific event with the business sector could be powerful	Yes, great idea indeed.	