

DAY 1 Q&A				
KEYNOTE ADDRESS				
#	Question	Asker Name	Answer(s)	
2	Good afternoon, great this meeting takes place. Could the full agenda be shared once more in a link here. Thx?	Godelieve Van Heteren	I have sent the meeting page in the chat. You can find the meeting agenda on this page.	
3	je suis en ligne à partir de Kinshasa en RDC Prof Gérard ELOKO	Gérard ELOKO EYA MATANGELO	Bienvenue!	
4	Joe, Helene, Great program and a wonderful start. Looking forward to.	Srinivas Gurazada	live answered	Thanks, Look forward to your contribution
5	Will Joe where a tie during the montreux meeting?	Michael Borowitz (The Global Fund)	live answered	No, but I will be wearing shoes
6	Ties? That's so eighties:))	Godelieve Van Heteren	Not me...	
7	In Pakistan, the GFF investment case is asking for doubling of public spending in a bad macrofiscal situation	Michael Borowitz (The Global Fund)		
8	Bonsoir tout monde	Hassan SEMLALI	Bonjour Hassan	
9	@Michael B: interested which question more precisely is linked to your GFF Pakistan observation	Godelieve Van Heteren		
10	Prediction of health needs is increasing with genomics and AI. Demand is becoming much more predictable. Where does risk-adjustment fit in. You already use age and sex as predictors?	Michael Borowitz (The Global Fund)		
11	Aren't you missing health insurance or health insurance agency outside typical MOF rules as a solution?	Michael Borowitz (The Global Fund)	live answered	answered live
12	What is formula-based budget allocation? Could you please share examples or good practices?	Sai Htet Aung	live answered	
13	Glad to be here. Great program.	Majeed Adisa	Thanks!	
14	Merci pour le lien Hélène	Hassan SEMLALI	Pas de problème	
15	Dear Joe, Helene - thanks for a great start. look forward to participating. best, manoj	Manoj Jain (World Bank)	Thanks; welcome back Manoj, good to have you back!	
16	Can the slides be shared after the meeting. Tx	Robinah Lukwago	Yes, all slides shared	
17	Helene Barroy bien vouloir nous envoyer la version française de livre sur l'alignement des financement de la santé	Gérard ELOKO EYA MATANGELO	Il n'est pas encore traduit mais nous travaillons dessus	
18	Are there some country experiences referred in the publication, that worked to strengthen PFM capacity at facility level, which is needed when greater autonomy is provided to facilities	Srinivas Gurazada	live answered	
19	Aligner la gestion des finances publiques et le financement de la santé : pérenniser les progrès vers la couverture sanitaire universelle	Gérard ELOKO EYA MATANGELO		
20	On the tools to assess PFM, we saw that WHO emergency team is developing their own indicators and tools. How are you working on making sure these various efforts are aligned and we aren't getting more and more indicators for countries to report on and for funders to align with?	Breshna Orya	Excellent question, especially because WHO is highly fragmented and we (in our health financing team) are the first to say that we also have to get our house in order. We are trying - working across departments to ensure that the PFM tools and indicators applied through the Emergency Team reflect our best knowledge from the Health Financing Team. We don't have enforcement power, but we are trying !!	
21	Donc, le Livre n'est pas encore en français,	Gérard ELOKO EYA MATANGELO	Pas encore	
22	Revenue generation: could you further expand on the difference between talking about fiscal space and talking about country focused budgetary frameworks please?	nouria briki	Speaking not source by source, but embedding the analysis in the country budgetary framework, and looking at how improvements in PFM can also free up resources for the sector	
23	The health insurance is the elephant in the room. In theory, there is an earmarked payroll tax from formal labour sector. Many countries want health insurance to bypass pfm rules and a revenue source outside the budget. even Sierra Leone is flirting with health insurance and Asia has largely gone to health insurance	Michael Borowitz (The Global Fund)	Two things here: (1) revenue side - the objectives of either/both social or "community" HI are often framed in terms of bringing in more money. But the evidence doesn't bear them out in contexts of high informality. There is no magic here in terms of revenues. (2) re the bypassing of PFM rules and being off-budget - this is where thinking has evolved. PFM rules are often more flexible than is recognized in the health sector, and MOH's often do not make adequate use of the flexibility that is there. At minimum, it is better to engage with MOFs on this than to try and bypass - that can be counter-productive.	
24	Glad to post below, the links between PFM and Service Delivery in sectors analysed in a PEFA Global Round Table Conference earlier during the year. https://www.pefa.org/resources/strengthening-links-between-pfm-and-service-delivery-sectors	Srinivas Gurazada	Shared in the chat	
25	Thanks Cheryl for this clear overview and for highlighting some key lessons learned (sometimes the hard way) in the realities of the health financing/PFM relations. As a longtime PBF implementer/governance person in many programs around the world i can fully sympathize with the emerging awareness you sketch. Question to all of us who have worked in these situations, often as external financiers/advisors: what should this part of the global health/financing industry do differently?	Godelieve Van Heteren	live answered	

26	Question 2: We're reflecting here referring to CoVID19, but a lot of new PFM thinking is coming about due to the climate crisis. What new emphasis will this give in the Montreux agenda (for not only HF but also PFM is going to shift)	Godelieve Van Heteren	Very good point indeed. WHO is planning some work on multi-sector budgeting eg how to budget for health and climate intertwined objectives. Next Montreux meeting will certainly include the topic for discussion.	
27	On transition agenda, you are missing key pfm issues: the ability of the government to contract effectively with non-state actors like NGOs. In general, HIV prevention programs are not provided through phc but needs specialized providers. We call this social contracting. This is critical to transition agenda to have domestic funding paying for NGOs	Michael Borowitz (The Global Fund)	Very important and something that Cheryl pointed to early in her talk, it matters regardless of "transition". This speaks to the wider PFM agenda to focus on the objective to be achieved (e.g. reaching "key populations" rather than funding inputs or government programs per se	
28	Even earmarking intuitively is one of the universal financial controls, which are identified as a challenge. Health sector may get assured funding through earmarking. But even that happens through MoF driven financial control and carries the limitations of top down controls. Isn't it? Thanks.	Srinivas Gurazada	Yes correct. This work provides further insights on the topic: https://apps.who.int/iris/bitstream/handle/10665/255004/9789241512206-eng.pdf	
29	Lovely picture :)	Srinivas Gurazada		
30	Question: What's the effect of fragmentation on PFM efficiency (in terms of private donor funding)? Does results-based private financing create similar fragmentation, compared to non-results based private financing in the past?	Emily Hulse		
31	Cheryl - Thanks, as always, for your thoughtful framing of these important issues. Looking forward to the week!	Lisa Fleisher	Great to have you on board Lisa!	
32	Any idea on improving PFM in the event of off budget donor funding for countries the interest of government does not align with the people, Afghanistan for instance.	Farhad Farewar	Stay on board for the donor alignment session to get more insights on the topic.	
33	Michael, I wanted to comment on your point on preventive health services. What I know is that prevention is poorly prioritized in health budgets -- so there is an upstream issue of budgeting. Do you think Program based budgeting can help? I think the second point is contracting (who implements). Here I think the issues are similar to contracting with non state actors. Bottomline budgeting is an issue with prevention services.. COVID-19 should have started to shift that discussion as well	Sarbani Chakraborty		
34	Hi Cheryl - how do emerging health insurance based "UHC Schemes" in SSA align with these ideas. These schemes seem to be driven by a) the idea that there is a magic money tree and b) that govt can work around PFM for health?	Matthew Boxshall	live answered	
35	Comment améliorer la rigidité dans un contexte dans lequel les réformes de GFP sont pour tous les secteurs? Je vois que cela implique des réformes propres au secteur mais un niveau de plaidoyer fort	gbayoro Christelle Epse Kouame (OMS)	Nous verrons que l'introduction du budget programme peut apporter de la flexibilité dans le secteur de la santé	
36	No need for a full impl of program budgeting as a panacea, but suitably structured/phased implementation of performance based principles starting in activities/components in health sector which have the requisite capacity/skills/accountable - could be the way to start the process and then upscale over a period of time.	Manoj Jain (World Bank)	Agreed. We discuss programme budgeting in the next session.	
37	Thank you so much a lot, Madam. It is quite clear - formula-based budget allocations for health: that reflected a need.	Sai Htet Aung	Great!	
38	How would you see the prospects of using more robust components of a country PFM system in the financial management of donor funded project. What do you see could be the critical success factors for such an initiative?	Kashif Jamal	We will discuss alignment to domestic PFM systems in the session on Thursday.	
39	My question is along the same lines as Godelieve's. Indeed, many countries in Africa have implemented PBF as an innovative health financing mechanism. What implementation advice can you give them, especially when we know that the financing comes mainly from donors, unlike other countries where the financing is included in their finance laws? (Serge MAYAKA from DR Congo)	SERGE MAYAKA MA-NITU	live answered	
40	Among the stubborn issues 'things to be done', what is it that is impeding the full implementation/ what is the right measure of full implementation of PBB?	Daniel Koech	live answered	
41	Think one of the biggest issues that we need to invest into going forward - is changing behaviors - by aligning between objectives of the various stakeholders - finance, health, local governments, Citizens etc	Manoj Jain (World Bank)	live answered	
42	Thanks Cheryl. Do you see shifts in our understanding or engagement with different actors/stakeholders outside health who can influence PFM and progress to UHC? e.g. sectors beyond MoF that influence health outcomes like other sectors in COVID response. These actors deliver/influence programmes and policies that impact on health outcomes – do we need to improve our understanding of these actors and related PFM issues?	Iain Jones	live answered	

43	To me many issues come from the inherent tensions between the 3 functions of budget management, with the MoF often obsessed by aggregate fiscal discipline, starting to think a bit about allocative efficiency, but not at all accountable for operational efficiency... What could the international community /Montreux team can do to make MoFs more accountable for the latter?	Elisabeth Paul	We believe the global dialogue has shifted on that and MoF/finance/budgetary actors, with the support of IMF and World Bank, have re-focused PFM principles on "service delivery", putting more emphasis on what a "good" PFM system is for supporting effective, targeted service delivery. A recent report by NYU with several PFM experts supported that major shift in the thinking. https://wagner.nyu.edu/files/publications/NYU%20PFM%20Working%20Group%20WEB%206.6.20.pdf	
44	Under Purchasing, what do you mean "Provider autonomy is essential"?	Sam Oeun Sam	live answered	
45	Cheryl, thanks for this fantastic overview. I note your emphasis on getting flexible funding to providers that is output-based. On the output-based part, does the recent evidence of unconditional direct financing being more cost-effective than PBF (Cameroon, Nigeria, Zambia) change your view on this at all?	Tom Hart	We would like to clarify what is meant by Cheryl about "output-based" is interpreted as either "results-based" or some type of retro reimbursement - so we need to clarify that)	
46	Excellent presentation but I'm a bit concerned about the lack of focus on the core role of the MoF and the large capacity deficit in most developing countries. Many of Cheryl's ideas on increasing flexibilities and relaxing controls are fine in principle but surely depend on health authorities having the capacity to deliver such reforms? And how to respond to audit reports that indicate widespread financial irregularities, fraud and corruption in PFM systems? Are there not some major PFM preconditions that need to be in place before Cheryl's flexibilities are introduced?	Richard Allen	live answered	
47	Great answers, agreed, thanks Cheryl and Joe - and many apologies for using the horrible "UHC scheme" phrase!	Matthew Boxshall	Thanks, and no problem. Helped liven things up!!	
48	The contrast of accountability vs control is really important. Do we have the measurement systems we need in order to hold providers accountable? Are these sufficiently robust to carry the load of payments?	Matthew Boxshall	It is certainly an area for improvement. When a program budget is introduced it is accompanied by a performance framework to monitor expenditure and non-financial performance in an integrated way. This is an avenue for future progress. At provider level, if funds are transferred as lumpsum, there is no need to hold them accountable for detailed line-items or "small transactions". They should be made accountable on what they have been able to achieve with the envelope that was allocated to them.	
49	From Kenyan experience: I think reviewing PFM to allow health facility autonomy with regards to generating, retaining & spending resources+ adherence to PBB sorts most of the challenges	Robert Rapando		
50	Cheryl: Most implementers of PBF of today will side with all those indicating that PBF is part of a systemic reform in thinking/practice of accountability/data culture transparency/governance. And thus subscribes to some basic principles of PFM and systemic transition in health and finance discussed here. Seen from that perspective: there is a strong sense among PBF implementers linked to the conversations here referred on how do health financing and PFM cohere. So let's not go to old turf wars, which are long outdated.	Godelieve Van Heteren	For sure, agreed Godelieve. The thinking has much evolved in the different communities, and I agree there is much more alignment nowadays.	
51	Creating parallel systems is proving to be inefficient. How can this be avoided with the different financing mechanisms that we have at our disposal. Can we settle on a system that can be adapted and minimises the risks of creating disincentives for being efficient in the use of resources.	Ama Fenny	Ama sorry we missed this - very good question. Some of the approach may be in the design of Programme Budgets being discussed now. In terms of the array of health financing mechanisms, my view is that first we need to describe them in functional terms so that we can at least minimize "conceptual overlap". So e.g. a PBF scheme for rural health centers and a health insurance program for the poor, or a "free care" scheme, probably have a lot in common - funded from general revenues, funds held in a pool, paying for outputs, etc. So can we bring them together? That's just one example. In the DFF session tomorrow, we'll get more into this. If bringing more coherence from the top down in terms of policy design doesn't happen, it can also happen bottom up with unified accounting and reporting systems at provider level, combined with more autonomy over budget funds. So excellent question that we hope to	

52	Is there a room/thoughts for linking accountability agenda with digital transformation? Could digital tools for PFM and provider payments be used to facilitate accountability agenda?	George Gotsadze	Stay tuned for the last session in Montreux on digital PFM	
53	Le contrôle interne prévu dans la mise en oeuvre des budgets peut aider à lever des goulots de gestion et aider dans la flexibilité (Christelle OMS-CI)	gbayoro Christelle Epse Kouame (OMS)	Oui très bonne idée.	
54	So as a health financing community, we have concluded that the budget matters and government systems for spending money matters after decades of chasing after CBHI, SHI, and private sector solutions, etc. No offense to anyone here, but isn't that a bit depressing? Better late than never I suppose....	Nirmala Ravishankar (ThinkWell)	Yes. One of the core messages around this agenda is that reforms have to be embedded in government budget processes and systems, not to work around them. And absolutely, "it's the budget, s_u_i_!!"	
55	Many LICs lack the legal and regulatory institutional capacities, and equally lack the political will, to enforce effective delegated monitoring by banks and other intermediaries? Is there some consensus on attributes (e.g. maturity model) for the strength needed for Nat'l legal and regulatory systems, to support more flexible PFM? One that looks at least equally at political factors, not just technical weaknesses?	Thomas O'Connell	Hi Tom. We have some in the Progress Matrix, and it's a high priority for Helene and Team. As we discussed, I also think that it's a bit of chicken and egg. It is hard to develop capacity unless managers have the freedom to manage.	
56	Thanks, Joe and Cheryl for shaping and guiding this agenda.	Nirmala Ravishankar (ThinkWell)		
57	@Richard Allen, first of all, just to say, I am a big fan of your books/articles. But I think health authorities is a bit generally said. There are central authorities, sub-national (oblast/region) and then local authorities/providers. I think the issues you outlined on corruption and misuse of funds are often big issues at central and sub-national level. If we think of a regular small hospital or PHC provider in Kyrgyzstan or Tanzania, I think enabling them to deliver services is most important. Is there a way to give more flexibility/autonomy to lower levels while tackling corruption/fraud at central level? P.S. But to say that I am a big fan of your books and articles and have highlighted much of your text.	Elina Dale	You have raised an important point. We agree with the idea of providing more flexibility at provider level, while strengthening accountability systems across levels, from top to frontlines.	
58	Cheryl, thanks	Godelieve Van Heteren		
59	'There's really no substitute for solid domestic problem solving' Quote of the day	Godelieve Van Heteren		
60	Thanks. Great conversation!	Jayendra Sharma		
61	Thanks for great start Cheryl	George Gotsadze		
62	Well done, great start!	Jack Langenbrunner		
63	Awesome responses Cheryl! Domestic solutions are key!	Francis Ayomoh		
64	Thank you Cheryl for these views. It has been a regular frustration for me as a technical advisor to various ministries over the years that they/we jump from international initiative to initiative and not relying enough on the local knowledge and capacities!	Sally Lake		
BOOK LAUNCH				
67	Could you please post here the link to the case studies just mentioned? Thanks	Elise Yousoufian	https://www.who.int/teams/health-systems-governance-and-financing/health-financing/policy/budgeting-in-health/programme-budgets-in-health-country-evidence/	
68	Congratulations on the publication of this book !!! Salma	Salma ismail	Thank you, Salma!	
69	Do we have access to the slides? Thanks.	Emily Hulse	Yes	
70	Great the book is out. So congratulations. Looking at the presentation: One disadvantage of getting older is that you start to hear certain recommendations not for the first time. 'Align', 'avoid fragmentation', 'establish results chains' have been refrains in program budgeting reflections for many years. What, according to the authors, is currently changing/different, which may give hope that such alignments/defragmentation will now happen?	Godelieve Van Heteren	Answered live	
71	Great overview, thanks! And a very useful book. On the issue of alignment with ministry structures, which comes first?! In some cases, it is the structure which might need rethinking. Also, could you elaborate a little on how to handle harmonisation within devolved and federal systems where there is (nominally, at least) autonomy at the decentralised level? Thanks!	Sally Lake	Hi Sally, we have two chapters in the book that deal with those questions. I invite you to look at the chapter details here: https://www.pfm4health.net/montreuxcollaborativeresources	
72	Great resource book. Thanks to all contributors	Eva Pascoal	Thank you, Eva!	
73	The national health budget fall under the public financial law framework. which does not allow flexibility or exceptions.	oana motea	Dear Oana Motea. If you would like this issue to be discussed by the panel, could you please add a bit more information and a question? Thank you	
74	Mr. Kabagambe: have worked with very financially smart, double-degreed Ugandians over the years: how long do you think 'technical support' from outside is still needed?	Godelieve Van Heteren		
75	May I ask one question to Richard MoH Uganda. After making those fiscal changes and more/systematic arrangement in health financing, do you see significant improvement in key health indicators - such as improving maternal mortality, reducing child mortality, increasing life expectancy, etc.? Just curious. Thank you in advance. [or] if you don't measure those things, what are the obvious change? are people happy with it?	Sai Htet Aung	Answered live	
76	Where can we access the recorded session after this?	Fonthip Watcharaporn	Thanks for your question. The recordings will be available on the event page.	
77	In Philippines, where does philHealth fit in. I thought new UHC reforms would shift most money to PhilHealth. How would you characterize pfm of philHealth?	Michael Borowitz (The G	Answered live	

78	How do you manage expectations of long established vertical disease programs in a move to program-based budgets? Are there any lessons from countries?	Sarbani Chakraborty	Yes, we address this question in the "design" chapter of the book, highlighting countries that started with disease-oriented programs and then evolved to more integrated approaches. https://www.pfm4health.net/montreuxcollaborativeresources	
79	How do frontline service providers feature in the programme budget in Uganda and Philippines. Do they have their own programme budget like for "primary health care" or "hospital services"? How are these programmes formulated and how is labour remuneration managed?	Gemini Mtei	Answered live	
80	@Mark, thank you very much for your responses. I guess it's good to keep in mind that PBB is not simple, and that change management capacities are critical in addition to the "usual" PFM capacities, both at MOF and MOH. And that time for adequate education and sensitisation is needed	Sally Lake	Agreed	
81	Critical component of PBB is having a clearly defined set of output and outcome indicators for each budget program and/or activity. They are key for M&E of program performance. Ideally, they should be linked to the quality of care. This a weak point even in countries that have implemented PBB for many years, like Armenia. Any ideas how WHO can help the member countries with developing viable set of indicators?	Saro Tsaturyan	Thank you for your question. Detailed guidance on this is provided in the book (Part B, Chapter 4). https://b7ef309d-372b-4222-850b-df85c90598f2.filesusr.com/ugd/18961e_3356932296ed4d4bea08cef3107940137.pdf	
82	Do you consider important the South-South cooperation (South Countries) to improve the National Unified Health Systems?	Joyker Gomes		
83	Thank you so much Richard for your answers. I do understand and agree. Thanks a lot, there are improvements in the outcome indicators. Also thanks go to Matt for your best facilitations.	Sai Htet Aung	Thank you!	
84	More efficiency public health systems	Joyker Gomes		
85	What is the link between program based budgeting and provider payment by health insurance scheme? thanks.	Sam Oeun Sam	We have a dedicated chapter on the link between program budgeting and provider payment in the book. Please have a look at it. https://www.pfm4health.net/montreuxcollaborativeresources	
86	I will appreciate the powerpoint presentation that was shared for the book launch	Solomon KAGULURA	Sure, it will be shared after the meeting.	
87	Great session. Congratulations again. All contributions like this are welcome!	Godelieve Van Heteren	Thank you for your active participation and great questions!	