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Finance-Health Institutional Arrangements among G20 Members

By the G20 JFHTF Secretariat June 2023

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Finance-Health Institutional Arrangements among G20 Members

Executive Summary

Context

Guided by the G20 Bali Leaders' Declaration and the deliberations under Indonesia's G20 Presidency, the G20 Joint Finance-Health Task Force (JFHTF) has established three priority areas.

A key priority among these is to "Improve readiness for large-scale pandemic response interventions." This objective reflects the varied experiences and responses of different countries during the COVID-19 pandemic. Effective coordination between the health and finance sectors is crucial for managing pandemics and health emergencies.

This report presents the findings on finance-health coordination mechanisms with a goal to gather insights that could inform the Task Force's 2023 Work Plan, especially Deliverable 3.1, which aims to report on best practices.

Key Takeaway

The report's findings underline the importance of finance-health coordination in responding to health emergencies and illuminate potential avenues for strengthening these mechanisms. These insights will be crucial in shaping the G20 JFHTF's future strategies and improving readiness for large-scale pandemic interventions.

Survey

Consistent with the G20 JFHTF's commitment to enhance large-scale pandemic response readiness, a survey was launched to identify effective finance-health coordination mechanisms among G20 members during the COVID-19 pandemic.

The survey delved into various aspects of institutional coordination between the Ministries of Finance and Health, encompassing coordination frameworks, meeting frequency, and other facilitating mechanisms. All G20 members completed the survey, providing robust and insightful data.

Findings from the survey unveiled three crucial insights about finance-health coordination. Firstly, all G20 members agreed on the vital need for finance-health coordination, as timely and well-coordinated collaboration proved essential in managing health crises effectively, especially in light of COVID-19. Secondly, most G20 members not only intensified their coordination efforts during the pandemic but continued to maintain them post-crisis, indicating a permanent change in approach. Lastly, the diverse coordination strategies among members call for further investigation by the Task Force to design efficient, versatile strategies suitable for different economic conditions and health systems. These insights provide a pathway to strengthen finance-health coordination and improve future responses to health emergencies.

The 20 key findings were divided into four sections:

a. Mandate of Finance-Health Institutional Arrangements: Most Ministries of Finance (90%) and Health (90%) have formal mandates linked to each other's policy domains. Other ministries also participate in finance-health coordination in 89% of cases. Countries' fiscal frameworks include an 'Escape Clause' for emergency spending in 77% of cases, but only 53% of these clauses account for standard health emergencies or pandemics. An emergency response agency is present in 92% of cases, though infectious diseases may not always activate protocols.

b. Arrangements before COVID-19: Prior to the pandemic, meetings between Ministries of Finance and Health were infrequent (38% met daily or weekly). Primary domestic goals focused on efficient use of public funds and improving public health outcomes, with less than half emphasizing the management of financial risks. Primary foreign goals were less defined.

c. Arrangements during the Acute Phase of COVID-19: During the pandemic, the meeting frequency between Ministries increased (92% met daily or weekly), leading to enhanced coordination, increased budget allocation, and the establishment of joint task forces in 2 out of 3 countries. Finance-health goals shifted towards purchasing medical countermeasures and managing financial risks. The need for stronger international collaboration, improved domestic finance-health coordination, and the requirement for Day Zero Financing were key lessons learned.

d. Arrangements since the Acute Phase of COVID-19: Since the acute phase of COVID-19, the frequency of finance-health meetings remains high, with 9 out of 10 Ministries of Finance and Health meeting weekly or monthly. However, only one-third of countries plan to stress test their financial systems against health threats, jointly monitor systemic risks, or establish a health threats board. Two out of every five countries have established or plan to set up a surge financing mechanism for Day Zero Financing.

Country Case Studies

Following the completion of the Questionnaire on Finance-Health Institutional Arrangements, the JFHTF Secretariat conducted in-depth discussions with selected countries. These discussions aimed to delve deeper into the survey responses to facilitate the exchange of best practices and learnings from COVID-19. Based on these discussions, Argentina and Spain were invited to share their coordination experiences.

The case studies from Argentina and Spain spotlighted distinct approaches to finance-health coordination. Argentina adopted a comprehensive 'whole-of-government' approach, instituting a dedicated coordination unit presided over by the Chief of the Presidential Cabinet. This strategy fostered inter-ministerial cooperation, leading to a nimble and versatile response to the pandemic. Argentina's case underscores the importance of preserving and enhancing government coordination mechanisms and the potential for

lasting systemic changes resulting from finance-health coordination.

Spain's response to the crisis, on the other hand, was tailored to its decentralized structure. The state of emergency brought about a shift to a more centralized approach, demonstrating that even in highly decentralized countries, it is possible to adopt effective national strategies during emergencies. Collaboration across federal ministries was essential in managing emergency budgets and coordinating response efforts. Spain's experience highlights the advantages of an all-sectors approach coordinated by the Ministry of Health and the importance of having a pandemic preparedness plan.

Sharing of Experiences of Finance-Health Institutional Arrangements (SEFHIA) Event

To encourage the exchange of best practices and learnings from COVID-19, the JFHTF Secretariat organized the SEFHIA Event under the leadership of the Indian Presidency. This hybrid event took place on June 3, 2023, in Hyderabad, India, aiming to compile and share the best practices from health-finance collaboration during the COVID-19 pandemic.

The SEFHIA event emphasized the essential role of effective inter-ministerial coordination, strategic use of financial resources, and sustained health expenditure in managing health crises. It highlighted the necessity of a unified government approach and the institutionalization of coordination mechanisms. It also reinforced the importance of response financing for future pandemics and highlighted the interconnectedness of various health priorities.

Key themes emerging from these experiences highlight the significance of resilience and flexibility in finance-health coordination during crises and the need for long-term, comprehensive strategies to effectively manage future health threats. The shared experiences and insights present valuable lessons for G20 members, advocating for enhanced inter-sectoral collaboration and a unified approach towards health emergencies.

Written Submissions from Countries as Requested by the Presidency

Separate from the survey conducted by JFHTF Secretariat, the Indian Presidency invited G20 members and invited countries to submit written reports on best practices between finance and health ministries. These are presented in Annex C of the report.

Please note that the information contained in these reports belongs solely to the participating countries and is presented unedited. They do not necessarily reflect the views or positions of the Secretariat or the Joint Finance Health Task Force.

These reports are intended to facilitate knowledge exchange and encourage dialogue among stakeholders within the finance and health sectors.

SECTION I: INTRODUCTION

A. Context

The G20 Joint Finance-Health Task Force (JFHTF) established three priority areas that are guided by the G20 Bali Leaders' Declaration and the deliberations under the Indonesia's G20 Presidency. These priorities were further refined during the Joint Finance and Health Ministers' Meeting on November 12, 2022, and the G20 JFHTF workplan was agreed in December 2022 by members under India's G20 Presidency.

A key priority identified is to "Improve readiness for large-scale pandemic response interventions." This objective acknowledges the varied experiences of countries during the COVID-19 pandemic, due to differences in circumstances and responses. Effective coordination between the health and finance sectors is crucial for managing pandemics and health emergencies.

To identify finance-health coordination mechanisms among G20 members during the COVID-19 pandemic, the JFHTF Secretariat initiated a survey, building on the mandate of the Leaders' Declaration under the G20 Presidency of Indonesia in 2022. This survey was incorporated into Priority 3 of the Task Force's 2023 Work Plan, which aims to improve readiness for large-scale pandemic interventions, especially through Deliverable 3.1 on reporting best practices.

The survey focuses on institutional arrangements, including coordination frameworks, meeting frequency, and other mechanisms that facilitate coordination between the Ministry of Finance and the Ministry of Health and was sent to all members. We are grateful to all members for their responses.

The information collected in this survey was treated with strict confidentiality, and this report shares consolidated findings, without attributing specific data points. The survey tool was previewed during the second JFHTF Meeting on March 20th and revised based on the feedback received. Preliminary findings were shared in a presentation during the Sharing of Experiences of Finance-Health Institutional Arrangements (SEFHIA) event in Hyderabad, India on June 3, 2023 (See Annex A and B).

All G20 members, along with a few invited members, completed the survey, demonstrating robust engagement from all participating countries. A total of 26 responses were received. Each survey response represents the joint position of the Ministries of Finance and Health, as only one overall response was submitted per country.

B. High-Level Findings of the Finance-Health Institutional Arrangements Survey

The survey on finance-health institutional coordination arrangements among G20 members revealed three broad, high-level insights. These findings illuminate the significance of finance-health coordination, the requirement for sustained collaboration beyond emergencies, and the importance of bespoke coordination arrangements. Recognizing and addressing these insights offer opportunities to fortify finance-health coordination mechanisms and augment their ability to respond effectively to future health crises and pandemics.

1. **G20 members recognized the crucial role of financial-health coordination:** The COVID-19 pandemic underscored the imperative need for robust coordination between the finance and health sectors. This acknowledgment was unanimous among all G20 members, who understood the pivotal role of collaboration between these sectors. The survey findings showed that timely, well-coordinated, and information-rich collaboration between finance and health ministries is integral to effective mitigation of health crises.

2. **Most G20 members intensified coordination arrangements during COVID-19 and maintained them post-emergency:** A majority of G20 members reported strengthened coordination between the finance and health sectors during the COVID-19 crisis. Notably, this heightened level of collaboration persisted even beyond the emergency phase of the pandemic. This indicates a fundamental shift in approach, as countries acknowledge the long-term benefits of sustained coordination between the finance and health sectors in managing health emergencies.

3. **Diverse coordination arrangements exist, necessitating further exploration by the Task Force to guide finance-health arrangements:** The survey results highlighted a wide variation in how G20 members coordinated their finance and health sectors. These findings could guide the Task Force's work plan, specifically in identifying effective practices and designing a strategy for a coordinated G20 response in future pandemics. The range of responses also suggests that it's important to consider the different economic conditions and health systems across countries, to ensure the strategy is versatile and efficient across various contexts.

Below are the 20 key findings from the G20 survey, organized by sections. Subsection A presents key findings about the mandate of finance-health institutional arrangements. Subsection B discusses findings about arrangements before COVID-19. Subsection C details findings about arrangements during the acute phase of COVID-19. Finally, subsection D includes findings about the enhanced coordination since the acute phase of COVID-19.

SECTION II: DETAILED FINDINGS FROM THE SURVEY

A. Findings about the Mandate of Finance-Health Institutional Arrangements

Finding 1: About 90% of Ministries of Finance have an official mandate related to health policy. This mandate encompasses budgeting and resource allocation for the health sector (89%), resource mobilization to fund the health sector (81%), fiscal sustainability of the health sector (77%), and monitoring and evaluation of the effectiveness of health sector spending (62%). However, less than half of survey respondents reported that the mandate includes risk assessment and stress tests of the financial and fiscal sector based on health shocks (42%).

Finding 2: Roughly 90% of Ministries of Health have an official mandate in connection with fiscal policy. This mandate includes budgeting requests and health expenditure analysis (85%), financial reporting related to fiscal sustainability of the health sector (76%), resource mobilization for the health sector (73%), and health policy coordination between ministries (70%). Mirroring the Ministries of Finance, less than a third of survey respondents reported that the mandate includes risk assessment and stress tests of the financial and fiscal sector based on health shocks (31%).

Finding 3: In 89% of cases, Ministries *other* than Finance and Health are directly involved in Finance-Health Coordination. A unit within the Prime Minister or President's office is involved in 42% of cases. The Ministry of Economy or its equivalent is involved in 30% of cases. In 19% of cases, a Coordination Ministry or equivalent is involved. However, significant variation in institutional structures exists with 12 of the 26 respondents reporting the involvement of other ministries or agencies.

Finding 4: In 77% of cases, the country's fiscal framework includes an 'Escape Clause' allowing for surge spending in times of emergency. An escape clause is a provision that permits a temporary deviation or suspension of fiscal rules during a crisis.

Finding 5: Yet, only in 53% of cases does the Escape Clause explicitly account for standard health emergencies or pandemics. Specifically, in 23% of cases, the Escape Clause explicitly accounts for standard health emergencies only, while in 31% of cases, it explicitly accounts for pandemics. The survey findings suggest there is room for some countries to examine best practices concerning escape clauses in fiscal frameworks and health emergency triggers.

Finding 6: In 92% of cases, there is an agency, unit, or department tasked with addressing national emergencies for any type of threat. These entities are assigned to handle national emergencies that are not necessarily limited to health threats.

Finding 7: Nonetheless, infectious diseases, biological threats, or chemical threats are not always sufficient to activate emergency response protocols. Infectious diseases

(e.g., COVID-19) are sufficient to activate emergency protocols in 81% of cases, other biological threats are sufficient in 81% of cases, and chemical threats such as toxic gases and hazardous chemicals are sufficient in 73% of cases.

B. Findings about Arrangements before COVID-19 (pre-2020)

Finding 8: Before the pandemic, meetings between Ministries of Finance and Health were infrequent, with only 38% of respondents meeting daily or weekly to coordinate policies. Ministries of Finance and Health met daily in 12% of cases, weekly in 27% of cases, monthly in 27% of cases, and quarterly in 27% of cases. In about 8% of cases, they rarely or never met.

Finding 9: Before the pandemic, the primary domestic goals of finance-health arrangements were about the usage of public funds and public health outcomes. About 77% of cases reported that one of their primary domestic goals was to promote efficient use of public funds in the health sector, while 73% reported improving public health outcomes as a primary domestic goal. Notably, less than half mentioned management of financial risks from the health sector (42%). Meanwhile, only 65% reported purchasing of medical countermeasures as a primary domestic goal of finance-health coordination.

Finding 10: Prior the pandemic, only 2 in 3 countries had primary *foreign* goals of finance- health arrangements, with only 39% focused on global finance-health priorities. About 58% of cases reported that one of their primary foreign goals was to mobilize international funding for health priorities, while 62% reported coordination of international health emergencies as a primary foreign goal. Notably, only 39% mentioned steering the global-finance health priorities as a primary goal of finance-health arrangements. This significantly changed after the onset of the COVID-19 pandemic, with several countries mentioning an increased focus on such issues.

C. Findings about Arrangements during the Acute Phase of COVID-19 (2020-2022)

Finding 11: The domestic finance-health coordination challenges during the acute phase varied significantly ranging from politics, fiscal, and international coordination. While no common challenge emerged, nearly half (46%) reported political factors as a key challenge. About 42% reported fiscal constraints or limited funding as a significant concern, with respondents from emerging markets being particularly affected. More than a third of respondents (35%) underscored difficulties in international coordination, specifically in harmonizing policies and actions with international development partners such as bilateral, regional, and multilateral entities.

Finding 12: During the acute phase, all Ministries of Finance and Health met at least once a month, with 92% of respondents meeting daily or weekly to coordinate policies. A notable increase in meeting frequency was observed, with 92% of respondents meeting daily or weekly to coordinate policies. This contrasts with the pre-pandemic

scenario when only 38% of respondents met with such regularity. In 46% of cases, the Ministries met daily; in another 46% of cases, they met weekly, and in 8% of cases, they convened monthly.

Finding 13: In 3 of 4 cases, enhanced finance-health coordination led to more frequent meetings and increased budget allocation, while 2 in 3 established a joint task force. Two- thirds of these instances saw the establishment of a dedicated task force or working group involving representatives from both the Ministry of Finance and the Ministry of Health to coordinate health threat-related policies and actions. Such strengthened coordination was instituted within the first quarter of 2020 in 77% of cases and by the second quarter in a further 15% of cases.

Finding 14: In about 90% of instances, finance-health goals during the acute phase pivoted towards purchasing medical countermeasures and managing financial risks. Around 92% of cases reported the procurement of medical countermeasures as a primary domestic goal of finance-health coordination, a considerable increase from the 65% before the pandemic. Also, about 85% reported managing financial risks from the health sector as a primary goal, doubling the pre-pandemic figure of 42%. Notably, 92% of cases also prioritized improving public health outcomes. Many of these goals have remained in focus even after the emergency phase of the COVID-19 pandemic.

Finding 15: About 9 in 10 countries said the need for stronger international collaboration and better domestic finance-health coordination were key lessons from COVID-19. Around 85% of respondents underscored the necessity for more robust collaboration and coordination with international partners and multilateral institutions to better handle the global impact of health threats and their economic and financial implications. Concurrently, 85% also stressed the importance of effective inter-ministerial coordination and information sharing to enable a rapid and efficient response to health threats to minimize their economic impact. Additionally, 73% of respondents emphasized the need to consider the economic and financial costs of health threats when formulating response policies and strategies.

Finding 16: Nearly half of the countries highlighted the need for Day Zero Financing, or surge financing, as a critical lesson from the COVID-19 pandemic for future health crises. Around 42% emphasized that surge financing should be in place from the onset of a major health emergency to ensure an effective and equitable response. This view was predominantly endorsed by respondents from advanced economies.

Finding 17: Several countries, especially from emerging markets, pointed out the role of fiscal constraints as initial conditions that hindered an effective pandemic response. Some respondents noted that fiscal constraints and competing spending priorities led to a reduced allocation for finance-health priorities. In certain cases, even if pre-pandemic public debt levels did not obstruct the acute response in 2020, the

escalated debt levels in 2021 and 2022 became restrictive.

D. Findings about Arrangements since the Acute Phase of COVID-19 (2023 - current)

Finding 18: Finance-health coordination arrangements have endured, with 9 in 10 Ministries of Finance and Health still meeting on a weekly or monthly frequency. Specifically, 42% of these collaborations are meeting weekly, while 46% are meeting monthly. This represents a significant increase from the pre-pandemic situation, where only 38% of respondents were meeting with this frequency. Such lasting impact of the pandemic on finance-health coordination is a welcome development.

Finding 19: Only one-third of countries have plans to stress test their financial systems against health threats and an equal number have plans to jointly monitor systemic risks. Around 31% of respondents have already implemented or are planning concrete stress tests. Conversely, 42% of countries have no plans for such tests in the foreseeable future. Similarly, about 31% of respondents have either implemented or have concrete plans for joint Finance-Health monitoring of systemic risks. Yet, 39% of countries have no plans for such collaborative monitoring in the near future. Additionally, only 28% of countries have already established or have concrete plans to create a health threats board or an equivalent entity with representatives from both Finance and Health ministries. Within this context, just 41% of respondents have already allocated or are planning to allocate more resources for Finance- Health coordination.

Finding 20: Two out of five countries have already established a surge financing mechanism for Day Zero Financing or have concrete plans to do so. Around 35% of respondents confirmed that they have a mechanism for the rapid disbursement of funds for domestic use in the event of a major health emergency, including pandemics, with many of these respondents hailing from advanced economies. Meanwhile, 4% of respondents have concrete plans to establish such a mechanism. Some of the countries that do not plan to do so believe their current systems provide sufficient flexibility. Note that this question pertains to domestic surge financing mechanisms, and not the global surge financing mechanisms.

SECTION III: CASE STUDIES OF FINANCE-HEALTH COORDINATION DURING THE COVID-19 PANDEMIC

This section presents two case studies from Argentina and Spain. The case studies are based on the survey responses, in-depth discussions with the authorities, and presentations made by at the SEFHIA event.

A. Context

After countries completed the Questionnaire on Finance-Health Institutional Arrangements, the JFHTF Secretariat had in-depth discussions with select countries. The purpose of these discussions was to dive deeper into the survey responses with the aim of facilitating the exchange of best practices and learnings from COVID-19.

Based on these discussions two countries—Argentina and Spain—were invited to share their coordination experiences with the G20 members during the SEFHIA event in Hyderabad, India. This section presents case studies from the experiences of these two countries and draws lessons from their experiences for the broader G20 membership.

B. Argentina: Embracing A 'Whole-Of-Government' Approach

In confronting the unparalleled challenges of the COVID-19 pandemic, the Argentine Republic exhibited an innovative and highly efficient model of inter-sectoral coordination, specifically in the fusion of Finance and Health sectors. This approach crystallized as an indispensable part of the nation's strategic pandemic response, signaling a pragmatic blend of quick, yet thoughtful decision-making, and extensive inter-ministerial collaboration.

The nation's immediate response was to institute a dedicated coordination unit within the Argentine government, presided over by the Chief of the Presidential Cabinet. This strategic move not only underscored the urgency and the breadth of the pandemic's effects but also demonstrated the implementation of a comprehensive, 'whole-of-government' approach. This strategy sought to navigate beyond the conventional silos of ministerial operations, promoting a unified, cohesive response.

This novel crisis management structure catalyzed a shift in inter-ministerial cooperation, creating lasting relationships between the Ministries of Health and Economy. The Minister of Health led a collaborative roundtable, supplementing the formal frameworks of the National System for Integral Risk Management (SINAGIR).[1] These innovative, nimble

[1] The National System for Comprehensive Risk Management (SINAGIR) was created in October 2016 after the enactment of Law 27287. It is made up of the National Council for Comprehensive Risk Management

These innovative, nimble mechanisms provided a more versatile approach to crisis management. The new working partnerships resulted in an agile approach to managing the pandemic, characterized by frequent inter-ministerial consultations and a heightened collective accountability. This mechanism has been acknowledged as a catalyst for the enrichment of Argentina's administrative culture, fostering cross-sectoral cooperation.

Argentina's strategic response to the pandemic further necessitated substantial fiscal reallocation based on a holistic approach. This holistic strategy of financial repurposing unlocked synergies across ministries, forming a crucial part of the country's adaptive and integrative measures. This approach was vital in the comprehensive management of the crisis.

The innovative model of inter-ministerial collaboration continues to evolve beyond the emergency phase of the pandemic, cultivating new norms for cooperative efforts. The ongoing dialogue between the Finance and Health sectors has expanded to include wider macroeconomic issues, signifying the lasting impact of this administrative innovation.

Notwithstanding the accomplishments, the process unearthed certain challenges. The implementation of standard procedures for emergency contexts, and the assurance of sustainable financing surfaced as a key concern. Additionally, bolstering SINAGIR's role as the principal institutional coordinating mechanism during public health emergencies presented another challenge that is currently being addressed through the formulation of the National Action Plan for Health Emergencies and Pandemics and its specific protocols.

Overall, Argentina's finance-health coordination during the pandemic illuminates the importance of resilient and flexible inter-ministerial coordination during crises. It portrays a compelling narrative of profound administrative transformation while flagging areas for further enhancement, thus providing an insightful reference point for G20 nations.

Highlighted Lessons from Argentina for G20 Members:

1. **The preservation and enhancement of government coordination mechanisms**: It is crucial to maintain standard government coordination mechanisms while supplementing them with agile, direct, and ad hoc structures to ensure effective finance-health coordination during crises.

Civil Protection, the Federal Council for Comprehensive Risk Management and Civil Protection, the Executive Secretariat and the Network of Technical Scientific Organizations for Disaster Risk Management. Its objective is to integrate actions and articulate the operation of national government agencies, provincial governments, the Autonomous City of Buenos Aires and municipalities, non-governmental organizations, and civil society, to strengthen and optimize actions aimed at reducing risks, crisis management and recovery.

2. **The endurance of transformational coordination**: Post-emergency phase, finance-health coordination can yield unanticipated areas of collaboration. This ongoing evolution signifies the potential for lasting systemic changes that could further strengthen crisis response strategies.

C. Spain: Steering Through a Crisis in A Decentralized Setting

Spain's decentralized structure, with its 17 autonomous regions and two autonomous cities, faced a test of resilience and adaptability during the COVID-19 pandemic. In Spain, the health competencies typically rest with its regional governments, each armed with an individual health budget. Under normal circumstances, the Ministry of Health (MoH) plays a technical coordination role, managing activities of national interest. Meanwhile the Ministry of Finance (MoF) is entrusted with the distribution of a pre-assessed budget. which can be adapted during emergencies.

However, the magnitude of the COVID-19 pandemic warranted a shift in this operational paradigm. With the declaration of the State of Alarm, several competencies were centralized under the Spanish government, temporarily altering the country's decentralization model. Four Ministries - Health, Defense, Home, and Transport - were appointed to take charge, with the Ministry of Health serving as the coordinating body. During this emergency period, the teams from the Ministries of Health and Finance collaborated closely on budget management and procurement activities.

There was unprecedented collaboration between the MoH and MoF, which established combined teams to manage emergency budgets and oversee purchases under the MoH. Such collaboration across federal ministries showcased Spain's ability to adapt swiftly to the demands of a crisis—despite its unique decentralized structure of autonomous regions.

Spain's response also demonstrated the importance of implementing extraordinary health and economic measures in a coordinated way during times of crisis. One such measure was the introduction of ERTEs (temporary employment protection systems), which safeguarded over 3.4 million salaried jobs and supported more than one million self-employed individuals. The ERTE was partially financed through the support of European funds. These measures provided crucial financial relief to workers during the peak moments of the pandemic.

In anticipation of future health emergencies, Spain is undertaking various improvements, including a draft Law to create a Public Health Agency, a Royal Decree creating a Public Health Surveillance Network, development of IT tools for pandemic-specific information needs, and the establishment of a Pandemic Plan involving all relevant sectors. Additionally, efforts are underway to develop physical and production capacity stockpiles and introduce a new National Security Law and strategy.

Overall, Spain's experience underscores that public health emergencies necessitate

the collective efforts of all state apparatus. Efficient management of all Ministries and regional resources was paramount. At the same time, the authorities emphasize that there is always room for better coordination. In this context, the authorities are taking several concrete steps, such as the establishment of a Public Health Agency, Public Health Surveillance Network, and Pandemic Plan, to strengthen coordination mechanisms and respond effectively to future pandemics and health threats.

Highlighted Lessons from Spain for G20 Members:

1. **Even in highly decentralized countries, it is possible to effectively adopt a centralized national approach during the state of emergency**: Through such an approach, the Spanish coordinating bodies at the federal level managed to work efficiently with the regions both during and after the State of Alarm. At the same time, important to recognize that the uniqueness of each region and its epidemiological scenario necessitated tailored actions.

2. **Adopting an all-sectors approach under the coordination of the MoH proved advantageous**. All Ministries offered valuable resources and capacities that significantly contributed to the crisis response. The experience also highlighted the importance of having a generic pandemic preparedness plan.

SECTION IV: KEY TAKEAWAYS FROM THE SHARING OF EXPERIENCES OF FINANCE-HEALTH INSTITUTIONAL ARRANGEMENTS (SEFHIA) EVENT

The section presents high-level themes that emerged during the Sharing of Experiences of Finance-Health Institutional Arrangements (SEFHIA) *event that took place in Hyderabad, India on June 3, 2023.*

A. Context

To facilitate the exchange of best practices and learnings from COVID-19, the JFHTF Secretariat organized the SEFHIA Event, under the leadership of the Indian Presidency. This hybrid event took place on June 3, 2023, in Hyderabad, India.

The purpose of this event was to compile and share the best practices from health-finance collaboration during the COVID-19 pandemic. The insights and experiences shared during the event were derived from multiple sources, including the SEFHIA event itself, preliminary findings from the G20 JFHTF Questionnaire on Coordination Practices between finance and health, and written reports on Best Practices between Finance and Health from selected G20 members in response to a call for proposals from the G20 Presidency.

B. Common Themes from Country Presentations

The second session offered an opportunity to delve into the best practices adopted by individual G20 members during the COVID-19 outbreak, particularly at the interface of finance and health. The session showcased the importance of incorporating health indicators in fiscal policy, investment strategies, and risk assessment frameworks to bolster countries' ability to predict and effectively mitigate future crises. The event featured insightful presentations from five countries - Spain, Argentina, Italy, Indonesia, and India.

Inter-Ministerial Coordination: All the presented case studies underscored the indispensable role of effective inter-ministerial coordination in managing health crises. Each country showcased how the finance and health departments worked closely during the pandemic, leading to comprehensive and agile responses. This collaboration ensured quick decision- making, effective resource allocation, a robust response to the pandemic.

Strategic Use of Financial Resources: Each country exhibited strategic allocation and usage of financial resources during the pandemic. These funds were targeted towards key areas such as vaccine procurement, healthcare infrastructure development, and ensuring the availability of essential health commodities. This demonstrated the necessity of proactive financial planning and flexible budget allocations to manage health threats effectively.

Sustained Health Expenditure: The economic challenges brought by the pandemic did not deter these countries from investing in health. They consistently committed to maintain or even increase health sector spending, highlighting the recognized value of health investment. This underlines the importance of prioritizing health financing, even during times of fiscal constraints, to ensure the resilience of health systems.

Institutionalizing Coordination Mechanisms: An important theme that emerged was the need to institutionalize the coordination mechanisms developed during the pandemic. This reflects the understanding that finance-health coordination is not just necessary for crisis management, but also for long-term health system strengthening and resilience.

The 'Whole of Government' Approach: All countries emphasized the importance of a unified government approach during emergencies such as COVID-19. Each country shared their own unique experiences about how traditional silos were brought down during the emergency phase of the pandemic, facilitating effective coordination across ministries.

C. Highlighted Themes and Lessons for G20 Members

The wider discussion during the event surfaced several key themes, reinforcing the importance of collaboration, diversity, long-term strategic planning, financial preparedness, and interconnected priorities.

1. **Emphasis on Finance-Health Collaboration:** The COVID-19 pandemic propelled the finance and health sectors to work together like never before. The event underlined that this cooperation was not just imperative for managing the immediate crisis but equally crucial for creating resilient health systems that can respond effectively to future emergencies.

2. **Acknowledgment of Diversity and Commonality in Responses:** The event highlighted the varied approaches adopted by different countries in responding to the pandemic, largely influenced by their unique circumstances. Nevertheless, there were certain commonalities observed, such as increased engagement of the finance sector on health issues, heightened efforts in pandemic preparedness and response (PPR), and an increase in joint meetings and information sharing.

3. **Role of JFHTF as a Global Coordination Platform:** The Task Force was commended for its role in strengthening dialogue and coordination between finance and health on an international scale. By facilitating the involvement of representatives from both finance and health ministries, as well as international and regional organizations, the Task Force has been instrumental in enhancing global cooperation on health and related economic risks. The task force can also provide guidance for equitable investment strategies.

4. **Focus on a Long-term Approach:** The event reiterated the need for a forward-looking,

multi-year strategy as part of the collective response to global health challenges. This long-term approach, as agreed in Bali, allows the JFHTF to undertake critical tasks and adapt to changes in the global health landscape over time.

5. **The Imperative for Response Financing:** The discussions underscored the significance of surge and response financing for future pandemics. Preparedness financing is an area that has been discussed at various international forums and needs further exploration. Different financing mechanisms, such as surge financing or sustainable health financing, can be considered in this regard.

6. **Interconnectedness of Priorities:** The discussions also highlighted the interconnectedness of various health priorities, including the establishment of the Pandemic Fund, medical countermeasures, digital health, and large-scale pandemic interventions. This interconnectedness emphasizes the importance of a holistic approach to health and finance in managing crises.

ANNEXURE A:

G20 JFHTF Questionnaire on Domestic Institutional Arrangements

I. G20 JFHTF Questionnaire on Domestic Institutional Arrangements

Dear Members of the G20 JFHTF,

We are conducting a survey to identify finance-health coordination mechanisms in G20 members and invited countries during the COVID-19 pandemic, building on the mandate of the Leaders' Declaration under the G20 Presidency of Indonesia in 2022.

This survey is part of Priority 3 in the Task Force's Work Plan for 2023, which aims to improve readiness for large-scale pandemic interventions (particularly through Deliverable 3.1 on reporting best practices).

The survey focuses on institutional arrangements, including coordination frameworks, frequency of meetings, and other mechanisms in place to facilitate coordination between the Ministry of Finance and the Ministry of Health. The survey consists of multiple-choice questions and should take approximately 20 minutes to complete. We are kindly asking you to fill in the online survey by cob Wednesday, 19 April 2023.

The information collected in this survey will be treated strictly confidentially and will be used for research purposes only. Consolidated findings, without attribution of data points, will be shared in a presentation to the Task Force at the Sharing Experience event later this year, and subsequently provided to the Task Force as a written report for the third JFHTF meeting in 2023. The survey tool was previewed during the second JFHTF Meeting on March 20th and updated based on feedback received.

We kindly request that the survey response represents a consensus position of the Ministries of Finance and Health, and we ask that only one overall response be submitted per country.

Please note that it is possible to save your answers and return to complete the survey at a later time before submitting your response.

Thank you for your participation in this survey, which will contribute to a better understanding of finance-health coordination mechanisms in your respective countries.

Sincerely,

The Secretariat

G20 Joint Finance Health Task Force

* Indicates required question

Email _____

Which country do you represent? _____

A. Mandate

1. What is the official mandate of the Ministry of Finance in relation to health policy?

Check all that apply.

□ BUDGETING & RESOURCE ALLOCATION: Determine funding needs for the health sector.

□ RESOURCE MOBILIZATION: Work with the Ministry of Health to mobilize additional resources, such as loans or grants, to fund the health sector

□ MONITORING & EVALUATION: Work with the Ministry of Health to monitor and evaluate the effectiveness of health sector initiatives

□ FISCAL SUSTAINABILITY: Ensure healthcare policies are financially sustainable

□ RISK ASSESSMENT AND STRESS TESTS: Assess fiscal, economic, or financial risks arising from health threats, and contribute to stress tests of the financial system or fiscal sector based on shocks due to health threats.

□ Other: _____

2. What is the official mandate of the Ministry of Health in relation to fiscal policy?

Check all that apply.

☐ BUDGET REQUESTS AND HEALTH EXPENDITURE ANALYSIS: Request funds from the Ministry of Finance to support the health sector and work with the Ministry of Finance to analyze the health sector's expenditure patterns.

☐ HEALTH POLICY COORDINATION: Coordinate health policy initiatives with the Ministry of Finance.

☐ RESOURCE MOBILIZATION: Work with the Ministry of Finance to mobilize additional resources, such as loans or grants, to fund the health sector.

☐ FINANCIAL REPORTING AND FISCAL SUSTAINABILITY: Reporting on its use of public funds, in coordination with the Ministry of Finance, and

ensuring healthcare policies are financially sustainable.

☐ RISK ASSESSMENT AND STRESS TESTS: Assess fiscal, economic, or financial risks arising from health threats, and contribute to stress tests of the financial system or fiscal sector based on shocks due to health threats.

☐ Other: _____

3.1 Are there OTHER agencies or ministries that are directly involved in the finance-health coordination in your country?

Mark only one box

☐ *Yes*

☐ *No*

3.2 If the answer to the Question #3.1 is yes, please select all that apply.

Check all that apply.

☐ Coordination Ministry or equivalent

☐ Central Bank or Monetary Authority

☐ Ministry of Economic Affairs or equivalent

☐ A unit within the Prime Minister or President's

☐ Office Not Applicable (if you answered "No" in #3.1)

☐ Other: _____

4.1 Does your country's fiscal framework include any ESCAPE CLAUSES that permit surge spending in times of emergency? [An escape clause is a provision that allows for temporary deviation or suspension of fiscal rules in times of crisis.]

Mark only one Box

☐ *Yes*

☐ *No*

4.2 If the answer to #4.1 is yes, does the escape clause explicitly account for health threats as a trigger?

Check all that apply.

☐ The escape clause explicitly only accounts for STANDARD HEALTH EMERGENCIES

☐ The escape clause explicitly also accounts for PANDEMIC THREATS

☐ Not applicable (if you answered "No" in #4.1)

☐ Other: _____

☐ Other: _____

5.1 Do you have an existing agency, unit, or department that is tasked with addressing NATIONAL EMERGENCIES (for any type of threat)?

Mark only one box

☐ *Yes*

☐ *No*

5.2 If the answer to #5.1 is yes, which of the following threats would activate emergency response protocols? Please select all that apply.

Check all that apply.

☐ Chemical threats (e.g. toxic gases, hazardous chemicals)

☐ Infectious diseases (e.g. COVID-19, influenza)

☐ Biological threats other than infectious diseases

☐ Other threats (e.g. natural disasters, nuclear disasters, casualties, cyber- attacks)

☐ Not applicable (if you answered "No" in #5.1)

☐ Other: _____

B. Institutional Arrangements Before COVID-19 (pre-2020)

6 BEFORE the COVID-19 pandemic, how frequently did the Ministry of Finance and the Ministry of Health meet to coordinate policies and actions?

Mark only one box.

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Rarely or Never

7.1 What were the primary DOMESTIC goals of the arrangements for finance- health coordination BEFORE the COVID-19 pandemic?

Check all that apply.

☐ ENSURE HEALTH FUNDING AND PURCHASES OF MEDICAL COUNTERMEASURES: To ensure that the health sector had sufficient funding and resources to meet the needs of the population during the pandemic.

☐ IMPROVE PUBLIC HEALTH OUTCOMES AND SOCIAL PROTECTION: To coordinate and implement policies and programs to improve domestic public health outcomes and social protection during the pandemic.

☐ PROMOTE EFFICIENT PUBLIC FUND USAGE: To promote the efficient and effective use of public funds in the domestic health sector during the pandemic.

☐ MANAGE FINANCIAL RISKS: To identify and manage the potential economic and financial risks posed by the COVID-19 pandemic.

☐ UPDATE NATIONAL HEALTH STRATEGY: To ensure a comprehensive national health strategy that aligns with the country's health and economic goals during the pandemic.

☐ Other: _____

7.2 What were the primary FOREIGN goals of the arrangements for finance- health coordination BEFORE the COVID-19 pandemic?

Check all that apply.

☐ MOBILIZE INTERNATIONAL FUNDING FOR HEALTH PRIORITIES

☐COORDINATE EFFORTS FOR PANDEMIC PREVENTION, PREPAREDNESS, & RESPONSE

☐ COORDINATE EFFORTS FOR HEALTH EMERGENCIES (excluding

pandemics)

☐ STEER THE AGENDA ON GLOBAL FINANCE-HEALTH PRIORITIES

☐ Other: _____

C. Institutional Arrangements During Acute Phase of COVID-19 (2020-2022)

8. What were the key domestic challenges in coordinating finance-health policies during the acute phase of the pandemic?

Check all that apply.

☐ FISCAL CONSTRAINTS OR LIMITED FUNDING: Limited funding and resources available to the health sector, as well as challenges or delays in purchasing medical countermeasures such as vaccines, tests, and treatments (including due to fiscal constraints).

☐ ORGANIZATIONAL AND LEGAL CHALLENGES: Differences in organizational culture and priorities between the Ministry of Finance and the Ministry of Health, lack of coordination between different departments within each ministry, and limited legal mandate for the Ministry of Finance and the Ministry of Health to coordinate policies and actions.

☐ DATA SHARING AND ANALYSIS: Insufficient data sharing and analysis between the Ministry of Finance and the Ministry of Health.

☐ POLITICAL CHALLENGES: Shifting priorities, disinformation, and public pressure on government officials to prioritize certain policies or programs over others, which can create additional challenges for coordinating finance and health policies.

☐ INTERNATIONAL COORDINATION: Difficulty in coordinating policies and actions with international development partners, including bilateral, regional and multilateral partners

☐ Other: _____

9. During the acute phase of the COVID-19 pandemic, how frequently did the Ministry of Finance and the Ministry of Health meet to coordinate policies and actions?

Mark only one box.

☐ Daily

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Rarely or Never

10. What key changes were made to the arrangements for finance-health coordination during the COVID-19 pandemic?

Check all that apply.

☐ DEDICATED UNITS IN A GIVEN MINISTRY: A dedicated unit within the Ministry of Finance or the Ministry of Health responsible for monitoring health threats.

☐ JOINT TASK FORCE OR WORKING GROUP: A dedicated task force or working group with representatives from the Ministry of Finance and the Ministry of Health to coordinate policies and actions related to health threats to the financial system.

☐ GUIDELINES AND REGULATORY MEASURES: New guidelines or regulatory measures to monitor and address risks from the health sector to the financial system (e.g., stress tests).

☐ INCREASED BUDGET ALLOCATION: Increased budget allocation for addressing health threats to the financial system.

☐ MORE FREQUENT MEETINGS: More frequent meetings between the Ministry of Finance and the Ministry of Health to coordinate policies and actions related to health threats to the financial system.

☐ NO SIGNIFICANT CHANGES WERE MADE

☐ Other: _____

11. When did the enhanced finance-health coordination (as reported in #10) come into place after the outbreak of COVID-19?

Mark only one box.

☐ The 1st quarter of 2020

☐ The 2nd quarter of 2020

☐ The 3rd quarter of 2020

☐ The 4th quarter of 2020

☐ The 1st half of 2021

☐ The 2nd half of 2021

☐ After January 2022

☐ There was no change in finance-health coordination

12.1 What were the primary DOMESTIC goals of the arrangements for finance- health coordination during the acute phase of the COVID-19 pandemic?

Check all that apply.

☐ ENSURE HEALTH FUNDING AND PURCHASES OF MEDICAL COUNTERMEASURES: To ensure that the health sector had sufficient funding and resources to meet the needs of the population during the pandemic.

☐ IMPROVE PUBLIC HEALTH OUTCOMES AND SOCIAL PROTECTION: To coordinate and implement policies and programs to improve domestic public health outcomes and social protection during the pandemic.

☐ PROMOTE EFFICIENT PUBLIC FUND USAGE: To promote the efficient and effective use of public funds in the domestic health sector during the pandemic.

☐ MANAGE FINANCIAL RISKS: To identify and manage the potential economic and financial risks posed by the COVID-19 pandemic.

☐ UPDATE NATIONAL HEALTH STRATEGY: To ensure a comprehensive national health strategy that aligns with the country's health and economic goals during the pandemic.

☐ Other: _____

12.2 What were the primary FOREIGN goals of the arrangements for finance- health coordination during the acute phase of the COVID-19 pandemic (beyond those listed in #7.2)? [You may choose to simply answer "No significant change" if that was the case].

_____

_____

_____

_____

D. Initial Lessons from the COVID-19 Experience

13. What lessons were learned about finance-health coordination during the COVID-19 pandemic?

Check all that apply.

☐ EFFECTIVE COORDINATION AND INFORMATION SHARING: The need for effective coordination and information sharing between the Ministry of Finance and the Ministry of Health to support coordination and response to health threats to minimize their impact on the economy.

☐ CONSIDER ECONOMIC AND FINANCIAL COSTS OF HEALTH THREATS: The importance of considering the economic and financial costs of health threats when developing policies and strategies for responding to pandemics.

☐ SURGE FINANCING FROM DAY ZERO: The need for surge financing from Day Zero of a major health emergency of pandemic potential in order to ensure an effective and equitable response.

☐ DEDICATED INSTITUTIONAL ARRANGEMENTS AND RESOURCES: The benefits of having dedicated institutional arrangements and resources in place for finance- health coordination, particularly during times of crisis.

☐ INTERNATIONAL COLLABORATION: The need for stronger collaboration and coordination with international partners and multilateral institutions to address the global nature of health threats and their economic and financial implications.

☐ Other: _____

14. Please rate the effectiveness of the arrangements for finance-health coordination during the acute phase of the COVID-19 pandemic in achieving their primary goals using a scale of 1 to 10, where 1 represents not effective at all and 10 represents very effective.

Mark only one box

1 2 3 4 5 6 7 8 9 10

Not ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Effective

15. What initial conditions (e.g., high public debt levels, recovering from an economic shock or natural disaster, political economy considerations, etc.) hampered or facilitated your ability to scale up finance-health coordination during the COVID-19 pandemic?

_____

_____

_____

_____

E. Ongoing Institutional Arrangements (2023 - current)

16. Since January 2023, how frequently do the Ministry of Finance and the Ministry of Health meet to coordinate policies and actions?

Mark only one box.

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Rarely or Never

17. After the acute phase of the COVID-19 pandemic, what are the primary DOMESTIC goals of the institutional arrangements for finance-health coordination?

Check all that apply.

☐ FISCAL SUSTAINABILITY: To improve the financial sustainability of the healthcare system.

☐ RISK MITIGATION: To mitigate systemic risks arising from potential future health threats to the financial system and the potential long-term economic and financial impact of the pandemic.

☐ TRANSITION TO A RESILIENT SYSTEM: To support the transition to a more resilient and sustainable health and economic system.

☐ HEALTH POLICY EFFICIENCY AND EFFECTIVENESS: To enhance the efficiency and effectiveness of health policies and programs, particularly those related to pandemic preparedness and response, including a more effective health security architecture.

☐ SUSTAINED COORDINATED RESPONSE: To ensure a sustained and coordinated response to potential future health shocks that may arise.

☐ Other: _____

18. How have institutional arrangements for finance-health coordination changed before and after the COVID-19 pandemic? Please select the option(s) that best reflects the changes in your country:

Check all that apply.

☐ NEW FINANCING MECHANISMS: The pandemic led to the establishment of new financing mechanisms for health threats.

☐ NEW COORDINATION MECHANISMS: The pandemic led to the establishment of new coordination mechanisms between finance and health ministries.

☐ REGULATIONS OR POLICY CHANGES: The pandemic led to changes in regulations or policies related to finance-health coordination.

☐ INCREASED MEETING FREQUENCY: The frequency of meetings between finance and health ministries increased significantly after the pandemic.

☐ NO SIGNIFICANT CHANGES

☐ Other: _____

19. Are there plans to do stress tests of the financial system due to shocks arising from health threats?

Mark only one box.

☐ Regular stress tests are ALREADY part of existing mechanisms Yes, there are CONCRETE PLANS to conduct REGULAR stress tests

☐ Yes, there are CONCRETE PLANS to conduct stress tests, but on an AD- HOC basis

☐ There are NO PLANS to conduct stress tests

☐ Other: _____

20. Are there plans to jointly monitor systemic risks and vulnerabilities?

Mark only one box.

☐ Regular joint monitoring is ALREADY part of existing mechanism

☐ Yes, there are CONCRETE PLANS for joint monitoring on a REGULAR basis

☐ Yes, there are CONCRETE PLANS for joint monitoring, but on an AD-HOC basis

☐ There are NO PLANS for joint monitoring

☐ Other: _____

21. Are there plans to create a health threats board or committee with representation from both ministries?

Mark only one box.

☐ A board or committee has ALREADY been established

☐ Yes, there are CONCRETE PLANS to create a board or committee soon

☐ There are NO PLANS to create a board or committee

☐ Other: _____

22. Are there plans to establish a joint task force for responding to health emergencies?

Mark only one box.

☐ A joint task force has ALREADY been established

☐ Yes, there are CONCRETE PLANS to establish a joint task force soon

☐ There are NO PLANS to establish a joint task force

☐ Other: _____

23. Are there plans to allocate more resources for finance-health coordination, including

staff, funding, and technology?

Mark only one box.

☐ More resources have ALREADY been allocated for finance-health coordination

☐ Yes, there are CONCRETE PLANS to allocate more resources for finance-health coordination

☐ There are NO PLANS to allocate more resources

☐ Other:

24. Are there plans for a surge financing mechanism for rapid disbursement of funds for domestic use in the event of a major health emergency including pandemics?

Mark only one box.

☐ A surge financing mechanism ALREADY exists

☐ Yes, there are CONCRETE PLANS to create a surge financing mechanism There are NO PLANS to create a surge financing mechanism

☐ Other:

25. Is there anything else you would like to add about your experiences with finance-health coordination, lessons learned, or key priorities and challenges going forward? Please feel free to share any additional insights or comments.

_____

_____

_____

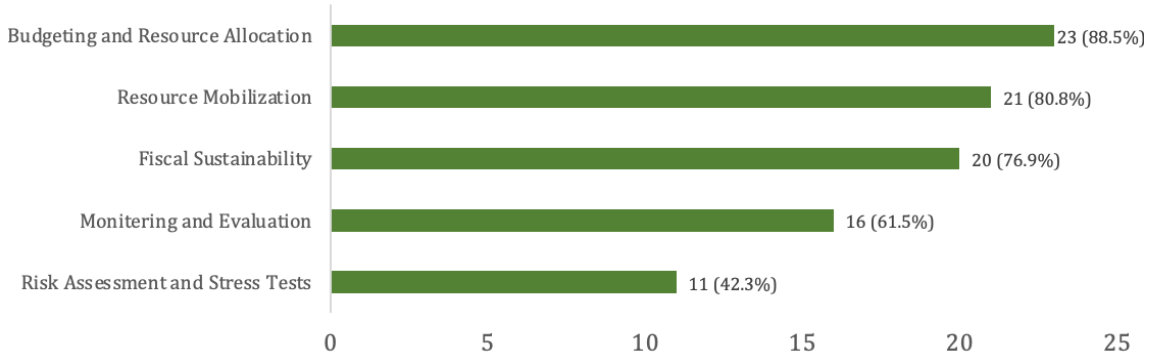
_____

ANNEXURE B:

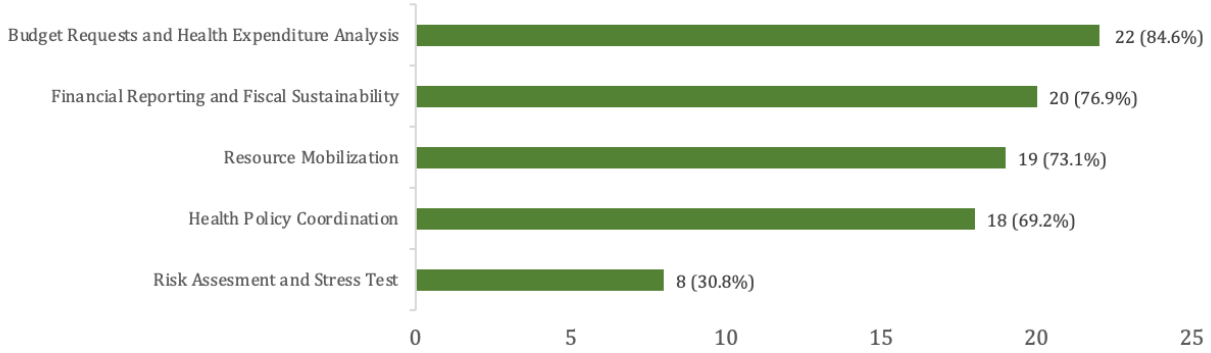
Aggregated Responses of the G20 JFHTF Questionnaire on Domestic Institutional Arrangements

A. Mandate

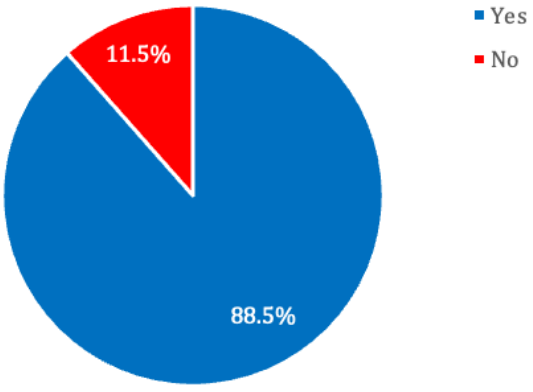
1. What is the official mandate of the Ministry of Finance in relation to health policy?



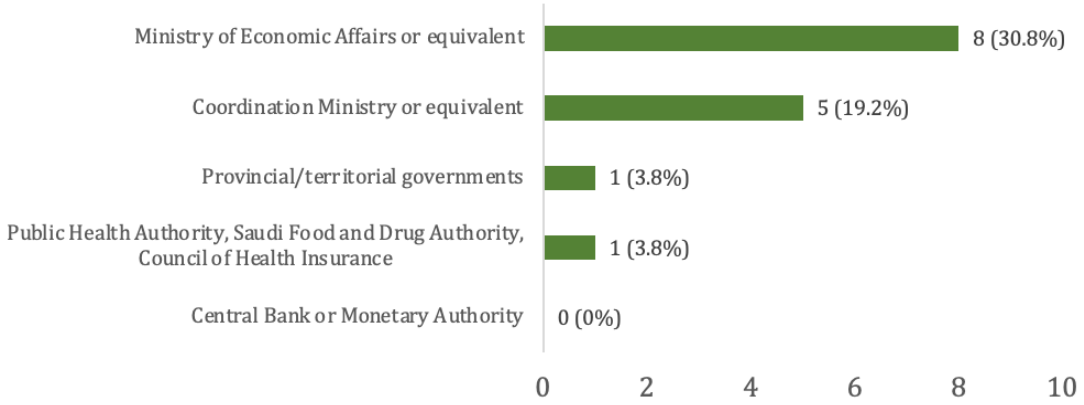
2. What is the official mandate of the Ministry of Health in relation to fiscal policy?



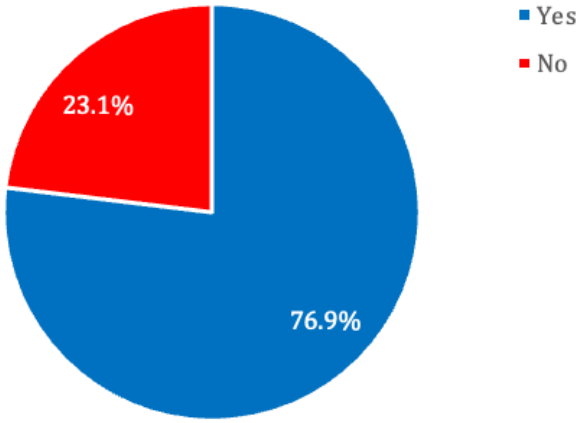
3.1. Are there OTHER agencies or ministries that are directly involved in the finance-health coordination in your country?



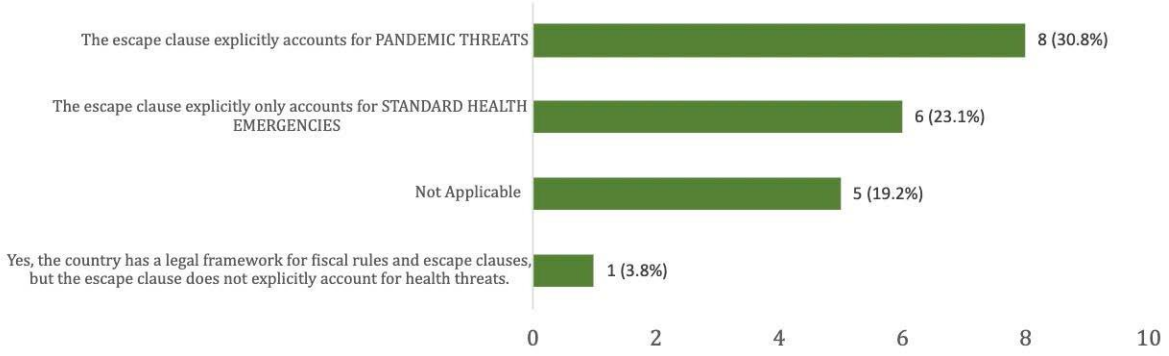
3.2. If the answer to the Question #3a is yes, please select all that apply



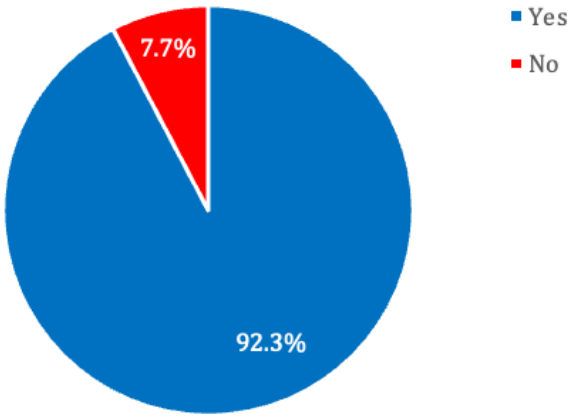
4.1. Does your country's fiscal framework include any ESCAPE CLAUSES that permit surge spending in times of emergency?



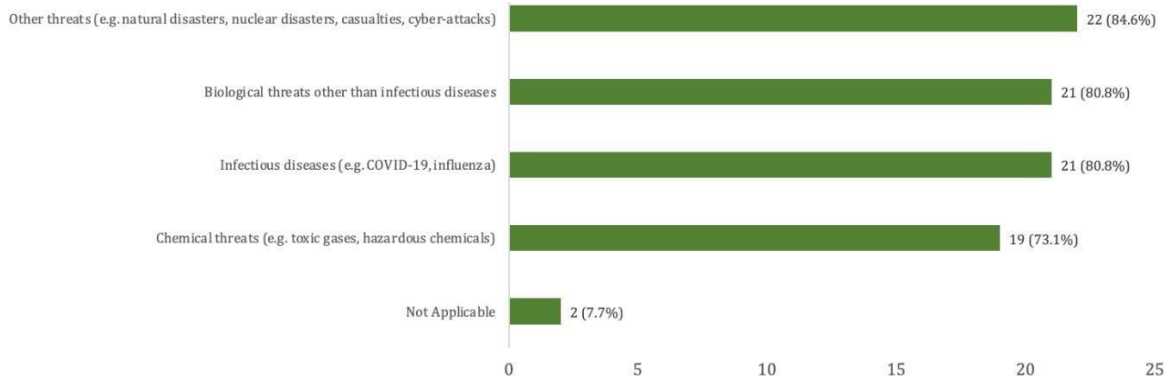
4.2. If the answer to #4a is yes, does the escape clause explicitly account for health threats as a trigger?



5.1. Do you have an existing agency, unit, or department that is tasked with addressing NATIONAL EMERGENCIES (for any type of threat)?

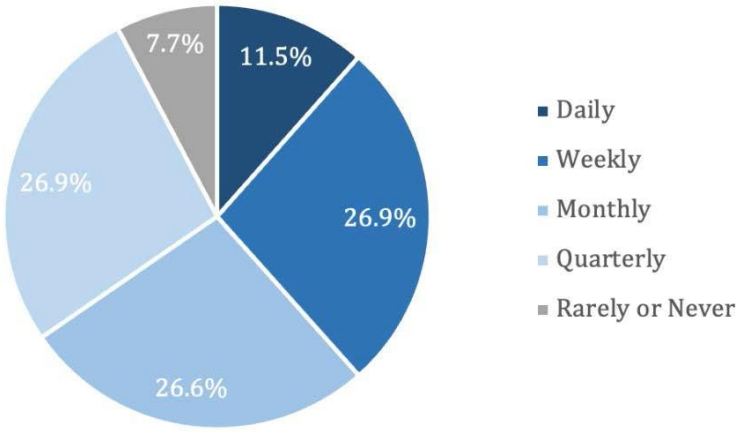


5.2. If the answer to #5a is yes, which of the following threats would activate emergency response protocols? Please select all that apply.



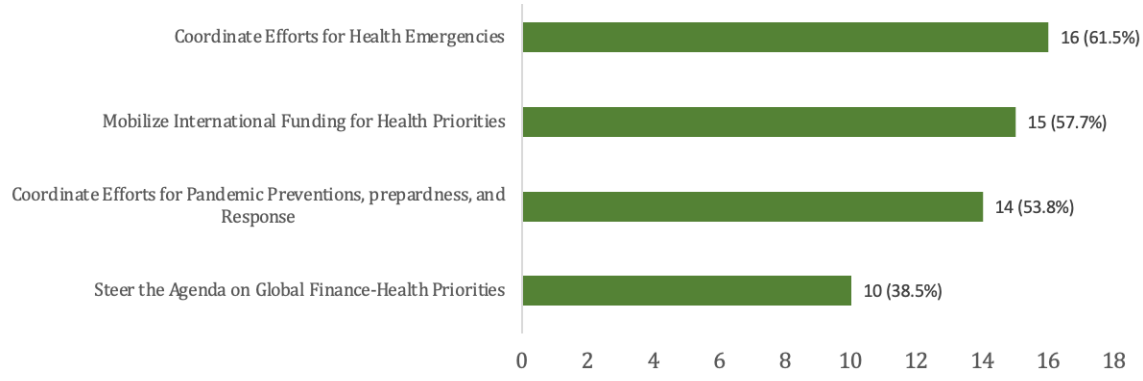
B. Institutional Arrangements Before COVID-19 (Pre-2020)

6. BEFORE the COVID-19 pandemic, how frequently did the Ministry of Finance and the Ministry of Health meet to coordinate policies and actions?



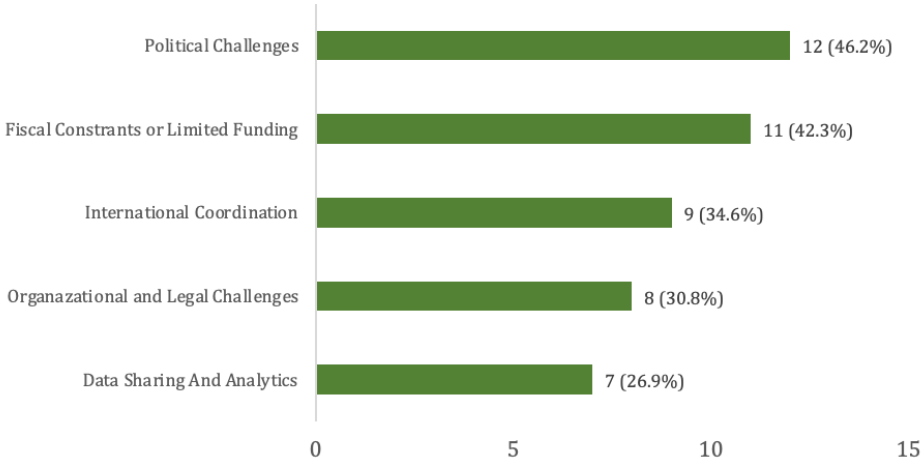
7.1. What were the primary DOMESTIC goals of the arrangements for finance-health coordination BEFORE the COVID-19 pandemic?

7.2. What were the primary FOREIGN goals of the arrangements for finance-health coordination BEFORE the COVID-19 pandemic?

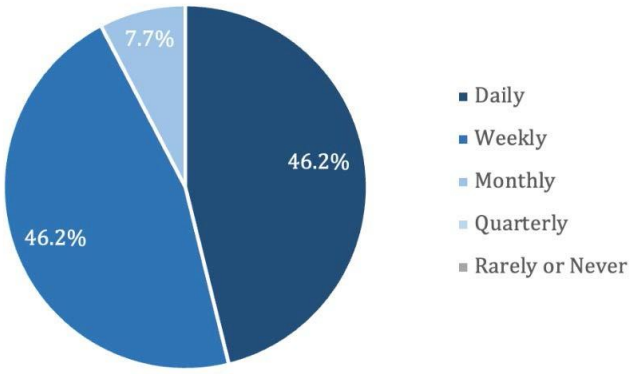


C. Institutional Arrangements During Acute Phase of COVID-19 (2020-2022)

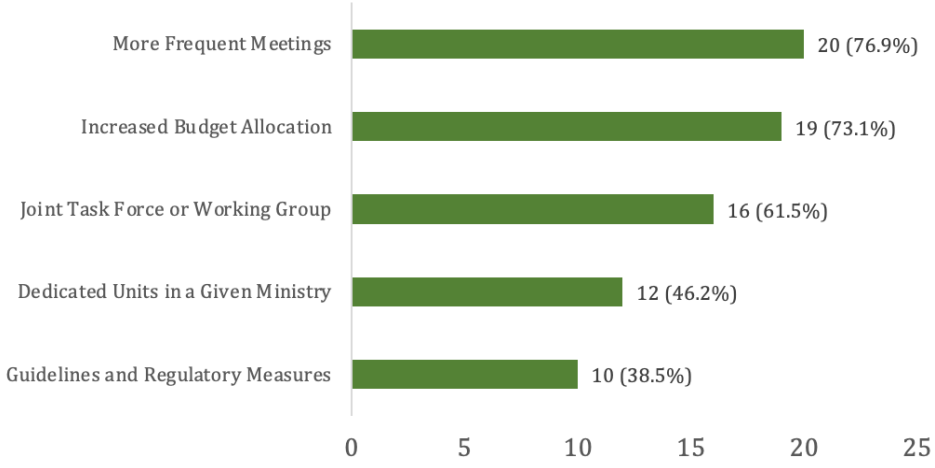
8. What were the key domestic challenges in coordinating finance-health policies during the acute phase of the pandemic?



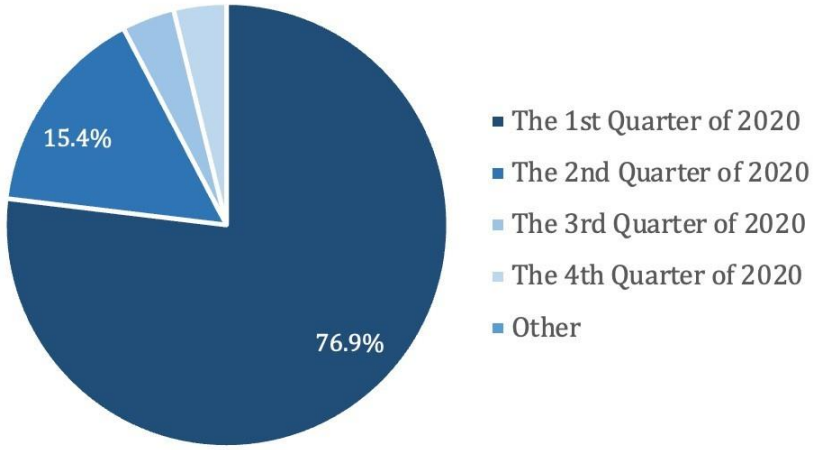
9. During the acute phase of the COVID-19 pandemic, how frequently did the Ministry of Finance and the Ministry of Health meet to coordinate policies and actions?



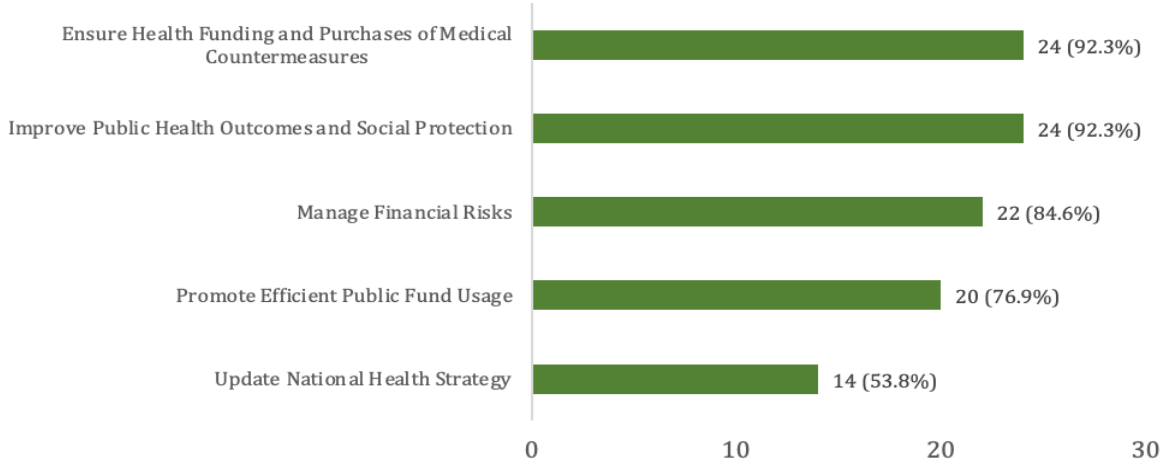
10. What key changes were made to the arrangements for finance-health coordination during the COVID-19 pandemic?



11. When did the enhanced finance-health coordination (as reported in #10) come into place after the outbreak of COVID-19?

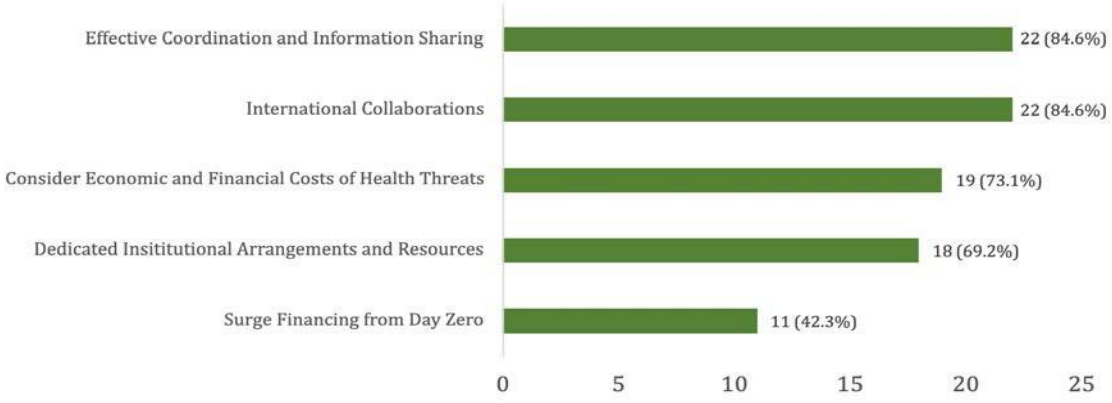


12.1. What were the primary DOMESTIC goals of the arrangements for finance-health coordination during the acute phase of the COVID-19 pandemic?

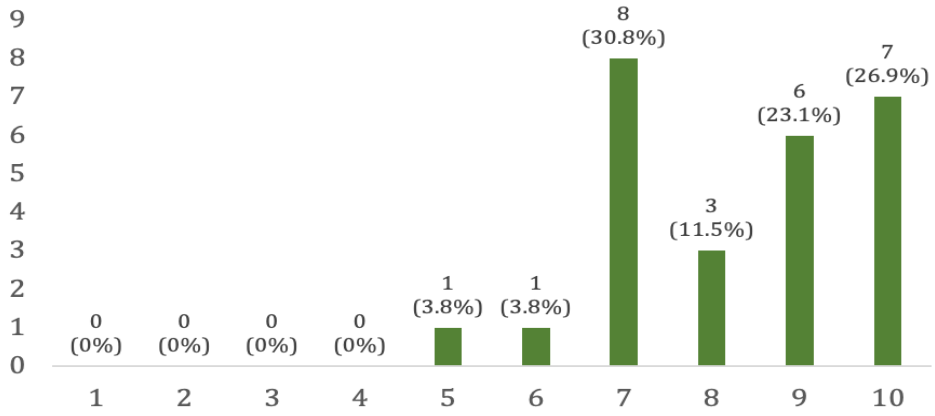


D. Initial Lessons from the COVID-19 Experience

13. What lessons were learned about finance-health coordination during the COVID-19 pandemic?

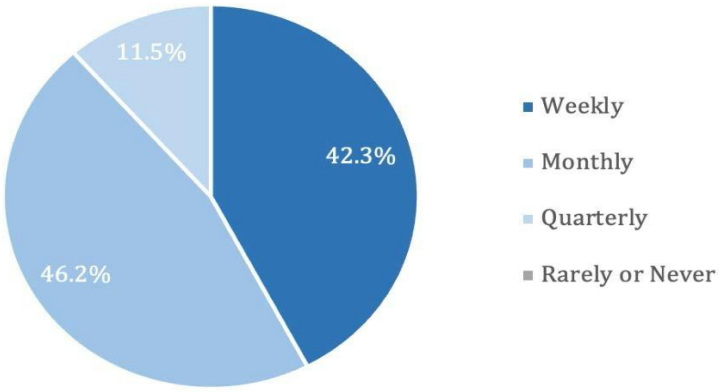


14. Please rate the effectiveness of the arrangements for finance-health coordination during the acute phase of the COVID-19 pandemic in achieving their primary goals using a scale of 1 to 10, where 1 represents not effective at all and 10 represents very effective.

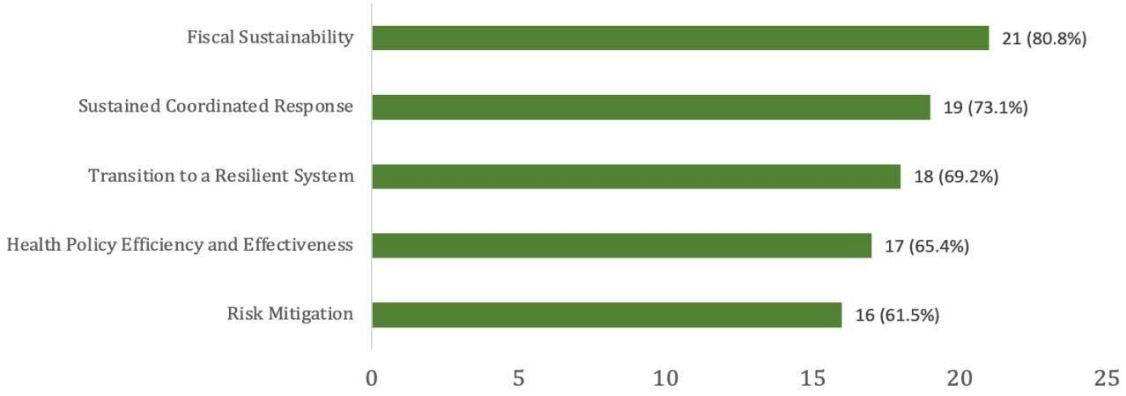


E. Ongoing Institutional Arrangements (2023 - current)

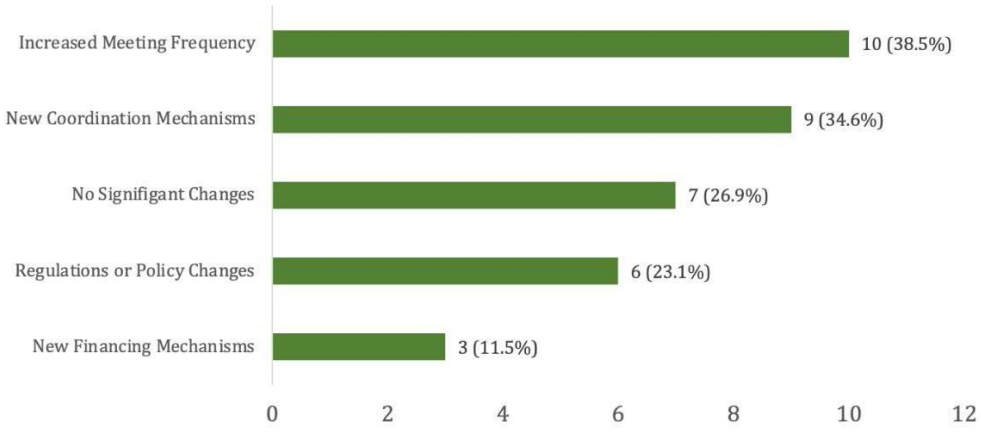
15. Since January 2023, how frequently do the Ministry of Finance and the Ministry of Health meet to coordinate policies and actions?



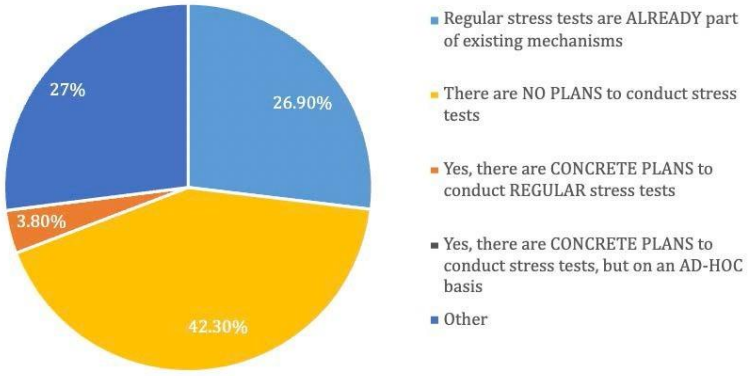
16. After the acute phase of the COVID-19 pandemic, what are the primary DOMESTIC goals of the institutional arrangements for finance-health coordination?



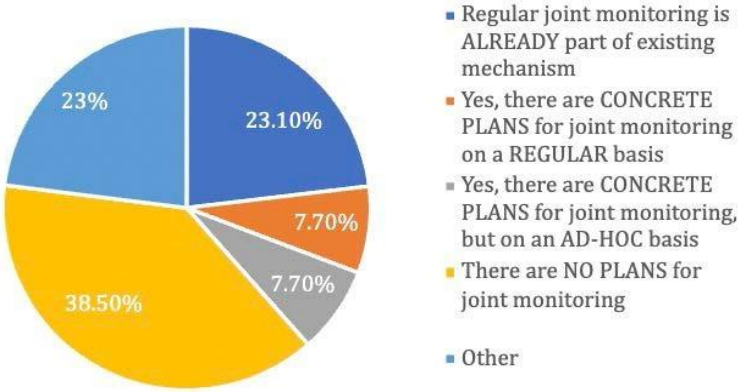
17. How have institutional arrangements for finance-health coordination changed before and after the COVID-19 pandemic?



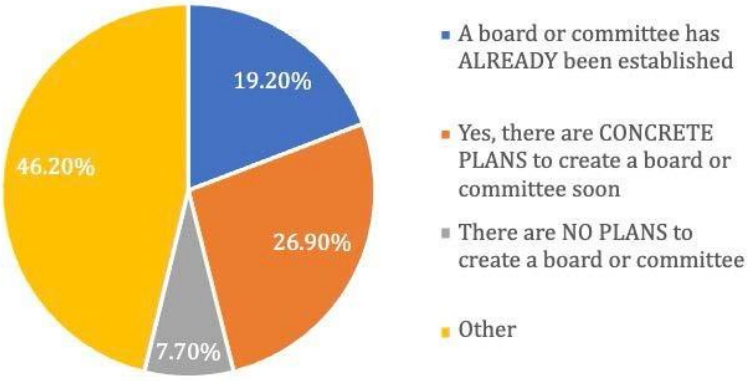
18. Are there plans to do stress tests of the financial system due to shocks arising from health threats?



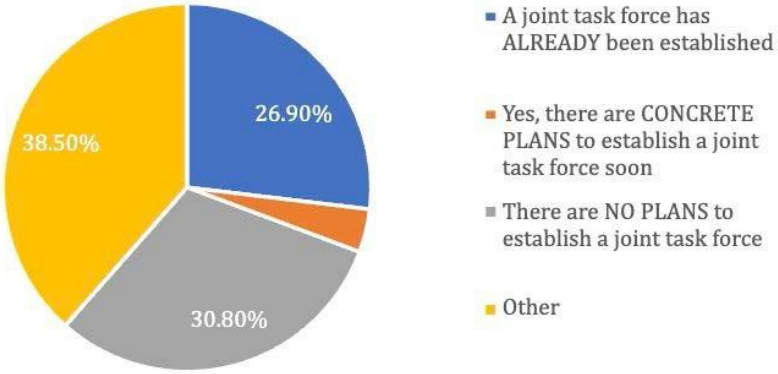
19. Are there plans to jointly monitor systemic risks and vulnerabilities?



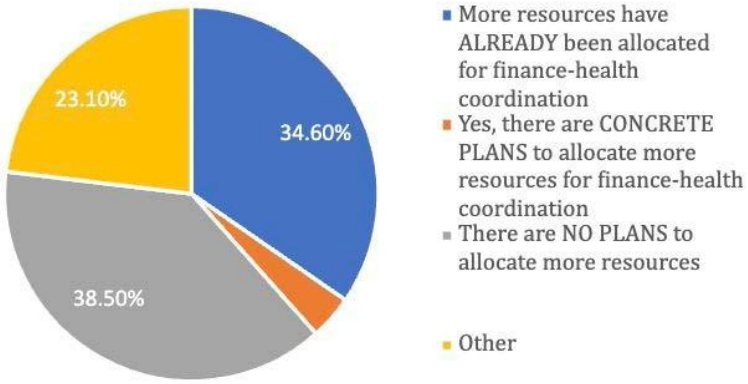
20. Are there plans to create a health threats board or committee with representation from both ministries?



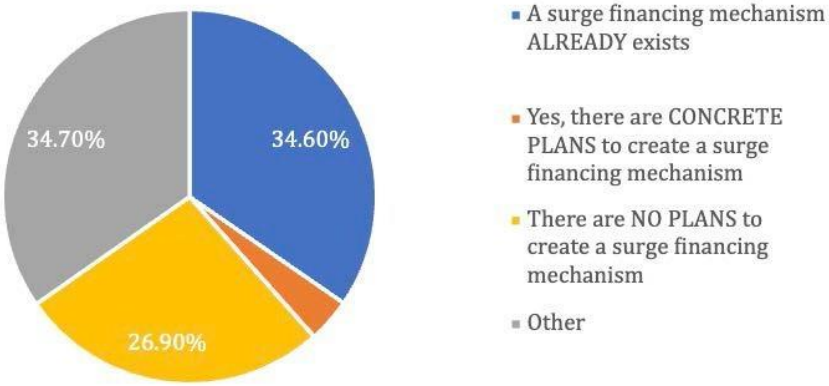
21. Are there plans to establish a joint task force for responding to health emergencies?



22. Are there plans to allocate more resources for finance-health coordination, including staff, funding, and technology?



23. Are there plans for a surge financing mechanism for rapid disbursement of funds for domestic use in the event of a major health emergency including pandemics?



ANNEXURE C:

Written reports on Best Practices between Finance and Health from Select G20 Members as Requested by the Presidency

Annex C Disclaimer:

The responses included below in **Annex C: Written reports on Best Practices between Finance and Health from Select G20 members** are presented in their original form as provided by the respective countries. They have not been altered in any way.

The responses were compiled based on a request from the G20 Indian Presidency with the aim of the 3rd Priority of JFHTF in 2023 to create a repository of Best Practices of health-finance collaboration during COVID-19. The Presidency's aim is that the repository will inform national responses in the future, considering country-specific circumstances. G20 Members invited Countries and Regional Organizations were invited to share Best Practices which may be included in the final report. Countries may submit their Best Practices with an open format but are encouraged to elucidate on difficulties faced in domestic institutional arrangements during the Covid-19 pandemic, changes brought in and how the system responded with those changes. There can be multiple Best Practices submitted from one country.

Please be aware that the information and opinions expressed in these reports solely belong to the participating countries. They do not necessarily reflect the views or positions of the Secretariat or the Joint Finance Health Task Force.

The reports are intended to facilitate knowledge exchange and encourage dialogue among stakeholders within the finance and health sectors. Nevertheless, readers are advised to exercise their own judgment and discretion when interpreting and applying the information contained in these reports.

Annex C: Written reports on Best Practices between Finance and Health from Select G20 members

1) Australia

Government responsibilities

- Australia has three levels of government: Federal, State or Territory, and Local. Each level shares responsibilities for the provision of health care.
- The Federal government, together with all state and territory governments, is party to the National Health Reform Agreement, which ensures a shared commitment to health services in Australia and outlines how all levels of government will work together to provide and deliver high-quality health care for the Australian community.
- Through this agreement, the Federal government contributes tax revenue to state and territories to support the management and administration of the public health system.
- Local government is also responsible for funding some other public health services.
- All levels of government need to decide what is funded, and how much funding to allocated to address priorities.
- When it comes to managing pandemics, this distinction remains.
    - The national government has responsibility for decisions relating to Australia's international border - for example, entry and exit requirements. And decisions relating to Aged Care.
    - Subnational governments have responsibility for their own public health and social measures - for example, vaccination rules, and lockdowns.

Governance in a Pandemic

- In March 2020, National Cabinet was formed to be Australia's primary intergovernmental decision-making body to assist with joint and consistent national and subnational decision- making.
- It included the Prime Minister of Australia, and the First Ministers each of each of the States and Territories.
- The format of these meetings allowed National Cabinet to meet as frequently needed, which was very important, particularly in the early days of the pandemic as new information emerged.

- Medical and public health advice to National Cabinet on recommendations for Public Health and social measures and testing, tracing, isolation, and quarantine settings was provided by Australia's Health Protection Principal Committee (AHPPC).

- AHPPC is a consensus-based committee chaired by Australia's Chief Medical Officer and the membership included the Chief Health Officers from each subnational jurisdiction.

- This helped to maintain, in general, a high level of trust with the public, particularly through visibility and regular communication of health experts, including the Chief Medical Officer and Chief Health Officer.

- Although National Cabinet guided Australia's response to COVD-19 and is responsible for endorsing and coordinating whole-of-government actions, subnational governments had flexibility to determine the best way to achieve any agreed outcomes made by National Cabinet within their jurisdiction.

- The Federal Government already had emergency legislation in place (the Biosecurity Act, 2015) to enable it to respond quickly in the event of a pandemic or other health emergency, and the subnational governments have capacity to introduce local public health orders to enact public health and social measures.

    - A few weeks after the WHO declared COVID-19 a public health emergency of international concern, Australia's Governor-General declared a human biosecurity emergency providing Australia's Minister for Health special powers to issue directions and set requirements to combat the outbreak. This is the first time these powers under the Biosecurity Act have been used.

    - These powers were used to put in place overseas travel restrictions, and restrictions on international cruise ships entering Australia, mitigating the spread of the virus. Of particular concern was to protect remote Indigenous communities and vulnerable neighbouring countries.

- As the subnational governments have responsibility for managing public health and social measures within their jurisdiction, they often worked independently from the national government, but would keep the national government informed of their actions.

- The legislative relationship between the national and subnational governments is governed by the Australian Constitution, which sets out which level of government can exercise what power.

- When the national government was making decisions about national policies, they consulted the subnational governments.

- For example, policies relating to entry and exit requirements to and from Australia, and the vaccination roll out.

- The national government has also assisted the subnational governments and citizens manage economic impacts through support payments, funding general practice respiratory clinics and testing centres and other financial assistance to workers and businesses affected by subnational led lockdowns and restrictions.

- Since the beginning of the COVID-19 pandemic, the national government has provided over ASD 340 billion in direct health and economic support for individuals and businesses, including:

  - the JobKeeper Payment, which provided eligible businesses fortnightly payments per employee to cover the cost of wages.

  - Pandemic leave disaster payments and financial support to individuals who could not work due to quarantines or self-isolation restrictions.

  - Fee-free childcare services for families to support the early childhood education and care sector and keep the industry open for essential workers during COVID-19 lockdowns.

  - The HomeBuilder program, which supported and encouraged investment into the residential construction market.

  - Small-Medium Enterprise Loan Guarantee Schemes, which provided cheaper credit to SMEs to manage the economic impacts of COVID-19.

Examples of connection between Health and Finance Ministries

- Prior to Australia achieving high levels of vaccination against COVID-19 a definition of a Hotspot for the purpose of national support was developed in 2021. Commonwealth payments to support Australians affected by jurisdictional lockdowns and other public heath actions were linked to the hotspot definition.

- Hotspots were first implemented to allow the national government to provide support to assist subnational governments and citizens during COVID-19 outbreaks. Declaring a Hotspot enabled the national government to:

  - provide personal protective equipment (PPE) from the National Medical Stockpile,

  - support aged care facilities, including by providing PPE and a workforce supplement, and integrating an aged care response centre into the Public Health Emergency Operations Centre,

  - provide assistance with contact tracing,

  - offer testing to those with no symptoms via GP-led respiratory clinics,

- reprioritise vaccine supplies, if required,
- offer the COVID-19 Disaster Payment to eligible workers who meet criteria,
- offer access to two telehealth consultation items, through the Medicare Benefits Schedule, for patients in COVID-19 hotspots,
- supports for childcare services. Income support, and
- Access to childcare for essential workers.

- Once the threshold for vaccination levels in the national population of 80% was met, these national supports were stepped down.

Pandemic management

- Australia has well established arrangements in place to respond quickly and effectively to a range of health emergencies. These arrangements are set out in health sector emergency management plans, which are designed to integrate with broader national emergency plans, particularly the Australian Government Crisis Management Framework.

- Australia has world-class public health systems, and we are well-prepared to respond to communicable disease challenges. Australia works closely with the World Health Organization to ensure that it aligns with One Health activities across the suite of pandemic prevention, preparedness and response as part of its obligations under the International Health Regulations.

- The Australian Government's response to the COVID-19 pandemic continues to be informed by leading experts, including the Australian Health Protection Principal Committee (AHPPC) and the Australian Technical Advisory Group on Immunization. Comprised of all state and territory Chief Health Officers and chaired by the Australian Chief Medical Officer, the AHPPC works with state and territory health departments to develop and adopt national health protection policies, guidelines, standards and seek alignment of plans.

- The Government has provided AUD 3.2 million for preparatory work to establish an Australian Centre for Disease Control (CDC) which will enhance Australia's ongoing response and preparedness for current and emerging public health emergencies. Once established, the CDC will ensure ongoing pandemic preparedness, lead the federal response to future disease outbreaks, and work to prevent both non-communicable (chronic) and communicable (infectious) diseases. Following completion of a targeted consultation process in late 2022, stakeholder feedback is currently being used to inform the Department of Health and Aged Care's advice to Government on the proposed CDC model, including its scope and remit. A staged rollout of the CDC is planned to commence in early 2024.

- Additional information on the establishment of the Australian CDC, including a summary of consultation feedback, is available on the department's website at www.health.gov.au/our-work/Australian-CDC.

2) Canada

- Finance-health coordination was critical in rolling out a number of public health measures in response to the pandemic, including the vaccine roll-out, as well as procurement of PPEs and therapeutics, which included federal and provincial-territorial collaborations, and improved surveillance measures to monitor potential public health threats.

- Ongoing communication between the Finance and Health Ministries was a vital component of this coordination. Another key component was the government's ability to remain agile, so that it was able to provide necessary economic and health supports, particularly to our most vulnerable populations. Canada's system for seeking funding approvals for government spending on programs and equipment, for example, was adapted to ensure we were able to respond quickly.

- Canada's response to the pandemic underscored that addressing a health crisis of this nature requires a whole of government approach (beyond just Finance and Health Ministries) that considers all aspects, from health implications to economic impacts on various sectors, to the public safety implications of emergency situations, to facilitating trade and the procurement of medical equipment, among others. For more information on Canada's COVID-19 pandemic response, see https://www.canada.ca/en/department-finance/economic-response-plan/completed-measures-respond-covid-19.htm

3) European Commission

Contribution to the outcome report-Deliverable 3-Joint Health and Finance Task Force (European Commission)

The EU response to the COVID-19 pandemic has been characterized by unprecedented speed, scope, ambition and solidarity – both within the EU and with our international partners. The EU has put in place a set of measures and coordination to confront the pandemic and ensure that the impact on societies and economies is alleviated.

It is important to underline that the European Union has a peculiar set-up compared to one of a country. In particular, under the EU Treaty, public health is a competence shared between the European Union and its Member States. While Member States define and deliver their national health services and medical care, the EU seeks to complement national policies by means of its health strategies, including on innovative, efficient and sustainable health systems and how to deal with cross-border threats. The EU also provides dedicated health funding – notably through the EU4Health Programme – to support Member States.

The unique structure of the European Union has not prevented it from giving a meaningful response to the pandemic. **The link between health policy and economic policy needs has represented a key priority for the European Commission.**

Institutional coordination

In terms of coordination and collaboration arrangements, we faced initial challenges during the acute phase of the pandemic in coordinating the response between the different institutions and among EU Member States. However, internal European Commission coordination between relevant services worked well with regular meetings (weekly or more frequent as needed), based on a strong institutional culture and mechanisms for horizontal consultation and coordination. At the European Council level there was also regular discussions (monthly) on Member States health and economic responses.

EU economic/fiscal and health response to the COVID-19 pandemic

The EU's action to mitigate the economic fallout was swift, effective, and well-coordinated from the start, based on the experience and arrangements built to address previous challenges and crises in the economic and financial area. Early on, the European Commission has taken measures to protect the EU citizens and mitigate the pandemic's severely negative socio-economic consequences. In terms of health policy action, a successful vaccination strategy across the EU and massive health emergency support have contributed to the economic recovery.

First, the EU took **emergency** steps to mobilize massive EU resources including (€82 billion) from the EU budget. Moreover, in March 2020 the European Commission has proposed the action of the general escape clause provided under the EU fiscal rules (the

Stability and Growth Pact), which has then been endorsed by the European Council. This general escape clause allows for member states to temporarily deviate from the normal requirements of the EU fiscal rules in the case of an unusual event outside the control of the member state concerned, which has a major impact on its financial position, or in periods of severe economic downturn in the euro area or the EU as a whole. Its activation allowed the EU Member States to undertake fiscal measures to deal adequately with the crisis. The general escape clause was not directly linked to health threat, but to economic and fiscal aspects of the crisis. On 26 April 2023, the European Commission tabled its proposals for the reform of the EU fiscal framework which would allow to deliver sound public finances and stronger growth through investment and reforms, with a view to conclude the legislative work by end 2023. The general escape clause of the Stability and Growth Pact will be deactivated at the end of 2023.

At the same time, the EU mobilised a comprehensive **health emergency response** to the pandemic that was enabled by the speedy – although at times ad-hoc - deployment of various emergency tools for surge financing. These included the use of the Emergency Support Instrument, the Advance Purchase Agreements used to purchase vaccines, or the use of the Union Civil Protection Mechanism for emergency response and repatriations. For instance, the Emergency Support Instrument was used to secure vaccines, purchase COVID-19 treatments and diagnostics tools, deliver medical supplies and transport medical teams between EU Member States, build stockpiles of essential countermeasures, train emergency healthcare professionals, or develop the EU Digital Covid Certificate and tracing apps.

Regarding the **vaccination** strategy, during the pandemic the European Commission and Member States have taken a common EU approach to securing supplies and facilitating their distribution. Through Advance Purchase Agreements with individual vaccine producers, the Commission had secured the right to buy a specified number of vaccine doses in a given timeframe and at a given price. The EU has also been at the forefront of international efforts to tackle the COVID-19 crisis everywhere, helping to set up the ACT-Accelerator initiative and the COVAX Facility, a global initiative bringing together governments and manufacturers to ensure COVID-19 vaccines reach those most in need.

Second, a **repair** phase used solidarity through the mobilisation of EU instruments (amounting to €540 billion) to cushion the economic impact of the crisis, including through temporary support to mitigate unemployment risks. Thus, as part of the EU's initial response to the pandemic, on 2 April 2020, the European Commission proposed the SURE- the European instrument for temporary Support to mitigate Unemployment Risks in an Emergency- Regulation. SURE was adopted by the Council on 19 May 2020 as a strong sign of European solidarity, and became available after all Member States signed the guarantee agreements on 22 September 2020. SURE was a crucial element of the EU's comprehensive strategy to protect jobs and workers in response to the

coronavirus pandemic: the instrument supported approximately 31.5 million people and 2.5 million firms in 2020, and 9 million people and over 800,000 firms in 2021. In June 2021, SURE won the European Ombudsman 2021 Award for Good Administration, in the category citizen-focused service delivery. The availability of the SURE instrument ended on 31 December 2022.

Finally, we are now in the **recovery** phase, with NextGenerationEU programme bringing €750 billion, to support investment and reform over the next years. Notably, financing from the **EU Recovery and Resilience Facility**, a new instrument available to support reforms and investments undertaken by Member States across the board, has provided an additional fiscal impulse.

We have learnt that capacity to cope in a pandemic depends on continuous and increased investment in health systems as a foundation for strong preparedness. The **EU4Health** funding programme is the EU's response to COVID-19's impact on healthcare and public health staff, patients and health systems in Europe. The new EU4Health is the largest health programme ever and will invest over €5 billion over seven years (2021-2027) to improve health in the Union. In the recovery phase, the EU4Health programme, the Recovery and Resilience Facility and other EU financing streams all provide key funding opportunities for Member States to strengthen the resilience, quality, accessibility and efficiency of their **health systems and boost investment in public health** functions and capacities.

After the acute phase of the COVID-19 pandemic, the primary goals of the institutional arrangements for finance-health coordination has also resulted in the creation of the Health Emergency Preparedness and Response Authority (HERA). **HERA** was established with a mission is to prevent, detect, and rapidly respond to health emergencies. It was established in September 2023 and became operational in early 2022. It works on anticipating threats and potential health crises, through intelligence gathering and building the necessary response capacities. When an emergency hits, HERA will ensure the development, production and distribution of medicines, vaccines, and other medical countermeasures. Its operation is financed through funding from different EU programmes. It may also benefit from the mobilisation of private funding, supported by budgetary guarantees from EU programmes.

Importantly, the EU has put in place – through the **Emergency Framework Regulation** – a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level which includes the activation of emergency Union funding to finance expenditure necessary to address the public health emergency.

4) France

1. First response and challenges during the acute phase of COVID-19

During the acute face of the pandemic, ministries of finances and health faced difficulties coordinating. Although the relationship between the two ministries outdated the pandemic, they were not regular enough to face such a health emergency.

a. The first response

The French Government's budgetary response to the COVID-19 outbreak was announced by the President on March 12th 2020 and made official in a Supplementary Budget Law (Loi de finances rectificative) adopted on March, 23rd 2020. The Supplementary Budget Law was examined by the two Houses of Parliament, the National Assembly and Senate. A number of parliamentary amendments were approved, including the creation of an ad hoc committee tasked with following the implementation of measures to support businesses and employees, alongside the Prime Minister's office. A second Budgetary Budget Law was enacted in the second half of April 2020. The first Supplementary Budget Law forecasts the deficit at 3.9% of GDP, against 2.2% in the initial Budget Law. It is based on a growth forecast of -1%, against +1.3% in the initial Budget Law. The second Supplementary Budget Law revised significantly this forecast bringing the deficit at 9% of GDP, based on a growth forecast brought to -8% to reflect the development of the outbreak and extension of the lockdown's duration. Budget measures included in the Supplementary Budget Law were estimated as of 17 March 2020 at around EUR 45 billion and as April 2020 at EUR 110 billion (respectively 1.9% and 4.6% of 2019 GDP), covering both spending and taxes. They target the following beneficiaries: the public health sector, businesses, and employees. Broad measures enacted in the Supplementary Budget Law, described below, are further detailed in government's ordinances. Financial support for the health sector has been mobilized in several ways. First, liquidities were provided to public hospitals by allocating to the health sector unspent reserves from the previous year's budget and bringing forward 2020 appropriations. In addition, the Supplementary Budget Law allocates EUR 0.5 billion of additional appropriations to fund health care professionals' overtime, purchase of sanitary equipment and other health expenses. Furthermore, the government created an emergency fund of EUR 50 million for research on COVID-19.

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On March 24th, 2020, the two Houses of Parliament approved a legislation stating that France would enter a 2-month "State of health emergency". This legislation provided the legal basis for all measures already introduced and authorized the government to enact further such measures by ordinance, including for example requisitioning people and property as needed in the fight against COVID-19. Several ordinances have been adopted since then, including for detailing the broad budget measures laid out in the Supplementary Budget Law. Several other measures were decided. For example, the prices of hand sanitizers is now State controlled as well as stocks of facemasks. In the health sector, among other 5 Special leave is a leave with pay granted upon exceptional circumstances, in addition to regular leave. 45 measures, overtime caps for health care professionals in hospitals were removed and regulations restricting the use of telemedicine eased.

b. Global challenges

Different types of difficulties were faced by France during the acute phase of the pandemic: political challenges, international coordination, limited resources…

France also faced fiscal constraints and especially limited funding available for the health sector. Finance and health also had different organizational culture, legal mandate and priorities that sometimes made coordination difficult.

Data sharing was also insufficient in the first phase of COVID-19, as well as common analysis.

2. Changes brought by the COVID-19 pandemic

The Covid-19 pandemic led to many changes in finance and health coordination.

During the acute phase of the pandemic, the coordination between health and finance ministries, two ministries that before that had poor knowledge of each other, quickly upscaled to face the unprecedented challenges.

Health and finance ministries started working together, especially towards the purchase of vaccines and the assessment of fiscal priorities. Together they identified the terms of reference France would defend for the first negotiations led with vaccine producers, be it directly or through the help of the European Commission and planned the additional budget efforts this massive campaign would require. A task force was quickly set up with officials from both ministries that would meet on a weekly basis under the auspices of the Prime minister's office to share information and agree on swift plans for actions.

In parallel of the domestic platforms put in place to ensure the highest possible level of coordination between the two ministries, health and finance services came to intensify their cooperation for the elaboration of the French position in multilateral fora. It became particularly true after a joint health – finance track was inaugurated

within the G20. Since then, the two ministries happen to work very closely to prepare high-level meetings to ensure the coherence of the French position.

The establishment of the Pandemic Fund cemented this dialogue further and opened the way for the consolidation of a joint working culture. Frequent meetings have been called in this context to finalize the arrangements related to the French participation to the board or to agree on priorities that France would defend at the Fund in terms of surge financing, PPR, or other topics requiring health and finance coordination.

Work is still in progress, but a good level of communication has already been secured between the two ministries. Working in Task force mode during the initial phase of the outbreak with small teams of experts, allowed for quick mutual learning and understanding and eventually led to swift and effective policy reactions.

3. Reaction to those changes

The changes are not yet institutionalized, but the reflection in ongoing. Overall, they were met positively by the different teams working together.

5) India

I. Ministry of Health and Family Welfare

Introduction

The Covid-19 pandemic moved the global economy towards an unprecedented crisis. India, with its diverse socio-economic landscape and vast population, encountered distinct challenges in containing the transmission of the virus. However, amidst these challenges, India implemented a **pre-emptive, proactive, graded, and science-based approach** to combat the pandemic effectively.

India's Best Practices and Beneficiaries:

- India's response was centered around the principles of **Test, Track, Treat, Vaccinate, and Covid Appropriate Behavior.** Our Hon'ble Prime Minister led the effort from the front by personally chairing numerous meetings and consistently interacting with the nation.

- One of India's earliest responses to the pandemic was the imposition of a nationwide lockdown in March 2020. The lockdown not only prevented thousands of cases and deaths by breaking the chain of infection, but also provided authorities with enough time to enhance healthcare infrastructure, ramp up testing capacities, and develop containment strategies.

- **Health Infrastructure:**

  a) The Cabinet approved India's COVID-19 Emergency Response and Health System Preparedness Package for Rs.15,000 Crore (USD 2 billion) on 22nd April 2020 which was further extended under Phase-II to Rs 23,123 Crores on 8th July 2021.

  b) States were requested to earmark 3 categories of facilities for COVID patients, namely, Dedicated Covid Care Centers/CCC, Dedicated COVID Health Center / DCHC, Dedicated COVID Hospitals / DCH.

  c) To become self-sufficient or Atmanirbhar in all our capacities and enhance healthcare preparedness, the central government supported States by building capacities for expanding testing infrastructure in their region.

  d) Given that 65.5 percent of India's entire population resides in rural areas, adequate steps were initiated to upgrade testing infrastructure in rural areas, with provisions to equip each district with RT-PCR labs and Integrated Public Health labs in the newly launched Ayushman Bharat-Healthcare Infrastructure Mission (AB-HIM).

  e) As an innovative step Makeshift/temporary hospital were also created to

ramp up capacities to handle the growing spread of COVID-19 in areas with limited infrastructure.

f) During the second surge of the Covid -19 pandemic, the government supported the States through the establishment of Pressure Swing Adsorption (PSA) plants, delivery of Oxygen Cylinders, setting up of Oxygen Concentrators, and preparing a framework for allocation of medical oxygen in consultation with States/UTs and all the stakeholders. The government also leveraged online digital solutions viz. Oxygen Demand Aggregation system (ODAS) and Oxygen Digital Tracking System (ODTS) to ascertain the demand for medical oxygen and to track their transportation.

- **Training and protection of healthcare and frontline workers:** An integral element of response strategy involved rapid upskilling & capacity building of thousands of healthcare & frontline workers through CoEs and Integrated Government Online Training (iGoT) portal. Online training modules were created & 16 million-strong army of COVID warriors were oriented to support the war against COVID. To protect the healthcare workers from workplace violence, an Epidemic Diseases (Amendment) ordinance was passed in September 2020. The government also initiated the Pradhan Mantri Garib Kalyan Package insurance scheme for healthcare workers providing a comprehensive personal cover of **50 lakh to 22.12 lakh healthcare providers** who were at risk because of COVID-19.

- **Drugs:** The GoI decided to incentivize innovation in the field of drugs and launched **The Drug Discovery Hackathon 2020 (DDH2020)**, India's first-ever national initiative for supporting the drug discovery process. The Department of Pharmaceuticals undertook the task of making the essential COVID-related drugs available across the country in active partnership with the manufacturers of these drugs. A separate COVID Drugs Management Cell (CDMC) was set up in the Department of Pharmaceuticals (DoP), to oversee the management of availability and smooth supply of drugs.

- **Research and Science Fraternity:** India's world-class research institutes and departments like the Council of Scientific and Industrial Research (CSIR), Indian Council of Medical Research (ICMR), Department of Biotechnology (DBT), and Department of Science and Technology (DST) covered the entire chain of scientific and technological solutions holistically for COVID-19 through academia, R&D labs, industry, startups, and NGOs by providing a testing strategy, creating a repository of knowledge for laboratories on scientific studies on the behavior, transmission, and effects of the virus, mathematical modeling of the pandemic; facilitating manufacturing and regulation of products, and Artificial Intelligence-based tools and information dissemination to masses.

- **Vaccination:**
    - The government provided the impetus to indigenous vaccine development under **Mission Covid Suraksha**. Through both the processes of indigenous development and manufacture of vaccines through technology transfer, **India was able to prepare two vaccines for its inoculation drive by the end of the year 2020- Covaxin and Covishield**.
    - The government of India launched the world's biggest vaccination drive on 16th January 2021 and achieved the milestone of **100 crore doses on 21st October in just 279 days.**

- **Covid-19 India Portal:** One of the major interventions deployed was the MoHFW's Covid-19 India Portal in early 2020. The portal enabled data collection from 730+ districts and thousands of field surveillance officers deployed on Covid-19 pandemic outbreak monitoring. The portal is integrated with ICMR testing and reporting system, Co-Win application, and other such critical applications.

- The government also popularized the use of a mobile application called **Aarogya Setu** to keep users informed and updated about the spread of infection in their surroundings, contact tracing as well as to disseminate information about the latest developments on COVID management. **Aarogya Setu App was being used by more than 160 million Indians.**

- 49 international and national travel advisories, inclusive of revisions were issued. Guidelines for surveillance of international travelers were revised periodically. Hon'ble PM personally led and monitored extensive evacuation programmes for Indian citizens stuck in the hot beds of COVID-19 like China, Italy, Iran, and other parts of the World, in a phased manner under the Vande Bharat mission. **By March 2021, around 50 lakh Indian citizens have been evacuated**.

- India curated a risk communication strategy focused on creating 'Jan Andolan' (i.e. People's Movement) and 'Jan Bhagidari' (i.e. Community Participation) through regular interaction with community and all stakeholders.

Conclusion: Covid -19 has tested the world's ability to rapidly respond to an unprecedented global health crisis and has exposed deep cracks in global health systems. It has become glaringly obvious that this pandemic will not be the last the world faces, and any country's national health system is heavily dependent on other nation states health system. Therefore, building robust, resilient, and agile health systems that can withstand any potential health crisis of the same scale and dimension is important. In accordance with our Hon'ble Prime Minister Narendra Modi, the vision of "One Earth – One Health" has immense potential to be a huge

force in the world, by driving collective solutions to global health challenges: aiming for unity and solidarity among the states of the world.

II. Ministry of Electronics and Information Technology

CoWIN

1. Introduction:

India has faced numerous challenges during the COVID-19 pandemic and has implemented various measures to manage the crisis. One of the key initiatives in this regard has been the implementation of the CoWIN (COVID Vaccine Intelligence Network) platform. CoWIN has played a crucial role in streamlining the vaccination process, ensuring efficient vaccine distribution, and tracking the beneficiaries.

2. Best practices being illustrated:

CoWIN centralized the vaccination process by providing a user-friendly interface for registration, appointment booking, and vaccination certification. It streamlined the distribution of vaccines, minimized errors, and enhanced transparency. It was available in multiple languages, making it inclusive and accessible to a diverse population. It provided insights into the number of doses administered, vaccine availability, and stock management which helped authorities identify areas with low vaccination rates, enabling targeted interventions and ensuring equitable distribution. The platform also provided step-by-step guidance for registration and appointment booking, ensuring a smooth user experience

3. Beneficiaries Description:

The beneficiaries of India's CoWIN platform were diverse and encompassed citizens, healthcare workers, and government authorities. Citizens benefitted from a transparent and accessible platform that facilitated registration, appointment scheduling, and ensured a smooth vaccination process. Healthcare workers were able to streamline their vaccination journey through CoWIN, enabling them to focus on their essential roles. Government authorities leveraged CoWIN for real-time monitoring, data analysis, and informed decision-making at various administrative levels.

4. Statistics of Beneficiaries/Outlay in Rupees:

CoWIN platform had registered 1,10,92,37,587 (~1.11 billion) beneficiaries and facilitated the administration of 2,20,67,08,502 (~2.21 billion) vaccine doses across India.

5. Conclusion:

India's adoption of the CoWIN platform exemplified best practices in COVID-

19 management. The centralized system, user-friendly interface, real-time monitoring capabilities and proactive communication through SMS and email notifications have contributed to a streamlined and transparent vaccination process. CoWIN has benefitted citizens, healthcare workers, and government authorities alike, ensuring equitable vaccine distribution and efficient utilization.

6. **Why does this make India a Vishwaguru?**

CoWIN, represents the country's technological innovation in managing the vaccination drive. The development of an advanced digital platform for registration, appointment booking, and certification showcases India's ability to leverage technology for efficient and streamlined vaccine distribution, positioning the country as a global leader in healthcare technology.

- CoWIN has facilitated the vaccination of millions of people across India, highlighting the platform's scalability and reach. The ability to manage and track a massive immunization campaign efficiently sets India apart as a global leader in managing large-scale public health initiatives and demonstrates the country's capability to handle complex healthcare challenges.

- It provides real-time data and analytics that enable evidence-based decision making at various administrative levels. The platform's data-driven approach empowers policymakers and healthcare authorities to monitor vaccine distribution, identify gaps, and make informed decisions to optimize resource allocation.

- Additionally, the platform caters to marginalized and vulnerable communities by facilitating targeted vaccination campaigns and outreach programs. India's emphasis on accessibility and inclusivity through CoWIN demonstrates the country's commitment to equitable healthcare and sets a benchmark for global vaccination programs.

- The insights gained from implementing the platform can be shared to guide and support other nations in their vaccination efforts.

Direct Benefit Transfer

1. **Introduction:**

India's management of the COVID-19 pandemic witnessed the implementation of various measures to provide relief and support to affected individuals and communities. One of the key initiatives was the effective utilization of Direct Benefit Transfer (DBT) mechanisms. DBT involved the direct transfer of

financial assistance and benefits to eligible individuals' bank accounts, ensuring timely and efficient support during the crisis.

2. **Best practices being illustrated:**

India's DBT initiatives during the pandemic showcased exemplary practices in reaching beneficiaries effectively. The government leveraged digital platforms and Aadhaar-based identification to ensure direct and seamless transfer of financial assistance to those in need. The integration of DBT with various schemes and programs enabled targeted assistance, reduced leakages, and improved the overall efficiency of welfare measures.

3. **Beneficiaries Description:**

The beneficiaries of India's DBT initiatives during COVID-19 were diverse and encompassed various sections of society. Daily wage workers, migrant laborers, farmers, women, and vulnerable populations were among those who benefitted from direct financial support. DBT enabled them to meet their basic needs, access healthcare, purchase essential commodities, and sustain their livelihoods during the challenging times of the pandemic.

4. **Statistics of Beneficiaries/Outlay in rupees:**

Total Direct Benefit Transfer (Cumulative) as on 23.06.2023 is Rs. 29.84 trillion

5. **Conclusion:**

India's implementation of DBT initiatives during the COVID-19 pandemic demonstrated best practices in crisis management. By leveraging digital platforms and Aadhaar-based identification, the government ensured direct and efficient transfer of financial assistance to beneficiaries. DBT initiatives played a crucial role in reaching diverse sections of society, providing them with much-needed support during challenging times.

6. **Why does this make India a Vishwaguru**

DBT initiatives in India have positioned the country as a global leader in several ways.

- Leveraging digital platforms, Aadhaar-based identification, and robust databases, India has showcased its ability to harness technology for efficient and targeted delivery of benefits. This innovation sets India apart as a leader in leveraging technology for public service delivery.

- DBT promotes transparency and accountability in welfare programs. By directly transferring benefits to individuals' bank accounts, India has reduced intermediaries and minimized the potential for corruption, leakages, and misappropriation of funds.

- DBT enables targeted and precise delivery of benefits to those who need them the most. By integrating DBT with various schemes and programs, India ensures that financial assistance is directed to specific segments of the population based on eligibility criteria.

- India's implementation of DBT at a massive scale has had a profound impact on millions of beneficiaries. The country has successfully reached a vast number of individuals and households with direct financial assistance, improving their livelihoods, healthcare access, and overall well-being.

- Several countries have shown interest in learning from India's experiences and adopting similar approaches to enhance their own welfare systems.

- India's leadership in implementing DBT has the potential to influence and shape global practices in social welfare, positioning the country as a global leader in innovative and impactful policy measures.

III. Ministry of Finance

Best Practices

1. Pradhan Mantri Garib Kalyan Package

An insurance scheme for the health workers fighting COVID-19 was launched under Pradhan Mantri Garib Kalyan Package (PMGKP) by the Ministry of Health and Family Welfare w.e.f. 30.3.2020 through New India Assurance Company Limited (NIACL) for an initial period of 90 days. Under this scheme, Rs. 50 lakh insurance cover was provided to 22.12 lakh public healthcare providers on loss of life due to COVID-19 and accidental death on account of COVID-19 related duty. It also includes private hospital staff and retired/volunteer/local urban bodies/contracted/daily-wage/ad-hoc/outsourced staff drafted for COVID-19 related responsibilities. The scheme was extended twice and then the policy was concluded on 24.03.2021. Later, benefits under the scheme were further extended by renewing the insurance policy on same terms and conditions w.e.f. 24.04.2021 up to 18.04.2022. Thereafter, the scheme was renewed again w.e.f. 19.04.2022 for a period of 180 days.

The claims under this scheme are being monitored through regular interaction with representatives of various State Governments, Ministry of Health and Family Welfare and NIACL. Department of Financial Services also follows up with NIACL through claims trackers shared by the Insurance Company.

2. Advisory on Expeditious Settlement of Health Insurance claims

To protect the interests of the policyholders, all insurers were advised vide

IRDAI circular dated 4.3.2020 to expedite processing of claims relating to COVID-19 and to ensure that COVID specific claims are not repudiated without being reviewed thoroughly.

In order to expedite settlement of claims, a time of two hours was fixed for granting both cashless pre-authorization and for discharge of the insured patient from the hospital vide circular dated 18.4.2020. Later, in the wake of second wave of COVID-19 and in line with the directions of the Hon'ble High Court, the turnaround time was further reduced to one hour on 29.4.2021 from the time of receipt of all necessary documents from the hospital.

3. **Advisory on preventive measures to stop spread of COVID-19**

An advisory dated 5.3.2020 was issued to the Public Sector General Insurance Companies regarding precautions to be observed so as to avoid the spread of the virus among employees and other persons having contact with these organizations

4. **Coverage of COVID-19 treatment costs**

A clarification was issued that health insurance policies that cover the costs of hospitalization would also cover the treatment of COVID -19.

5. **Premium relaxations to the policyholders due to COVID-triggered lockdowns and other facilities under Health insurance segment**

To ensure continuity of insurance cover during the lockdown period, DFS issued 2 successive notifications (dated 1.4.2020 and 15.4.2020) to allow grace period for payment of premium for health and third-party motor vehicle insurance for the policies falling on and from 25.3.2020 upto 3.5.2020 till 15.5.2020. Similarly, several extensions of grace period on premiums payable were also granted in March 2020 and April 2020 in respect of life insurance policies. The extended periods ranged from a minimum of 30 days to over 60 days.

Considering the need for easing the payment of health insurance premiums, renewal premiums in respect of all existing health products due for renewal up to 31stMarch, 2021 were allowed to be collected in instalments at the option of insurers vide IRDAI circular dated 21.4.2020.

Further, guidelines on Telemedicine were issued by IRDAI dated 11.6.2020 advising all the insurance companies to allow telemedicine services as part of the treatment subject to terms and conditions of their policy contract.

6. **Cashless facility for COVID-19 treatment and consequences on its denial**

Insurance companies were directed to ensure smooth availability of cashless

facility with all the network providers (hospitals) empanelled with them by actively interacting with the hospitals. The Regulator vide press release dated 14.7.2020 has clarified that the policyholders are entitled to cashless facility at all such network providers (hospitals) with whom the Insurance company/TPA has entered into an agreement in accordance to the norms of SLA. In the event of denial of cashless facility at any such enlisted network providers (hospitals) the aggrieved policyholders can send a complaint to the concerned insurance company.

Further, through IRDAI circular dated 16.7.2020, an instruction was issued that a makeshift or temporary hospital permitted by Government will also be treated as a hospital for the policyholders.

7. Launch of Health insurance products aimed at covering COVID pandemic

IRDAI stipulated to all general and health insurers to offer a standard COVID-specific product 'Corona Kavach' and COVID-specific benefit based product 'Corona Rakshak' vide circular dated 23.6.2020 addressing basic health insurance with a focus on easy understanding and simple administration.

A 5% discount in premium of Corona Kavach was provided to all health care workers who were forefront in the fight against COVID-19 (circular dated 14.7.2020). Corona Kavach policy was also permitted to be issued in 'group' so as to enable various organisations obtain short term COVID cover on their employees / workers (circular dated 21.7.2020).

8. Renewal and portability of COVID specific policies

The timelines to offer and renew short term COVID specific health policies including Corona Kavach Policy and Corona Rakshak Policy have been extended up to 30.9.2022 (circular dated 28.3.2022). Further, migration or portability facility was allowed from Corona Kavach policy to any other comprehensive health insurance policy vide circular dated 13.10.2020.

9. Issuance of electronic policies and dispensing with physical documents and wet signature on proposal forms

In view of the representations received from insurers on the subject, exemption was granted to the insurers in respect of issuing policy document in physical form vide IRDAI circular dated 10.9.2020 which was later extended upto 31.03.2022 (circulars dated 13.9.2021 and 17.9.2021).

Further, in order to facilitate digital acquisition of new customers, the requirement of physical signature on proposal forms has been dispensed with (and OTP based validation allowed in case of life insurance policies) upto 30.9.2022 (circulars dated 31.3.2022).

IV. Ministry of Education

Introduction

India made significant strides in leveraging technology for education during the COVID-19 pandemic. PM eVIDYA was one such initiative, which was announced by the Hon'ble Finance Minister, Government of India on 17th May 2020 as part of Atma Nirbhar Bharat or Self-Reliant India announced by the Hon'ble Prime Minister on 12th May 2020. As part of the Hon'ble Prime Minister's appeal for Aapda me Avsar in the difficult times of the pandemic and to attain the goals of Aatma Nirbhar Bharat, the Hon'ble Finance Minister exclusively mentioned that the initiative aimed to ensure learning for all, with equity, to cover all students at all levels of education and in all geographical locations, even in the remotest parts of the country. PM eVIDYA is a comprehensive initiative and unifies all efforts related to digital/online/on-air education to enable multi-mode access to education. This benefits nearly 25 crore school going children across the country under one class one channel. It focuses on developing a multi-channel learning continuum in English, Hindi, and Indian Sign Language through television, radio, DIKSHA, special eContent, and online courses.

Best Practices

1. Television

The 12 DTH TV Channels have been running nationwide for the last 3 years. The channels are also available on the Jio TV mobile app. More than 8000 curriculum-based videos were developed. For classes I-X, a fresh slot of 2 hours was allocated every day, which included repeats to ensure wider coverage. Similarly, for classes XI-XII, a fresh slot of 3 hours was designated, along with 7 repeats, to provide comprehensive educational content.

In the budget announcement of 2022, the GoI announced to extend this initiative to 200 more DTH TV channels to ensure quality education accessible to all the learners of the country in various languages of India. The channel allotment is as follows: five channels each for states, one channel each for UTs, fourteen channels for NCERT, one channel each for autonomous bodies under the Ministry of Education, and four channels for NIOS. The transmission test of 200 PM eVidya DTH TV channels has started from 00.00 hrs on 7th June, 2023. The Beta run of these 200 channels have begun on 15th June 2023. The initiative is likely to be formally launched on 29th July, 2023, on the 3rd anniversary of the launch of NEP, 2020.

2. Radio

Radio broadcasts of curricular and co-curricular programmes (3688) are also done through 400 Radio Stations (11 GyanVani FM Radio Stations, 257 Community Radio Stations) 132 All India Radio stations) and Podcasts on

iRadio and JioSaavn Mobile apps.

3. **DIKSHA (Digital Infrastructure for School Education)**

   Launched in 2017 by the then Honourable Vice President of India – Shri M. Venkaiah Naidu, DIKSHA has been adopted by almost all the States, Union Territories, Central Autonomous Bodies/Boards including CBSE. DIKSHA can be accessed by learners and teachers across the country and currently supports 36 Indian languages. Each State/UT leverages the DIKSHA platform in its own way, as it has the freedom and choice to use the varied capabilities and solutions of the platform to design and run programs for teachers, learners and administrators. DIKSHA policies and tools make it possible for the education ecosystem (educationist, experts, organisations, institutions - government, autonomous institutions, non-govt and private organizations) to participate, contribute and leverage a common platform to achieve learning goals at scale for the country.

4. **Special eContent**

   A total no. of more than 6,805 programs has been produced for PM eVIDYA 12 DTH TV Channels and the same have been uploaded on DIKSHA. The program focused on producing eContent for Children with Special Needs (CWSN) in Indian Sign Language, utilizing a universal design for learning approach.

5. **Online Courses**

   SWAYAM courses, designed for young students aspiring for school education and teacher education, currently offer a total of 28 courses across 11 subjects for Class XI and XII. These courses have witnessed approximately 3.7 lakh beneficiaries across 9 cycles.

Beneficiaries of PM eVIDYA

The primary beneficiaries of PM e-Vidya are students, encompassing various age groups and academic levels. Teachers are also significant beneficiaries of PM e-Vidya, as it provides them with resources, training, and support to effectively facilitate remote teaching and engage with students in a virtual environment.

Financial Outlay

NCERT has spent a total of ₹ 2,965,958,244/- (Rupees two hundred ninety six crore fifty nine lakh fifty eight thousand two hundred and fourty four only) for various projects under PM eVidya in the FY-2022-23. NCERT has proposed an amount of ₹ 3,652,784,000/- (Rupees three hundred sixty five crore, twenty seven lakh and eighty four thousand only) for all projects under PM eVidya in the FY-2023-24.

Conclusion

In conclusion, PM e-Vidya exemplified best practices of India during the COVID-19 pandemic by leveraging technology and adopting a multi-channel approach to provide accessible and comprehensive education to students across India. By incorporating various mediums, accommodating language diversity, and ensuring government support, PM e-Vidya successfully bridged the gap in learning caused by the pandemic. It showcased the importance of innovative solutions in times of crisis and demonstrated how remote learning can be an effective tool for inclusive education. PM e-Vidya's success serves as a valuable lesson and inspiration for future initiatives aimed at ensuring uninterrupted education in challenging circumstances.

Why does this make India a Vishwaguru?

The implementation of PM e-Vidya showcased India's commitment to becoming a Vishwaguru, a global leader in education. By utilizing technology and adapting to changing circumstances, India demonstrated its ability to provide quality education to its vast population, even in the face of unprecedented challenges. The inclusive nature of PM e-Vidya, with its multi-language support & multi modal approach and accessibility through various channels, exemplified India's dedication to ensuring educational opportunities for all. This commitment not only strengthens India's position as a Vishwaguru but also sets a precedent for other nations to follow in leveraging technology for inclusive and resilient education systems.

V. Food Corporation of India

Managing Food Security during the pandemic

Along with the war with Coronavirus, India fought many battles during the pandemic. Fighting to ensure that no one in the country suffers for want of food during the pandemic and resultant disruptions was one of the biggest of them. This was spearheaded by the Food Corporation of India (FCI) under the guidance of the Department of Food and Public Distribution, Government of India. During the pandemic period, FCI ran the largest ever food logistic operations in its 59 year history, clocking almost double the productivity levels as compared to normal times. This mammoth effort ensured that not a single citizen of the country of 800 Million plus people had to go to bed hungry for want of food on any day during the pandemic period.

Best Practices being illustrated

India has been running successfully a food grain based PDS to feed the vulnerable sections of its population. Govt. of India ensures supply of staple grains to poor people under the ambit of National Food Security Act, 2013 (NFSA) through a network of about 500,000 fair price shops, functioning across the length and breadth of the country. Under this program, the government provides food grains to almost 800 million people at the rate of 5 Kg per person at highly subsidized rates.

The pandemic and consequent nationwide lockdown posed a big challenge to the government to ensure that citizens received enough food even when their mobility was constrained, especially during the first wave of pandemic. With all shops and businesses closing their doors, the role of the government became absolutely critical to ensure an adequate supply of food to all the citizens. The government of India reacted quickly and decidedly and announced a slew of programs to address specific challenges faced by various stakeholders including Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) to provide 5 Kg food, grains to every NFSA beneficiary free of cost, in addition to normal allocation of 5 kg per person, Atma Nirbhar Bharat/ Migrants workers to provide free food grains to migrant workers who were stranded in cities away from their hometowns.

Beneficiaries Description

Under the PMGKAY between April 2020 and December 2022 111.8 MMT of food grains were allocated with a total financial outlay of Rs. 391.29 billion ($ 4.76 Billion). Under the PMGKAY between April 2020 and December 2022 111.8 MMT of food grains were allocated with a total financial outlay of Rs. 391.29 billion ($ 4.76 Billion). In addition to the above quantities, about 1.5 MMT food grains were distributed under the other special schemes announced during the pandemic. All these were in addition to the distribution of about 60 MMT of food grains annually under the NFSA. This provided the most needed lifeline to 800 million people during pandemic and mitigated the adverse impact of lockdowns and supply disruptions. A total quantity of 294.25 MMT food grains were distributed across the country under various schemes, including normal and special allocations, between 25.03.2020 to 31.03.2023 ensuring availability of adequate quantities of food grains to every citizen of the country.

Conclusion

The fight with hunger during pandemic was fought with the same zeal and focus as was with the Virus. Though the lives of many food security warriors were lost in the line of duty, the supply chain remained unaffected. Volume of operations carried out by FCI during the pandemic is perhaps the largest effort of this kind ever made anywhere in the world, in such a short span of time. By optimizing all resources across the spectrum and aligning the workforce of about 23000 personnel and about 200,000 manual workers for the common goal, it was ensured that no person in the country remained hungry during the entire duration of the pandemic.

Why does this make India a Vishwaguru?

The existing lifeline of the Public Distribution System in India played a critical role in mitigating the impact of the coronavirus pandemic by ensuring food security, providing additional rations, and reaching out to the most vulnerable sections of society. The PDS database was utilized to identify eligible beneficiaries and extend support to them. Since the PDS is linked to Aadhaar (a unique identification system

in India), it enabled the government to target and provide assistance to the most vulnerable sections of society. The PDS outlets implemented safety measures to prevent the spread of the virus. This included measures such as social distancing, sanitization, and the use of masks by both the staff and beneficiaries.

6) Singapore

Singapore's Response to COVID-19: Lessons for the Next Pandemic

COVID-19 was and still is a crisis of a generation. Its effects may continue to be with us for some time to come.

Like many countries, our first priority was to save lives and livelihoods – with many difficult trade- offs. This effort was compounded by the initial "fog of war" as we then knew little about the virus and its effects; and the situation both domestically and internationally was rapidly evolving. At its peak, Singapore took the hard decision of introducing a "circuit breaker", with significantly stricter measures imposed and life, as we knew it, slowed almost to a standstill.

However, as the situation evolved, we, like all countries, learnt and adapted. The arrival of COVID- 19 vaccines was a game-changer. We are grateful for the strong support of industry, as well as international initiatives like COVAX, that enabled equitable access for all.

It might be early days to prescribe what "best practices" mean as the economic, health and social contexts across countries will invariably differ. Nevertheless, in the interest of public accountability, the Singapore Government produced a White Paper entitled 'Singapore's Response to COVID-19: Lessons for the Next Pandemic'.

The Paper acknowledges where the Singapore government might have done well, but perhaps more importantly, offers an objective assessment of where we could have done better; and the lessons to take away that will allow us to be better prepared for the next pandemic. For us, this is not a question of if, but when. The White Paper was debated in the Singapore Parliament in March 2023.

Singapore is happy to share this White Paper as a useful reference. We remain strongly committed to international cooperation initiatives, including through the JHFTF and The Pandemic Fund, to augment our collective resilience.

The Paper is accessible online at: https://go.gov.sg/covid19-white-paper.

7) Sultanate Oman

Best Practices of Health-Finance Collaboration in Oman during COVID-19

In Oman, the flow of money and financial transactions is governed by two main laws: The Tendering Law (Royal Decree Number 36/2008) and the Financial Law (Royal Decree Number 47/98). Traditionally, adhering to these laws resulted in lengthy processing times for issuing purchase orders (over 90 days) and delayed payments to suppliers (over 60 days). Recognizing the urgency of the situation and the need for a swift response, the Supreme Committee for Combating COVID-19 prioritized discussions on facilitating and streamlining the financial cycle through collaborative efforts between the Ministry of Health (MOH) and the Ministry of Finance (MOF). Both ministries responded rapidly to expedite processes and prevent potential complications. The following steps were taken to ensure a rapid response:

1. **Multiple Additional Accounts:** MOF authorized the opening of eight additional accounts titled "Combating COVID-19" with various banks, enabling MOH to collect donations from individuals and companies. Under normal circumstances, MOH and other governmental institutions are limited to one account, with additional accounts requiring strong justifications and typically not recommended.

2. **Utilization of Donations**: MOF granted MOH authority to retain the funds collected through COVID-19 accounts as donations. MOH could decide, prioritize, and directly utilize these funds to support the healthcare system and combat COVID-19. In the usual scenario, all funds entering governmental accounts are directed to the State treasury and subsequently allocated to various sectors, projects, and national priorities.

3. **Direct Purchases**: MOF authorized MOH to make direct purchases without restrictions on the amount spent. Under normal circumstances, any purchase order exceeding 3 million Omani Rial would require approval from the tendering board, MOF, and Ministry of Legal Affairs.

4. **Streamlined Purchase Process**: MOH successfully reduced the processing time for medical purchases to 5-10 working days. This was achieved by internal handling of purchases at the MOH level and utilizing direct purchases and requests for quotation opportunities. Previously, the tendering process involved time-consuming steps such as issuing calls, submitting offers, and obtaining approvals from various entities, resulting in a timeline of over 90 days to issue a local purchase order (LPO).

5. **Expedited Payments**: To ensure efficient fund utilization from COVID-19 accounts, a dedicated committee was formed for quick review and approval. MOH managed to pay suppliers within 30 days upon submitting financial requests. In normal circumstances, payment to suppliers would take over 60 days.

6. **Supplier Support**: MOH and MOF collaborated to support suppliers in providing medical supplies during the pandemic. Advance payments were accepted to facilitate purchasing and importing processes, associated with bank guarantees.

7. **Stringent Financial Monitoring**: Despite the simplified processes, the Directorate General of Financial Affairs at MOH continually reviewed orders and shipped materials to ensure optimal utilization of state funds. As a result, approximately 2 million US dollars were recovered for items that were not shipped.

8. **International Collaboration**: During the lockdown when the supply chain faced significant disruptions, MOF provided over 7 million Omani Rial to enable a direct trip to China for procuring medical supplies. The arrangements involved coordination with Oman Air for organizing the flight, MOF and the Central Bank for fund transfers, and the Chinese embassy for direct purchases.

9. **Vaccine Procurement:** As MOF is responsible for releasing funds from the State Treasury, it took the initiative to finalize contracts and purchase of vaccines from the vaccine companies once receiving approval from MOH for recommended products.

10. **Rational Allocation of Responsibilities:** At the onset of the pandemic, institutional quarantine arrangements and expenses were under MOH. However, these responsibilities were later shifted to the Ministry of Social Development to enable MOH to better utilize its resources and capacities for core healthcare services.

11. **Collaborative Efforts at Entry Points**: MOH coordinated with the airport, Royal Oman Police (ROP), and the private sector to provide COVID-19 tests at the country's entry points.

12. **Innovative Revenue Generation**: MOH collaborated with ROP to allocate spaces at the borders for EMushrif company to provide services for collecting, counting, and monitoring incoming travelers. The company offered these services for a fee, with 5% of the collected fees being deposited into the MOH COVID-19 account.

Post-Pandemic Impact:

The strong collaboration and communication between MOH and MOF during the pandemic yielded positive outcomes, including:

1. **Enhanced Understanding**: MOF gained a better understanding of the healthcare sector's unique requirements.

2. **Improved Communication**: The two ministries engaged in more frequent and effective communication for identifying and negotiating the MOH budget.

3. **Budget Reinstatement:** After a 25% reduction in the MOH budget prior to the

pandemic, the entire amount was restored following the crisis.

4. **Increased Medical Supply Budget**: MOF allowed for an increased budget allocation, reaching 10% specifically for medical supplies which was around 7%.

5. **Justification for Funding**: MOH recognized the importance of providing thorough justifications for requested funding, as it served as a key factor in receiving support from MOF.

By implementing these best practices, Oman demonstrated a successful model of health-finance collaboration during the COVID-19 pandemic, resulting in improved processes, efficient resource utilization, and strengthened relationships between key stakeholders.

8) United Arab Emirates

The Best Practices of Health-Finance Collaboration in the UAE

The United Arab Emirates (UAE) responded to the COVID-19 pandemic with a comprehensive approach at both the local and global levels. The government through the collaborative efforts of the health and finance sector took swift and proactive measures to contain the spread of the virus and ensure the well-being of its citizens, residents, and visitors.

1. How finance made policy changes due to the input received from health?

The collaboration between the finance and health sectors in the UAE resulted in policy changes that addressed the evolving needs of the population and effectively contained the COVID-19 pandemic. Several initiatives were implemented as follows:

- **Resource Allocation and Budget Adjustments:** The Ministry of Finance (MoF) responded to the input received from the health sector by adjusting its resource allocation and budget priorities. Recognizing the importance of prioritizing healthcare in the pandemic response, the MoF allocated an additional amount of USD 500 million to the Ministry of Health and Prevention (MoHAP). This allowed for the necessary funding to be directed towards implementing precautionary measures, expanding healthcare infrastructure, and acquiring essential medical supplies. The finance sector's collaboration with the health sector ensured that the financial resources were efficiently allocated based on the health sector's insights and recommendations, enabling a more effective pandemic response.

- **Insurance and Health Coverage Expansion:** Recognizing the financial impact of COVID-19 on individuals and families, the finance sector worked closely with the health sector to ensure adequate insurance coverage for COVID-19-related medical expenses. Through collaboration and policy changes, insurance companies were encouraged to expand their coverage to encompass a broader range of COVID-19- related services. This included coverage for testing, treatment, and hospitalization expenses associated with the virus. The aim was to alleviate the financial burden on individuals seeking medical care during the pandemic and ensure that they could access necessary healthcare services without financial hardship.

2. How health and finance collaborated to contain pandemic locally?

The collaboration between the health and finance sectors in the UAE played a crucial role in containing the COVID-19 pandemic at the local level. Their joint efforts ensured a coordinated response and maximized the impact of financial measures on public health outcomes. The sectors collaborated in the following ways:

- **Stakeholders Communication & Coordination:** The effective response to the

pandemic required close communication and coordination among stakeholders. MoF, MoHAP, and the National Emergency Crisis and Disasters Management Authority (NCEMA) worked in close collaboration right from the beginning. Their regular communication and coordination ensured that their efforts were aligned, enabling a more efficient and coordinated pandemic response.

- **Healthcare Funding and Proactive Measures:** The finance sector played a crucial role by allocating significant funds to support the healthcare sector in its efforts to combat the pandemic. The MoF allocated substantial financial resources to MoHAP, enabling them to implement proactive measures to contain the spread of the virus. These measures included implementing:
    - Stringent Measures and Restrictions
    - Mass Testing and Healthcare Infrastructure Strengthening
    - Vaccination Campaign
    - Public Awareness and Communication
- **Policy and Strategy Formation:** The collaboration between MoHAP, MoF, and NCEMA extended to the formulation of policies and strategies to protect society and businesses, particularly small and medium-sized enterprises (SMEs). The three entities worked together to formulate policies that balanced public health considerations with economic stability. They made critical decisions to ensure the effective management of the pandemic, considering the evolving situation and the needs of various sectors of the economy. The collaborative approach helped in developing comprehensive strategies to contain the virus while minimizing the impact on businesses and the economy.

3. How health and finance collaborated to contain pandemic globally?

The health and finance sectors in the UAE worked together to extend support and containment measures beyond the national borders. The joint efforts of both sectors helped contain the pandemic at the global level and support countries around the world in their response to COVID-

The collaborative efforts undertaken by both sectors are as follows:

- **Humanitarian Aid and Medical Assistance:** The UAE's finance sector worked closely with the health sector to provide humanitarian aid and medical assistance to countries in need. The UAE's aid accounted for 80 percent of the international response to countries struggling to curb the spread of the novel coronavirus. The UAE extended its support by providing medical supplies, equipment, and expertise to countries facing significant challenges in managing the spread of the virus. This assistance aimed to strengthen healthcare systems, enhance testing

and treatment capabilities, and support vulnerable populations in affected regions where 136 countries benefited from UAE aid.

- **Financial Contributions to the Pandemic Fund:** Recognizing the global nature of the pandemic, the UAE made significant financial contributions to the Pandemic Fund. These contributions enabled the UAE to become a member of the Pandemic Fund Governing Board and ranked among the leading contributors to the Pandemic Fund in relative terms based on GDP. The establishment of the Pandemic Fund aims to mobilize additional resources dedicated to pandemic prevention, preparedness, and response efforts. The fund incentivizes countries to increase investments in public health measures and provides a platform for enhanced coordination among partners. Additionally, it serves as a platform for advocacy, highlighting the importance of global collaboration in addressing the challenges posed by the pandemic.

9) United States of America

Best Practices/Lessons Learned from U.S. Treasury and Health and Human Services

1. Central intragovernmental coordination mechanism

The U.S. government works through the National Security Council, based in the Executive Office of the President, as the entity responsible for coordination of national security-relevant policy issues, including on global health and pandemic preparedness and response, across federal agencies. Both the U.S. Departments of Treasury and Health and Human Services (HHS), along with other departments and agencies who work on health, participated in these interagency forums prior to the COVID-19 pandemic, each bringing their relevant expertise and perspectives to inform these policy discussions. During the COVID-19 pandemic, this standing interagency coordination process was augmented with pandemic-specific interagency mechanisms – the White House Coronavirus Task Force (Trump Administration) and the White House COVID-19 Response Team (Biden Administration) – in which there was regular participation from both Treasury and HHS - along with other relevant departments and agencies. Having established interagency forums and pre-emergency working relationships between finance and health agency representatives facilitated rapid and effective cooperation and information exchange that otherwise would have taken time to develop during the emergency.

2. Early and robust engagement with the private sector

Partnerships form the foundation of successful public health emergency or disaster response. During the COVID-19 response, the U.S. government established or leveraged unique relationships with private sector partners. The U.S. government views public-private cooperation as a key component of overall preparedness for public health emergencies. It works with industry partners, including through financing for specific outcomes, to promote the research and development, manufacturing, procurement, deployment, allocation, and administration of the necessary vaccines, therapeutics, diagnostics, and medical devices for response to future public health emergencies. These partnerships help the United States attain its health preparedness requirements, while simultaneously establishing familiarity with private sector partners and their capabilities. The partnerships also enable planning that integrates critical stakeholders, defines clear roles and responsibilities, and facilitates more rapid responses with the capabilities of U.S. and worldwide healthcare manufacturers and infrastructure, as demonstrated during the COVID-19 response. The rapid development of SARS-COV-2 mRNA vaccines was possible because of the more than a decade of NIH-supported laboratory research, which laid the groundwork for the rapid development of mRNA vaccines in the first 100 days of the COVID-19 pandemic. Close and longstanding partnerships with private sector partners were essential to develop and refine mRNA vaccine platforms. Our longstanding relationships with industry partners also facilitated decision-making

regarding which candidate products were the most promising and which developers were best positioned to rapidly advance products through clinical trials and commercial scale manufacturing.

3. **Pre-established working-level relationships between finance and health and having a concrete collaboration agenda**

The U.S. Treasury and HHS had established informal working relationships prior to the pandemic, which complement the formal policy coordination process that the National Security Council convenes. This coordination between our agencies was more opportunistic than strategic but touched on health issues, such as financing for pandemic preparedness and global health security, HIV/AIDS, or areas with overlap with the broader development agenda. Over time, these channels helped build trust and a strong working relationship that were ultimately valuable in the early days of the COVID-19 pandemic, when it was critical to exchange information that was relevant, timely, and accurate. Based on our experience, we see value in creating the working-level staff positions in both finance and health ministries that can serve as dedicated focal points to build institutional relationships over time. Treasury and HHS have continued this open dialogue today and, more importantly, have developed a more strategic and concrete agenda around which to collaborate. Our experience has taught us that collaboration for the sake of collaboration is not as helpful as having a specific agenda and work program.