



PARALLEL SESSION 1.4

FINANCING PANDEMIC PREPAREDNESS: WHERE IS THE MONEY?





| BACKGROUND

Recent experiences with the Ebola, Zika, and SARS outbreaks, among others, have underscored the need for countries to invest in pandemic preparedness, and to do so not only from a health perspective but also from an economic perspective: the socio-economic cost of outbreaks is often proportionally much larger than the corresponding impact on mortality and morbidity.

The International Working Group on Financing Preparedness (IWG) has recently made several recommendations to integrate pandemic preparedness into international macro-economic and market assessments that determine the availability of concessionary and other international financing eligible lower and middle income countries.

To date, however, what has largely been missing in global and country-level discussions is a systematic understanding about adequacy and modality of current financing arrangements for health security. Part of pandemic preparedness is embedded in health financing and service delivery. Part also deals with animal health which is the responsibility of livestock/agriculture sector. In addition to its multisectoral nature, there are contingency financing arrangements for pandemic preparedness that may or may not be linked to how countries manage other natural or man-made disasters. There is also risk that health security and pandemic preparedness may get lost in health financing transition that focuses more on financial protection and access to individual services than public goods.

Given the complexity of pandemic preparedness, better understanding of the current financing landscape would enable an informed dialogue on financing gaps and how best they could be filled given domestic and international fiscal constraints. The nature of health security implies that some of the objectives and functions that may be applicable to a generic health financing system would need to be amended to consider some of the unique characteristics of the specific sub-set of activities that constitute health security.

| OBJECTIVES

The objective of this session is to discuss issues on financing health security within the broader context of trends in health and public financing more generally. Specifically, the session will:

- Provide an overview of how to conceptualize and estimate financing for health security, including preparedness, response and recovery;
- Present and discuss some preliminary findings on health security financing analysis from select countries, including a 10-year evaluation of OIE PVS Pathway and gap analysis to strengthen/finance veterinary services;
- Examine key domestic policies and interventions to ensure sustainable financing for pandemic preparedness and opportunities for mobilizing domestic and international financing for rapid response.











Panelist

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Dr Naoko Yamamoto Assistant Director-General Universal Health Coverage and Health Systems World Health Organization Dr Naoko Yamamoto graduated from Sapporo Medical University with the coveted degree of MD in 1985. She began her career at the Planning Division of the Health Policy Bureau at the Ministry of Health and Welfare (MHLW) of Japan. After a time spent at the Health Guidance Division, Health Department, Health and Medical Bureau, City of Yokohama of Kanagawa prefecture, she worked at the Planning and Coordination Bureau, Environment Agency of Japan between 1989 and 1990. During this period, she also continued her epidemiological research activities and was conferred PhD degree from Okayama University in 1990. In 1991-1992, she studied in Johns Hopkins School of Public Health with the coveted degree of MPH. She then came back to the Ministry of Health and Welfare as Deputy Director for communicable diseases between 1992 and 1994. After that, she worked in several offices and divisions at the MHLW including the office of organ transportation and division of blood and blood products. She was also seconded to the Department of Health and Environment, the Sasebo City Office of Nagasaki prefecture as Director, to the Urayasu City of Chiba prefecture as Deputy Mayor, and to the Health and Welfare Department, the Chiba prefectural Government as Senior advisor for Governor. In 2004-2007, she worked in the Permanent Mission of Japan to the United Nations as Counsellor. In 2009-2011 she was appointed Director of the Health and Medical Division of the Bureau of Personnel and Education at the Ministry of Defense (MOD). At that time she was the first lady director in the MOD in Japan. In 2011-2013 she was appointed Director of Division for Rare Diseases, MHLW, and worked on creating a new medical and welfare system for rare diseases patients. In 2015-2016, she was Assistant Minister for Global Health at the Ministry of Health, Labour and Welfare, with Health Industry Strategy added to her responsibility in July 2016, and she became Senior Assistant Minister for Global Health as the first lady medical doctor in Japan. Since October 2017, she has been the Assistant Director-General for the Universal Health Coverage and Health Systems Cluster at the World Health Organization.



