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Strong and Resilient National Public Health System

Auditing Implementation of Sustainable Development Goals

Algemene Rekenkamer

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The SAI is tasked with the assessment of the effectiveness and legality of the country's revenues and expenditures. This in accordance to article IV.5 of the Constitution of Aruba.

The audit of the financial and material management of public funds in the broadest sense, regardless of what form that management has been given, is the responsibility of the SAI. This is according to article 1 of the SAI Ordinance.

Algemene Rekenkamer

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Foreword

This is the report, Strong and Resilient National Public Health System; Auditing Implementation of Sustainable Development Goals, of the Supreme Audit Institution (SAI) Aruba. This audit is a particular type of performance audit and is based on the International Organization of Supreme Audit Institutions (INTOSAI) Development Initiative's SDGs Audit Model (ISAM). With this audit, SAI Aruba provides Parliament, government and the community with insight into the actions taken so far and what still needs to be done by the government to achieve a resilient national public health system, linked to the Sustainable Development Goal (SDG) 3d.

This audit was an initiative of the INTOSAI Development Initiative (IDI) and was conducted as a cooperative audit with the participation of 34 countries around the world. The audit took place in the period from October 25, 2021, through November 4, 2022. Next to having a resilient health system that is ready to cope with any public health crisis, another key outcome of this initiative is to see more equitable access to public health systems and prioritization of vulnerable groups for example, women, people with disabilities or other disadvantages, the poor and people at-risk. Subsequently, after the publication of this report, SAI Aruba will develop an SDG audit portfolio and set priority SDG topics for the next three to five years.

This report includes both findings and recommendations to address the shortcomings of the current health system. SAI Aruba urges the government to consider these recommendations and to take the necessary steps toward strengthening the public health systems capacity in Aruba. The achievement of the SDG 3d target requires a whole-of-government approach. Therefore, it is vital that the various ministries, stakeholders, and vulnerable groups work together to strengthen Aruba's national health system.

SAI Aruba extends its gratitude towards Caribbean Organisation of Supreme Audit Institutions (CAROSAI) and IDI for the opportunity to take part in this project, and for their support during this audit. SAI Aruba would like to thank the Government of Aruba, stakeholders, and representatives of the vulnerable groups for their cooperation and valuable information during this audit.

Algemene Rekenkamer (SAI Aruba)
March 14, 2023

Resumen

Den e rapport aki, Algemene Rekenkamer ta presenta e resultadonan di e investigacion di e accionnan cu gobierno a tuma pa haci e sistema di salud publico di Aruba resiliente, cual ta relaciona na e metanan di desaroyo sostenibel - *Sustainable Development Goal* (SDG) 3d. SDG 3d ta relaciona na evento di pandemia y ta enfoca riba mehoracion di e sistema di alarma na tempo pa e riesgonan mundial di salud.
Aruba no a defini e metanan ni tampoco e indicadornan pa SDG 3d. Sinembargo, tin un *National Strategic Framework for Health Sector* (NSF) cu ta inclui e prioridadnan pa fortalece efectividad, eficiencia, transparencia y responsabilidad den e sistema di salud.

E obhetivo principal di e investigacion tabata pa examina con gobierno a fortalece capacidad di e sistema di cuido di salud pa por pronostica, preveni y prepara pa e riesgonan di salud publico y si gobierno a haci uzo di e experiencia adkiri durante e eventonan recien di salud publico.
A cubri e investigacion den tres pregunta:

1. Tin un cuadro di ley y maneho, como tambe e acuerdonan institucional vigente pa mehora e capacidad pa pronostica, preveni y prepara pa riesgonan di salud publico?
2. Con gobierno ta garantisa cu e recursonan rekeri ta existi pa e por fortalece e capacidad necesario pa pronostica, preveni y prepara pa e riesgonan di salud publico?
3. Con gobierno ta determina periodicamente e riesgonan, monitoria[1], evalua y raporta riba e capacidad actual pa por pronostica, preveni y prepara pa e riesgonan di salud publico?

E coleccion di data pa e investigacion aki ta consisti di analisis di documento, entrevista cu diferente stakeholder importante den e sector di salud y maneho di riesgo durante calamidad. Adicionalmente a haci un encuesta entre e stakeholdernan relevante cu ta forma parti di e crisis team y organisacionnan cu ta e representa gruponan vulnerabel na Aruba. Algemene Rekenkamer tambe a analisa e presupuestonan di Pais Aruba (gobierno) [2] y institutonan gubernamental, plannan, documentonan di maneho y reportahenan cu diferente stakeholder local y organisacion internacional a desaroya riba e tema di salud publico y maneho di riesgo durante calamidad. E investigacion a tuma luga den e periodo di 25 di october 2021 te cu 4 di november 2022.

Akinan ta sigui e resultadonan.

[1] Den e contexto di vigilancia y tuma accion, monitoria ta referi na e control rutinario y continuo di e implementacion di e actividadnan di vigilancia plania (monitoria e implementacion di e plan di accion) y e funcionamento general di e vigilancia y systemanan di reaccion (*WHO* 2014).
[2] Akinan nos ta referi na gobierno pa ta mas conforme e uzo di e palabra den lenguahe comun.

Pregunta 1

A tuma accionnan pa obtene un cuadro adecua di ley y maneho, pero esakinan no ta completa ainda.

Ta actualisando e cuadro di ley y maneho pa facilita implementacion di e Ordenansa di Sanidad Internacional - *International Health Regulations* (IHR) 2005.

Ta desaroyando maneho pa atende cu e retonan actual di salud na Aruba, entre otro a desaroya e NSF den e contexto di acceso universal na salud (*universal access to health)* y cobertura universal di salud (*universal health coverage).* Sinembargo, e plannan concreto y actividadnan operacional pa e manehonan aki no ta defini ainda.

Otro paso importante tabata pa actualisa e cuadro legal. A adapta e Ordenansa Nacional di Enfermedadnan Contagioso na 2019 y a traha un Ordenansa Nacional pa Salud Publico (*Landsverordening Publieke Gezondheid*) nobo. Door di e cambionan den e cuadro di ley, a aboli e Ordenansa Nacional di Salud anterior y cu esaki tambe e tareanan principal y autoridad di Departamento di Salud Publico (DVG), cu tin un rol vital den fortalece e sistema di salud. Como resultado, a segmenta e tareanan di DVG entre e diferente leynan existente.

E legislacion di Aruba ta tene cuenta cu derecho humano y no ta diferencia den su ciudadanonan pa cu cuido di salud. Den e contexto aki, ta considera e necesidadnan di esnan mas vulnerabel den e legislacion. Sinembargo, no tin un identificacion cla di e gruponan vulnerabel y nan necesidadnan. Door di esaki no tin claridad tampoco si enberdad ta considera e necesidadnan di esnan vulnerabel den e plannan y accionnan tuma. Apesar di tin legislacion no-discriminatorio, gobierno mester inclui e accionnan specifico den nan maneho y plannan di emergencia pa sigura cu e necesidadnan di esnan mas vulnerabel ta atendi debidamente. Door di tin un clausula no-discriminatorio den e ley no ta suficiente pa sigura cu ningun persona ta keda atras (*No one is left behind*).

Pa motibo cu e cuadro di maneho y ley ainda ta den proceso di actualisacion, e legislacion no ta coincidi completamente cu maneho y plannan, resultando den algun deficiencia entre e cuadro di maneho y ley.

Pregunta 2

Recursonan pa fortalece e capacidadnan pa pronostica, preveni y prepara pa riesgonan di salud publico no ta sigura.

E presupuestonan di gobierno pa 2020 y 2021 ta contene intencionnan di maneho relaciona cu mehoracion di capacidad pa pronostica, preveni y prepara pa e riesgonan di salud publico. Sinembargo, no tin alocacion specifico di e recursonan financiero pa ehecuta e manehonan aki. E informacion di e maneho den e presupuestonan di gobierno no ta ofrece un imagen completo di e coherencia entre e obhetivonan, actividadnan y costonan envolvi. Door cu e gobierno di Aruba no tin fondo specifico destina pa atende cu e pandemia *Coronavirus disease 2019* (COVID-19) of e riesgonan similar di salud publico, gobierno a implementa un presupuesto di emergencia na 2020 pa cubri e gastonan relaciona cu e pandemia di COVID-19. Pa por cubri e presupuesto adicional aki, gobierno a ricibi ayudo di likides for di Hulanda den 2020 y 2021. Hulanda a duna esaki den forma di un prestamo, cu a bini cu varios condicion mara na dje. Un di e condicionnan ta e reduccion structural di Afl. 60 miyon[3] pa aña for di e presupuesto di Seguro General di Salud (AZV). E reduccion den e presupuesto di AZV lo por tin impacto riba e cobertura di salud y acceso na cuido di salud.

[3] 1 U.S. Dollar ta igual cu 1,78 Florin di Aruba (Afl.).

Na momento di prepara e presupuesto di gobierno, ta considera den e proceso, tur stakeholder cu ta involvi den e planeamento, proceso di presupuesto y cu ta responsabel pa fortalece e capacidad di salud. Sinembargo, pasobra e presupuesto di gobierno ta someti na e normanan di presupuesto, no ta garantisa cu ta aloca debidamente tur fondo necesario pa atende cu tur necesidad di e stakeholdernan relevante. E informacion di maneho inclui den e presupuesto di gobierno 2020 y 2021 no ta duna suficiente informacion riba e necesidad di e gruponan vulnerabel. E costonan relaciona na e metanan of maneho tampoco ta specifica den e presupuesto di gobierno.

Pregunta 3

No tin un sistema pa evalua periodicamente e capacidad pa pronostica, preveni y prepara pa e riesgonan di salud publico.

Un aspecto importante pa garantisa resiliencia, ta e existencia di un sistema pa evalua e capacidad pa pronostica, preveni y prepara pa e riesgonan di salud publico di un pais. Na Aruba no tin un sistema pa garantisa cu e institutonan y entidadnan di gobierno riba tur nivel, ta alinea na momento di determina riesgo, monitoria, evalua y raporta riba e capacidad di e sistema di salud pa por pronostica, preveni y prepara pa e riesgonan di salud publico. Aruba no tin un entidad central di gobierno cu ta conduci y coordina evaluacion riba e capacidad di e sistema di salud. Sinembargo, ta evalua algun aspecto di e capacidad di e sistema di salud durante entrenamento di calamidad cu Departamento di Calamidad (BRA) ta coordina, ya cu tin un proceso pa asistencia medico den e plan di calamidad. Gobierno no tin un mecanismo estableci pa sigura cu e deficiencianan constata durante di un evaluacion di e capacidad di e sistema di salud, ta debidamente atendi.

Conclusion

Gobierno a tuma accion pa fortalece e capacidad di e sistema di cuido di salud pa pronostica, preveni y prepara pa e riesgonan di salud publico. Durante e pandemia di COVID-19, gobierno di Aruba a haci esfuerso grandi pa sigura e salud y bienestar (social) di tur ciudadano. Sinembargo, mester completa y implementa e iniciativanan tuma door di gobierno pa por garantisa un sistema di salud resiliente. Un prioridad den e iniciativanan ta establecimento di e Ordenansa Nacional di Salud Publico pa asina facilita e formulacion y implementacion di maneho. E garantia di recursonan necesario ta crucial pa fortalece e capacidad di e cuido di salud, pa ta bon prepara pa cualkier calamidad di salud publico y pa sigui garantisa seguridad di salud y cobertura universal di salud. Pa e motibo aki, un sistema di salud y financiamento di emergencia sostenibel ta vital.

Recomendacionnan riba e cuadro di ley/maneho y acuerdonan institucional

Na e minister di Salud Publico:

- Defini e metanan y indicadornan pa SDG 3d. Percura cu e metanan aki y strategianan di salud ta alinea cu otro. Envolve tur stakeholder relevante pa crea sosten y compromiso pa asina tur esnan envolvi por tuma accion efectivo pa logra e metanan aki.
- Finalisa e proceso di legislacion tocante e Ordenansa Nacional nobo di Salud Publico y inclui e reglanan pa proteccion di salud y e medidanan pa promocion di salud pa e poblacion. Na momento di implementa e legislacionnan nobo, mester sigura nan ehecucion y cumplimento debidamente. E minister di Salud Publico mester percura pa e mandato necesario y capacidad pa por monitoria y reenforsa e legislacionnan aki.

- Finalisa y implementa e plannan di accion cu ta den desaroyo actualmente cu ta atende cu salud publico. Mester duna prioridad na e elaboracion di e NSF den maneho concreto y e plannan di implementacion, incluyendo e indicadornan y un marco di tempo specifico. Mester desaroya e structura di monitor y evaluacion pa por monitoria e implementacion di e plannan aki. Na momento di desaroya e plannan di accion, mester considera e capacidad, tanto di personal como e recursonan financiero di e pais.
- Percura pa yega na beneficio mutuo den e colaboracion cu e paisnan den Reino Hulandes pa mehora Aruba su preparacion pa pandemia. Haci palabracion y protocol cla, specialmente riba e colaboracionnan pa mehora e capacidad.
- Percura pa un identificacion cla y uniforme di esnan mas vulnerabel (na riesgo) durante un crisis di salud publico. Mester considera e aporte di e representantenan di e gruponan aki como tambe nan necesidadnan ora di defini e plannan y medidanan pa evento di crisis di salud publico. Accionnan specifico tambe mester keda inclui den e plannan, pa asina garantisa cu e necesidadnan di e gruponan vulnerabel ta atendi.

Na e minister di Asuntonan General:

- Finalisa y modifica adaptacion di e Ordenansa Nacional di Calamidad pa por tin un miho alineacion entre e ley y funcionamento den practica. Asina ta percura cu e structura di e plan di calamidad ta keda legalmente reenforsa.

Recomendacionnan riba e recursonan pa fortalece e capacidad di e sistema di salud

Pa e minister di Salud Publico:

- Percura pa duna prioridad na e obhetivonan di e maneho cu ta relaciona na fortalece e capacidad pa pronostica, preveni y prepara pa e riesgonan di salud publico. E prioridadnan mester ta basa riba e necesidadnan di capacidad di salud publico, como tambe e posibilidadnan financiero. Sigura cu e calculacion di gasto ta confiabel y cu esaki ta debidamente documenta, sea den e presupuesto y/of den e documentonan di maneho.
- Mehora e documentacion di entre otro maneho, e evaluacionnan haci y con ta determina e necesidadnan di e gruponan vulnerabel. E documentacion mester duna claridad, ki accion gobierno ta tuma y con ta atende cu esaki den e presupuesto di gobierno. E costonan relaciona cu e accionnan pa cumpli cu e necesidadnan di e gruponan vulnerabel mester ta evidente.

Na e minister di Salud Publico y e minister di Finansa:

- Den bista di e reforma di e Seguro General di Salud, tuma na consideracion e medidanan cu ta garantisa seguridad di salud y cobertura universal di salud, manera acceso, calidad y cuido di salud pagabel. Teniendo na cuenta e limite financiero di Pais, mester percura pa logra un sistema di salud resiliente na un manera economico. Pa esaki, considera e posibilidad pa desaroya un strategia financiero pa fortalece e financiamiento di salud. Haci uzo akinan di e guia[4] di *World Health Organization* (WHO). Percura pa e strategia financiero di salud ta parti di y integra den e NSF.
- Percura pa haci e proceso di e legislacion, pa e establecimento di e fondo di emergencia, na un manera efectivo pa asina e legislacion por finalisa mas lihe posibel. E ta di gran importancia cu e fondo di emergencia estableci ta cumpli cu e principionan di contabilidad y transparencia.

[4] Por ehempel *Developing a National Financiing Strategy: a reference guide (*WHO).

Recomendacionnan riba evaluacion di capacidad di e sistema di salud

Na e minister di Salud Publico:

- Provee DVG e mandato legal y capacidad necesario, pa por coordina y haci evaluacion y asina determina riesgo, monitoria, evalua y raporta riba e capacidad di e sistema di salud pa por pronostica, preveni y prepara pa e riesgonan di salud publico.
- Percura pa strategia efectivo pa por determina, monitoria, evalua y raporta riba e capacidad pa por pronostica, preveni y prepara pa e riesgonan di salud publico. E strategianan mester inclui e frecuencia cu e evaluacionnan mester tuma luga y procedura pa raporta e resultadonan na e diferente stakeholdernan y organonan di supervision. Mester percura cu tur e entidadnan envolvi ta cumpli tambe cu registracion di e resultadonan manera e proceso ta prescribi.
- Percura pa un sistema pa atende cu e deficiencianan identifica na un manera eficiente y efectivo. Un aspecto cu mester tene cuenta cune akinan ta pa garantisa cu necesidad di tur persona ta inclui (leave no one behind). Mester inclui tambe e proceduranan pa envolve tur e stakeholdernan concerni, monitoria e accionnan tuma pa soluciona e deficiencianan y garantisa coherencia di e accionnan aki cu e maneho di gobierno. Procedura pa comparti e informacion riba e deficiencianan constata, cu e partnernan internacional, tambe mester ta inclui.

Tanto e Minister di Asunto General como e Minister di Salud Publico, hunto cu e Minister di Finansas a duna nan opinion riba e rapport. E contestanan no tabata dirigi riba e conclusionnan y recomendacionnan y p'esey nan no ta duna un opinion claro di e ministernan riba e recomendacionnan. E accionnan cu ta basa riba e conclusionnan y acuerdo cu a resulta for di e di cuater consulta ehecutivo entre e paisnan den Reino, como parti di e colaboracion pa cu implementacion di e IHR, ta riba e mesun liña cu nos recomendacionnan. Sinembargo, e accionnan aki no ta duna suficiente informacion riba progreso di e accionnan, kico specifico a haci, ta haci y riba ki termino lo finalisa esakinan. Algun di e recomendacionnan aki ta vital pa por logra un sistema di salud resiliente. Esakinan ta por ehempel, progreso riba e Ordenansa Nacional pa Salud Publico nobo, financiamento di e fondo pa emergencia cu ta crea of e accionnan pa garantisa cu e necesidadnan di e personanan mas vulnerabel ta ser atendi den e plannan y maneho. Algemene Rekenkamer ta di opinion, cu e iniciativanan cu a tuma y e esfuersonan realisa pa fortalece e sistema di salud publico di Aruba ta pasonan hopi positivo pa por logra resiliencia. P'esey, gobierno mester percura pa progreso y continuacion di e desaroyonan cu ya caba ta tumando lugar pa por fortalece e sistema di salud y sigui traha abase di experiencianan adkeri, *best practices* y standardnan internacional cu ta aplicabel.

Summary

In this report, the Supreme Audit Institution (SAI) presents the findings of the audit of the government's actions towards resiliency of Aruba's national public health system, which is linked to Sustainable Development Goal (SDG) 3d. The SDG 3d relates to pandemic events and focuses on improving early warning systems for global health risks.
Aruba has not defined targets, nor indicators for the SDG 3d. However, there is a National Strategic Framework for Health Sector (NSF) that includes priorities for strengthening effectiveness, efficiency, transparency, and accountability in the health system.

The main objective of the audit was to examine to what extent the government has strengthened the healthcare system's capacity to forecast, prevent and prepare for public health risks and how the government built on emerging lessons learned from recent public health events.
The audit objective was set out into three audit questions:

1. To what extent are legal and policy frameworks and institutional arrangements in place to enhance capacities to forecast, prevent and prepare for public health risks?
2. How is the government ensuring that the required resources are in place to strengthen the capacities needed to forecast, prevent and prepare for public health risks?
3. How does the government periodically assess risks, monitor[5], evaluate, and report on its current capacities to forecast, prevent and prepare for public health risks?

The data collection for this audit consisted of document analysis, interviews with different key stakeholders in the health sector and disaster risk management. Additionally, a survey was sent to the relevant stakeholders that are part of the crisis team and to organizations that represents the vulnerable groups. The SAI also reviewed the budgets of the government and its institutions, plans, policies and reports developed by different local stakeholders and international organizations on the subject of public health and disaster risk management. The audit took place in the period from October 25, 2021, through November 4, 2022.

The key findings for the audit are presented next.

[5] In the context of surveillance and response, monitoring refers to the routine and continuous tracking of the implementation of planned surveillance activities (monitoring the implementation of the plan of action) and of the overall performance of surveillance and response systems (WHO 2014).

Audit question 1

Actions have been taken towards obtaining an adequate legal and policy framework, but these are not completed yet.

The legal and policy framework is being updated to facilitate the implementation of the International Health Regulations (IHR) 2005[6].

Policies are being developed addressing the current health challenges in Aruba, such as the NSF that was developed within the context of universal access to health and universal health coverage. However, concrete plans and operational activities for these policies are not yet defined.

Another important step was to update the legal framework. The Ordinance for Infectious Diseases was adapted in 2019 and a new Public Health Ordinance (*Landsverordening Publieke Gezondheid*) is being drafted. Because of changes in the legal framework, the outdated Health Ordinance was abolished and with it the main tasks and authority of the Department of Public Health (DVG), which has a vital role in strengthening the health system. As a result, the tasks of the DVG remain segmented between various legislations.

The Aruban legislation takes into account the human rights and does not differentiate its citizens with regards to receiving healthcare. Within this context, the needs of the most vulnerable are considered in the legislation. However, there is no clear identification of the vulnerable groups and their needs and therefore, it is unclear to what extend the needs of the vulnerable are considered in plans and response actions. Despite having nondiscriminatory legislation, government should include specific actions in policies and emergency plans to address the needs of the vulnerable. Having a no-discrimination provision in the law is not enough to ensure that no one is left behind.

Because policy and legal framework is still being updated, there is no complete alignment yet of policies and plans with regulations resulting in gaps between policies and legal framework.

Audit question 2

Resources to strengthen the capacities to forecast, prevent and prepare for public health risks are not ensured.

The government's budgets for 2020 and 2021 contain policy intentions related to enhancing capacities to forecast, prevent and prepare for public health risks. However, there is no specific allocation of financial resources for these policies. The policy information in the government's budgets does not provide a complete picture on the coherence between the objectives, activities, and related costs. Since the Government of Aruba does not have a fund specifically earmarked to tackle a Coronavirus disease 2019 (COVID-19) pandemic or similar public health risks, the government implemented an emergency budget to finance the COVID-19 related expenses. To cover this additional budget, the government received liquidity support from the Netherlands in 2020 and 2021. This liquidity support was granted in the form of a loan which came with multiple conditions. One of these conditions is the structural reduction of Afl. 60 million[7] annually of the General Health Insurance (AZV) budget. The reduction on AZV's budget may impact the health coverage and access to healthcare.

When preparing the government's budget, all stakeholders involved in planning, budgeting and strengthening of the health capacities are considered in the process. Because the government's budget is subjected to norms, there is no certainty that funds are allocated to address all the needs of all relevant

[6] A legally binding instrument of international law, which has its origin in the International Sanitary Conventions of 1851, concluded in response to increasing concern about the links between international trade and the spread of disease (cross-border health risks).

[7] 1 U.S. Dollar is equivalent to 1,78 Aruban Florin (Afl.).

stakeholders. The policy information in the government's budget for 2020 and 2021 is insufficient transparent to provide information on eventual needs of vulnerable groups. Neither are the costs related to targets or policies specified in the government's budget.

Audit question 3

There is no system in place for periodical assessment of capacities to forecast, prevent and prepare for public health risks.

An important aspect to guarantee resiliency is to have a system in place that assesses the countries capacity to forecast, prevent and prepare for public health risks. There is no system in place to guarantee that the government institutions and entities at different levels are aligned when undertaking risk assessments, monitoring, evaluating and reporting regarding health system capacity to forecast, prevent and prepare for public health risks. Aruba does not have a central government entity that conducts and coordinates assessments in health system capacity. However, some aspects of health system capacity is assessed during calamity trainings coordinated by the Crisis Management Office (BRA) since there is a process for medical assistance in the calamity plan. The government does not have a mechanism in place to ensure that the gaps identified in assessments of health system capacity are addressed accordingly.

Conclusion

The government has taken actions to strengthen the healthcare system's capacities to forecast, prevent and prepare for public health risks. During the COVID-19 pandemic, the Government of Aruba made great efforts to ensure the health and (social) well-being of all citizens. These initiatives taken by the government should however be completed and implemented to guarantee the resiliency of the health system. A priority within the initiatives is the establishment of a Public Health Ordinance to facilitate policy making and implementation. Also, ensuring the required resources needed to strengthen the healthcare capacity to be well prepared for any public health calamity and to keep ensuring health security and universal health coverage is crucial. Therefore, a sustainable health and emergency financing system is vital.

Recommendations regarding the legal/policy framework and institutional arrangements

To the Minister of Public Health:

- Define specific SDG 3d targets and indicators. Make sure these targets and health strategies are aligned. Involve all relevant stakeholders to create support and commitment so that everyone involved takes effective actions to achieve these targets.
- Finalize the legislative process regarding the new Ordinance for Public Health and include provisions for health protection and health promotion measures for the population. When implementing new regulations, make sure these are enforced. The Minister of Public Health must provide the required mandate and capacity for the monitoring and enforcement of these regulations.
- Finalize and implement the action plans addressing public health that are currently under development. Priority should be given to the elaboration of the NSF into concrete policies and implementation agendas with indicators and time frames. A Monitoring and Evaluation Framework should be developed, to monitor the implementation of these plans. When developing action plans, the country's capabilities, both in human and financial resources, should be considered.
- Ensure mutually beneficial outcomes from the partnership with countries in the Kingdom of the Netherlands (Dutch Kingdom) to improve Aruba's pandemic preparedness. Make clear agreements and protocols, especially regarding collaborations to enhance capacities.

- Ensure that there is a clear and uniform identification of those who are most vulnerable ('at risk') during a public health crisis. The input of the representatives of these groups should be considered as well as their needs, when defining plans and measures in the event of a public health crisis. Specific actions should also be included in the plans to ensure that the needs of those vulnerable are addressed.

To the Minister of General Affairs:

- Finalize and amend the adaptation of the Calamity Ordinance so that there is a better alignment between law and practice and that the structure of the calamity plan is also legally enforced.

Recommendations regarding resources for strengthening the health system capacity

To the Minister of Public Health:

- Ensure that there is a clear prioritization of policy objectives related to strengthening the capacities to forecast, prevent and prepare for public health risks. The prioritization should be based on public health capacity needs and the financial feasibility. Ensure that estimates are reliable and properly documented, either in the budget and/or the policy document.
- Improve the documentation in policies, on the assessments and identification of needs of the vulnerable groups, as well as how and when these are addressed in the government budget. Also, ensure that the costs related to the actions for addressing the needs of the vulnerable groups are clearly indicated.

To the Minister of Public Health and the Minister of Finance:

- In view of the reform of the General Health Insurance, take into consideration measures that ensure health security and universal health coverage, such as accessibility, quality and affordability of the healthcare. Taking the national financial constraint into account, building health resilience should be cost effective. Consider therefore, the development of a health financing strategy to strengthen national health financing; make hereby use of World Health Organization's (WHO's) guidance[8]. Ensure that the health financing strategy is part of, and integrated within, the NSF.
- Ensure that the legislative process for the establishment of the preparedness fund is carried out effectively so that the legislation can be completed as quickly as possible. It is of great importance that the established preparedness fund complies with the principles of accountability and transparency.

Recommendations regarding assessment of the health system capacity

To the Minister of Public Health:

- Provide the DVG with the legal mandate and necessary capacity, to be able to coordinate and conduct risk assessments, and monitor, evaluate and report regarding health system capacity to forecast, prevent and prepare for public health risks.
- Ensure that there is an effective strategy for assessing, monitoring, evaluating and reporting on capacities to forecast, prevent and prepare for public health risks. The strategy should include how frequent the assessments should take place and procedures for reporting to the various stakeholders and oversight bodies. The compliance of all the entities involved, for recording findings should be enforced.

[8] For example Developing a National Financing Strategy: a reference guide (WHO).

- Ensure that there is a system in place for efficiently and effectively addressing the identified gaps. The system should consider the aspect of leaving no one behind and include procedures for involving all stakeholders, monitoring actions taken to address gaps, ensuring coherence of these actions with the government policies. Procedures for sharing of information regarding gaps with (international) partners should also be included.

Both the Minister of General Affairs and the Minister of Public Health together with the Minister of Finance gave their feedback on the report. The responses did not focus on the conclusion and recommendations and therefore do not give a clear opinion of the ministers on the recommendations. Point of actions based on the conclusions and agreement derived from the fourth executive consultation as part of the Dutch countries' partnership for the IHR implementation are in line with some of our recommendations. However, these actions do not sufficiently provide for several vital recommendations, such as the progress on the new Ordinance for Public Health, the financing of the emergency fund which is in the process of being set up or actions to ensure the needs of those vulnerable are addressed in the plans and policies. In SAI Aruba's opinion, the initiatives taken and efforts being done to strengthen the Aruban public health system are very positive steps in achieving resiliency. Therefore, the government should ensure the progress and continuation of the developments already initiated to strengthen the public health system and continue building hereon based on the lessons learned, best practices and applicable international standards.

1 Introduction

A pandemic impacts all aspects of society and their citizens. As many other countries, Aruba also faced an unprecedented health, social and economic crisis due to the global outbreak of the Coronavirus disease 2019 (COVID-19) pandemic. To mitigate the impact, the Government of Aruba had to react quickly and decisively. This brings up the question on how strong and resilient the national public health system of Aruba is.

1.1 Sustainable Development Goals

In 2015, all United Nations (UN) member states adopted the Sustainable Development Goals (SDGs). The SDGs provide a shared blueprint for peace and prosperity for people and the planet, now and into the future. The 2030 Agenda for sustainable development consists of 17 SDGs, an urgent call for action by all developed and developing countries in a global partnership. Of the 17 SDGs, SDG 3 focuses on good health and well-being (ensuring healthy lives and promoting well-being for all ages). The governments of each country have the primary responsibility for follow-up and review of the 2030 Agenda, at the national, regional and global levels, with regard to the progress made in implementing the SDG goals and its targets.

Target 3.d:
Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.
Indicator 3.d.1:
International Health Regulation (IHR) capacity and health emergency preparedness
Indicator 3.d.2:
Percentage of bloodstream infections due to selected antimicrobial-resistant organisms.

In its effort to achieve the 2030 agenda, the Government of Aruba developed the National Strategic Plan (NSP) 2020-2022 which consists of nine programs with 57 strategic objectives[9]. Two (2) of the outlined programs, *Quality of Life & Well-being* and *Youth Empowerment,* have strategic objectives linked to the national SDG 3 targets. Aruba has defined eight SDG 3 targets for which there are 14 indicators available[10]. The implementation of NSP 2020-2022 activities and projects is being monitored three (3) times a year by the Department of Economic Affairs, Commerce & Industry of Aruba (DEACI). After each monitoring, an NSP progress report is published. Aruba reports jointly, with the countries of the Kingdom of the Netherlands (Dutch Kingdom)[11], to the United Nations High-Level Political Forum on Sustainable Development. A joint Voluntary National Review took place in 2017 and 2022.

[9] National Strategic Plan 20120-2022: *Nos Plan, Nos Futuro 2020-2022*.
[10] Aruba Sustainable Development Goals Indicators 2021; A report on new baselines and time series analysis.
[11] The Kingdom of the Netherlands consists of four countries: The Netherlands, Aruba, Curacao and Sint Maarten.

SDG 3 has one target in particular, SDG 3d, which relates to pandemic events and focuses on improving early warning systems for global health risks. This report presents the findings of the audit of the government's actions towards the resiliency of Aruba's national public health system[12], which is linked to SDG 3d. Despite Aruba not having targets, nor indicators defined for the SDG 3d, there is a National Strategic Framework for Health Sector (NSF) that includes priorities for strengthening effectiveness, efficiency, transparency, and accountability in the health system.

SDG 3 Targets and Indicators

Targets	Indicators	Trend Analysis
3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1: Maternal mortality ratio 3.1.2: Proportion of births attended by skilled health personnel	Steady Low trend (Data 2000-2020) Well regulated (Data 2000-2020)
3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1: Under – five mortality rate 3.2.2: Neonatal mortality rate	Decreasing trend (Data 2000- 2020) Decreasing trend (Data 2000-2020)
3.3: By 2030, end of epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.	3.3.1: Number of new HIV (Human Immunodeficiency Virus) infections per 1000 uninfected population, by sex, age and key Populations 3.3.2: Tuberculosis incidence per 100.000 population 3.3.4: Hepatitis B incidence per 100.000 population 3.3.5: Number of people requiring interventions against neglected tropical diseases	Increasing trend (Data 2000-2020) Fluctuating trend ((Data 2000-2020) Fluctuating trend (Data 2000-2020) Dengue, Zika and Chikungunya deceasing trend. Scabies fluctuating trend and Leprosy stable low (Data 2000-2020)
3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease 3.4.2: Suicide mortality rate	Fluctuating trend (Data 2000-2020) Decreasing trend for males and slightly increasing trend for females (Data 2000-2020)
3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol).	3.5.2: Daily alcohol per capita consumption (aged 20 years and older)	No data Available on trend analysis
3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents.	3.6.1: Death rate due to road traffic injuries	Decreasing trend (Data 2000-2020)
3.7: By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.	3.7.2: Adolescent birth rate (aged10-14 years; aged15-19 years) per 1,000 women in that age group	Steady low trend 10-14 Decreasing trend 15-19 (Data 2000-2019)
3.9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	3.9.3: Mortality rate attributed to unintentional poisoning	Steady low trend (Data 2000-2020)

Sources: National Strategic Plan 2020-2022: Nos Plan, Nos Futuro 2020-2022. Aruba Sustainable Development Goals Indicators 2021; A report on new baselines and time series analysis.

[12] The people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health (WHO 2011).

Some of the most important initiatives from the Government of Aruba, during the period of 2016-2022, on their commitment towards the implementation of the SDGs are:

- December 2016 – Formal Establishment of the SDG commission of Aruba.
- December 2016 - Formal establishment of the SDG Indicator Working Group.
- November 2017 - Government of Aruba anchored their government national plan around the SDGs.
- December 2017 – Development of a roadmap for SDG implementation in Aruba.
- June 2018 - Formal establishment of the SDG Expert Working Group.
- August 2018 - The Council of Ministers adopted the SDG accelerators that are embedded in the Aruba SDG Roadmap.
- 2018 - Development of the SDG baseline measurement 2018 of the SDG indicators in Aruba.
- January 2020 - Development of the NSP 2020-2022.
- October 2020 – Update: Alignment NSP – Master Recovery Plan, alignment of the NSP with the Master Recovery Plan was presented.
- November 2020 – First Progress Report on the NSP 2020-2022, based on the developed Monitoring and Evaluation system to monitor the implementation of the actions of the NSP 2020-2022.
- August 2021 - The Government of Aruba anchored the Government program for 2021-2025 around the SDGs.
- September 2021 – Aruba Sustainable Development Goals Indicators 2021: A report on new baselines and time series analysis.
- July 2022 – Participation in the Kingdom of the Netherlands' Voluntary National Review on the SDGs.

Commitment from SAIs towards the realization of the SDGs include:

- The International Organization of Supreme Audit Institutions (INTOSAI) recognized the importance of the UN Agenda 2030 and included SDGs as cross-cutting priority two (2) in its Strategic Plan 2017-2022.
- INTOSAI called upon member SAIs to "contribute to the follow-up and review of the SDGs within the context of each nation's specific sustainable development efforts and SAIs' individual mandates".
- In light of the strong interest from INTOSAI and SAIs to audit SDG implementation, the INTOSAI Development Initiative (IDI) decided to continue supporting SAIs in audits of SDG implementation. The starting point of this support was the development of IDI's SDGs Audit Model (ISAM). ISAM is a practical 'how-to' guidance aimed at supporting SAIs in conducting high-quality audits of SDG implementation based on the International Standards of Supreme Audit Institutions (ISSAIs).
- As a member of the Caribbean Organisation of Supreme Audit Institution (CAROSAI) - the regional group under the umbrella of the parent body INTOSAI- the SAI Aruba (*Algemene Rekenkamer Aruba*) also contributed to the 2030 agenda by conducting a preparedness review and implementation audit for the country of Aruba in 2018[13].

1.2 Importance of the audit

Global pandemics and calamities impact the health of the citizens. The increasing frequency of these events have demonstrated the critical importance of resilient health systems in safeguarding global health

[13] Review on the preparedness for implementation of Sustainable Development Goals in Aruba, December 13, 2018.

security[14] and universal health coverage[15]. The COVID-19 is an example of the latest pandemic that has overshadowed the public health system across the world. Like many other countries, Aruba faced an unprecedented health, social and economic crisis due to the global outbreak of the COVID-19 pandemic. The public health system of Aruba was impacted severely and had to react, as it needed to be able to detect and respond to any health risks of the pandemic. The COVID-19 pandemic proves the importance of having a solid and resilient public health system.

The recent pandemic not only affected public health[16] but will also have a lasting effect on all aspects of human life. It may slow all developmental activities, including SDGs.

This audit will contribute to the strengthening of Aruba's public health system and build resilience that will lead to good health and wellbeing for all. Therefore, government efforts to strengthen capacities[17] for early warning, risk reduction and management of national and global health risks, equitable access to public health systems and prioritization of the needs of vulnerable groups[18] were considered.

1.3 Audit Questions and Scope

The purpose of the audit was to contribute to a strong and resilient national public health system that will lead to good health and well-being for all. The main objective is to examine to what extent the government has strengthened the healthcare system's capacities to forecast, prevent and prepare for public health risks[19] and how the government built on emerging lessons learned from recent public health events.

Audit Questions

1. To what extent are legal and policy frameworks and institutional arrangements[20] in place to enhance capacities to forecast, prevent and prepare for public health risks?
2. How is the government ensuring that the required resources are in place to strengthen the capacities needed to forecast, prevent and prepare for public health risks?
3. How does the government periodically assess risks, monitor[21], evaluate, and report on its current capacities to forecast, prevent and prepare for public health risks?

Annex 4 includes a breakdown of the audit questions into sub-questions and the criteria that were applied to answer each of the questions.

[14] Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries.
[15] Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.
[16] The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society (WHO 1998).
[17] Combination of all the strengths, attributes and resources available within an organization, community or society to manage and reduce disaster risks and strengthen resilience.
[18] Individuals who share one or several characteristics that are the basis of discrimination or adverse social, economic, cultural, political or health circumstances and that cause them to lack the means to achieve their rights or otherwise enjoy equal opportunities (ISO 22300:2018).
[19] Likelihood of an event that may affect adversely the health of human populations.
[20] Institutional arrangements are the policies, systems, and processes that organizations use to legislate, plan and manage their activities efficiently and to effectively coordinate with others in order to fulfill their mandate.
[21] In the context of surveillance and response, monitoring refers to the routine and continuous tracking of the implementation of planned surveillance activities (monitoring the implementation of the plan of action) and of the overall performance of surveillance and response systems (WHO 2014).

Audit Scope

This audit focuses on evaluating the actions that various ministries and public sector entities undertake to strengthen the public health system and its capacity to manage, mitigate and assess public health risks. Public health risks include both communicable diseases and non-communicable diseases (NCDs)[22].

Communication and collaboration network mechanisms between major public health institutions were examined.

In this matter the extent of policy coherence and vertical and horizontal integration was assessed. The audit also considered the actions that ensured that the needs of those vulnerable were included in policies and plans (Leave no one behind principle). Last but not least, the engagement of non-governmental stakeholders (multi-stakeholder engagement/ whole-of-society approach) was also considered in the audit.

During the audit, the SAI reviewed government budgets, the government's financial database, reports regarding Aruba's health system, policies, national strategic frameworks, calamity/contingency plans, and other action plans[23] developed for calamity or health crisis events. Several interviews were held with key stakeholders[24] in the healthcare industry to gather their input. Lastly, a survey was sent to relevant stakeholders[25] and stakeholders representing vulnerable groups to gather information as to what extent their needs were considered during the pandemic, their input on the national strategic framework, and their comments on how they experienced the past pandemic. This audit took place in the period from October 25, 2021, through November 4, 2022.

Limitations of the audit

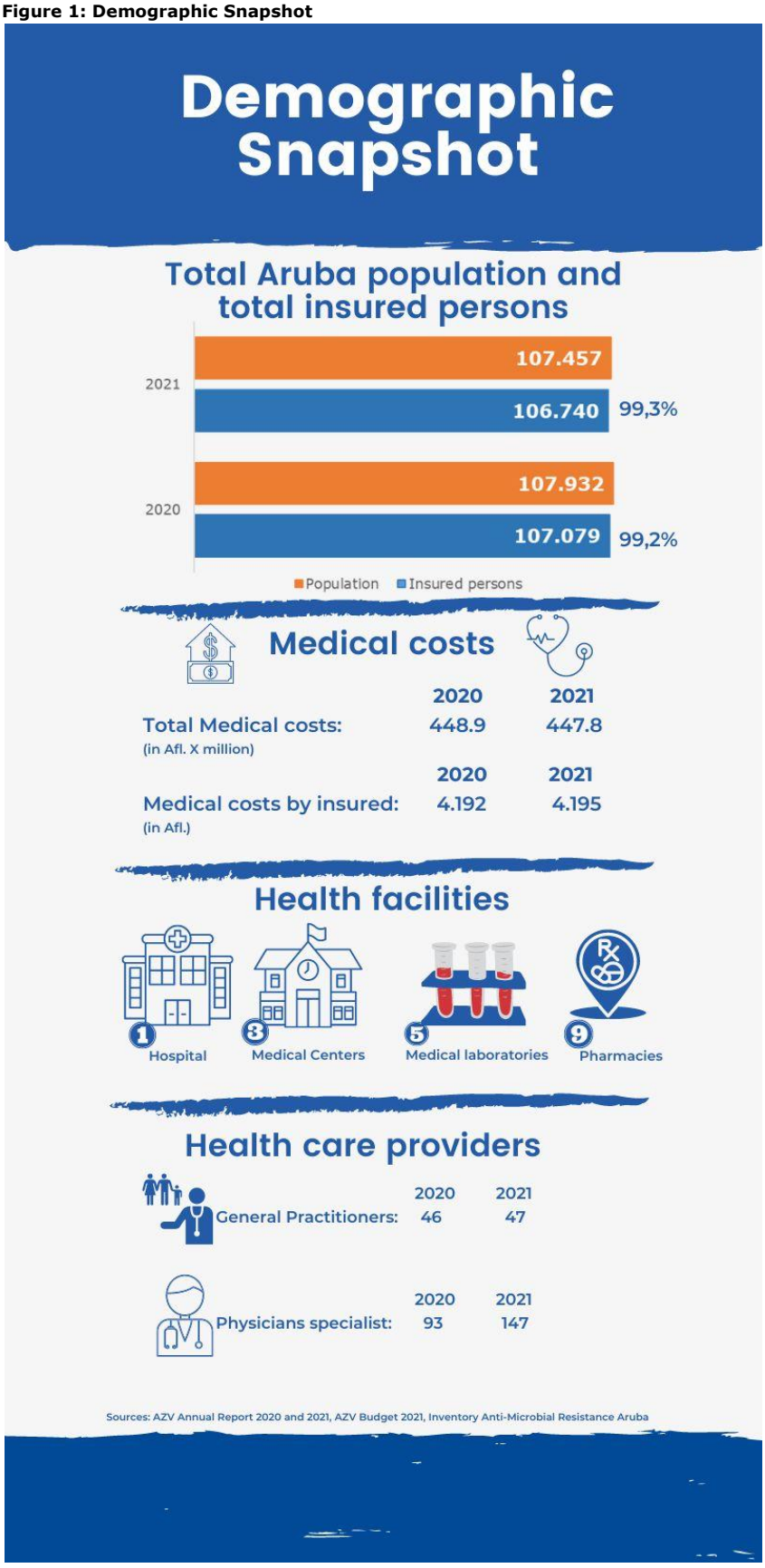
This audit focuses on the actions of the government and entities to ensure that the capacities for early warning, risk reduction and management of national and global health risks are being strengthened. This audit is not intended to assess the implementation and/or effectiveness of specific strategies nor the performance of individual entities or government departments.

1.4 Demographic Snapshot of Aruba

The following figure provides data and statistics of the health sector in Aruba. The data is divided into total population, total insured persons, total medical costs, medical costs by insured, number of health facilities and number of health care providers.

[22] The term NCDs refers to a group of conditions that are not mainly caused by an acute infection, result in long-term health consequences and often create a need for long-term treatment and care. These conditions include cancers, cardiovascular disease, diabetes and chronic lung illnesses (PAHO).
[23] Often called an 'incident action plan', this is a statement of intent that is specific to an incident or event. It details the response strategies, objectives, resources to be applied and tactical actions to be taken (WHO 2015a).
[24] Key stakeholders are the Minister of Public Health, Department of Public Health (DVG), General Health Insurance (AZV), Crisis Management Office (BRA), Dr. Horacio E. Oduber Hospital.
[25] Relevant stakeholder are part of the crisis team such as Fire Department, Police Department, Department of Social Affairs, Department of Civil Aviation, and Aruba Tourism Authority.

Figure 1: Demographic Snapshot



2 Legal/policy framework and institutional arrangements for enhancing healthcare capacities

In this chapter the SAI discusses the outcomes of the assessment of the legal/policy framework and institutional arrangements[26] that are in place and enables the enhancement of the capacities to forecast, prevent and prepare for public health risks. The SAI assessed to what extent the legal and policy frameworks are adequate and aligned with public health and emergency and disaster risk management[27]. Subsequently, it was assessed whereas the institutional arrangements considered vertical and horizontal coherence and included measures related to health security and disaster risk management. Lastly, it was assessed whether the needs of the community's vulnerable groups were addressed in both the legal/policy frameworks and institutional arrangements.

The current framework does not completely enable the enhancement of capacities to forecast, prevent and prepare for public health risks. The most critical shortcoming is the lack of a specific law regarding national public health. However, prior to the COVID-19 pandemic, the government came with initiatives related to public health by among other, developing plans for NCDs and Mental health diseases. Aruba partnered with other countries in the Dutch Kingdom for cooperation in implementing the International Health Regulation (IHR) 2005[28]. As a result, the government developed strategies to ensure the provision of sustainable quality healthcare. In addition, there are joint efforts within these countries to improve pandemic preparedness within the Dutch Kingdom. Many initiatives and actions are taking place towards strengthening the legal and policy framework since there are shortcomings in the current framework.

2.1 The legal and policy framework

Policies and legislations are considered adequate when it enables the stakeholders to perform their tasks and achieve the intended public health goals. Therefore, policies should contain clearly formulated goals, taking into consideration the six (6) 'building blocks' of health systems and should be based on reliable data. IHR core capacities are the essential capacities required to detect, assess, notify, report, and respond to public health risks and emergencies of national and international concern. Therefore, adequacy of the

[26] Institutional arrangements are the policies, systems, and processes that organizations use to legislate, plan and manage their activities efficiently and to effectively coordinate with others in order to fulfill their mandate.
[27] The application of disaster risk reduction policies and strategies to prevent new disaster risk, reduce existing disaster risk and manage residual risk, contributing to the strengthening of resilience and reduction of disaster losses (UNGA 2016).
[28] A legally binding instrument of international law, which has its origin in the International Sanitary Conventions of 1851, concluded in response to increasing concern about the links between international trade and the spread of disease (cross-border health risks).

framework is also defined by the implementation of the IHR. The legal framework should include regulations for public health risks, emergency and disaster risk management. It should also establish the responsibilities and mandate of the relevant stakeholders. The availability and accessibility of emergency funds is essential in preventing and minimizing health service disruptions. Therefore, the legal framework should include a provision for contingency financial resources.
To be able to carry out his task of improving the quality of public health and medical services, the Minister of Public Health should implement a monitoring and evaluation[29] mechanism geared towards the realization of agreed upon public health sector goals and best practices. The government should be able to adjust the policies, or the legal framework based on lessons learned.

The government has been taking important steps towards having an adequate legal and policy framework, such as developing an NSF that considers some components of the six (6) 'building blocks' of health systems. Another important step was to update the legal framework to address the implementation of the IHR, such as more stringent requirements for enhancing the surveillance for early warning and for taking early measures to control infectious diseases. Additional actions have also been taken toward implementing the IHR through a mutual agreement for cooperation between the Dutch countries. The national structure for disaster risk management was also adapted in 2018 to include processes for public health risks, emergency, and disaster risk management.

Despite having an NSF, there are no concrete policy intentions on how the government will achieve the desired policy goals. The lack of clearly defined actions can hamper the achievement of goals, by creating gaps, overlap, fragmentation, and duplication of tasks, which leads to inefficiencies.
Because of the legal framework being updated, the tasks and authority of the Department of Public Health (DVG), which has a vital role in strengthening the health system, is still fragmented over various legislations. These tasks and authority still need to be clearly defined and established. These uncertainties can weaken the health authority's ability to control and to oversee the policy implementation. These findings are explained in the following paragraphs.

Table 1: Findings 2.1

Audit topic	Criteria	Key findings	Assessment against Criteria
Adequate Policy Framework (strategies and plans)	Clearly formulated goals.	Goals are defined; no concrete policy intentions to achieve these goals.	⚠
	The six 'building blocks' are considered.	The NSF considers some components of the six (6) 'building blocks' of health systems.	⚠
IHR implementation	Actions are taken for the implementation of IHR.	The legal framework is updated to facilitate the implementation of the IHR. Implementing through cooperation between the Dutch countries.	✓
Adequate Legal Framework	Includes provisions to protect and promote public health, control the risks, and promote the control of infectious diseases.	There is no legislation covering the promotion and strengthening of public health. A Public Health Ordinance is currently being drafted to eliminate this gap.	✗
	Regulations for emergency and disaster risk management.	Calamity Ordinance and calamity plan are in place. The calamity plan was adapted in 2018 to include processes for public health risks management.	✓

[29] The systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions, in relation to objectives and taking into account the resources and facilities that have been deployed.

Audit topic	Criteria	Key findings	Assessment against Criteria
	Clear responsibilities and mandate.	The task and authority of the DVG are still segmented over various legislations and are not clearly defined and established.	⚠
Provision for financial resources	Health financing.	There is a general health insurance. The funding of this insurance is legally established.	✓
	Emergency fund in place.	No legal provision for Emergency Fund yet. This legislation is in the making.	✗
Monitoring and Evaluation	There is a Monitoring and Evaluation Framework.	Monitoring and Evaluation Framework for NSF not yet developed.	✗
Actions based on lessons learned	Shortcomings lead to changes to the operational plans, policies, and procedures.	Strategies and cooperation agreements are being made to strengthen Aruba's preparedness capacity.	✓

✓ Criteria met ⚠ Criteria partially met ✗ Criteria not met

Actions towards an adequate Policy Framework (strategies and plans)

The government took many actions towards an adequate policy framework. These actions vary from the establishment of an NSF to the adaptation of the calamity structure.

In March 2021, an NSF was introduced. The NSF addresses the current health challenges in Aruba and was developed within the context of universal access to health and universal health coverage. The NSF outlines four strategic priority areas within Aruba's Healthcare Sector.

The strategic priorities presented in the NSF are:

1. Strengthen Leadership and Governance in the context of universal access to health and universal health coverage.
2. Streamline the health system and services to safeguard access to quality, people, and community centered health services.
3. Continue to ensure the competence of the Human Resources for Health to enable the provision of quality services by committed and engaged workers.
4. Restructure Financing/Funding Mechanisms to ensure viability and sustainability for quality services in an equitable manner.

Source: NSF

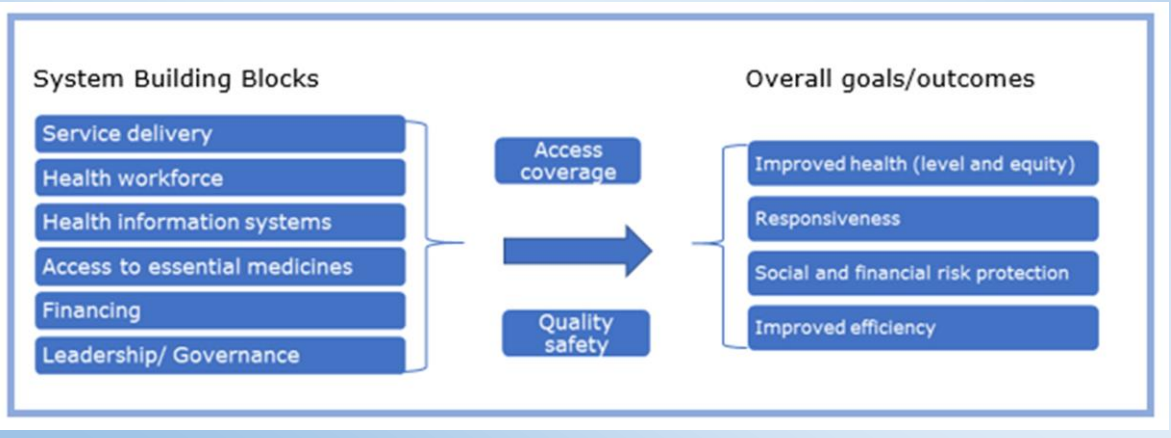
The strategic priorities in the NSF focus on strengthening effectiveness, efficiency, transparency, and accountability in the public health system. NSF also aims to strengthen human resources competence and addresses the health financing mechanism.
For each strategic priority there are key strategic actions formulated. These strategic priorities form the basis for formulating specific strategies and programs to address the public health system and the needs of the population.

There are also strategies developed to target specific health needs, such as the Multi-Sectoral Action Plan for Non-communicable Diseases (NCD MAP) and Roadmap for Mental Health and Substance Use Disorders in Aruba 2021-2031 (Roadmap for Mental Health). These strategies are linked to the NSF strategic priorities.

In general, there is attention for the 'building blocks' of health systems[30], in the NSF and plans. For example, both the NSF and the NCD MAP contain strategies to ensure and strengthen human resources to enable service provision. The SAI did not assess if these 'building blocks' were adequately addressed in the NSF. Even though strategic priorities have been identified, concrete plans and operational activities are not yet defined. Well established policies and implementation agendas need to be drafted and approved to outline operational activities, and to establish measurable performance indicators and time frames.

The Health System Building Blocks

The six (6) 'building blocks' constitutes the analytical framework World Health Organization (WHO) developed to describe health systems. The building blocks contribute to the strengthening of public health systems in different ways. Health systems building blocks are interlinked and the multiple relationships and interactions (how they affect one another) among the blocks that convert these blocks into a system. Leadership/governance and health information systems for example, provide the basis for the overall policy and regulation of all the other health system blocks and are therefore, cross-cutting components. Key input components to the health system include specifically, financing and the health workforce, while medical products and technologies and service delivery, reflects the immediate outputs of the health system, i.e., the availability and distribution of care.



The policies analyzed in this audit are based on a situational analysis and other relevant key health sector documents. The Situational Analysis pointed to limitations in the data available for the health sector, particularly the quality of available data on health conditions and service provision. Data was generally outdated or incomplete. The facilitation of quality data in the future is also a key NSF strategic action.
The development of the NSF, NCD MAP and Roadmap for Mental Health, were based on toolkits and frameworks developed by the World Health Organization (WHO) and Pan American Health Organization (PAHO). These toolkits and frameworks require the input of relevant stakeholders. Both the NSF and NCD MAP include a list of the stakeholders' consultation participants.

Another action towards an adequate policy framework is the adaptation of the national calamity structure for public health or disaster risk management. This structure is defined in the calamity plan that includes plans for eventual health risks. A calamity plan related to health risk is not specifically mentioned in the existing Calamity Ordinance. The Calamity Ordinance is outdated and is mostly based on natural disasters. The calamity plan however has been adapted to include processes for public health risks, emergency, and disaster risk management.

[30] Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies.

Actions towards the implementation of the IHR

For the IHR implementation, the Dutch countries created a partnership based on a mutual agreement to implement the IHR in the Caribbean part of the Dutch Kingdom. This partnership is in the form of a network, between the Public Health Departments of Aruba, Curaçao, Sint Maarten, and the Netherlands in which annual consultation are held. The agreement for cooperation includes a Protocol on Severe Health Incidents. This protocol provides agreements on the procedures in the event of incidents that may result in an emergency of international interest to public health in the meaning of the IHR.

Based on the partnership, agreements were made for the cooperation between the hospital institutions of these countries. As a result, the Dutch Caribbean Hospital Alliance (DCHA) was established in June 2022. This cooperation aims to promote efficiency, quality and sustainability of care for the region. This will contribute to enhancing capacities. Other relevant topics discussed during consultations include:

- Pandemic preparedness;
- Preparations for and cooperation in the event of crisis and disasters in the region;
- Legislation on mental healthcare;
- Prevention/Lifestyle/Health in all Policies;
- Quality Framework/Quality Institute/Accreditation, and;
- Health workforce.

In preparation for the implementation of the IHR[31], the Ordinance for Infectious Diseases was adapted in 2019. The prevention and early detection of diseases are addressed in this adapted Ordinance for Infectious Diseases. Furthermore, preparations are being made for the setup and implementation of an automated surveillance system, which is a core capacity requirement from the IHR. The surveillance system is an early warning system for the outbreak of infectious diseases, and for assessing the size and impact of outbreaks. This process is being guided by Netherlands Institute for Health Services Research (NIVEL).

Adequacy of the legal framework

Currently, Aruba has no legislation regarding national public health where health protection and promotion measures are prioritized. With the introduction of the Ordinance for Quality in Healthcare, the former Health Ordinance was abolished, and therefore a Public Health Ordinance (*Landsverordening Publieke Gezondheid*) is being drafted.

With the abolishment of the former Health Ordinance, the formal tasks of the DVG were also revoked. The supervision tasks, which focused on promoting the quality of healthcare, were transferred to the Inspectorate of Health. However, the general supervision of public health remains unsettled. The DVG, as the main support of the government for policymaking, should have the authority to monitor and evaluate the implementation of health policies on behalf of the Minister of Public Health. The DVG should also be able to carry out the government's responsibilities in promoting and strengthening public health. As a health authority, the DVG should have the authority over the direction of the healthcare sector and also the authority to collect data. The DVG does not have the authority yet to function as a health authority as intended for their role in promoting public health. This is because of the lack of a specific law regarding national public health and the lack of a decree for the establishment of the DVG in which their authority

[31] See considerations for the adaptation of the Ordinance Infectious Diseases (*Landsverordening Infectieziekten)*, AB 2019 no. 27.

should be legally anchored. The new Public Health Ordinance being drafted will give the DVG authority over the direction of the healthcare sector and the authority to collect data. Until the Public Health Ordinance is established, and a decree for the establishment of the DVG has been officially drawn up, the tasks and responsibilities of the DVG remain segmented.

The Ordinance for Quality in Healthcare was implemented in 2017. This Ordinance establishes the quality rules (obligations) for the health care providers, the enforcement of these rules and the powers of the Inspector regarding the supervision to be carried out. Together with the Ordinance Professions in the Healthcare, the legal framework promotes and safeguards quality healthcare provision and regulates the Health Inspector's powers. The Ordinance of Professions in the Healthcare establishes rules to ensure the expertise and competence of healthcare professionals and sets the criteria for the admission of professionals to exercise their profession. Most ordinance allow certain matters to be further elaborated in national decrees, establishing general measures. Usually, these elaborations take time to draft, but are critical to effective implementation of the regulations.

Regulations are being updated and prepared to facilitate the IHR implementation and to be more prepared for a future pandemic or crisis. Many regulations are being adjusted due to the COVID-19 pandemic. For example, legislation is in the making for the Pandemic Preparedness Fund, as advised by the Netherlands.

Part of the IHR implementation process is the modernization and IHR-compliant making of the national legislation. With the amendment of the new Ordinance for Infectious Diseases, a pre-condition was set for the implementation of the IHR. This ordinance focuses on the control of infectious diseases and defines a broader classification for infectious diseases. The new ordinance also provides a broader subjection of health care providers and institutions to provide disease related information. This includes the notification obligation in case a disease with an unknown cause is suspected or identified and there is a well-founded suspicion of infectivity and serious danger to public health. In addition to infectious diseases, it also regulates risks that pose a threat to public health.

Regulations for emergency and disaster risk management are included in the legal framework, the Calamity Ordinance. The Calamity Ordinance defines the disaster management structure and the decision-making procedure. It also gives a definition of disaster and arranges the power to issue orders or rules necessary for the control of a crisis and the consequences of a disaster. According to the Calamity Ordinance of 1996, under Article 4, first paragraph, the calamity plan (a basic strategic plan) needs to be established by a national decree establishing general measures.

The powers and responsibilities of the key stakeholders are legally established/recorded in the relevant ordinances and other regulations. The roles and responsibilities of each stakeholder involved in the calamity response are defined in the calamity plan. These responsibilities, except those of the DVG, are in accordance with the applicable laws and regulations governing their organizations.

Provision for financial resources

Another aspect considered in the adequacy of the legal/policy framework is the inclusion of arrangements for the necessary financial resources. The General Health Insurance (AZV) provides the financial resources necessary to cover the general health insurance in Aruba. The funding of the AZV is regulated by law and

consists of tax contributions (general taxes and BAZV[32]), premiums paid by employers and employees, and government contributions. The government, by law, is responsible for supplementing any additional budget deficits in a fiscal year of the AZV.

Aruba does not have other legal provisions for a national emergency fund specifically intended for health crisis, which increases the vulnerability of the health sector in case of a health risk event. As a conclusion on the agreements between the Dutch countries in the partnership for the IHR implementation, preparations are being made for the creation of a national pandemic preparedness emergency fund. The COVID-19 pandemic has shown that the procurement procedures according to the existing legislation, the Government Accounts Act (CV 1989), are not flexible enough to handle promptly and efficiently during a pandemic. Decisive, timely payments and purchases are crucial during a pandemic. According to the DVG, Aruba was unable to promptly provide the necessary financial resources due to the inflexible procedures. As a result, Aruba was unable to effectively bid on much needed resources. Sufficient funds was one of the major challenges during the COVID-19 pandemic. Aruba was dependent on the funds that were provided by the Netherlands.

Framework for Monitoring and Evaluation

An essential element with regards to the adequacy of the legal and policy framework is the monitoring and evaluation of policy implementation. All recently developed strategies, NSF, NCD MAP and Roadmap for Mental Health, acknowledge the importance and consider actions towards the development of a Monitoring and Evaluation Framework. Not all the aforementioned strategies are in place.

When monitoring policy implementation and policy goals, the DVG, the Inspectorate of Public Health (IVA), key advisors within the ministry, and an established Steering Committee support the Minister of Public Health. The IVA is responsible for monitoring and promoting the quality of healthcare in all its aspects. To carry out this task, the IVA drafts an annual policy plan, where the priorities for performing its inspection tasks are outlined for the coming year.

There are no Monitoring and Evaluation Frameworks for NSF implementation developed yet. The key advisors that support the Minister of Public Health monitor the implementation and progress of policies and agreements on behalf of the minister. The consultations and reporting structures derived from the agreements with the Dutch countries' partnership, are also used as implementation and monitoring instruments.

A national Steering Committee for the prevention and control of NCD's and the integrity of the NCD's-registry and the Aruba health app system (NCD Steering Committee) was established on February 2, 2022[33]. The NCD Steering Committee is responsible for monitoring the implementation of the NCD MAP. A framework has been drawn up for this purpose. However, no evaluation has taken place yet as the strategies are currently still in the development phase and the monitoring of the implementation will be relevant in the next stage. It is the intention to implement clear roadmaps to be able to properly monitor.

[32] BAZV: designated turnover tax for health (*Bestemmingsheffing AZV*).
[33] Ministerial Decree of Minister of Public Health dated February 2, 2022.

Actions based on lessons learned

Based on evident shortcomings in public health risk preparedness, there are strategies and cooperation agreements being made to strengthen Aruba's preparedness capacity. These plans include strategies to develop a Monitoring and Evaluation Framework, which may lead to additional policy amendments. Collaboration plans are very recent and not yet implemented; therefore, there have been no adjustments to date.

The calamity plan has been updated based on past experiences (lessons learned) and the latest developments in disaster and emergency response. It was considered that the calamity plan 2003 was no longer up to date. The calamity plan has been adapted in anticipation of the amendment of the 1996 Calamity Ordinance. A calamity plan related to health risk was not required by the regulation and in the new calamity plan, plans for eventual health risks were added. As a result, there was a structure in place for the management of the COVID-19 pandemic when it started.

2.2 Alignment of the legal and policy frameworks, institutional arrangements and emergency and disaster risk management

Policies related to forecasting, preventing, preparing, and responding effectively to public health risks and emergencies, should be aligned with the established legal framework and the priorities and action points outlined in the NSF, which sets the national health direction for the coming years. Aligned policy and planning ensures harmonization in objectives and activities, avoiding fragmentations and duplication of efforts, promoting cross-sectoral coordination and collaboration, as well as collectively contributing to shared strengthening of health system foundations. Coordination is of crucial importance here, therefore a particular department/ministry should be in charge of working closely with other governmental institutions and other entities to coordinate collaboration and communication efforts for strengthening health systems' preparedness capacities.
There should be institutional arrangements to coordinate resources for public health functions and emergency disaster risk management. It is also important that the roles and responsibilities for each actor in the policy implementation are clearly defined. This is to ensure that activities are not duplicated between different actors and that there are no gaps in the implementation of policies.

Actions have been taken to align the legal and policy framework, as well as the institutional arrangements with public health and emergency and disaster risk management. There is alignment between the newly developed plans, such as the NSF and the NCD MAP and Roadmap for Mental Health. However, because of the updating of the public health policy and legal framework, to comply to and implement the IHR, there is no complete alignment yet of policies, plans and regulations resulting in gaps between policies and legal framework. The coordination of collaboration and communication efforts for strengthening health systems' preparedness is entrusted to the DVG through agreements and disaster management plans. The formal establishment and authority of the DVG are not yet settled. The coordination of resources and activities during COVID-19 pandemic were arranged within the calamity structure. These include among other, the rollout of the vaccination program and the introduction of the Aruba health app. In the calamity structure, the roles and responsibilities are clearly defined.

Table 2: Findings 2.2

Audit topic	Criteria	Key findings	Assessment against Criteria
Alignment of policies and legislations	The legal framework enables the health policies and strategies implementation.	Existing policies and strategies are to some extent backed by existing legislation. Legislation and policies are still in the process of being adapted and drafted, causing some gaps with policies/strategies and legal framework. For example, there are no provisions yet for health protection and health promotion measures in the legal framework.	⚠
	There is coherence between the policies and strategies.	Clear alignment of goals between the NSF, the NCD Map, Roadmap for Mental Health.	✓
Collaboration and communication efforts for strengthening health systems' preparedness	There is a department/ministry in charge coordinate collaboration and communication efforts.	The DVG is entrusted with important responsibilities through agreements and disaster management plans.	✓
Institutional arrangements for the coordination of resources	There is coordination of resources for public health functions and emergency disaster risk management.	Coordination takes place according to the calamity team structure and procedures.	✓
	Roles and responsibilities for each actor, in the policy implementation are clearly defined.	Roles and responsibilities of each stakeholder are described in the calamity plan.	✓

✓ Criteria met ⚠ Criteria partially met ✗ Criteria not met

Alignment of policies and legislations

Considering the recent strategies developed for the health sector, there is a clear alignment of goals between the NSF, the NCD Map, Roadmap for Mental Health and Substance Use Disorders. However, an alignment of policies with the legal framework is yet to be achieved. Because there is no specific law regarding national public health yet, in which provisions for health protection and health promotion measures for the population are included, the alignment with the NSF strategies cannot be established yet. Regarding health risks related to infectious diseases, there is a manual and specific action plans developed by the DVG for the forecasting, preventing, preparing, and responding to health risks. The manual is being updated. The infectious diseases defined in the manual are, however, not completely aligned with those defined in the new Ordinance for Infectious Diseases. The specific action plans for the preparedness and response on infectious disease outbreak, are based on the regulations regarding infectious diseases and/or crisis management. Not all these action plans are finalized.

It should be noted that the emergency response organization has been extended with a crisis management process not originally included in the Calamity Ordinance. The Calamity Ordinance and the previous calamity plan focused mainly on natural disasters. The calamity plan has since been adapted to also address health risk crisis. According to the Calamity Ordinance there should be a disaster prevention council responsible for establishing a calamity plan and advising the Council of Ministers on disaster preventative/preparedness management measures. Because the calamity plan has been updated and the Calamity Ordinance is outdated, the disaster prevention council, as required in the Calamity Ordinance, was replaced by a calamity team.

The tasks of the Crisis Management Office (BRA) have also been extended to improve coordination of efforts for preparing, response and crisis management. This has been done in anticipation of the review of the Calamity Ordinance. The calamity plan has yet to be established via national decree.
An example of the alignment between the legislations and actions taken by the government is the introduction of the COVID-19 vaccination of Aruba. The procedure for the COVID-19 vaccine rollout in Aruba is established in the document: Introduction of COVID-19 vaccination in Aruba. This document is based on *Guidelines to Plan for COVID-19 Vaccine Introduction* version one, dated 10 July 2020 of the PAHO. According to the Steering Committee on the Vaccination Program Aruba, the rollout of the COVID-19 vaccination program, was in accordance with the local regulations. This steering committee was established in March 2019 for the drafting of the Public Health Ordinance in which the vaccination program will be legally anchored. The aim of the steering committee is to optimize vaccination policy and implement it with the aim of achieving the highest possible health protection for the Aruban community against diseases that can be prevented by vaccination.

Collaboration and communication efforts for strengthening health systems' preparedness

Even though the tasks and authority of the DVG are not legally established yet, the DVG is entrusted with important responsibilities through agreements and disaster management plans.
In the Dutch countries partnership for the implementation of the IHR, the DVG is appointed as point of contact of the country (Aruba). As point of contact, the DVG is responsible for the transfer of internationally communicated knowledge and information on infectious diseases and incidents of a bacteriological, chemical, and radiological nature affecting public health care, to the local responsible drivers and relevant professionals. According to the National Institute for Public Health and the Environment of the Netherlands (RIVM), the Protocol on Severe Health Incidents have never been formally implemented. Due to the global pandemic, a structure has been set up in which communication is easily accessible, and more informal. In the early stages of the pandemic, four (4) Outbreak management teams meetings for the Caribbean were organized and the RIVM issued written advice to the four (4) countries regularly.

According to the calamity plan, the DVG is responsible for preventive public health care, medical somatic care, and medical psychosocial care. Therefore, the action center of the DVG (hereafter referred to as: AC-DVG) plays an important role in the coordination for disasters and crisis management. For the effective and efficient execution of the sub-plans for which the DVG is responsible, there is a plan specific to the AC-DVG. This plan is part of a larger set of documents relating to the control and prevention of crisis, including the main calamity plan of the BRA, and thus are aligned with other plans.

The entrusted responsibilities assigned to the DVG may however be affected by events within the organization that impact the internal communication within the DVG. The leadership of the DVG is currently divided between a management team and the director. The tasks of the management team are defined in the Ministerial Decree. According to the Ministerial Decree, the management team is tasked with contract management and human resources. The director is responsible for implementation of the tasks of the DVG and is, according to the Calamity Ordinance, part of the policy team. The director carried out this role during the COVID-19 pandemic. Because of the division of authority and responsibilities, the Director of the DVG was not involved in the process of adapting the legislation of the DVG and in the decisions made by the management team regarding human resources management and budget allocation. Not having a proper alignment between responsibilities and role in decision making can cause inefficiencies in the overall performance of an organization and lack of cohesion.

Institutional arrangements for the coordination of resources

The coordination of resources and activities during a calamity takes place through the calamity team structure and procedures. The BRA developed a calamity plan that includes detailed information on how collaboration and coordination takes place during a calamity. The plan includes processes that are clearly divided into sub processes for the implementation and a description of roles and responsibilities of each stakeholder are provided. The calamity plan requires a coordinated approach from the stakeholders from different expertise. The calamity structure also includes an information and communication structure by which stakeholders, including state and non-state actors like legislative bodies, the public civil societies, and the private sector, are informed.

In the calamity plan the roles of key stakeholders are assigned based on the specific expertise and functions, in particular top management functions, who are required to perform tasks or make critical decisions during preparedness and response efforts. The key stakeholders which are also process responsible departments are: the Commander of the Fire Department, the Chief of the Police Department, the Director of the Public Health Department and Director of the Department of Social Affairs. Each one is responsible for a main process and for the development of action plans regarding their process. In the case of two key stakeholders, with key functions in the calamity plan, the authority of the top management within the individual organization, has been partially or completely taken over by a management team. This can interfere with the proper and effective implementation of the calamity plan if the management team is not properly informed and aware of their roles and responsibilities.

An example of institutional arrangement for the coordination of resources was the task force Operation Cobra, which was led by the BRA. The BRA as coordinator of the policy team was able to expand the task force during the COVID-19 pandemic, to include more manpower by recruiting inactive civil servants as well as contracting personnel, due to the prevailing COVID-19 pandemic and the increasing number of infections. Also, given the lack of personnel available for temporary work on monitoring and surveillance tasks of the Task Force and the vaccination campaigns.
Another example was the introduction of the Aruba health app[34] as a facilitating tool for registering for PCR-test appointments and for foreign visitors entering the island. Based on the current developments derived from the information gathered through the pandemic, the Aruba health app was updated with additional features to sign up for and register the administered vaccinations against COVID-19 and as a tool to provide clients with their proof of vaccination. It is the intention to continue to add functions to the app, aimed at more efficient data administration and processing by the DVG, in order to make data driven adjustments to protocol changes possible.

2.3 Institutional arrangements to guarantee health security and universal health coverage

Ensuring continuity of essential health services while addressing public health risks is important to ensure health security and universal health coverage. Universal health coverage means that all people have access

[34] As of June 2020, the DVG introduced the health app as a facilitating tool for registering for PCR-test appointments by all AZV clients and foreign visitors; administering test results, and data provision to DVG to support administration and control the spread of the COVID-19 virus and variants.

to the health services they need, when and where they need them, without financial hardship. Measures to ensure universal health coverage should be included in the national action plans for addressing public health risks. The national action plans should also consider the financial sustainability of public health at all times, especially during public health emergencies where financial resources could be affected. Furthermore, the responsibilities and tasks for each actor should be defined. Institutional arrangements should also be included to coordinate cooperation and collaboration across organizational boundaries. This coordination ensures public health security and universal health coverage in case of emergencies.

Aruba has legislation and policies in place to ensure health security and universal health coverage. However, the government took additional measures to ensure health security and universal health coverage because of the disruptions caused by the COVID-19 pandemic in the healthcare and economically. These additional measures were based on recommendations after consultation with the RIVM, the calamity team and WHO internationally proposed measures.
The calamity structure, which includes all relevant stakeholders at different levels, also guarantees effective vertical and horizontal coherence, promoting an integrated approach when taking actions and measures to control a calamity event. In addition, all public measures taken by the Government, such as curfews and shelter in place, were made considering the limited capacity of the intensive care unit (ICU). These measures were taken to guarantee health security and healthcare continuity.

Table 3: Findings 2.3

Audit topic	Criteria	Key findings	Assessment against Criteria
Guaranteeing health security and universal health coverage	National action plans include measures to ensure health security and universal health coverage.	There is a General Health Insurance (AZV), covering health care for every legal citizen, without differentiation in coverage between social groups. The NSF includes key considerations that address universal access to health and universal health coverage.	✓
	Financial sustainability of public health is considered.	The financial sustainability is considered in the NSF. Healthcare costs are being assessed and evaluated on the effectiveness of the legislation.	✓
	Undocumented persons have access to healthcare.	Universal health coverage does not apply to the undocumented, however there is an assistance structure in place that provides certain health care to these groups.	!
Measures taken during COVID-19 pandemic	There are institutional arrangements for effective vertical and horizontal coherence to promote an integrated approach, incorporating both measures related to health security and universal health coverage.	The calamity plan has procedures for a coordinated approach and decision making during a crisis. Coordination is ensured by involving all relevant stakeholders when deciding and introducing measures.	✓
	Measures taken during COVID-19 pandemic followed the established procedures.	The measures taken by the government to safeguard health security and universal health coverage, were taken in consultation with key stakeholders.	✓

✓ Criteria met ! Criteria partially met ✗ Criteria not met

Guarantees for health security and universal health coverage

The AZV contributes to the principle of universal health coverage, as it guarantees that every legal citizen living in Aruba has access to healthcare[35]. The general insurance does not differentiate in coverage for vulnerable groups. During the pandemic, the AZV experienced a deficit caused by the loss of revenues. As a result, the government contributed additional funds to cover the deficit. These additional funds allowed AZV to maintain its usual healthcare coverage and the continuity of healthcare, as these benefits are defined by law.

To further ensure health security and universal health coverage for the future, the AZV commissioned third parties to assess healthcare costs, evaluate the effectiveness of the legislation and provide recommendations to ensure the continuity and affordability of the fund.

The NSF was also developed within the context of and includes key considerations that address universal access to health and universal health coverage. These are among other, healthcare financing, equitable access, leadership and governance, and multisectoral coordination.

Universal health coverage does not apply to the undocumented. In this case there is an assistance structure in place, which includes the services of a General Practitioner, funded by the Hebrew Immigrant Aid Society (HIAS). The HIAS also provides support for women and girls with reproductive healthcare needs and funds for medical assistance including the coverage of monthly medication costs for program participants living with HIV (Human Immunodeficiency Virus). Refugees are entitled to specific rights and protections under international law. The Minister of Justice has funds that can be used to assist immigrants. This fund is budgeted yearly. Additionally, the Minister of Justice received funds from The United Nations Population Fund (UNFPA) for this purpose. According to the DVG, there is a foundation that together with a local specialist, is working on a system to provide primary healthcare to undocumented persons. During the vaccination program, the undocumented individuals were protected from deportation to allow them to be vaccinated.

In the context of health security[36], some plans regarding epidemic control are in place, being drafted or adapted. These plans are, among other: Manual for Infectious Diseases (being adapted), General Outbreak Investigation plan, National Polio Event or Outbreak response Plan, Influenza Pandemic Preparedness Plan and National Action Plan against Vector-Borne Diseases. The National Action Plan against Vector-Borne Diseases is also being adapted to be better aligned with WHO's Global Vector Control Response 2017-2030.

Another action towards health security is the action plan for Anti-Microbial Resistance (AMR). The DVG performed an inventarisation, to identify the various stakeholders and to promote cooperation between the local and international stakeholders in order to achieve a national action plan for AMR in Aruba. A main conclusion of this inventarisation was that there is no uniformity in the method and criteria used to determine resistance by the medical laboratories in Aruba. Additionally, the DVG concluded that cooperation with the various relevant stakeholders is very difficult, which stagnates the process of achieving a national action plan. Therefore, the DVG recommends for a multidisciplinary working group to be established. This working group has not yet been established.

[35] The Ordinance on General Health Insurance stipulates the right and access to every legal citizen of Aruba to health insurance.
[36] The activities required, both proactive and reactive, minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries.

Measures taken during COVID-19 pandemic

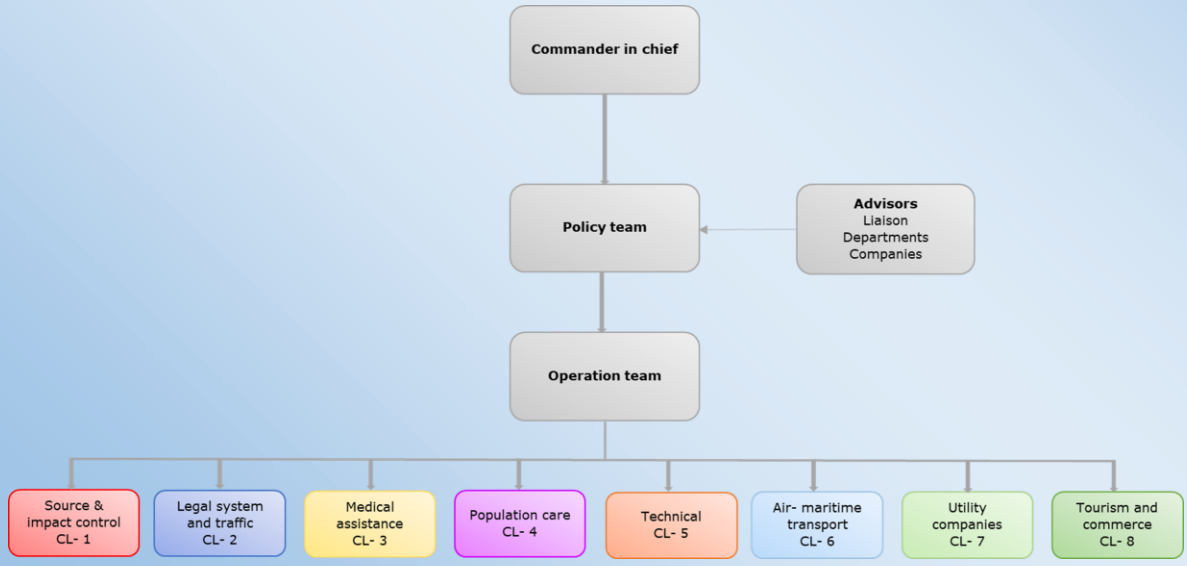
During the recent pandemic, the government ensured that all measures and decisions made had input from all key and relevant stakeholders. A coordinated Disaster and Incident Response Procedure (GRIP)[37] is used to scale up in event of a crisis. The calamity plan defines the structure for public health or disaster risk management and ensures that all relevant stakeholders are involved when introducing any measure during a crisis. For calamities-related events, all key stakeholders are involved during the implementation of measures. As all relevant stakeholders are part of the calamity team, they are all aware of the actions taken.

Characteristics on the Calamity management in Aruba

The Calamity Ordinance states that if a disaster management plan has been established for a disaster, then the commander in chief shall be the Minister appointed in that disaster management plan. If a disaster management plan has been drawn up for a disaster, the Minister of General Affairs shall be Commander-in-Chief, unless the management of the disaster requires a predominantly a criminal proceeding. In that case, the Minister of Justice shall take the upper Command.

The operational coordination during a calamity takes place on a national level. The Policy Team (BT) and the Operational Team (OT) together form the disaster staff and assist the responsible minister. The disaster staff operates from the National Coordination Center (LCC), which the Calamity office runs.

The Commander of the Fire Department has the operational leadership for mitigating and combating a disaster unless, based on a disaster relief plan, another official is charged with that task. The person in charge of the operations for the mitigation and disaster management is also the chairman of the Operations Team. The Operational Team consists of a selected and trained team of (operational) managers. This team is headed by the Operational Leader (OL) and consists of at least four process-responsible and supporting clusters.



The roles and responsibilities of each stakeholder and relationship in between, are also defined by the calamity structure, where each stakeholder that is part of the team represents their field of work or expertise.

[37] The Coordinated Disaster and Incident Response Procedure (GRIP) consists of three coordination alarms: GRIP-1 through GRIP-3. Each coordination alarm has its own characteristics and assigns tasks, authorities and responsibilities to the officers and staff on strategic, tactical, and operational level.

During the pandemic, the Aruban Government took actions to safeguard health security and universal health coverage. Some of these measures include:

- General rules for the control of COVID-19, such as shelter in place and curfews to the spread of COVID-19 and prevent exhausting the ICU-capacity. These measures are based on article 16, paragraph 1, of the Calamity Regulation[38].
- Cooperation with local authorities to ensure pharmaceutical care during the COVID-19 pandemic by purchasing and keeping stock of pharmaceutical products for at least six months.
- Overseeing agreements between the hospital and other medical institution for the continuity of healthcare for minor non-COVID-19 cases during the pandemic.
- Introduce a required visitors insurance in case visitors test positive for COVID-19 during their stay in Aruba.
- Agreements for the import of COVID-19 vaccines (customs clearance procedures).
- Measures regarding traveling to and from Aruba and at points of entry, such as on site COVID-19 testing facilities at the airport, requiring proof of negative testing and later proof of vaccination[39].
- Intensive COVID-19 testing policy and vaccination program.

These measures are the result of the consultations between key stakeholders involved in the calamity team. These are based on recommendations after consultation with the RIVM and WHO's internationally proposed measures.

Despite the measures taken by the government, Aruba incurred some challenges during the recent pandemic which to some extent had an impact on the universal access to health and coverage. The hospital rearranged some of its health care services to cope with the influx of COVID-19 patients; therefore, some health care services were discontinued. There were times when the amount of bed-/ ICU patients reached maximum capacity, and upscaling was necessary. The hospital evaluated emergency cases on a case-by-case basis; only patients in need of urgent care (surgery/life threatening illnesses and accidents) were admitted. The AZV has agreements[40] of cooperation with various entities in Colombia where patients can be flown over for continuity of care during emergencies. During the COVID-19 pandemic, some critical Aruban patients were admitted to Colombian Hospitals. Aruba also received support from the Netherlands in the form of equipment and staff to cope with the extra demand. The accommodation and living expenses of the AMI personnel were paid for by the Aruban government.

The Netherlands provided conditional financial aid. One condition was that Aruba had to take many measures toward a resilient economy. One of these efforts targeted the health sector, regarding a cost reduction of Afl. 60 million[41] yearly that was agreed upon by the Government of Aruba. To achieve this target, measures were taken by the government and the AZV. These measures will be further discussed in Chapter 3.

[38] This article offers the possibility to take measures and establish rules, by means of a Ministerial Decree, to prevent danger to persons and goods, in the event of a disaster or the existence of serious fears of the emergence of a disaster.
[39] Ministerial Decree, 21 August 2021, Article 5.5 sub e.
[40] Article 25, sub 1 of the General Health Insurance Ordinance (AB 1992 no. 18) establishes the criteria for sending patient abroad for medical treatment.
[41] 1 U.S. Dollar is equivalent to 1,78 Aruban Florin (Afl.).

2.4 Addressing the needs of vulnerable groups

Vulnerability encompasses conditions that result in inequitable access to resources and increased susceptibility to adverse health outcomes[42]. Access to equitable healthcare is a key aspect for achieving universal health coverage and health security. Legal provisions to protect the rights and equal opportunities of the vulnerable groups is important to ensure access to equitable healthcare. Inclusion of the needs of vulnerable groups in policies is essential to ensure equitable access to healthcare. Therefore, the identification of the vulnerable groups and their needs through stakeholder engagement and addressing these needs in policies, preparedness and response plans[43] are crucial. The involvement of these stakeholders that represent the vulnerable groups is also important for successful implementation of preparedness and response plans. In addition, it gives each stakeholder and vulnerable group the opportunity to share ideas, learn from each other and work towards a common goal.

Aruban legislation takes into account the human rights and does not differentiate its citizens with regards to receiving healthcare. Within this context, the needs of the most vulnerable are considered in the legislation. However, it is unclear to what extend the needs of the vulnerable are considered in plans and response actions because there is no clear identification of the vulnerable groups. Therefore, there is no guarantee that the needs of vulnerable groups are sufficiently addressed in policies and plans related to public health and emergency and disaster risk management.

Table 4: Findings 2.4

Audit topic	Criteria	Key findings	Assessment against Criteria
Addressing the needs of vulnerable groups (Leave no one behind)	Vulnerable groups and their needs are identified.	There is no registry or a 'basic' definition of vulnerable groups or people at-risk.	✗
	The legal and policy frameworks and institutional arrangements address the needs of identified vulnerable groups related to public health and emergency and disaster risk management.	In Aruban legislation the human rights are considered and does not differentiate between citizens receiving healthcare. However, strategies and plans do not address specific needs, therefore it is not clear to what extent these needs are considered when developing these strategies and other response plans and measures.	!
	Vulnerable groups are involved in the policy and planning process.	No documentation was obtained to establish to what extent these groups were involved in policy and planning process. However, according to the survey 86% of the respondents claim not being approached to provide input for the NSF. Only 46% of organizations have been approached by the government for their input regarding the needs of their clients (or members) when preparing measures for a public health risk event.	✗

✓ Criteria met ! Criteria partially met ✗ Criteria not met

Addressing the needs of the vulnerable groups - Legislation

Universal Declarations on Human Rights and General Health Insurance Ordinance guarantee that the needs of the most vulnerable are considered. Human rights legislation states that everyone has the (equal) right to healthcare. According to article 25 of the Universal Declaration of Human Rights: Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food,

[42] WHO: Actions for consideration in the care and protection of vulnerable populations from COVID-19.
[43] Documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident (ISO 22300:2018).

clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in the circumstances beyond his control. Article 10 to 18 of the Ordinance of General Health Insurance of Aruba also determines the coverage of the general insurance, and does not make a distinction between the insurer, meaning everyone has the same right as long as it meets the requirement to be registered in the civil registry.

Addressing the needs of the vulnerable groups - Policy frameworks and plans

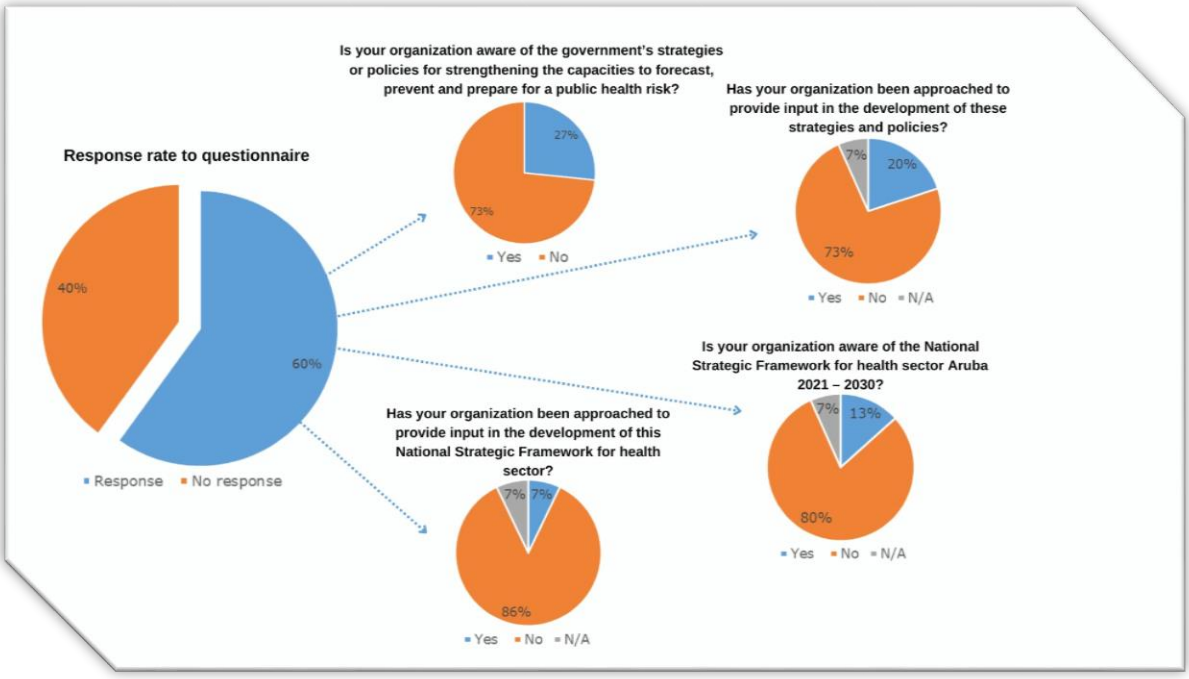
The NSF (policy framework) had input from some of the vulnerable groups but there is no evidence to what extent the needs were considered. For the situational analysis, input was sought from many representatives of the vulnerable groups such as the elderly, persons with disabilities and children. No information was received on how the stakeholders were selected in this process. We could not determine which stakeholders provided input or what input was used in developing the NSF, since no documentation was obtained despite the repeated requests. It is also remarkable that no representatives of the refugees and migrants nor the Department of Social Affairs were included in the participants' survey list. The NSF includes a breakdown of the surveys launched and the amount of responses received per category stakeholder.

Aruba does not have a registry or a 'basic' definition of vulnerable groups or people at-risk. To be able to provide adequate relief to these groups, it is crucial that these groups are defined, their needs are identified and appropriately considered in planning for emergency preparedness and response. Because these groups are neither defined nor specified in the emergency and calamity plans, it is unclear to what extent the needs of the vulnerable groups are considered in the plans as well as in the response actions. Despite the no discrimination provisions in the law, the government should take concrete steps to ensure that vulnerable groups or 'at-risk' individuals are specifically considered in the course of policy and emergency planning efforts.

Addressing the needs of the vulnerable groups - Involvement of the vulnerable groups

A survey was sent by the SAI to 25 representatives of vulnerable groups, to gather information on their involvement in the government's plan and strategies. Of these institutions, 15 (60%) responded to the survey.

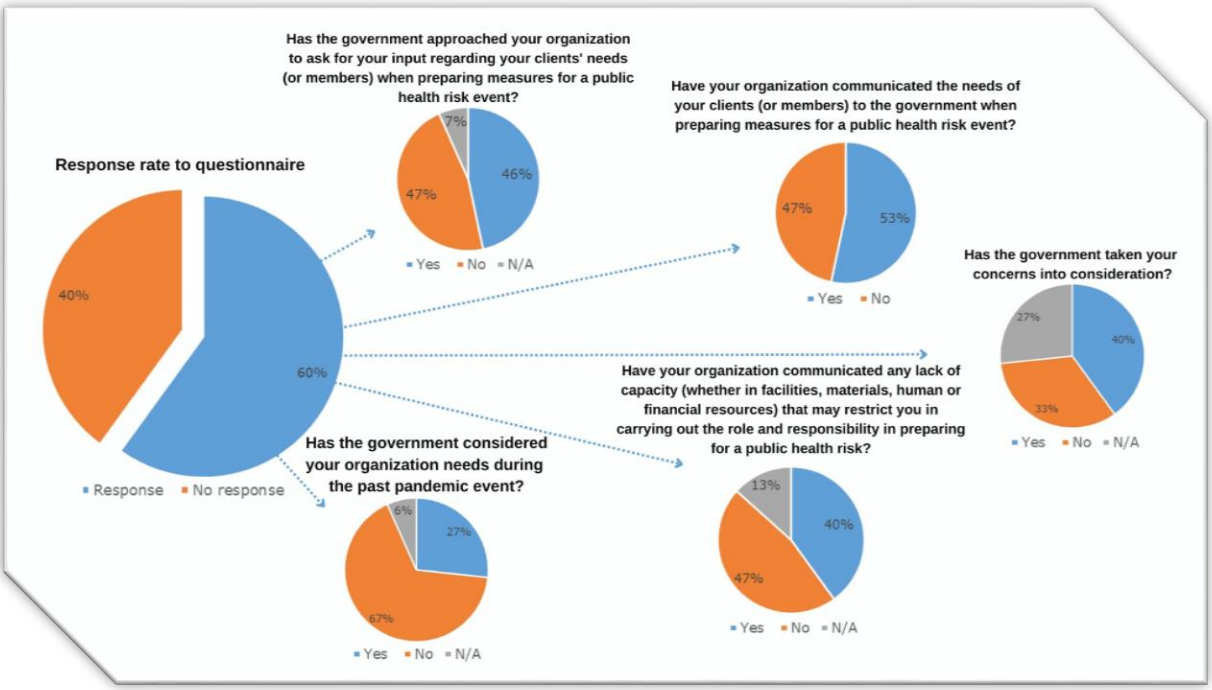
Figure 2: Results survey regarding involvement and awareness of government's policies



Of the responses received, 11 (73%) out of 15 respondents mentioned that they are not aware of the government strategies or policies for strengthening the capacities to forecast, prevent and prepare for a public health risk. According to 11 (73%) of the 15 respondents, their organizations haven't been approached to provide input in developing strategies and policies for strengthening the capacities to forecast, prevent and prepare for a public health risk.

Of the 15 responses received, 12 (80%) indicated not being aware of the NSF. In addition, 13 (86%) of the 15 responded that their organization was not approached to provide input for the development of the NSF.

Figure 3: Results survey regarding capacity needs



Measures during a pandemic can increase healthcare access barriers for vulnerable groups if their needs are not accounted for. The survey indicates that seven (46%) organizations have been approached by the government for their input regarding the needs of their clients (or members) when preparing measures for a public health risk event. In fact, there were eight (53%) organizations that have communicated these needs to the government, of which six (40%) assured that the communicated needs were considered by the government when taking measures during the COVID-19 pandemic.

The lack of capacity (whether in facilities, materials, human or financial resources) of vulnerable groups organizations, that may restrict them in carrying out their role and responsibility in preparing for a public health risk, were also communicated to the government by six (40%) of these organizations. Four of the 15 (26%) organizations indicated that their capacity needs were considered by the government during the COVID-19 pandemic.

3 Resources to strengthen the capacities required to forecast, prevent, and prepare for public health risks

In this chapter the SAI discusses the outcomes from the review of the government plans and government's budgets, to assess to what extent the required resources are in place for strengthening the healthcare capacities. Governments should take actions to ensure that the needed resources are in place to strengthen the capacities required to forecast, prevent and prepare for public health risks. These actions include among other the allocation of financial resources and alignment of the resources with policies. The alignment is important to ensure a more effective and efficient use of public funds for health, better financial accountability, and greater transparency. This audit assessed the alignment of policies to strengthen the capacities required to forecast, prevent, and prepare for public health risks with the budget as well as the adequacy of the budgeted funds. The actions of the government to involve all the relevant stakeholders and address the needs of the vulnerable in the budgeting process were also assessed.
The resources to strengthen the capacities required to forecast, prevent, and prepare for public health risks are not guaranteed, since the government's budget is not aligned with health policies and there is no specifically earmarked fund for a health emergency[44]. However, the funding of the general health insurance is secured as the funding of the AZV is regulated by law including a specific tax, the health tax (BAZV).

3.1 Alignment of policies and Government Funding

A Budget is aligned, sufficient, and adequate, when it contains clearly formulated strategies to enhance capacities to forecast, prevent and prepare for public health risks. These strategies should be clearly prioritized in the government's budget. The budgets for 2020 and 2021 of all entities involved in the financing of healthcare should have financial resources allocated to tackle the COVID-19 pandemic, its effects, and other priority public health problems such as NCDs. The allocated resources should be sufficient to implement the strategies and to address the COVID-19 pandemic and other public health problems. In case the allocated resources are not sufficient, financial information must be available that describes the additional resources that have been allocated and the nature and consequences of these.

The policies and funds in the government's budgets for 2020 and 2021 are not aligned for anticipating capacities required to forecast, prevent, and prepare for public health risks. Therefore, the resources for

[44] A type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine.

strengthening the capacities required to forecast, prevent, and prepare for public health risks, are not guaranteed. The government's budgets for 2020 and 2021 contain some policy intentions related to enhancing capacities to forecast, prevent and prepare for public health risks. However, there is no specific allocation of financial resources for these policies. The government has neither an indicator to measure health expenses, nor a fund for health emergency. To tackle the COVID-19 pandemic and its effects the government received financial assistance from the Netherlands in the form of a loan.

Table 7: Findings 3.1

Audit topic	Criteria	Key findings	Assessment against Criteria
Alignment of policies and funding	There are clearly formulated strategies to enhance capacities to forecast, prevent and prepare for public health risks.	Not all policy intentions related to health risk management are clearly stated in the government's budget.	✗
	There is clear allocation of funds to implement the strategies.	The budget information does not provide any link between policies and related costs. AZV's budget provides a clear allocation of funds per health care type.	!
Health expenditure and financing	There are indicators for a desirable health expenditure ratio.	The government has not determined a desirable ratio between health expenditure and total government expenditure.	✗
	There is a National Health Account.	No up-to-date National Health account.	✗
Financial resources to tackle the COVID-19 pandemic and its effects	sufficient financial resources allocated to tackle the COVID-19 pandemic, its effects, and other priority public health problems such as NCDs.	There is no fund specifically earmarked for such a health emergency. The government implemented an emergency budget which resulted in a 40% budget increase in the costs compared to the budget of 2019. To finance this budget increase, the government received liquidity support (loans) from the Netherlands, which was attached to multiple conditions, including the structural reduction of the AZV budget.	!
	Additional resources are available.	The government made use of Operation Bullseye funding for expenses related to pandemic preparedness, such as communication, awareness programs, taskforce supply and COVID-19 compliance for schools, as well as for facilitating Humanitarian Flights. The government also received support for food aid and medical capacities.	✓

✓ Criteria met ! Criteria partially met ✗ Criteria not met

Policies and funds in the government's budget

The policies per ministry are described in the explanatory memorandum of the government's budget. Government departments with tasks related to capacities to forecast, prevent, and prepare for public health risks are funded through the government's budget. Therefore, the government's budget should include the policy intentions of these government departments. The government's budget for 2021 contains policies on some of the core capacities, such as prevention and control of infectious diseases and vaccination. These policies are aligned with the Policy Plan 2021 of the DVG. This, however, was not the case for the year 2020.

Policy intentions for the BRA were not included in the explanatory memorandum of the Minister of General Affairs for either 2020 or 2021. The BRA 's main objective, according to their policy document for 2020, was to promote the quality of crisis management and disaster management in Aruba through the tasks

laid down in the legislation. This in order to create a defensible, self-conscious, and thus, safer society, in which everyone takes responsibility.

The policy intentions on public health in the Minister of Public Health's explanatory memorandum are abstract. The explanatory memorandum does not include specific information on how the government will achieve these policies, neither is there an estimate of the costs related to specific policies. The budget system categorizes expenditures by organizational unit and economic classification and does not provide any link to policies. The policy information in the government's budgets for 2020 and 2021 is therefore insufficient, and the relationship between objectives, activities and related costs is not clearly defined.

Budget classification system

A budget classification system groups revenues into categories and groups expenditures into administrative, functional, program-based and/or economic classifications. The budget classification systems are:

- **Administrative classification**—the entity or entities responsible for managing the funds, such as the ministry of health or, at a lower level, health facilities and schools.
- **Functional classification**—types of expenditure based on intended purpose, such as health or education.
- **Program-based classification**—types of expenditure based on sets of activities carried out to meet specific policy objectives.
- **Economic classification**—types of expenditure based on input, such as salaries or capital spending.

Source: Aligning Public Financial Management and Health Financing; Sustaining Progress Toward universal health coverage

Costs included in the government's budget are based on the ministry and the department's own projection and vision. According to the Minister of Public Health, these costs are not based on previous capacity assessments[45] or reports.
The lack of information on the integral costs of policies makes it impossible to define which policies are related to what costs. Therefore, it cannot be determined or guaranteed that the financial resources for policy implementation are sufficient. The government is unable to effectively give an accounting and/or report on the costs linked to a policy or program, and in turn be accountable.

The AZV's budgets for 2020 and 2021 do not include specific provisions related to strategies (policies) for enhancing the capacities to forecast, prevent and prepare for public health risks. The AZV's budget was drafted based on the strategic implementation of the law; specifically taking into account the rights of insured clients. Nevertheless, the AZV's budget provides a clear allocation of funds per health care type.

Health expenditure and financing

The government does not have an indicator to determine a desirable ratio between health expenditure and total government expenditure. The National Health Accounts are not up to date, with the most actual being that of 2015. National Health Accounts are useful for tracking health expenditures, accountability to plans and budgets and to enable good resource prioritization and allocation. The data from the National Health Accounts is also useful for evidence-based policy making and guiding health financing decisions.

[45] The process by which the capacity of a group, organization or society is reviewed against desired goals, where existing capacities are identified for maintenance or strengthening, and capacity gaps are identified for further action (UNGA 2016).

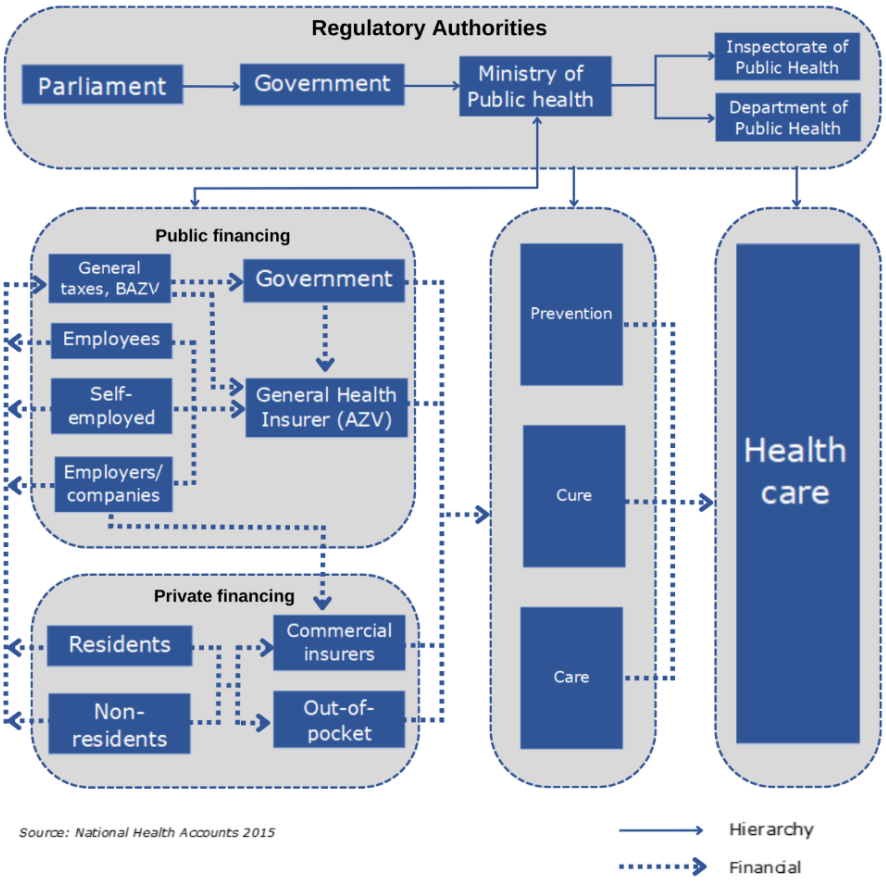
Health Accounts

The system of health accounts is an international accounting framework for systematically tracking health spending. Time trends of overall health spending and its components guide future policies and investments to make health systems more responsive to people's needs. They are essential for improving the performance of health systems while enhancing transparency and accountability. Health expenditure data also provide insights for assessing the adequacy of health resources, evaluating the efficiency, effectiveness, and equity of resource allocations, benchmarking against peers, and monitoring the progress towards the key goals of universal health coverage and health security.

Source: WHO

Aruba has a general health insurance, the AZV, that covers medical care for every legal citizen living in Aruba. Funding of the AZV is regulated by law and the resources are generated by a general tax, health tax (BAZV), employee and employer premiums, and the Government's contribution. Figure 4 illustrates the source of funds for public healthcare in Aruba.

Figure 4: Source of fund public healthcare



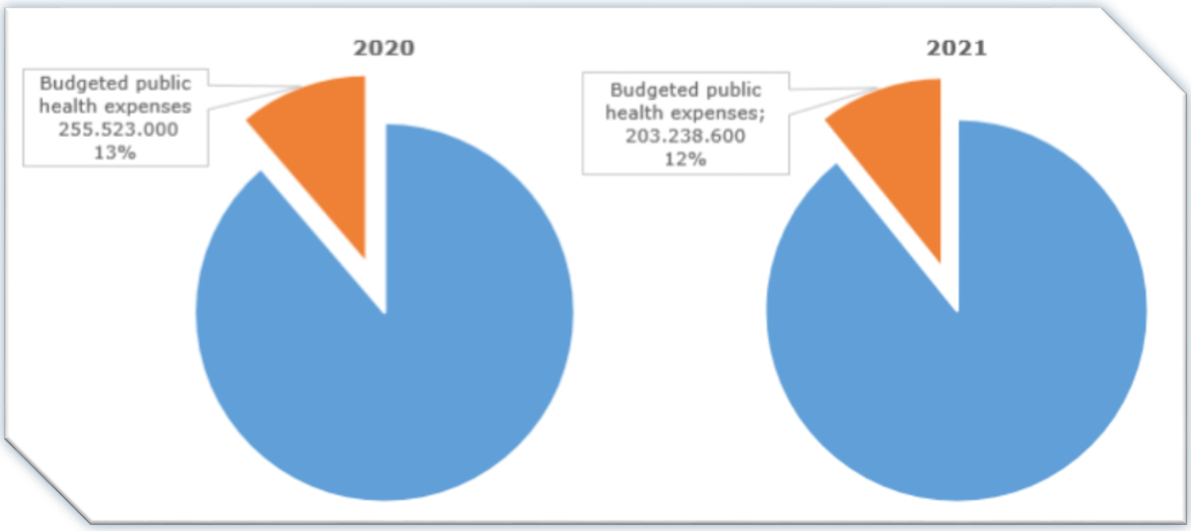
The AZV uses these funds to finance health care providers that mainly work in the curative care sector (first and second line of care), based on an agreement with the AZV to provide health care to AZV-insured individuals. The government has a legal responsibility to complement any eventual budget deficits of the AZV. Therefore, the government provides a yearly contribution to the AZV. In 2020 the government

granted a contribution to the AZV of Afl. 99.7 million[46], compared to estimated contribution of Afl. 12,2 million[47], because of the loss of revenues during the pandemic. Hence the granted contribution is 717% higher compared to the estimated contribution. The healthcare in Aruba is furthermore financed by the government and private financing through commercial insurance and out of pocket payments. The funding by the government includes the yearly contribution and additional health insurance for the government personnel. According to the latest National Health Account (2015), the financing ratio is as follows:

Source of funding	Percentage of funding
AZV	75,8%
Government	20,3%
Commercial insurance	0,4%
Out of pocket	3,5%

In 2020, 13% of the total government's budget of Afl. 2.015 million, was allocated to public healthcare expenses. This is equivalent to Afl. 256 million. The total public healthcare budget for 2021 was 12% of the total government's budget of Afl. 1.686 million, equivalent to Afl. 203 million. These costs in relation to the GDP are respectively 5% for 2020 and 4% for 2021.

Figure 5: Public health expenses compared to government's budget with amounts in Aruban florins[48]



The allocated expenses in the government's budget include the government's contributions to the AZV. The decrease in the budgeted health costs for 2021 is due to a lower budgeted AZV contribution by the government as result of increasing revenues and thus expected lower deficit of the AZV.

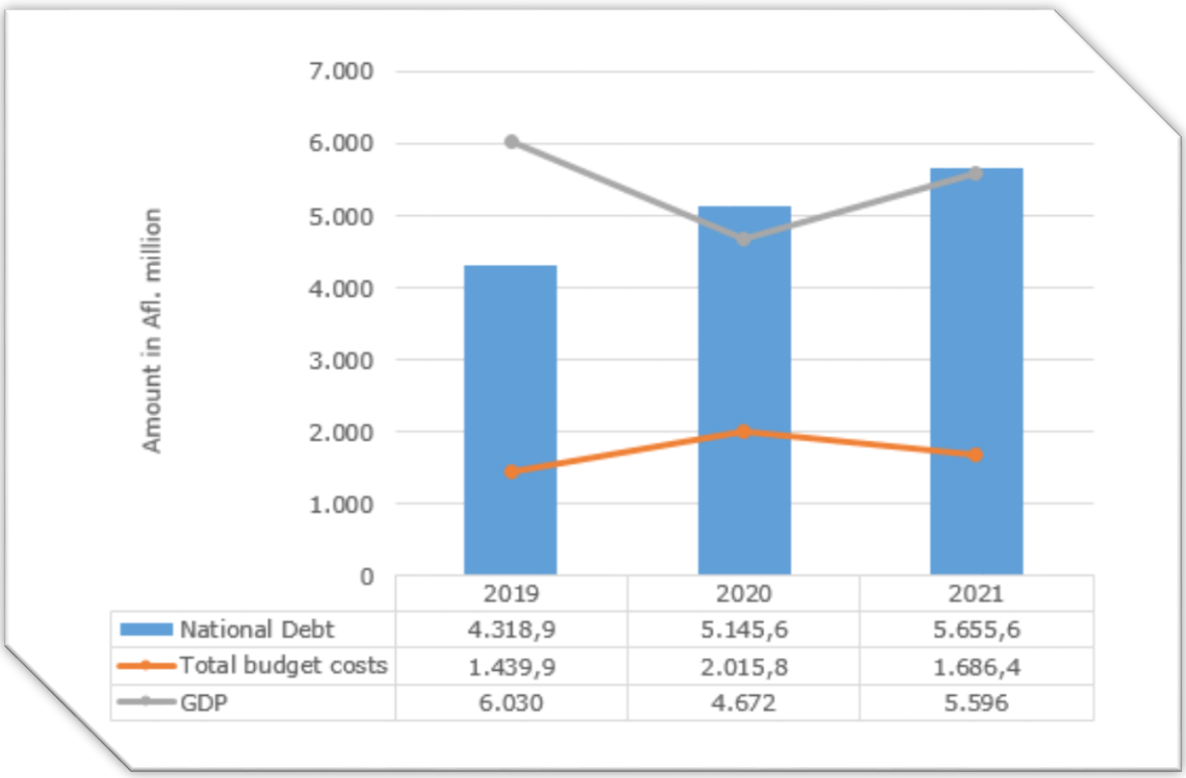
Financial resources to tackle the COVID-19 pandemic and its effects

Having sufficient funds to tackle a COVID-19 like pandemic or similar public health risk remains a significant challenge for the Aruban government. There is no fund specifically earmarked for such a health emergency. Also, the existing legislation does not give sufficient room to make decisive financial decisions during a pandemic. For the year 2020, the government implemented an emergency budget to cover the

[46] AZV Annual report 2020.
[47] Explanatory Memorandum on the government's budget 2020.
[48] 1 U.S. Dollar is equivalent to 1,78 Aruban Florin (Afl.)

associated with COVID-19 related socio-economic expenses. This resulted in a 40%[49] budget increase in the costs compared to the budget of 2019. The budget increase resulted in a 19%[50] increase in the national debt in 2020 compared to previous year. The debt to GDP ratio for 2019 through 2021 is respectively: 71,6%, 110,1% and 101,1 % (See fig. 6).

Figure 6: National debt and total budget costs 2019-2021



	2019	2020	2021
National Debt	4.318,9	5.145,6	5.655,6
Total budget costs	1.439,9	2.015,8	1.686,4
GDP	6.030	4.672	5.596

To make the emergency budget possible the government had to take measures in order to lower the costs. A 12,6% and 25% cut in the wages of public employees, ministers and members of parliament respectively was used as savings in the budget to support small and medium enterprises and the social emergency aid. Despite these measures, the savings were not enough to cover the cost increase. Therefore, the government received liquidity support, in the form of low interest loans from the Netherlands in 2020 and 2021. The liquidity support helped mitigate the financial and socio-economic effects of the COVID-19 pandemic. The liquidity support was attached to multiple conditions set out in the country agreement package (*Landspakket*). One condition involved the structural reduction of Afl. 60 million annually of the AZV budget. The aim is to make healthcare financing more sustainable and to reduce the pressure on the government's budget.

[49] Government's budgets 2019-2020.
[50] Periodical execution report made by the Department of Finance 2019-2020-2021.

5-wave model

1. Postponing financial obligations: This wave aims to generate as much liquidity as possible for the fund with a minimal financial impact on the care provider.
2. Limiting the claims outside the Ordinance of AZV (*Landsverordening AZV*): This wave aims to return to the basic coverage in this time of crisis and limit any additional claims, such as claims for limited daily allowance for medical treatment abroad.
3. Limiting the claims within the Ordinance of AZV (*Landsverordening AZV*): This wave is intended to introduce tools within the AZV-Ordinance to limit certain coverage, such as introducing own contribution for health care services.
4. Postponement of care: This wave is intended to temporize certain care, for example the postponement of expansions in the form of personnel, production, construction, or products and or services until further order.
5. Revise caregivers' contracts: This wave will directly impact the revenue model of the health care providers concerned, as well as their operations and relationships with suppliers.

Source: AZV Annual Report 2020.

To make the structural health cost reduction in the budget of the AZV possible, the AZV introduced the 5-wave model. The aim of the 5-wave model is to continue to guarantee the quality and accessibility of care at acceptable costs and the liquidity and continuity of the fund.

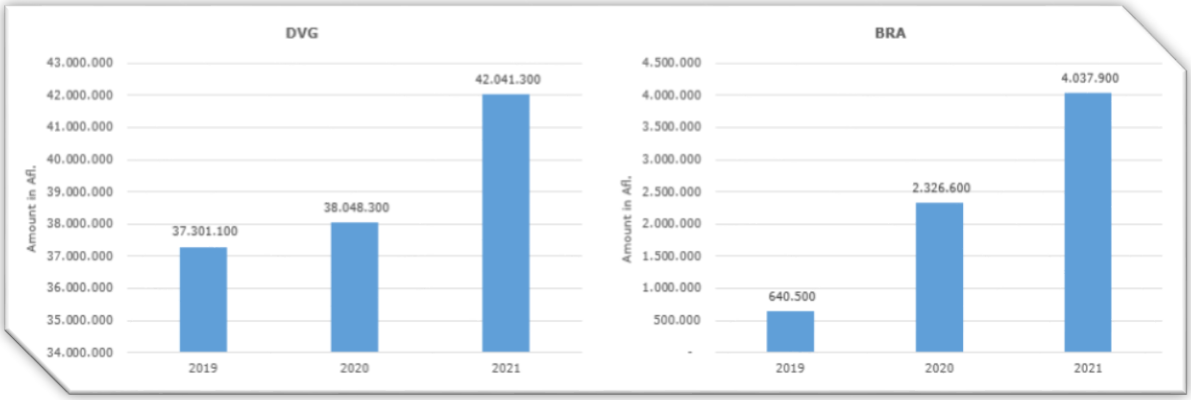
The reduction on AZV's budget may impact the health coverage and access to healthcare. Particularly if cost savings are at the expense of treatments or medications covered by the insurance, this can cause financial hardship for the most vulnerable. According to the AZV, there is no known impact of the budget reduction on health coverage and access to health care. According to the National Committee for reform[51], healthcare has become less accessible, quality is under pressure and many of the acute cost-cutting measures have caused a shift and worsening of demand for care, while reducing quality, accessibility, and healthcare safety.

The impact of the COVID-19 pandemic on healthcare is visible in AZV's financial statements. In addition to a significant drop in revenue and substantial imposed costs reduction, there were additional COVID-19 related health costs. The additional cost in 2020 was Afl. 25.061.992, and for 2021 was Afl. 18.061.992. These costs were, among other, additional costs for the hospital, medical treatment abroad, and laboratory tests (PCR test).

In response to the COVID-19 pandemic, the budgets of the departments responsible for the management of the crisis had to be adapted to provide the necessary resources. Accordingly, the budgets of the DVG and BRA were increased. In 2021, the DVG received Afl. 4 million extra compared to the budget of 2020 for spending on goods and services intended for the pandemic response. The total BRA budget for 2020 was increased to Afl. 2,3 million, and subsequently to Afl. 4 million in 2021. According to the BRA, the budget for 2020 and 2021 were sufficient to cover their tasks in coordinating response efforts and assisting the Prime Minister.

[51] A national committee for reform, commissioned by the Minister of Public Health, was established by Ministerial Decree of January 22nd, 2021, with the aim of recommending changes that would structurally reform the health system in accordance with agreements between the Aruban and Dutch government.

Figure 7: Budged costs of the DVG and BRA



In 2019 the Government of Aruba reserved funds specifically to cover accommodation costs in the event Aruba should temporarily accommodate Venezuelan [52] refugees. This is called Operation Bullseye. According to the Ordinance Operation Bullseye, 50% of the fund may be used for other national disaster or crisis, with Parliament approval. The withdrawn amount should be, if necessary, refunded in the following financial year. According to the Department of Finance this amount has yet to be transferred back to the Operation Bullseye Account. During the COVID-19 pandemic a portion of this fund has been used for costs related to pandemic preparedness, such as communication, awareness programs, taskforce supply and COVID-19 compliance for schools, as well as for facilitating Humanitarian Flights.

Besides budget liquidity support, the Aruban Government also received other support to help tackle COVID-19 pandemic, such as food aid and medical support.

Food aid Program: During the COVID-19 pandemic, the Aruban Red Cross received a series of funds from the government of the Netherlands for the food aid program. As per July 1, 2021, the Aruban Government took over the incidental food aid program as agreed to in the *Landspakket*. This task was delegated to a social foundation, with the BRA as project leader. The purpose of the food aid was to supply 18.787 food packages, 56 redeemable food cards and 3.736 redeemable baby products cards to the most vulnerable population on the Red Cross Emergency Food aid program's[53] active client database. For this purpose, the social foundation received Afl. 6 million in advance to cover all costs. The project lasted for (6) months and had a cost of Afl. 5.907.610, which Aruba paid in full. In accordance with the applicable rules on subsidies, the final settlement has yet to be established and the excess of subsidy must be returned to the government[54]. No evidence was found whereas this amount has been returned to the Government of Aruba.

Medical support from abroad: Because of the government's financial situation and the shortage in medical personnel and resources, Aruba requested technical support from the Netherlands. In response to these requests, the government of the Netherlands provided support for, among other:

- An aid package including various medical equipment such as ICU beds.

[52] National decree of January 7, 2019, no. 25 regarding Operations Bulls Eye.
[53] Final report: Emergency Food Aid to the most vulnerable groups of Aruba for the period from July1, 2021 to December 31, 2021, to bridge the COVID-19pandemic period; dated April 20. 2022.
[54] Final report: Emergency food aid to the most vulnerable people of Aruba for the period from 1 July 2021 to 31 December 2021 to bridge the COVID-19 crisis period, page 24.

- AMI Expeditionary Healthcare (AMI[55]) personnel as intensivists, nurses, and paramedics specializing in intensive care have been sent to Aruba[56].
- COVID-19 vaccines. The DVG was responsible for supervising the receipt, storage and distribution of vaccines on the island[57].
- Staff for the Public Health Department, financing for up to 52 FTE local personnel within the vaccination program and funding of operational costs of two vaccination locations[58].
- Medication and personal protective equipment for the health care staff such as mouth caps, glasses, and jackets.

3.2 Input of the relevant stakeholders in the government's budget

For effective planning and budgeting for strengthening capacities to forecast, prevent and prepare for public health risks it is crucial that all relevant stakeholders are consulted in the process. The government should identify all relevant entities responsible for the planning and budgeting and the relevant stakeholders who are directly involved and whose input is necessary for strengthening health capacities.

The government's budget includes funds for the government departments responsible for strengthening capacities and disaster risk management. Because the government's budget is subjected to norms, some proposed budgets from the departments may not be granted completely. Hence, there is no certainty that funds are allocated to perform the tasks of all relevant stakeholders involved in strengthening capacities and disaster risk management.

Table 8: Findings 3.2

Audit topic	Criteria	Key findings	Assessment against Criteria
Relevant stakeholders in the government's budgeting process	The government included all relevant stakeholders in the budgeting process for strengthening capacities to forecast, prevent and prepare for public health risks.	Government departments are required to provide their budget estimation to the government, including a summary of their policy intentions, as part of the planning process. The contribution to the AZV is budgeted each year.	✓
	The input of relevant stakeholders is considered in budgets.	Government entities responsible for strengthening capacities to forecast, prevent and prepare for public health risks, are subjected to a review against the applicable financial framework. Therefore, some budgeted expenses may be reduced or completely excluded. AZV's budget is prepared after consultation and extensive negotiation with all stakeholders.	!

✓ Criteria met ! Criteria partially met ✗ Criteria not met

[55] AMI Expeditionary Healthcare provides medical services to international aid organizations, humanitarian concerns, the private sector and government agencies in a wide range of remote and challenging environments. (Source: www.ami.health)
[56] Fact Reconstruction: research on corona crisis approach VWS.
[57] Covenant COVID-19 vaccination.
[58] Various letters form the Minister of Public Health regarding assistance request.

Government departments are according to the Regulation for Other Financial Administration (ROFA) article 3, required to provide their budget proposals to the government, including a summary of their policy intentions. This is part of the planning process for the government's budget[59]. Government departments' budgets are reviewed against the applicable financial framework by the Department of Finance on behalf of the Minister of Finance. Government entities responsible for strengthening capacities to forecast, prevent and prepare for public health risks, follow the planning and budgetary process.

The budget is drafted based on a defined financial margin (norms). This financial margin is based on the agreements with the Netherlands, aiming at cost reduction and achieving sustainable public finance. In the event that the proposed budget does not fit within the financial margins, the budget is adapted. The ministers collectively set out the policy priorities, the necessary budget and ensure that the financial framework is enforced. This means that funds allocation of is jointly determined. As a result, policy priorities of government departments may be reduced. Therefore, all the stakeholder's input may not be completely considered when drafting the government's budget.

The AZV considers the financial needs of its stakeholders when budgeting. AZV's stakeholders are their contracted health care providers. The AZV's budget is prepared after consultation and extensive negotiation with all stakeholders. However, the coverage/benefits are defined by law with which the AZV must comply. During the year, the AZV meets with the general practitioners, hospital, and Medical Institution San Nicolas (ImSan) to monitor budget execution.

3.3 Addressing the needs of vulnerable groups in the government's budget

Government actions to address the needs of vulnerable groups should be included in government's plans, and budgets should ensure that resources are available and sufficient. The budget should be realistic and based on reliable information or evidence gathered from relevant government and non-government entities.

The policy information in the government's budget for 2020 and 2021 is insufficient to provide a complete image of the objectives, including eventual needs of vulnerable groups. The government's budget does not specify the costs related to targets or policies.

[59] AB 1191 no.115: Regulation for Other Financial Administration (*Regeling overige financiële administratie*).

Table 9: Findings 3.3

Audit topic	Criteria	Key findings	Assessment against Criteria
Addressing the needs of the vulnerable groups in the government's budget	The government plans and budgets address the specific needs of the vulnerable groups.	Policy intentions targeting the elderly, youth, and mental health care are included in the government's budget, however there are no specific actions. The AZV may decide to eliminate some gaps between needs and coverage for efficiency reasons.	⚠
	Budgets ensure that resources are available and sufficient.	The government's budget does not specify the costs related to targets or policies.	✗

✓ Criteria met ⚠ Criteria partially met ✗ Criteria not met

The government's budgets for 2020 and 2021 of the Minister of Public Health and the Policy Plan for 2020 and 2021 of the DVG includes policy intentions targeting the elderly, youth, and mental health care. However, specific actions are not defined to address these groups' needs.
The policy intentions for the BRA were not included in the government's budgets for 2020 and 2021. The BRA's Policy Plan focuses on risk management to save lives. For example, the elderly and those with disabilities who are not self-reliant are considered within the BRA's Policy Plan. This Policy plan is in line with the calamity plan and the Calamity Ordinance, which focusses on saving people's lives. Despite addressing some vulnerable groups in their policy plans, there are no estimated costs regarding these plans. The Minister of Justice's budget considers undocumented residents that have no insurance and cannot pay their medical bills. An amount has been budgeted to cover the medical expenses of undocumented residents in Aruba and unpaid medical bills of tourists without medical insurance. However, no policy intentions are included in the government's budgets 2020 and 2021 targeting undocumented residents.

The AZV does not plan or budget specifically for the needs of vulnerable groups. The AZV does not differentiate in coverage, as it provides general medical insurance for every legal citizen living in Aruba. The coverage/benefits are defined by law, to which the AZV must comply. Nevertheless, there are gaps in the law because of certain health care coverages that are not clearly regulated by the law, despite the possibility of regulating these through a national decree. For efficiency reasons the AZV may decide, in specific cases, to regulate these gaps through its policies. The AZV assesses these needs that were not initially included in the coverage/benefits for what is medically necessary. If appropriate, measures are taken by the AZV to fulfill the needs.

4 Assessing capacities to forecast, prevent and prepare for public health risks

In this chapter the SAI discusses the outcomes from the review on how the government assesses healthcare capacities. Periodical assessment of healthcare capacity informs the government of the gaps and necessities of the healthcare system. This information is essential for decision-making, the prioritization of actions and the distribution of resources. In order to periodically assess, monitor, evaluate and report on healthcare capacities and risks, it is important that all relevant government institutions and entities collaborate towards agreed upon action plans. This can be achieved by having a central government body coordinating all risk assessment, monitoring, evaluation, and reporting activities. Also, by having an effective strategy in place to conduct all these activities.
In addition, it is important to have action plans and strategies in place that guarantees that any gap identified during the assessments of health system capacity are addressed accordingly.
Despite having a calamity plan that to some extent guarantees the assessment of capacities during calamity trainings and events, there is no system in place for assessing capacities to forecast, prevent and prepare for public health risks.

4.1 System to guarantee alignment of assessments in health system capacity

To determine whereas common goals are in place and aligned, this audit considered if there is an effective strategy and a centralized government body that coordinates all risk assessment, monitoring, evaluating, and reporting activities on health system capacity to forecast, prevent and prepare for public health risks. In addition, the roles and responsibilities of each stakeholder should be clearly outlined, and there should be a clear chain of command in reporting. There should also be effective coordination, collaboration, and communication between government institutions and entities at different levels for conducting regular risk assessments.

The audit has shown that there is no system in place to guarantee that the government institutions and entities at different levels are aligned when undertaking risk assessments, monitoring, evaluating, and reporting regarding health system capacity to forecast, prevent and prepare for public health risks.

Table 10: Findings 4.1

Audit topic	Criteria	Key findings	Assessment against Criteria
Coordination of risk assessments, monitoring, evaluation, and reporting on health systems' capacity to forecast, prevent and prepare for public health risks	There is a centralized government body that coordinates all risk assessment, monitoring, evaluation, and reporting.	The DVG does not conduct risk assessments or monitor, evaluate and report regarding health system capacity because of the lack of resources, such as manpower planning and capacities. There are calamity response trainings, that are conducted based on the calamity plan. The results of these trainings are used to evaluate the capacities of each cluster, department, and individuals.	!
Strategies to conduct a risk assessment, monitor, and evaluate its capacities to forecast, prevent and prepare for public health risks	There is a strategy in place for risk management.	The DVG does not have a strategy in place to periodically review and practice its operating plans of providing medical assistance during a calamity.	✗
Alignment with other relevant stakeholders	Government institutions and entities at every level have common goals and there is alignment for undertaking risk assessment, monitoring, evaluating, and reporting related to health system capacity to forecast, prevent, and prepare for public health risks.	There is no system in place to guarantee that the government institutions and entities at different levels are aligned. However, the calamity plan includes procedures for collaboration and coordination during a calamity.	!

✓ Criteria met ! Criteria partially met ✗ Criteria not met

Coordination by a central government body

Aruba does not have a central government entity that conducts and coordinates risk assessments, monitors, evaluates and reports on health system capacity to forecast, prevent and prepare for public health risks. The DVG has the task of monitoring public health risks in Aruba. However, the DVG does not conduct risk assessments or monitor, evaluate and report regarding health system capacity. Representatives from the DVG stated it needs a manpower planning for the health sector and an epidemiology to be able to perform its duties.

For this reason, it is important for the DVG to be established as a Health Authority, as intended by the PAHO[60]. Not having a central government body that conducts the necessary assessment, monitoring and evaluation of the health system capacity causes that there is a risk that efforts by different entities to assess capacities are not aligned and that the identified gaps are not properly communicated.

The only type of assessments that take place are in the form of calamity response training to prepare for natural disasters or other calamity events. The BRA is responsible for coordinating all calamity response training. These trainings are conducted based on the calamity plan developed by the BRA and all observations during the training are supposed to be recorded in designated forms. These forms are used

[60] The health authorities are understood as "the State organizations, entities, or actors responsible for protecting the public good regarding health." The Ministry of Public Health, or its equivalent national health authority, is the principal authority having jurisdiction over the field of health and, in that capacity, the main entity responsible for leading the sector. (Source: The essential public Health functions in the Americas; A renewal for the 21st century; Conceptual Framework and Description; PAHO).

to evaluate the capacities of each entity that was part of the training on all levels: cluster, department, and individuals. Because the calamity plan includes the process for medical assistance, the healthcare capacities are also assessed during these trainings.

Strategies in place

The Government of Aruba does not have an effective strategy yet to conduct a risk assessment, monitor, and evaluate its capacities to forecast, prevent and prepare for public health risks. Many initiatives are taking place to fulfill the need for a public health risk management strategy. Initiatives, such as the NSF and the signed agreement for pandemic preparedness, are at an abstract level and still need to be defined into action plans with key outcome indicators.

For events such as natural disasters and calamities, the calamity plan developed by the BRA are applied. Processes included in the calamity plan were also used during the recent pandemic event. The calamity plan, however, does not include specific actions for the assessment, monitoring, evaluation, and reporting of health system capacity. The calamity plan states that the DVG is responsible for the process of providing medical assistance during a calamity. As the process-responsible department, the DVG must draw up its own operating plans, and periodically review and practice these plans. The DVG should conduct mono-disciplinary exercises. The DVG, however, does not have a strategy in place that describes how and how frequent these exercises should take place.
Not having strategies in place to perform assessments periodically may result in the government not being able to timely and adequately forecast, prevent and prepare for public health risks. This is because of the lack of timely information about possible gaps and consequently the necessary resources cannot be timely allocated.

Guaranteeing alignment with other relevant stakeholders

Under the coordination of the BRA, the calamity plan guarantees the alignment with other relevant stakeholders when undertaking risk assessments, monitoring, and evaluating capacities during calamity training.
The calamity plan includes detailed information on how collaboration and coordination take place during a calamity. The plan includes four (4) main processes that are clearly divided into separate sub-processes and activities, including the responsible stakeholder for carrying out the activities. The calamity plan also describes how the calamity team structure works and which stakeholders are part of the team. It determines who the team consists of based on the type of event, and their responsibilities.

There is a collaboration between the entities for conducting the yearly planned training, which also includes capacity assessments for natural disasters and other types of calamities. The BRA also collaborates with various entities, such as the airport, hospital, government departments, and private entities, in the development of emergency/calamity plans.

The BRA shares its reports on the training and evaluation with the calamity team, and if there are shortcomings, the Council of Ministers is informed. Since the calamity team consists of different representatives of entities that are crucial during a calamity or pandemic, there is effective communication.

4.2 Action plans and strategies to address the identified gaps

There should be a mechanism in place to ensure that the findings of assessments, monitoring, and evaluations (identified gaps) and recommendations are addressed accordingly. It is also important that actions taken to address the identified gaps are monitored. Therefore, the government should have effective reporting/feedback procedures for sharing efforts and results amongst the various stakeholders and the centralized government oversight body in the area of risk assessments. Gaps resulting from the capacity assessments should lead to changes to the operational plans, policies, and procedures at the government oversight agency and or at the entities at the individual entity levels.

This audit concludes that the government does not have action plans and strategies in place to address the gaps identified in assessments of health system capacity to forecast, prevent, and prepare for public health risks.

Table 11: Findings 4.2

Audit topic	Criteria	Key findings	Assessment against Criteria
Reporting/feedback procedure	There are effective reporting/feedback procedures for sharing efforts and results.	The BRA has a mechanism in place for recording and reporting all efforts and results on incident management activities, consisting of standard forms. However, only a few completed evaluations of the last two years were found in BRA's archive.	⚠
Addressing recommendations and gaps	There is a mechanism in place to ensure that the findings of assessments, monitoring, and evaluations (identified gaps) and recommendations are addressed accordingly.	The government does not have action plans and strategies in place to address the gaps identified in assessments.	✗
Developments based on lessons learned	Gaps identified leads to changes to the operational plans, policies, and procedures.	Actions are being taken to strengthen pandemic preparedness and to ensure efficient and effective sourcing of response materials during calamities.	✓

✓ Criteria met ⚠ Criteria partially met ✗ Criteria not met

Reporting/feedback procedures

There is only an established reporting/feedback procedure through the BRA and the calamity team to share all efforts (coordination, collaboration, and communication) and results amongst the various stakeholders during a calamity event. The BRA also has a mechanism in place for recording and reporting all efforts and results on incident management activities. This consists of several forms (BRA-forms), which must be prepared by the BRA and completed by the assigned reporter, usually by the supervisor after the incident or training. All results from the training and incidents are recorded in a journal that is kept and managed by the BRA.

In addition, the calamity plan describes some general and supporting processes on how to manage the information that is gathered through the BRA forms. These general supporting processes are, for example, the registration, evaluation, and archiving of the information received.

When going through the evaluation forms, it was observed that only a few evaluations were received from the entities in the last two years. There was no evidence that evaluations were received before 2020. Because of the lack of a reporting structure to share efforts on assessing capacities, other than trainings coordinated by the BRA, there is no guarantee that efforts between the different stakeholders are aligned. This may lead to inefficiencies by duplicating efforts or efforts not being effective enough by not ensuring that all relevant aspects are assessed.

Addressing recommendations and gaps

There is no system in place in the form of action plans or strategies to ensure that recommendations and gaps gathered related to the health system capacity are addressed accordingly. However, the calamity structure serves as a mechanism to address recommendations and gaps. Gaps identified during training and calamity events are discussed in stakeholders' meetings when evaluating incidences. However, as mentioned before, there is no clear documentation about these findings. Because of the lack of documentation, there is no certainty whether identified gaps were properly addressed by the responsible stakeholders.

Current developments based on lessons learned

As a lesson learned from the recent pandemic, the Government of Aruba and the countries in the Dutch Kingdom are working together towards strengthening their pandemic preparedness. Having limited capacities and resources as small island states, Aruba did not have the capacity to upscale its healthcare capacity, particularly the ICU capacity during the recent pandemic. In response to this, mutual agreements were made to tackle the shortages in the healthcare capacity through cooperation and joint efforts between the Dutch countries.

Another concrete action based on lessons learned is the centralization of the logistics and storage at the BRA to ensure response materials are sourced efficiently and effectively. The need to centralize the logistics and storage of materials needed during a calamity became evident during prior emergency incidents. The BRA now manages the emergency materials inventory such as personal protective equipment.

The BRA also updated its calamity system to United Nations' new SENDAI Framework for Disaster Risk Reduction 2015-2030[61]. Aruba used the SENDAI Framework and Disaster Risk Reduction as a guideline for updating the calamity plan. The SENDAI Framework defines a broader scope of disaster risk reduction and focuses on both natural and man-made hazards and related environmental, technological and biological hazards and risks. Health resilience is strongly promoted throughout the framework.

Based on the lessons learned and challenges Aruba incurred during the pandemic event, the government is also working towards updating the current legislation and initiatives taken by the BRA and DVG to work with international standards and regulations.

[61] The Framework was adopted at the Third UN World Conference on Disaster Risk Reduction in Sendai, Japan, on March 18, 2015. It aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years. The Sendai Framework for Disaster Risk Reduction 2015-2030 outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction (Source: United Nations Office for Disaster Risk reduction: Sendai Framework for Disaster Risk Reduction 2015 – 2030).

5 Conclusions and Recommendations

5.1 Conclusions

The main objective of this audit was to examine to what extent the government has strengthened the healthcare system's capacities to forecast, prevent and prepare for public health risks and how the government built on emerging lessons learned from the recent public health events.
To meet this objective SAI Aruba assessed the existing legal/policy framework and systems that guarantees universal health coverage, health security, and preparedness towards any health crisis. The SAI also assessed the government budget and the use of funds to strengthen the capacities to forecast, prevent and prepare for public health risk.

The government has taken actions to strengthen the healthcare system's capacities to forecast, prevent and prepare for public health risks. During the COVID-19 pandemic, the Government of Aruba made great efforts to ensure the health and (social) well-being of all citizens. Aruba in cooperation with the countries in the Dutch Kingdom are working together towards strengthening their pandemic preparedness. These initiatives taken by the government, should however be completed, and implemented to guarantee the resiliency of the health system. Only by engaging all relevant stakeholders, support and commitment will be gained, which guarantees a more efficient and effective implementation of strategies and policies. A priority within the initiatives is the reestablishment of a Public Health Ordinance to facilitate policy making and implementation. It is also crucial for the government to ensure availability of resources needed to strengthen the healthcare capacity to be well prepared for any public health calamity. The COVID-19 pandemic has proved once more that financial resources remain a point of concern especially for Aruba whose economy mainly relies on tourism. A sustainable health and emergency financing system is now vital to keep ensuring health security and universal health coverage. This does not necessarily mean more investment or raising new financial resources. Considering the financial constraints of the country in general, the government must first explore cost effective options or redistributing the resources.

Policy and budget documentation does not corroborate the inclusion of the needs of the most vulnerable. Less than half of the organizations representing vulnerable groups, that responded to the SAI's survey, assured that they have been approached by the government for their input regarding the needs of their clients (or members) when taking measures during the COVID-19 pandemic. It is precisely in difficult situations, for example emergencies or crisis, that vulnerabilities arise or may be aggravated. Measures taken during a pandemic can increase healthcare access barriers for vulnerable groups if their needs are not accounted for. The government should take extra measures to protect the most vulnerable by ensuring that policies and emergency plans include actions to address the specific needs of vulnerable groups or 'at-risk' individuals. Having a no discrimination provision in the law, is not enough to ensure that no one is left behind.

Actions has been taken towards obtaining an adequate legal and policy framework, but these are not completed yet.

The government has been taking necessary steps towards having an adequate legal and policy framework, but there is still work to be done to complete these initiatives to be able to enhance capacities to forecast, prevent and prepare for public health risks. Despite having an NSF, there are however no concrete policy intentions on how the government will achieve the desired policy goals. The lack of clearly defined actions can hamper the achievement of goals, by creating gaps, overlap, fragmentation, and duplication of tasks which leads to inefficiencies.

There are no concrete policy intentions on how the government will achieve and fund the desired policy goals. More importantly, there is no specific law regarding National Public Health in which the responsibilities, powers, and provisions for health protection and health promotion measures for the population are included. A Public Health Ordinance (*Landsverordening Publieke Gezondheid*) is being drafted.

There is no registry or a 'basic' definition of vulnerable groups or people at-risk. Therefore it is impossible to get a complete picture of the existing needs of the vulnerable in any emergency situation that may arise. The specific needs of vulnerable groups are not mentioned in policies or action plans. No documentation was obtained to establish to what extent these groups were involved in policy and planning process. According to a survey performed by the SAI, 87% of the respondents claim not being approached to provide input for the NSF. Only 47% of organizations have been approached by the government for their input regarding the needs of their clients (or members) when preparing measures for a public health risk event.

On the other hand, there is a calamity plan in place that guarantees structure during a crisis. The calamity plan and calamity team structure also guarantee vertical and horizontal coherence when measures are taken during a calamity. Aruba also has a general health insurance, the AZV, that contributes to the principle of universal health coverage. The AZV guarantees that every legal citizen living in Aruba has access to health care and does not differentiate in coverage, considering the needs of the most vulnerable.

Resources to strengthen the capacities to forecast, prevent and prepare for public health risks are not ensured.

The policy intentions regarding public health included in the explanatory memorandum of the government budget are abstract. The explanatory memorandum does not include specific information on how the government will achieve its policies, neither is there an estimate of the costs related to specific policies. Because of this lack of information, it is also unclear to what extent the input of the relevant stakeholders are included in the government budget.

The government does not have a proper tracking of health spending or indicator to determine and monitor a favorable ratio between health expenditure and total government expenditure. The National Health Accounts are also not up to date, with the most actual being that of 2015, making it difficult to track the health expenditures. In addition, Aruba does not have a specifically earmarked fund for health emergencies and the existing procurement procedures does not give sufficient flexibility to make financial decisions in a decisive way during a pandemic.

Not having a financial buffer to fall back on, Aruba became dependent on the Netherlands for the financing of the emergency budget during the COVID-19 pandemic. The loans received from the Netherlands as financial support was attached to multiple conditions under which a structural reduction of Afl. 60 million annually of the budget for the AZV. Based on these deficiencies, the SAI concludes that the government

still has to take actions to ensure that the required resources are in place to strengthen the capacities needed to forecast, prevent and prepare for public health risks.

There is no system in place for periodical assessment of capacities to forecast, prevent and prepare for public health risks.

Lastly, the audit indicates that there is no strategy in place for conducting risk assessments, monitoring, evaluating, and reporting regarding health system capacity to forecast, prevent and prepare for public health risks. The DVG is unable to conduct these assessments because of the lack of a manpower planning for the health sector and an epidemiologist. The only assessments taking place are the calamity response trainings to prepare for natural disasters or other calamity events by the BRA. The calamity plan guarantees that there is proper alignment between the different stakeholders during a calamity training or calamity event.

The government also does not have action plans and strategies in place to address the gaps identified in assessments of health system capacity to forecast, prevent and prepare for public health risks.

5.2 Recommendations

Based on the conclusions and the most relevant findings, the SAI formulated the following recommendations.

Recommendations regarding legal/policy framework and institutional arrangements

To the Minister of Public Health:

- Define specific SDG 3d targets and indicators. Make sure these targets and health strategies are aligned. Involve all relevant stakeholders to create support and commitment so that everyone involved takes effective actions to achieve these targets.
- Finalize the legislative process regarding the new Ordinance for Public Health and include provisions for health protection and health promotion measures for the population. When implementing new regulations, make sure these are enforced. The Minister of Public Health must provide the required mandate and capacity for the monitoring and enforcement of these regulations.
- Finalize and implement the action plans addressing public health that are currently under development. Priority should be given to the elaboration of the NSF into concrete policies and implementation agendas with indicators and time frames. A Monitoring and Evaluation Framework should be developed, to monitor the implementation of these plans. When developing action plans, the country's capabilities, both in human and financial resources, should be considered.
- Ensure mutually beneficial outcomes from the partnership with countries in the Dutch Kingdom to improve Aruba’s pandemic preparedness. Make clear agreements and protocols, especially regarding collaborations to enhance capacities.
- Ensure that there is a clear and uniform identification of those who are most vulnerable (‘at risk’) during a public health crisis. The input of the representatives of these groups as well as their needs, should be considered when defining plans and measures in the event of a public health crisis. Specific actions should also be included in the plans to ensure that the needs of those vulnerable are addressed.

To the Minister of General Affairs:

- Finalize and amend the adaptation of the Calamity Ordinance so that there is a better alignment between law and practice and that the structure of the calamity plan is also legally enforced.

Recommendations regarding resources for strengthening the health system capacity

To the Minister of Public Health:

- Ensure that there is a clear prioritization of policy objectives related to strengthening the capacities to forecast, prevent and prepare for public health risks. The prioritization should be based on public health capacity needs and the financial feasibility. Ensure that estimates are reliable and properly documented, either in the budget and/or the policy document.
- Improve the documentation in policies, on the assessments and identification of needs of the vulnerable groups, as well as how and when these are addressed in the government budget. Also, ensure that the costs related to the actions for addressing the needs of the vulnerable groups are clearly indicated.

To the Minister of Public Health and the Minister of Finance:

- In view of the reform of the AZV, take into consideration measures that ensure health security and universal health coverage, such as accessibility, quality and affordability of the healthcare. Taking the national financial constraint into account, building health resilience should be cost effective. Consider therefore, the development of a health financing strategy to strengthen national health financing; make hereby use of WHO's guidance[62]. Ensure that the health financing strategy is part of, and integrated within, the NSF.
- Ensure that the legislative process for the establishment of the preparedness fund is carried out effectively so that the legislation can be completed as quickly as possible. It is of great importance that the established preparedness fund complies with the principles of accountability and transparency.

Recommendations regarding assessment of the health system capacity

To the Minister of Public Health:

- Provide the DVG with the legal mandate and necessary capacity, to be able to coordinate and conduct risk assessments, and monitor, evaluate and report regarding health system capacity to forecast, prevent and prepare for public health risks.
- Ensure that there is an effective strategy for assessing, monitoring, evaluating and reporting on capacities to forecast, prevent and prepare for public health risks. The strategy should include how frequent the assessments should take place and procedures for reporting to the various stakeholders and oversight bodies. The compliance of all the entities involved, for recording findings should be enforced.
- Ensure that there is a system in place for efficient and effectively addressing the identified gaps. The system should consider the aspect of leaving no one behind and include procedures for involving all stakeholders, monitoring actions taken to address gaps, ensuring coherence of these actions with the government policies. Procedures for sharing of information regarding gaps with (international) partners should also be included.

[62] For example Developing a National Financing Strategy: a reference guide (WHO).

6 Ministers' response

6.1 Response of the Minister of General Affairs and Minister of Public Health

On 13 January 2023, SAI Aruba submitted the draft report to the Minister of Public Health for response to the conclusions and recommendations. Since the results of the investigation also contain conclusions and recommendations relating to the Ministry of General Affairs and the Ministry of Finance, SAI Aruba requested the Minister of Public Health to provide a single coordinated response, together with the two ministers. On February 7th and 9th, SAI Aruba received respectively the response of the Minister for General Affairs and the coordinated response of the Minister for Public Health and the Minister of Finance. Since the responses were originally received in the Dutch language, a translation of the responses is presented below. The original responses are integrally included in Annex 7.

Minister of General Affair's response

In response to the draft report SDG 3D audit; Strong and Resilient National Public Health System, as received on January 17 2023, I notify you as follows.

Regarding the citation in recommendations on page 53, it can be noted that in fact it regards two issues. Firstly, there is the establishment of the calamity plan by national decree, establishing general measures, as referred to in Article 4, the first paragraph of the Calamity Ordinance. In the past, this has been discussed already between the Department of Legal and Judicial Matters (DWJZ) and BRA. It has not yet resulted in next steps.
Secondly, it seems appropriate to subject the Calamity Ordinance to a general revision, especially based on the experience gained from the COVID-19 pandemic. The same applies to the Ordinance on Infectious Diseases. The latter is in the policy area of the Minister of Public Health.

The Crisis Management Office (BRA) agrees in general with what is stated in the draft report. The BRA is also painfully aware that the establishment by national decree, establishing general measures, of the calamity plan is not yet a fact. BRA also believes that the Calamity Ordinance should be completely revised since it no longer meets today's requirements. While the existing ordinance focuses on natural disasters, much has changed since 9/11. Entirely new dimensions in disaster response/relief have been added, taking into account the consequences of for example, climate change and cybercrime/terrorism.

Regarding how to act and which actions should be taken in the event of a pandemic, BRA believes that one cannot come up with a one-size-fits-all generic solution. Each pandemic is different and requires a different approach and another set of measures to address that particular pandemic most effectively and efficiently.

In Annex 1: Abbreviation, BRA is referred to as the Department of Calamity. BRA is referred to as Crisis Management Office in all international correspondence and interaction.

The Minister of Public Health will respond on the remaining points.

Minister of Public Health's response

According to your request, I hereby send the minister's response to the draft report of the performance audit "*Towards a strong and resilient national public health system, related to the Sustainable Development Goals* SDG #3D".

1. Page 7 draft report dated January 13, 2023:
   "There is no system in place to guarantee that the government institutions and entities at different levels are aligned when undertaking risk assessments, monitoring, evaluating and reporting regarding health system capacity to forecast, prevent and prepare for public health risks. Aruba does not have a central government entity that conducts and coordinates assessments in health system capacity."

   Comment Minister of Public Health (MinTV):
   As a result of the COVID-19 pandemic and based on the successful cooperation between Aruba, Curacao, Sint Maarten (ACS), and the Netherlands (NL), it was decided during the Executive Four Country consultations to establish a special working group led by Aruba. The main tasks of this working group are: 1. Improving the pandemic preparedness at national level; 2. Continue the joint effort to improve pandemic preparedness; 3. Contribute to the realization of a regional hub (see annex 1; topic 2).

2. Page 7 draft report dated January 13, 2023:
   "Also, ensuring the required resources needed to strengthen the healthcare capacity to be well prepared for any public health calamity and to keep ensuring health security and universal health coverage is crucial. Therefore, a sustainable health and emergency financing system is vital."

   Comment Minister of Public Health (MinTV):
   On the advice of the Ministry of health, Welfare and Sport of the Netherlands (VWS), in this context, the MinTV has started the process of establishing a budget fund under the name of the Budget Fund Pandemic Resilience and Innovation, hereinafter referred to as the Fund. This is currently at DWJZ to be finalized.

3. Page 7 draft report dated January 13, 2023:
   "A Monitoring and Evaluation Framework should be developed, to monitor the implementation of these plans. When developing action plans, the country's capabilities, both in human and financial resources, should be considered."

   Comment Minister of Public Health (MinTV):
   This training will be given in March 2023 in cooperation with CARPHA to all policy officers and heads of departments working at the DVG.

4. Page 24 draft report dated January 13, 2023:
   "Because of the division of authority and responsibilities, the Director of the DVG was not involved in the process of adapting the legislation of the DVG and in the decisions made by the Management Team regarding human resources management and budget allocation. Not having a proper alignment between responsibilities and role in decision making can cause inefficiencies in the overall performance of an organization and lack of cohesion."

   Comment Minister of Public Health (MinTV):
   The Director of the DVG has fulfilled his role as director responsible for all the tasks of the DVG (excluding human resources and contracts with third parties) in the Calamity structure. Given this structure and the lines between the Director of the DVG and the Calamity Action Centrum at the DVG, the minutes were forwarded to the Calamity Action Centrum at the DVG for, among other things, follow-up actions and eventual work execution. The coordinator of the Action Centrum has always indicated the necessary capacities, in good consultation with Management Team. In turn, the Management Team, according to the tasks assigned (human resources) and in close consultation with the Department of Finance, Minister of TV, and VWS (Netherlands), has allocated the necessary resources to meet the personnel's capacity needs (in the broad sense). There was a clear line regarding the tasks of the Management Team and the Director of the DVG.

5. Page 25 draft report dated January 13, 2023:
   "In the case of two key stakeholders, with key functions in the calamity plan, the authority of the top management within the individual organization, has been partially or completely taken over by a Management Team. This can interfere with the proper and effective implementation of the calamity plan if the Management Team is not properly informed and aware of their roles and responsibilities."

   Comment Minister of Public Health (MinTV):
   The DVG Management Team is well aware of its role and responsibilities, partly as a result of the letter dated 25 June 2019 from MinTV to the Director of the DVG. The Management Team was also well informed at all times of the developments and needs regarding personnel capacity and available resources during the pandemic. By being well informed, the Management Team and the DVG were able to immediately respond to the needs of the public care system in the context of the pandemic. The last sentence of this quotation is therefore an assumption and does not correspond to the reality.

6. Page 49 draft report dated January 13 2023:
   "The BRA now manages the emergency materials inventory such as personal protective equipment."

   Comment Minister of Public Health (MinTV):
   This quote is also incorrect. The DVG has an up-to-date registration system for all PPEs. This system is set up in collaboration with VWS and is maintained by both Aruba and the Netherlands in good consultation and cooperation. If it refers to the three trailers containing material for emergencies, please include this specifically in the report.

Abovementioned is a joint response from the Minister of General Affairs, Innovation, Public Organization, Infrastructure, and Spatial Planning, the Minister of Finance and Culture and the Minister of Tourism, and Public Health.

6.2 Epilogue

SAI Aruba would like to thank all the ministers involved for taking the time to give their responses to the draft report. In her response, the Minister of General Affairs agrees that the calamity plan has yet to be formally established and that the Calamity Ordinance must be adapted. The minister is also aware of the fact that the ordinance no longer meets current requirements, since there are new dimensions in disaster response that should be considered. However, the minister has not indicated what priority will be given to the adaptation of the Calamity Ordinance. Especially since every pandemic or calamity is different and requires a different approach and set of measures there is an ever-increasing need for effective disaster legislation to avoid legal gaps in disaster risk management that can reduce the resilience of communities to disasters. Lastly, the Minister of General Affairs indicated that the name Crisis Management Office is used for international communication instead of the Department of Calamity. This name has been adjusted throughout the report accordingly.

The coordinated response of the Minister of Public Health and the Minister of Finance includes an annex describing point of actions based on the conclusions and agreement derived from the fourth executive consultation as part of the Dutch countries' partnership for the IHR implementation, dated June 24, 2022[63]. These action points are indeed in line with some of our recommendations. However, several recommendations, which are considered vital for achieving a resilient health system[64], are not sufficiently provided for by the action points. The SAI regrets that the Minister of Public Health did not comment on the recommendations regarding the improvement of the documentation in policies. Nor did he comment on the progress of the new Ordinance for Public Health and to what extent it will include provisions for health protection and health promotion measures for the population. Furthermore, the Minister of Public Health did not indicate in his response which specific actions will be taken to ensure the needs of those vulnerable are addressed in the plans and policies.

On the conclusion about the importance of attaining a sustainable health and emergency financing system to ensure the required resources for strengthening the healthcare capacity and ensuring health security and universal health coverage[65], the minister acknowledges that the process has started for the establishment of a fund named *Budget Fund Pandemic Resilience and Innovation.* However, the minister did not elaborate on the terms of this process, nor on how this fund will be financed. The latter is extremely important for the sustainability of the fund. Therefore, SAI Aruba calls for emphasizing the recommendation to consider developing a health financing strategy and to make sure the fund to be established complies with the principles of accountability and transparency.

On the recommendation for developing a Monitoring and Evaluation Framework, the SAI considers the initiative to train policy officers and heads of departments of the DVG[66], a positive start. However, to be able to monitor and evaluate the implementation of plans effectively, these plans should be provided with concrete implementation agendas, indicators and time frames. The minister did not comment on this specific recommendation.

[63] *Actiepunten voor Landen en de werkgroepen n.a.v. Conclusies vierde bestuurlijk overleg van 24 juni 2022 te Aruba betreffende samenwerking op het gebied van Volksgezondheid binnen het Koninkrijk*.
[64] Comment number 1: Minister of Public Health and Minister of Finance.
[65] Comment number 2: Minister of Public Health and Minister of Finance.
[66] Comment number 3: Minister of Public Health and Minister of Finance.

The minister elaborated further in his response on some findings of the audit, by providing additional information or explanations. Unfortunately, as this information was not provided when the DVG was given the opportunity to react to the findings, it cannot be included in the report. However, for the sake of completeness and transparency, the additional information and explanation provided by the minister is included in this epilogue. The minister indicates that despite of the division in the leadership of the DVG between a management team and the director, there was good communication and cooperation between the management team and the coordinator of the action center of the DVG[67]. The SAI is pleased that despite the division in the leadership of the DVG, good communication and cooperation resulted in the allocation of the necessary resources to meet the personnel's capacity needs during the pandemic. However, as long as the lack of proper alignment between roles, duties and responsibilities in decision-making is not resolved, the efficient performance of the organization is not guaranteed. Hence, the indicated risk of inefficiencies in the overall performance of an organization and lack of cohesion will likely continue to exist. This also applies to the role and responsibilities of the DVG in the calamity plan[68]. The purpose of illustrating these findings was to focus on the risks that exist in ensuring efficient and proper approaches and responses to calamities.
The minister's response also included a remark on the audit findings regarding the management of emergency materials. The Minister of Public Health remarked that the DVG has an up-to-date registry of personal protective equipment[69]. This registry has been set up and is being kept in cooperation with the Ministry of Health, Welfare and Sports of the Netherlands. The SAI considers this a good initiative as the DVG is responsible for monitoring the resources available in case of a health risk. In the report the SAI however refers to the inventory of emergency materials, usable for all types of emergencies, kept by the BRA which includes three trailers containing medical equipment, formerly managed by the DVG.

Given the importance of resilient health systems in safeguarding global health security and universal health coverage, SAI Aruba could not emphasize enough the importance of completing and implementing the initiatives. Thereby, always bearing in mind the financial constraints, the availability of human capacity, the engagement of all relevant stakeholders and the needs of the at-risk individuals. SAI Aruba hopes this audit will be helpful to the government in taking proper measures to ensure progress and continuation of the developments already initiated to strengthen the public health system and continue building hereon based on the lessons learned, best practices and applicable international standards.

[67] Comment number 4: Minister of Public Health and Minister of Finance.
[68] Comment number 5: Minister of Public Health and Minister of Finance.
[69] Comment number 6: Minister of Public Health and Minister of Finance.

Annex 1: Abbreviation

Abbreviations	Meaning
AC-DVG	Action center of the DVG
Afl	Aruban florin
AMI	AMI Expeditionary Healthcare
AMR	Anti-Microbial Resistance AMR
AZV	General Health Insurance (*Algemene Ziektekosten Verzekering*)
BAZV	Turnover tax (*Bestemmingsheffing AZV*)
BRA	Crisis Management Office (*Bureau Rampenbestrijding Aruba*)
BT	Policy Team (*Beleidsteam*)
CAROSAI	Caribbean Organization of Supreme Audit Institution
COVID-19	Coronavirus disease 2019
CV 1989	Government Accountants Act (*Comptabiliteitsverordening 1989*)
DCHA	Dutch Caribbean Hospital Alliance
DEACI	Department of Economic Affairs, Commerce & Industry of Aruba (*Directie Economische Zaken, Handel en Industrie)*
Dutch Kingdom	The Kingdom of the Netherlands
DVG	Department of Public Health (*Directie Volksgezongheid*)
DWJZ	Department of Legal and Judicial Matters (Directie Wetgeving en Juridische Zaken)
HIAS	Hebrew Immigrant Aid Society
HIV	Human Immunodeficiency Virus
ICU	Intensive care unit
IDI	INTOSAI Development Initiative
IHR	International Health Regulations
ImSan	Medical Institution San Nicolas (*Instituto Medico San Nicolas*)
INTOSAI	International Organization of Supreme Audit Institutions
ISAM	IDI's SDGs Audit Model
ISSAIs	International Standards of Supreme Audit Institutions
IVA	Inspectorate of Public health (*Inspectie Volksgezondheid Aruba*)
LCC	National Coordination Center (*Landelijk Coordinatie Centrum*)
NCD	Non-Communicable Diseases
NCD MAP	Multi-Sectoral Action Plan for Non-communicable Diseases
NCD Steering Committee	Steering Committee for the prevention and control of NCD's and the integrity of the NCD's-registry and the Aruba health App system
NIVEL	Netherlands Institute for Health Services Research (*Nederlands Instituut voor Onderzoek van de Gezondheidszorg*)
NSF	National Strategic Framework for Health Sector
NSP	National Strategic Plan
OL	Operational Leader (*Operationeel Leider*)
OT	Operational team
PAHO	Pan American Health Organization
RIVM	National Institute for Public Health and the Environment (*Rijksinstituut voor Volksgezondheid en Milieu*)
Roadmap for Mental health	Roadmap for mental Health and Substance Use Disorders in Aruba 2021-2031
ROFA	Regulation for Other Financial Administration (*Regeling Overige Financiele Administratie*)
SAI	Supreme Audit Institution
SDGs	Sustainable Development Goals
UN	United Nation
UNFPA	United Nations Population Fund
VWS	Ministry of health, Welfare and Sport of the Netherlands
WHO	World Health Organization (*Wereldgezondheidsorganisatie)*

Annex 2: Terminology

Action plan: Often called an 'incident action plan', this is a statement of intent that is specific to an incident or event. It details the response strategies, objectives, resources to be applied and tactical actions to be taken (WHO 2015a).

Capacity: Combination of all the strengths, attributes and resources available within an organization, community or society to manage and reduce disaster risks and strengthen resilience.

Capacity assessment: The process by which the capacity of a group, organization or society is reviewed against desired goals, where existing capacities are identified for maintenance or strengthening, and capacity gaps are identified for further action (UNGA 2016).

Disaster risk management: The application of disaster risk reduction policies and strategies to prevent new disaster risk, reduce existing disaster risk and manage residual risk, contributing to the strengthening of resilience and reduction of disaster losses (UNGA 2016).

Evaluation: The systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions, in relation to objectives and taking into account the resources and facilities that have been deployed.

Health emergency: A type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine.

Health security: Global public Health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries.

Health system: The people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health (WHO 2011)

Institutional Arrangements: Institutional arrangements are the policies, systems, and processes that organizations use to legislate, plan and manage their activities efficiently and to effectively coordinate with others in order to fulfill their mandate.

International Health Regulations (IHR) 2005: A legally binding instrument of international law, which has its origin in the International Sanitary Conventions of 1851, concluded in response to increasing concern about the links between international trade and the spread of disease (cross-border health risks).

Monitoring: In the context of surveillance and response refers to the routine and continuous tracking of the implementation of planned surveillance activities (monitoring the implementation of the plan of action) and of the overall performance of surveillance and response systems (WHO 2014).

Non-Communicable diseases: The term NCDs refers to a group of conditions that are not mainly caused by an acute infection, result in long-term health consequences and often create a need for long-term treatment and care. These conditions include cancers, cardiovascular disease, diabetes and chronic lung illnesses. (PAHO)

Preparedness plan: Establishes arrangements in advance to enable timely, effective and appropriate responses to specific potential hazardous events or emerging disaster situations that might threaten society or the environment (UNGA 2016).

Public health: The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society (WHO 1998).

Public health risks: Likelihood of an event that may affect adversely the health of human populations.

Relevant stakeholders: Person or organization that can affect, be affected by, or perceive itself to be affected by a decision or activity (ISO 22300:2018).

Response plan: Documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident (ISO 22300:2018).

Universal Health Coverage: Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

Vulnerable group: Individuals who share one or several characteristics that are the basis of discrimination or adverse social, economic, cultural, political or health circumstances and that cause them to lack the means to achieve their rights or otherwise enjoy equal opportunities (ISO 22300:2018).

Annex 3: Samenvatting

In dit rapport presenteert de Algemene Rekenkamer de bevindingen van haar onderzoek naar de maatregelen van de overheid om het nationaal gezondheidszorgsysteem van Aruba veerkrachtiger te maken, dat gekoppeld is aan de duurzame ontwikkelingsdoelen - *Sustainable Development Goal* (*SDG*) *3d*. De *SDG* 3d heeft betrekking op pandemische gebeurtenissen en richt zich op het verbeteren van vroegtijdige waarschuwingssystemen voor gezondheidsrisico's wereldwijd.
Aruba heeft geen doelen noch indicatoren voor de *SDG* 3d gedefinieerd. Er is wel een nationaal strategisch kader voor de gezondheidssector, de *National Strategic Framework for Health Sector* (*NSF*), dat prioriteiten bevat voor het versterken van de effectiviteit, efficiëntie, transparantie en verantwoordingsplicht binnen het gezondheidszorgsysteem.

Het hoofddoel van het onderzoek was om te beoordelen in welke mate de overheid de capaciteit van het gezondheidszorgsysteem heeft versterkt om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn. Ook is onderzocht hoe de overheid voortbouwde en lering heeft getrokken uit recente gebeurtenissen op het gebied van volksgezondheid.
De doelstelling van het onderzoek werd uiteengezet in drie (3) onderzoeksvragen:

1. In welke mate zijn er wettelijke en beleidskaders en institutionele regelingen aanwezig om de capaciteit te versterken om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn?
2. Hoe zorgt de overheid ervoor dat de benodigde middelen aanwezig zijn om de vereiste capaciteiten te versterken om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn?
3. Hoe beoordeelt de overheid periodiek risico's, monitort[70], evalueert en rapporteert over de huidige capaciteiten om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn?

De gegevensverzameling voor dit onderzoek bestond uit documenten analyse, interviews met verschillende belangrijke betrokkenen in de gezondheidssector en op het taakgebied van rampenrisicobeheer. Aanvullend is er een enquête verzonden naar relevante belanghebbenden en actoren die deel uitmaken van het crisisteam en naar organisaties die de kwetsbare groepen vertegenwoordigen. Het onderzoeksteam heeft ook begrotingen van de collectieve sector, plannen, beleidsmaatregelen en rapporten, van lokale en internationale organisaties op het gebied van volksgezondheid en risicobeheer van rampen, doorgenomen. Het onderzoek vond plaats in de periode van 25 oktober 2021 tot en met 4 november 2022.

Hierna worden de belangrijkste bevindingen van het onderzoek weergegeven.

[70] In de context van *surveillance en respons* verwijst monitoring naar het routinematig en continu volgen van de implementatie van geplande surveillanceactiviteiten (monitoring van de implementatie van het actieplan) en van de algehele prestaties van surveillance- en responssystemen (WHO 2014).

Onderzoeksvraag 1

Er zijn acties ondernomen om tot een adequaat wettelijk en beleidskader te komen, maar deze zijn nog niet voltooid.

Het wettelijk- en beleidskader wordt thans bijgewerkt om de implementatie van de *International Health Regulations* (*IHR*) 2005 te vergemakkelijken.

Er wordt beleid ontwikkeld om de huidige gezondheidsuitdagingen op Aruba aan te pakken, zoals de NSF die is ontwikkeld in het kader van universele toegang tot gezondheidszorg (*universal access to health)* en universele dekking van de gezondheidszorg *(universal health coverage)*. Concrete plannen en operationele activiteiten voor de beleidsplannen zijn echter nog niet gedefinieerd.

Een andere belangrijke stap was het actualiseren van het wettelijk kader. In 2019 is de Landsverordening Infectieziekten aangepast en een nieuwe Landsverordening Publieke Gezondheid wordt nog opgesteld. Door wijzigingen in het wettelijk kader is de verouderde Gezondheidsverordening afgeschaft en daarmee ook de hoofdtaken en bevoegdheden van de Directie Volksgezondheid (DVG), die een vitale rol speelt bij de versterking van het gezondheidszorgsysteem. Hierdoor zijn de taken van de DVG gesegmenteerd tussen de verschillende wetten.

De Arubaanse wetgeving houdt rekening met de rechten van de mens en maakt geen onderscheid tussen haar burgers voor wat betreft de toegang tot gezondheidszorg. In deze context wordt in de wetgeving rekening gehouden met de behoeften van de meest kwetsbaren. Echter, er is geen duidelijke definitie van de kwetsbare groepen en hun behoeften, waardoor het onduidelijk is in hoeverre er rekening wordt gehouden met de behoeften van deze groepen in plannen en responsacties. Ondanks dat er non-discriminerende wetgeving bestaat, dient de overheid specifieke acties op te nemen in beleid en noodplannen om aan de behoeften van de kwetsbaren tegemoet te komen. Het hebben van antidiscriminatie bepalingen in de wet is niet voldoende om ervoor te zorgen dat niemand wordt uitgesloten (*no one is left behind)*.

Omdat het beleid en wettelijk kader nog steeds worden geactualiseerd, is er nog geen volledige afstemming van beleid en plannen op de regelgeving, wat leidt tot discrepanties tussen het beleid en het wettelijk kader.

Onderzoeksvraag 2

Middelen om de capaciteiten te versterken om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn, zijn niet gegarandeerd.

De Landsbegrotingen voor 2020 en 2021 bevatten beleidsvoornemens met betrekking tot het versterken van de capaciteiten om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn. Er is echter geen specifieke allocatie van financiële middelen voor deze beleidsvoornemens. De beleidsinformatie in de Landsbegrotingen geeft geen volledig beeld van de samenhang tussen doelstellingen, activiteiten en bijbehorende kosten. Aangezien de overheid van Aruba geen fonds heeft dat specifiek bestemd is om de COVID-19-pandemie of soortgelijke risico's voor de volksgezondheid het hoofd te bieden, heeft de overheid een noodbegroting ingevoerd om de COVID-19 gerelateerde uitgaven te bekostigen. Om dit extra budget te financieren heeft het Land in 2020 en 2021 liquiditeitssteun van Nederland ontvangen. De ontvangen liquiditeitssteun heeft de vorm van een lening met verschillende voorwaarden. Eén van deze voorwaarden is de structurele jaarlijkse verlaging van Afl. 60 miljoen[71] in de begroting van de Algemene Ziektekosten Verzekering (AZV). De verlaging in het budget van de AZV kan gevolgen hebben voor de algemene dekking en toegang tot de gezondheidszorg.

[71] 1 Amerikaanse Dollar is gelijk aan 1,78 Arubaanse Florin (Afl.).

Bij het opstellen van de Landsbegroting wordt rekening gehouden met alle actoren die betrokken zijn bij het proces van de planning, budgettering en versterking van de gezondheidscapaciteiten. Omdat de Landsbegroting aan begrotingsnormen is onderworpen, is er geen zekerheid dat alle benodigde middelen daadwerkelijk worden toegewezen om aan alle behoeften van alle relevante actoren te voldoen. De beleidsinformatie in de Landsbegrotingen 2020 en 2021 is onvoldoende transparant om inzicht te geven in de eventuele behoeften van kwetsbare groepen. Evenmin zijn de kosten gerelateerd aan doelstellingen of beleid gespecificeerd in de Landsbegroting.

Onderzoeksvraag 3

Er is geen systeem voor periodieke beoordeling van de capaciteiten om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn.

Een belangrijk aspect om veerkracht te garanderen, is het hebben van een systeem dat de capaciteit van een land beoordeelt om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn. Er is geen systeem om te garanderen dat de overheidsinstellingen en -entiteiten op verschillende niveaus op elkaar zijn afgestemd bij het uitvoeren van risicobeoordelingen, monitoring, evaluatie en rapportage met betrekking tot de capaciteit van het gezondheidszorgsysteem om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn. Aruba heeft geen centrale overheidsinstantie die beoordelingen van de capaciteit van het gezondheidszorgsysteem uitvoert en coördineert. Sommige aspecten van de capaciteit van het gezondheidszorgsysteem worden wel beoordeeld tijdens calamiteitstrainingen die worden gecoördineerd door het Bureau Rampenbestrijding Aruba (BRA), aangezien er een proces is voor medische hulpverlening in het calamiteitenplan. De overheid beschikt niet over een mechanisme om ervoor te zorgen dat de geconstateerde tekortkomingen in de beoordelingen van de capaciteit van het gezondheidszorgsysteem worden aangepakt.

Conclusie

De overheid heeft maatregelen genomen om de capaciteit van het gezondheidszorgsysteem te versterken om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn. Tijdens de COVID-19 pandemie heeft de overheid van Aruba grote inspanningen gedaan om de gezondheid en het (sociale) welzijn van alle burgers te waarborgen. Deze initiatieven van de overheid moeten wel worden afgerond en uitgevoerd om de veerkracht van het gezondheidszorgsysteem te garanderen. Een prioriteit binnen de initiatieven is de vaststelling van een Landsverordening Publieke Gezondheid om de beleidsontwikkeling en -uitvoering te bevorderen. Van cruciaal belang is het zeker stellen van de benodigde middelen om de capaciteit van de gezondheidszorg te versterken, om goed voorbereid te zijn op eventuele calamiteiten op het gebied van de volksgezondheid, en om *health security* en *universal health coverage* te blijven garanderen. Daarom is een duurzaam gezondheidszorg- en noodfinancieringssysteem van essentieel belang.

Aanbevelingen met betrekking tot het wettelijk/beleid kader en institutionele regelingen

Aan de minister van Volksgezondheid:

- Definieer specifieke SDG 3d-doelen en indicatoren. Zorg ervoor dat deze doelen en gezondheidsstrategieën op elkaar zijn afgestemd. Betrek alle relevante belanghebbenden en actoren om draagvlak en betrokkenheid te creëren, zodat alle betrokkenen effectieve acties ondernemen om deze doelen te bereiken.
- Rond het wetgevingsproces met betrekking tot de nieuwe Landsverordening Publieke Gezondheid af en neem bepalingen op voor gezondheidsbescherming en gezondheid-bevorderende maatregelen voor

de bevolking. Zorg er bij het implementeren van nieuwe regelgeving voor dat deze worden gehandhaafd. De minister van Volksgezondheid moet zorgen voor het benodigde mandaat en de benodigde capaciteit voor het toezicht en de handhaving van deze regelgeving.

- Rond af en implementeer de actieplannen voor de volksgezondheid die momenteel in ontwikkeling zijn. Prioriteit moet worden gegeven aan de uitwerking van de NSF in concreet beleid en uitvoeringsagenda's met indicatoren en tijdschema's. Er moet een monitoring- en evaluatiekader worden ontwikkeld om de implementatie van deze plannen te monitoren. Bij het ontwikkelen van actieplannen houd rekening met de capaciteiten van het Land, zowel op het gebied van personeel als financiële middelen.
- Zorg voor wederzijds voordelige resultaten van het partnerschap met landen binnen het Koninkrijk der Nederlanden voor het verbeteren van de paraatheid op Aruba. Maak duidelijke afspraken en protocollen, voornamelijk met betrekking tot de samenwerkingen voor capaciteitsopbouw.
- Zorg voor een duidelijke en uniforme aanduiding van degenen die het meest kwetsbaar zijn (*'at risk'*) voor een volksgezondheidscrisis. Er moet rekening worden gehouden met de inbreng van de vertegenwoordigers van deze groepen en met hun behoeften bij het ontwikkelen van plannen en maatregelen in geval van een volksgezondheidscrisis. In de plannen moeten ook specifieke acties worden opgenomen om ervoor te zorgen dat aan de behoeften van de kwetsbaren wordt voldaan.

Aan de minister van Algemene Zaken:

- Zorg voor de afronding en de vaststelling van de Calamiteitenverordening zodat de wetgeving en de (bestuurders) praktijk beter op elkaar aansluiten en de structuur van het calamiteitenplan ook wettelijk wordt geregeld.

Aanbevelingen met betrekking tot middelen voor het versterken van de capaciteit van het gezondheidszorgsysteem

Aan de minister van Volksgezondheid:

- Zorg voor een duidelijke prioritering van beleidsdoelstellingen met betrekking tot het versterken van de capaciteit om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voorbereid te zijn. De prioritering moet gebaseerd zijn op de capaciteitsbehoeften van de volksgezondheid en de financiële haalbaarheid. Zorg ervoor dat schattingen betrouwbaar zijn en goed worden vastgelegd, hetzij in de begroting en/of in beleidsdocumenten.
- Verbeter de beleidsdocumentatie ten aanzien van de beoordelingen en identificatie van behoeften van de kwetsbare groepen. Vermeld eveneens in de Landsbegroting hoe en wanneer deze behoeften zullen worden aangepakt. Zorg er voor dat de kosten in verband met de acties, om aan de behoeften van de kwetsbare groepen tegemoet te komen, duidelijk worden aangegeven.

Aan de minister van Volksgezondheid en de minister van Financiën:

- Met het oog op de hervorming van de Algemene Ziektekostenverzekering, houd rekening met maatregelen die de *health security* en *universal health coverage* waarborgen, zoals toegankelijkheid, kwaliteit en betaalbaarheid van de gezondheidszorg. Rekening houdend met de nationale financiële beperkingen, dient het opbouwen van de gezondheidsweerbaarheid op een kosteneffectieve manier te geschieden. Overweeg daarom om een gezondheidsfinancieringsstrategie te ontwikkelen om de nationale financiering van de gezondheidszorg te versterken; maak hierbij gebruik van de richtlijnen

van de Wereldgezondheidsorganisatie (*WHO*)[72]. Zorg ervoor dat de financieringsstrategie voor de gezondheidszorg deel uitmaakt en geïntegreerd is in de NSF.

- Zorg ervoor dat het wetgevingsproces voor de oprichting van het paraatheidsfonds effectief wordt uitgevoerd, zodat de wetgeving zo snel mogelijk kan worden afgerond. Het is van groot belang dat het opgerichte paraatheidsfonds voldoet aan de principes van verantwoordelijkheid en transparantie.

Aanbevelingen met betrekking tot de beoordeling van de capaciteit van het gezondheidszorgsysteem

Aan de minister van Volksgezondheid:

- Voorziet de DVG in het wettelijk mandaat en de nodige capaciteit om risicobeoordelingen te kunnen coördineren en uitvoeren, monitoren, evalueren en rapporteren met betrekking tot de capaciteit van het gezondheidszorgsysteem om risico's voor de volksgezondheid te voorspellen, te voorkomen en voorbereid te zijn.
- Zorg ervoor dat er een effectieve strategie is voor het beoordelen, monitoren, evalueren en rapporteren van capaciteiten om risico's voor de volksgezondheid te voorspellen, te voorkomen en erop voor bereid te zijn. De strategie dient aan te geven hoe vaak de beoordelingen moeten plaatsvinden en dient procedures te bevatten voor de rapportage aan de verschillende belanghebbenden en toezichthoudende instanties. De naleving van alle betrokken entiteiten voor het vastleggen van bevindingen moet worden afgedwongen.
- Zorg voor een systeem om de geïdentificeerde tekortkomingen efficiënt en effectief aan te pakken. Het systeem dient het aspect van *leaving no one behind* te beschouwen. Het systeem dient ook procedures te bevatten voor het betrekken van alle belanghebbenden en actoren, het monitoren van maatregelen die worden genomen om tekortkomingen op te heffen, en zorgen voor coherentie tussen de genomen maatregelen en het overheidsbeleid. Er moeten ook procedures worden opgenomen voor het delen van informatie over de tekortkomingen met internationale partners.

Zowel de minister van Algemene Zaken en de minister van Volksgezondheid samen met de minister van Financiën gaven hun feedback op het rapport. De reacties waren niet gericht op de conclusie en aanbevelingen en geven daarom geen duidelijke mening van de ministers over de aanbevelingen. Acties die zijn gebaseerd op de conclusies en de overeenkomst voortvloeiende uit het vierde bestuurlijk overleg in het kader van de samenwerking tussen de landen in het Koninkrijk voor de implementatie van het IHR, zijn in overeenstemming met een aantal van onze aanbevelingen. Deze acties geven echter niet voldoende gevolg aan enkele essentiële aanbevelingen, zoals de voortgang van de nieuwe landsverordening voor de volksgezondheid, de financiering van het noodfonds dat wordt opgericht of acties die garanderen dat de behoeften van kwetsbare bevolkingsgroepen in plannen en beleid worden meegenomen. De Algemene Rekenkamer is van mening dat de initiatieven die zijn genomen en de inspanningen die worden gedaan om het Arubaanse gezondheidssysteem te versterken, zeer positieve stappen zijn in het bereiken van veerkracht. Daarom moeten de betrokken ministers zorgen voor de voortgang en voortzetting van de reeds in gang gezette ontwikkelingen om het gezondheidssysteem te versterken en verder bouwen op basis van de geleerde lessen, *best practices* en toepasselijke internationale standaarden.

[72] Bijvoorbeeld rapporten zoals: *Developing a National Financing Strategy: a reference guide (WHO).*

Annex 4: Audit questions and criteria

Audit questions:

1. To what extend is there legal and policy frameworks and institutional arrangements in place to take forward the lessons to enhance capacities to forecast, prevent and prepare for public health risks?
   - 1.1 Does the government have an adequate legal and policy framework relating to public health, emergency and disaster risk management in place?
   - 1.2 Did the government take the necessary measures to align the legal and policy frameworks as well as the institutional arrangements with public health and emergency and disaster risk management?
   - 1.3 Do institutional arrangements exist for effective vertical and horizontal coherence suggested to promote an integrated approach, incorporating both measures related to health security and universal health coverage?
   - 1.4 Do the legal and policy frameworks and institutional arrangements proposed adequately address the needs of identified vulnerable groups related of public health and emergency and disaster risk management?

2. How is the government ensuring the required resources are in place to strengthening the capacities required to forecast, prevent and prepare for public health risks?
   - 2.1 Is the annual government's *budgets for 2020 and 2021 are sufficient, adequate and aligned with plans for* anticipating capacities required to forecast, prevent and prepare for public health risks?
   - 2.2 Do the government plans and budgets address the specific needs of identified vulnerable groups related to the target?
   - 2.3 Does government include all relevant stakeholders in the planning and budgeting for strengthening capacities to forecast, prevent and prepare for public health risks?

3. How does the government periodically assess the risks, monitors, evaluates and reports on its current capacities to forecast, prevent and prepare for public health risks?
   - 3.1 Are government institutions and entities at different levels aligned in undertaking risk assessments, monitoring, evaluating and reporting regarding health systems capacities to forecast, prevent and prepare for public health risks?
   - 3.2 Does the government have action plans and strategies in place that address the gaps identified in assessments of health systems capacities to forecast, prevent and prepare for public health risks (including monitoring and reporting related to IHR regulations)?

Audit criteria for audit question 1:

- *The legal and policy framework is adequate when it enables the stakeholders to perform their tasks and achieve their goals by complying with the following criteria:*
  1. The legal and policy framework includes national health plans and/or health strategies regarding the (6) health systems 'building blocks': service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance.
  2. There is a national structure for leading public health or disaster risk management.
  3. The policies contains clearly formulated goals and strategies regarding (improving) overall public health, proactiveness, responsiveness and efficiency of the health system.
  4. Policies are based on, among other, a baseline measurement, budget documents, National health account, audits, annual performance reviews and health indicators.
  5. There are mechanisms for stakeholder participation, including nongovernmental stakeholders, in the health policy cycle.
  6. There is a list of all key stakeholders that were invited to participate or that have participated in the policy cycle.
  7. There are evidence of adjustments to policies or legal framework based on lessons learned.
  8. The authority for each involved stakeholders to perform their tasks are clearly (legally) established.
  9. The legal and policy framework prescribes the provision for contingency financial resources or the earmarking or reserving of resources for responding to emergencies.
  10. The government, or the therefore assigned person/institution, has put a mechanism in place to monitor, evaluate and measure the achievement of the priority public health goals.
- *The government took the necessary measures to align the legal and policy frameworks as well as the institutional arrangements concerning to public health and emergency and disaster risk management goals when the following criteria are met:*
  1. Policies related to forecasting, preventing, preparing and responding effectively to health risks and emergencies are aligned with the established legal framework.
  2. A particular department/ministry works closely with other governmental institutions and other entities to coordinate collaboration and communication efforts for strengthening health systems' preparedness capacities.
  3. There are institutional arrangements to coordinate resources for public health functions and emergency disaster risk management.
  4. The responsibilities and tasks for each actor are clearly defined in among other the national action plan for health security, national health strategy, national health sector development plan.
  5. The institutional arrangements ensure that activities are not duplicated between different actors and that there are no gaps in the implementation of policies.
  6. There is a mechanism for informing and involving citizens and stakeholders (including state and non-state actors like legislative bodies, the public civil societies and the private sector) in the processes.
- *The institutional arrangements exist for effective vertical and horizontal coherence suggested to promote an integrated approach, incorporating both measures related to health security and universal health coverage is determined by the following criteria:*
  1. There are national action plan(s) for addressing public health risks identified in risk assessment and national priorities.
  2. The health service is accessible to all population groups, including marginalized and vulnerable groups so they can access basic package of health services.
  3. Continuity of essential health services are included in the emergency preparedness and response plan.
  4. Ministries and departments adopt a whole-of-government approach to universal health coverage.
  5. There is institutional setup to coordinate resources for public health functions and emergency disaster risk management.
  6. There is an institutional setup to coordinate cooperation and collaboration across organizational boundaries to ensure public health security and universal health in case of emergencies.
  7. The responsibilities and tasks for each actor are clearly defined in the national action plan for health security and subsequent protocols.
  8. The institutional arrangements ensure that there are no overlap, duplication, fragmentation and/or omission between different activities that can hinder the performance and hamper the achievement of health security.
  9. There was continuity of all healthcare, on all levels, services during the pandemic (including chronically ill patients).

Audit criteria for audit question 1:

10. The hospital and other health care providers were sufficiently equipped to provide care to both COVID-19 and non-COVID-19 patients.
11. Measures were taken to ensure the accessibility of the health service despite the financial effects of the pandemic on the health coverage. (Financial sustainability).

- *The legal and policy frameworks and institutional arrangements proposed adequately address the needs of identified vulnerable groups related to public health and emergency and disaster risk management when:*
  1. The whole-of-society approach, including community engagement, is used for developing health system capacities including preparedness and response plans.
  2. Vulnerable groups and needs are identified in plans to ensure public health and preparedness and response plans.
  3. There are activities to address the needs of vulnerable groups in the health and emergency plans.
  4. The government acted in accordance with these plans regarding the needs of vulnerable groups.

Audit criteria for audit question 2:

- *The annual government's budgets, for 2020 and 2021, at different levels and entities are sufficient, adequate and aligned with plans for anticipating capacities required to forecast, prevent and prepare for public health risks. In order to determine that the budget is aligned, sufficient, and adequate, the following aspects should be considered:*
  1. The annual budget contains SMART formulated strategies (policies) to enhance capacities to forecast, prevent and prepare for public health risks.
  2. The strategies (policies) related to enhancing capacities to forecast, prevent and prepare for public health risks are clearly prioritised in the national annual budget
  3. Costs related to enhancing the capacities has been assessed based on previous capacity assessments and reports.
  4. The general government expenditure on health is in proportion with the general government expenditure.
  5. The sources of the funds are clearly identified.
  6. There is a clear allocation of the expenditures, at different levels and entities, for clinical health care, public health services, interventions, capacities and for emergency preparedness and response.
  7. The national budget 2020-2021 has financial resources allocated to tackle the COVID-19 pandemic, its effects and other prioritized public health problems such as NCD's.
  8. The allocation is based on reliable resources or data.
  9. If the budgets did not provide sufficient resources: There is (financial) information available to provide an overview in the financing (methods), the received financial support and the costs as well as the consequence of the extra financing and financial support.
- *The government plans and budgets address the specific needs of the identified vulnerable groups. For the needs to be addressed, the following aspects should be considered:*
  1. The costs related to actions to address the needs of vulnerable groups are included in the national budget.
  2. The needs of the vulnerable groups were identified based on evidences or information gathered from relevant government and non-government entities.
- *The government included all relevant stakeholders in the planning and budget for strengthening capacities to forecast, prevent and prepare for public health risks. To determine whether all relevant stakeholders were included, the following aspects should be considered:*
  1. The government has identified the entities responsible for the planning and budgeting for strengthening capacities to forecast, prevent and prepare for public health risks.
  2. The government has identified all relevant stakeholders who are directly involved and whose input is necessary for strengthening capacities to forecast, prevent and prepare for public health risks.
  3. All relevant stakeholders were consulted in the process of planning and budgeting and there are minutes, notes or other evidence of communication with relevant stakeholders.
  4. There are minutes, notes or other evidence of communication with relevant stakeholders.
  5. Relevant stakeholders' input were considered in the planning and budget for strengthening capacities to forecast, prevent, and prepare for public health risks.

Audit criteria for audit question 3:

- *Government institutions and entities at every level have common goals and alignment for undertaking risk assessment, monitoring, evaluating, and reporting related to health system capacities to forecast, prevent and prepare for public health risks. To determine whereas common goals and alignment is in place, the following aspects should be considered:*
  1. A centralized government body coordinates all activities regarding risk assessment, monitoring, evaluating, and reporting.
  2. The government has an effective strategy or plan to conduct risk assessment, monitor, evaluate, and reporting on its capacities to forecast, prevent and prepare for public health risks. The strategy or plan considers the following principles:
     a. The monitoring and evaluation activities are based on an efficient plan with the necessary resources.
     b. (Risk) assessment is conducted that cover the areas of forecasting, prevention, and preparation for public health risks.
     c. The strategy or plan that is established complies with the IHR 2005 or has followed some of its principles.
     d. The strategy or plan stipulate the type of assessment and the frequency in which the assessments must be conducted (risk assessment or other forms of assessments).
     e. The strategy or plan is based on the whole-of-government approach, therefore the government considers the roles and responsibilities of other entities in their strategy or plan for assessment monitoring and evaluation to ensure that there is coherence across different policy sectors.
     f. There is technical and financial support from strategic partnerships for the assessment, implementation, monitoring, and evaluation of the IHR.
  3. Government institutions and entities at different levels assess the needs of vulnerable groups in undertaking risk assessments, monitoring, evaluating, and reporting related to health systems capacities to forecast, prevent and prepare for public health risks.
  4. At different levels, government institutions and entities include all relevant stakeholders undertaking risk assessments, monitoring, evaluating, and reporting health systems capacities to forecast, prevent, and prepare for public health risks.
  5. The roles and responsibilities of the stakeholders responsible for the risk assessment, monitoring, evaluating, and reporting at all levels are clearly outlined and there is a clear chain of command in reporting.
  6. The government considers the risk assessments, monitoring and evaluation, and reporting performed by other entities at all levels of the policies framework.
  7. There is effective coordination, collaboration and communication between government institutions and entities at different levels for conducting risk assessment regularly.

- The government has action plans and strategies that address the gaps identified in assessments of health systems capacities to forecast, prevent and prepare for public health risks (including monitoring and reporting related to IHR regulations). The actions plans and strategies consider the following principles:
  1. There is a reporting/feedback procedure in which all efforts (coordination, collaboration, and communication) and results are shared amongst the various stakeholders and the centralized government oversight body in the area of risk assessments.
  2. There is a mechanism in place to ensure that the recommendations and identified gaps are addressed accordingly. This structure considers the following aspects:
     a. The action plans and strategies established to address identified gaps in Monitoring and evaluation, and other assessments are monitored.
     b. The action plans and strategies ensure that no one is left behind, a whole-of-government approach is considered, and coherence across different policy sectors.
     c. The established structures have adequate safeguards to ensure coherence across different policy areas.
     d. The information gathered on the recommendations are shared with International Strategic partners such as WHO/RIVM.
  3. The government applies the lessons learned from among other the monitoring, simulation exercises, after action review, to improve health systems/plans.
     a. The Government takes actions based on the results of assessments.
     b. The actions taken by the Government led to changes to the operational plans, policies, and procedures at the centralized government oversight agency and or at the entities at the individual entity levels by considering the following aspects: to improve health systems/plans.

Audit criteria for audit question 3:

c. There is information available on whether the action plans impacted the legal and policy framework.
d. In-depth reviews are conducted on the response actions taken during an actual public health event as a means of identifying gaps, lessons and best practices.
e. The actions taken by the government are based on the identified gaps on how the current pandemic was handled. These actions are documented (If needed).

Annex 5: Aruba's Health system and calamity management

Minister of Public Health	The Minister of Public Health has a leading role in the whole chain of healthcare. The Minister of Public Health is responsible for taking measures to promote health that is in the best interest of the public citizen. Mainly by setting frameworks and monitoring compliance on these frameworks. The Department of Public Health (DVG) and the Healthcare Inspectorate (IVA) (Inspectorate) support the minister in these tasks.
Department of Public Health (DVG)	The DVG is the policy entity that supports and advises the Minister of Public Health in determining public health policy. The DVG is responsible for providing strategic leadership for improving health, identifying the healthcare needs of its resident population, monitoring the development of services, and ensuring collaboration and joint planning with the local authorities and other agencies. The DVG's supervisory tasks are performed by an Inspection department within the DVG.
Healthcare inspectorate (IVA)	On January 1st, 2017, an independent Healthcare Inspectorate (IVA) was established, and the supervisory tasks were separated from the functions of the DVG. The IVA tasks are enforcing the statutory regulations in the field of public health and conducting research to promote the enforcement of the regulations.
General Healthcare *Insurance* (AZV)	Aruba has a basic insurance company since 2001, the General Health Insurance (AZV). The AZV provides general health insurance for all legal residents. The costs for medical care in Aruba are covered from the General Fund for Medical Expenses, established by ordinance, which is managed by the AZV. The AZV purchases care for its insured persons from health care providers (Health care professionals or institutions). These health care providers must meet the criteria laid down in the Ordinance of the AZV. Healthcare is purchased on the basis of contracts with health care providers. Additional requirements and conditions are set in the contracts with health care providers. In addition to the criteria laid down in the Ordinance AZV, the health care providers must also meet these requirements and conditions. By establishing specific requirements and conditions, the AZV has an indirect influence on the quality of the care to be provided. The AZV has the role of purchaser and payer in the healthcare system.
Healthcare providers	Health care providers are divided into medical professionals and medical care institutions. Health care professionals are the providers of health care. These professionals have an executive role in the healthcare system. The health care professionals are responsible for providing health care to the patients following the guidelines, standards, and general statutory regulations applicable to their profession. Medical care institutions provide research, treatment, nursing, and care for the sick. Medical care institutions are the *Stichting Ziekenverpleging Aruba* (SZA) which Dr. Horacio E. Oduber Hospital operates, and the *Instituto Medico San Nicolas* (ImSan). The medical care institutions, just like health care professionals, have an executive role in the healthcare system.
National Institute for Public Health and the Environment (RIVM)	RIVM is National Institute for Public Health and the Environment, located in the Netherlands. RIVM is the entity indicated to communicate with the WHO on behalf of the Kingdom of the Netherlands, of which Aruba is part. RIVM supports and advises public bodies during crisis within the IHR framework. In practice, this often relates to emergencies in the context of infectious disease control, but it may also include crisis of a chemical or radio-nuclear nature. In 2015 a mutual arrangement was made, as referred to in Article 38, paragraph 1, of the Statute of the Kingdom of Netherlands, in which parties agreed on cooperation in the field of implementation of the IHR between the Netherlands, Aruba, Curacao, and Sint Maarten. To give shape to this agreement, an IHR network was formed, consisting of a group of experts covering the Caribbean part of the Kingdom and representing the RIVM Center for Infectious Disease Control (Clb) with qualified knowledge. Within this network, the RIVM-Clb functions as the Kingdom's national IHR coordination point.
Crisis Management Office (BRA)	For natural disasters such as hurricanes, tsunamis, or other natural events, the BRA is the central body that coordinates all risk assessment monitoring, evaluation, and reporting activities. Depending on the type of event, the BRA works closely with the department that carries out the expertise. During a health crisis, the BRA works closely with the Public health department. Aruba has a calamity team that consists of a Policy team (BT) and an Operational team (OT). During a crisis or disaster, a minister has the supreme command, following Article 7 of the Calamity Ordinance. During the

COVID-19 crisis, the Minister-President was appointed commander-in-chief. The BT assists the minister. The members of the BT advise the minister on crisis management. The OT is responsible for the coordinated implementation of crisis management. The OT creates practical conditions for implementation, such as distributing resources and units so that everyone can fulfill and perform their tasks. The OT is also responsible for coordinating activities on the disaster site and the specific Crisis Center activities. The OT, under the leadership of the Operations Leader, consists of a specially selected, trained, and trained team of (operational) managers from the various chairpersons' clusters. Entities that form part of the Calamity are entities that operate in law enforcement, traffic, public health, public support, technical operations, utility companies, air/maritime transport, tourism, and commerce.

Annex 6: Legislation and policies related to healthcare capacities

Legislation	Description	Established
Universal Declaration of Human Rights	Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.	10 December 1948
UN International Covenant on Economic, Social, and Cultural Rights (ICESCR)	The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.	16 December 1966
International health laws: WHO International Health Regulations (IHR)	The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.	23 May 2005
Constitution of Aruba	All those who are in Aruba will be treated equally in equal cases. Discrimination on grounds of religion, beliefs, political will, race, sex, color, language, national or social origin, belonging to a national minority, wealth, birth, or on any grounds, is not permitted. Article V.23 The government shall take measures to promote public health.	1 January 1987
Ordinance for Quality in Healthcare *Landsverordening Kwaliteit in de Gezondheidszorg* (AB 2014 no. 74)	This ordinance sets the legal frameworks for the promotion and safeguarding of the quality of healthcare provision. This ordinance aims to establish the quality rules for the health care providers, the enforcement of these rules and the powers of the Inspector with regard to the supervision to be carried out. The quality regulations contain rules that care providers must comply with when providing care. This law also provides for an institute which will, among other, establish frameworks for standards, protocols and indicators, as well as the desirable level of quality in the professional practice and the assurance of the level of quality. This is for the purpose of promoting the quality of healthcare.	15 December 2014
Ordinance on Professions in the Health Care *Landsverordening Beroepen in de Gezondheidszorg* (AB 2014 no. 73)	Establish rules to ensure the expertise and competence of health care professionals.	15 December 2014
Ordinance on the Supply of Medicines *Landsverordening op de Geneesmiddelenvoorziening* (AB 1990 no. GT 9)	This ordinance provides rules for the distribution to the public of medicines and animal products use as medicines and indicated by the minister, including veterinary medicines. The ordinance also provides rules for the distribution of certain toxic substances.	9 April 1990
Ordinance Infectious Diseases *Landsverordening* *Infectieziekten* (AB 2019 no. 27)	The Ordinance for Infectious Diseases is focused on the control of infectious diseases. It defines the classification for infectious diseases, the responsibilities for the control of infectious diseases, the obligation of medical practitioners to report/notify suspicion of infectivity and risks that pose a threat to public health to the medical officer responsible for the control of infectious disease, appointed by the minister. The ordinance further provides measures aimed at the individual, such as quarantine, points of entry, vaccination certificates, special measures to combat sexually transmitted diseases, the control of vector-borne diseases and toxic waste.	10 April 2019
Civil Code, book 7, section 5: the agreement on Medical treatment *Geneeskundige behandelovereenkomst*	Defines the obligations of the patients and physicians with regard to medical treatment.	29 November 1989/ 1 September 2021
Ordinance General Health Insurance (AZV) *Lands verordening algemene ziektekostenverzekering*	Defines, amongst other, the group of insured people, the entitlements/benefits, premiums and government's contribution. The AZV's health insurance is a general medical insurance for every legal citizen living in Aruba.	1 January 2001

Legislation	Description	Established
(AB 1992 no. 18)		
Ordinance for the establishment of ImSan *Landsverordening Instelling Instituto Medico San Nicolas* (AB 2005 no. 6)	The establishment of the medical institution and defining its tasks, under which: - the provision of emergency medical care - medical assistance, research, diagnostics and therapy - outpatient treatment and care of different nature - a GP medical post - ambulance and patient transport - medical and paramedical training and upskilling	1 June 2005
Mutual arrangement Cooperation implementation International Health Regulations the Netherlands, Aruba, Curaçao and Sint Maarten	Mutual arrangement is based on Article 38(1) of the Statute for the Kingdom of the Netherlands which regulates the cooperation between the Netherlands, Aruba, Curaçao and Sint Maarten for the implementation of the International Health Regulations).	15 July 2015
Severe Health Incident Protocol (Annex to the Mutual arrangement) *Protocol Ernstige Gezondheidsincidenten*	This Protocol describes the operational implementation of notifications, communications, decisions and interventions as referred to in Article 6 of the mutual arrangement	15 July 2015
Calamity Ordinance *Calamiteitenverordening* (AB 1989 no. 51)	This ordinance defines the disaster management structure and the decision-making procedure. It also gives a definition of disaster and arranges the power to issue orders or rules necessary for the control of a crisis and the consequences of a disaster.	19 September 1989

Policy/Plan DVG	Description	Established
National NCD Prevention Implementation Plan 2022-2025 (draft)	The focal point of the National NCD Prevention Implementation Plan 2022-2025 is set on Action item number 3.2 "Develop, strengthen and/ or expand targeted NCD interventions/programs in collaboration with relevant stakeholders", targeting sub key activities and/ or interventions.	July 2022
Roadmap for Mental Health and Substance Use Disorders in Aruba 2021-2031 (Roadmap for Mental Health)	The Roadmap provides an overall, national framework for the next ten years to strengthen services for mental health and substance use disorders in Aruba.	25 February 2022
Vision and Policy of the Public Health 2021-2025	Policy document regarding the vision and policy of the Public Health 2021-2025 of the Minister of Public Health.	2021
Government's budget 2021 including explanatory memorandum	This document the policy intentions of the Minister Of Public Health are describes.	20 August 2021
National Strategic Framework for Health Sector Aruba 2021-2030 (NSF)	The NSF addresses the current Health challenges in Aruba and was developed within the context of universal access to health and universal health coverage.	21 March 2021
Policy Intentions Plan 2021 of the DVG	This document describes the policy plan of the DVG.	10 June 2020
Government's budget 2020 including explanatory memorandum	This document the policy intentions of the Minister Of Public Health are describes.	25 March 2020
Situational Analysis for Health Sector Aruba	The Situation Analysis provides the country with an evidence-based approach to responding to the needs and demands of the population, and also informs its strategic planning for the Health Sector.	December 2020
Multi-Sectoral Action Plan for Non-communicable Diseases (NCD MAP)	The NCD MAP contains strategies to ensure and strengthen human resources to enable service provision.	2020-2021
Action Plan DVG	The plan is specific to the Action Centrum (AC-DVG) which describes the procedure and considerations for activating the AC-DVG.	26 August 2019
Policy Intensions Plan 2020 of the DVG	This document describes the policy plan of the DVG.	8 March 2019
National Plan for a Polio event or outbreak response	This National Polio Outbreak Preparedness and Response Plan has been developed so the country is prepared for a possible renewed outbreak of wild poliovirus (WPV) or vaccine derived polio virus (VDPV), following WPV importation or emergence of circulating VDPV (cVDPV).	November 2017
Plan of Action for the Sustainability of the	This action plan provides a road map with strategic lines of action, objectives, and indicators aimed at preventing the reestablishment of	28 November 2018

Policy/Plan DVG	Description	Established
Elimination Measles, Rubella and CRS in Aruba (draft)	endemic transmission of measles and rubella viruses in Aruba and is guided by the Plan of Action for the Americas 2018-2023 and by the Measles and Rubella Elimination Sustainability Plan for the Caribbean Sub-region (3, 4).	
Outbreak Investigation Plan	This plan is based on recommendations of the Centers for Disease Control and Prevention (CDC) but has been adapted in the light of recommendations from different sources and countries. This document addresses the what, why, when, who, and how of an outbreak investigation and provides a 10-step plan to assist public health authorities in ensuring detection and control of disease outbreaks. It should be noted that such a plan is multidivisional and its implementation should take place after consultation between the different stakeholders.	2016
Strategic plan of the Department of Public Health 2017-2022	The strategic plan reflects this development and defines a number of key concepts that together form a "baseline" for the organization for the period 2017 to 2022.	November 2016
National Action Plan for Prevention of Diseases Transmitted by Aedes spp. And Control of the Aedes Vector	This action plan aims to strengthen prevention and control by improving the surveillance, prevention of the diseases and vector control system. It will also encourage active community participation and health education. Also covered is the adoption of an integrated management strategy against Dengue, Chikungunya and Zika among other diseases transmitted by the vector *Aedes spp*. and the repression of the vector.	February 2016
National Preparedness Plan Avian Flu Pandemic Flu Aruba	This plan include the guidelines and protocols were developed to assist and facilitate appropriate planning at all levels of government and private sector for the next influenza pandemic.	19 June 2013
Manual Process for Medical Somatic Care Assistance	This plan is part of the BRA calamity plan. If a major incident or disaster occurs, the process of the Medical Care Chain can be started.	May 2013
Manual Infectious Disease	The guide is the first step to strengthening the surveillance system in Aruba and is produced to introduce new concepts and methods. Also, the guide can be used to establish national standards and protocols.	2002
Policy/Plan BRA	**Description**	**Established**
Policy document	This document describes the policy plan of the BRA.	2020
Calamity plan part 1 and 2	The plan focuses on developments in the disaster and emergency response. The calamity plan has been adapted in anticipation of the amendment of the 1996 Calamity Ordinance.	1 September 2018
Policy/Plan AZV	**Description**	**Established**
Budget 2021 AZV	This document describes the AZV budget 2021.	14 October 2020
Policy/Plan IVA	**Description**	**Established**
Monitoring and Enforcement policies	This document describes the procedure to be followed when using enforcement instruments by the IVA.	22 July 2021
Policy Plan Inspectorate of Public health 2020-2021	This document gives clear details of the priorities for this year and how the IVA will realize them. This is to keep on course, in addition to the many ad hoc matters that the IVA has to deal with daily.	23 February 2021

Annex 7: Ministers' response

Minister - President
Minister van Algemene Zaken

Gobierno di Aruba
L.G Smith Blvd 76
Oranjestad, Aruba
Tel. (297) 528 4900

INGEKOMEN
Volgnummer: ond/05
Datum: 7 FEB 2023
Paraaf:
Algemene Rekenkamer

Aan de Voorzitter van de
Algemene Rekenkamer Aruba
Mw. drs. F.X.A. Croes-Williams
Wilhelminastraat 6
Alhier

Oranjestad, 7 februari 2023 Ons Kenmerk: **MAZ/2782**

Betreft: Conceptrapport onderzoek SDG 3D;
Strong and Resilient National Public Health System

Geachte mevrouw Williams,

Naar aanleiding van het Conceptrapport onderzoek SDG 3D; Strong and Resilient National Public Health System zoals op 17 januari 2023 ontvangen, bericht ik u als volgt.

Met betrekking tot de passage in Recommendations op pag. 53 kan opgemerkt worden dat het hier in feite om twee punten gaat. Ten eerste is er de vaststelling bij landsbesluit h.a.m. van het rampenplan, bedoeld in artikel 4, eerste lid, van de Calamiteitenverordening. In het verleden zijn er reeds bespreking gevoerd tussen DWJZ en BRA. Tot vervolgstappen is het nog niet gekomen.
Ten tweede lijkt het wenselijk dat de Calamiteitenverordening zelf aan een algehele herziening wordt onderworpen, met name aan de hand van de met de COVID-19-pandemie opgedane ervaringen. Hetzelfde geld overigens voor de Landsverordening infectieziekten. Dit laatste ligt op het beleidsterrein van de minister van Volksgezondheid.

Het Bureau Rampenbestrijding (BRA) kan zich in het algemeen vinden in hetgeen in het conceptrapport is gesteld. De BRA is zich ook pijnlijk ervan bewust dat de vaststelling bij landsbesluit h.a.m. van het rampenplan, nog geen feit is. BRA is eveneens de mening toegedaan dat de Calamiteitenverordening geheel gereviseerd dient te worden aangezien het niet meer voldoet aan de eisen van de tijd. Terwijl de bestaande verordening vooral gericht is op natuurrampen, is er na 9/11 is heel veel veranderd. Er zijn geheel nieuwe dimensies in rampenbestrijding erbij gekomen waarbij rekening moet worden gehouden met de gevolgen van bijvoorbeeld klimaatverandering en cybercriminaliteit/terrorisme.

Met betrekking tot hoe te handelen en op te treden in geval van een pandemie, is BRA de mening toegedaan dat men niet met een "one-size-fits-all" generieke oplossing kan komen. Elk pandemie is anders en vereist een andere insteek en een andere set van maatregelen om die specifieke pandemie op de meest slagvaardige en efficiënte wijze het hoofd te bieden.

In Annex 1: Abbreviation wordt BRA aangeduid met Department of Calamity. BRA wordt in alle correspondentie en interactie met het buitenland als Crisis Management Office aangeduid.

Op de overige punten zal de Minister van Toerisme reageren.

Met vriendelijke groet,

mr. E.C. Wever-Croes
Minister-President
Minister Algemene Zaken

MINISTERIO
Turismo y Salud Publico

Gobierno di Aruba
L.G Smith Blvd. 76
Oranjestad, Aruba
Tel. (297) 528 4900

Kenmerk	:	**MTSP- 181/23**
Datum	:	**9 februari 2023**
Aan	:	**Algemene Rekenkamer** **Mw. drs. F.X.A. Croes-Williams, voorzitter** **Wilhelminastraat 6, Oranjestad** **Aruba**
Onderwerp	:	**Reactie concept-rapport onderzoek SDG 3D; *Strong and Resilient National Public Health System***
Bijlage(n)	:	**Actiepunten voor de werkgroepen**

Geachte voorzitter van de Algemene Rekenkamer,

Conform uw verzoek, doe ik middels deze de bestuurlijke reactie toekomen op het conceptrapport van het doelmatigheidsonderzoek *"Naar een sterke en veerkrachtige nationale volksgezondheid, dat gerelateerd is aan Duurame Ontwikkelingsdoelen, SDG #3D"*.

1. Pagina 7 draft report d.d. 13 januari 2023:

> *"There is no system in place to guarantee that the government institutions and entities at different levels are aligned when undertaking risk assessments, monitoring, evaluating and reporting regarding health system capacity to forecast, prevent and prepare for public health risks. Aruba does not have a central government entity that conducts and coordinates assessments in health system capacity."*

Commentaar MinTV:
Als gevolg van de COVID-19 pandemie en op basis van de succevolle samenwerking tussen de Aruba, Curacao en Sint Maarten (ACS) en Nederland (NL) is er in de Bestuurlijk Vierlandenoverleg besloten tot de instelling van een speciale werkgroep onder leiding van Aruba. De belangrijkste taken van deze werkgroep zijn: 1. Het nationaal verbeteren van de pandemische paraatheid; 2. Voorzetting van de gezamenlijke inspanning ter verbetering van de pandemische paraatheid; 3. Meewerking aan de tot standkoming van regionale hub (zie bijlage 1; onderwerp 2).

2. Pagina 7 draft report d.d. 13 januari 2023:

> *"Also, ensuring the required resources needed to strengthen the healthcare capacity to be well prepared for any public health calamity and to keep ensuring Health security and Universal Health Coverage is crucial. Therefore, a sustainable health and emergency financing system is vital."*

Commentaar MinTV:
Op advies van VWS heeft in dit kader de MinTV het traject gestart om een begrotingsfonds in te stellen onder de naam Begrotingsfonds Pandemische Veerkracht en Innovatie, hierna te noemen het Fonds. Dit is momenteel bij DWJZ ter afronding.

3. Pagina 7 draft report d.d. 13 januari 2023:

> *"A Monitoring and Evaluation Framework should be developed, to monitor the implementation of these plans. When developing action plans, the country's capabilities, both in human and financial resources, should be considered."*

Commentaar MinTV:
Deze training zal in de maand maart 2023 in samenwerking met CARPHA worden gegeven aan alle beleidsmedewerkers en hoofden werkzaam bij de DVG.

4. Pagina 24 draft report d.d. 13 januari 2023:

> *"Because of the division of authority and responsibilities, the director of the DVG was not involved in the process of adapting the legislation of the DVG and in the decisions made by the Management Team regarding human resources management and budget allocation. Not having a proper alignment between responsibilities and role in decision making can cause inefficiencies in the overall performance of an organization and lack of cohesion."*

Commentaar MinTV:
De Directeur van de DVG heeft zijn rol als directeur belast met alle werkzaamheden bij DVG (exclusief personeelszaken en het aangaan van contracten met derden) bij de Calamiteitstructuur vervuld. Gezien deze structuur en de lijnen tussen de directeur van de DVG en het Calamiteit Actiecentrum bij de DVG, werden de notulen doorgeleid naar het Calamiteit Actiecentrum bij DVG voor onder meer vervolgacties en eventuele uitvoeringswerkzaamheden. De coordinator van het actiecentrum heeft altijd in goed overleg met het Managementteam de nodige personeelscapaciteit aangegeven. Het Managementteam heeft op haar beurt conform de toebedeelde taken (personeelszaken) in goed overleg met de afdeling Financien, Ministerie TV en VWS (NL) de nodige middelen gealloceerd ter realisatie van de capaciteitsbehoefte met betrekking tot personeel (in ruime zin). Er was een duidelijke lijn wanneer het ging om de taken van het Managementteam en de directeur DVG.

5. Pagina 25 draft report d.d. 13 januari 2023:

> *"In the case of two key stakeholders, with key functions in the Calamity Plan, the authority of the top management within the individual organization, has been partially or completely taken over by a management team. This can interfere with the proper and effective implementation of the Calamity Plan if the Management Team is not properly informed and aware of their roles and responsibilities."*

Commentaar MinTV:
Het Managementteam van de DVG is goed op de hoogte van haar rol en verantwoordelijkheden, mede naar aanleiding van brief d.d. 25 juni 2019 van MinTV aan de Directeur van de DVG.

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Het Managementteam was eveneens te allen tijde goed op de hoogte van de ontwikkelingen en behoeftes voor wat betreft personeelscapaciteit en beschikbare middelen tijdens het pandemie. Door goed geinformeerd te zijn was het Managementteam en de DVG goed in staat om meteen te schakelen conform de behoefte van de publieke gezondheidszorg in het kader van de pandemie dit verlangde. De laatse zin van dit citaat is dus een aanname en correspondeert niet met de werkelijkheid.

6. Pagina 49 draft report d.d. 13 januari 2023:

> *"The BRA now manages the emergency materials inventory such as personal protective equipment."*

Commentaar MinTV:
Ook dit citaat is incorrect. De DVG heeft een up-to-date registratiesysteem van alle PPE's. Dit systeem is opgezet in samenwerking met VWS en wordt zowel door Aruba als Nederland in goed overleg en samenwerking bijgehouden. Indien bedoeld wordt de drie trailers met materiaal voor noodgevallen, graag dit specifiek opnemen in het rapport.

Voormelde is een gezamenlijke bestuurlijk reactie van de Minister van Algemene Zaken, Innovatie, Overheidsorganisatie, Infrastructuur en Ruimtelijke Ordening, de Minister van Financien en Cultuur en de Minister van Toerisme en Volksgezondheid.

Hoogachtend,

De Minister van Toerisme en Volksgezondheid

De heer Danguillaume P. Oduber, BEc.

Bijlage(n): .....

c.c.: *De Minister van Algemene Zaken, Innovatie, Overheidsorganisatie, Infrastructuur en Ruimtelijke Ordening*
De Minister van Financien en Cultuur

Actiepunten voor Landen en de werkgroepen n.a.v. Conclusies vierde bestuurlijk overleg van 24 juni 2022 te Aruba betreffende samenwerking op het gebied van Volksgezondheid binnen het Koninkrijk

Onderwerp 1: Implementatie van de Internationale Gezondheidsregeling (NEDERLAND)

1. Realiseren surveillance systeem gedragen door stakeholders.
2. Onderzoek en besluit wel/niet aansluiten bij NIVEL surveillance systeem.
3. Aangeven intentie aansluiting bij digitale systemen Nederland i.h.k.v. pandemische paraatheid.
4. Opdracht geven aan IHR-netwerk om taken uit te breiden naar NCD's.
5. Beschikbaar stellen personele capaciteit en middelen ter realisatie adequaat surveillance systeem van infectieziekten en NCD's.
6. Versterking expertise Caribisch deel door stationeren van regionale hub (door IHR-netwerk o.l.v. RIVM uit te werken).

Onderwerp 2: Pandemische paraatheid (ARUBA)

1. Nationaal verbeteren pandemische paraatheid.
2. Voorzetting gezamenlijke inspanningen ter verbetering pandemische paraatheid.
3. Meewerken aan tot stand komen regionale hub. (zie onderwerp 1)

WERKGROEP Pandemische paraatheid:

4. Samenwerking met Nederland voorzetten op gebied van leveringszekerheid pandemieën.
5. Deelname aan werkgroep pandemische paraatheid i.o. voor gezamenlijke oppak op themagebieden en tot stand komen van bestuurlijke afspraken waarbij de volgende onderwerpen worden verkend:
   - Bestuurlijke slagkracht: onder andere door samenwerking ten aanzien van (crisis) wetgeving en wetgeving voor een nationaal pandemische paraatheid noodfonds.
   - Toegang tot en inkoop in Koninkrijksverband van: vaccins, geneesmiddelen, medische hulpmiddelen en persoonlijke beschermingsmiddelen voor ziekten met een pandemisch karakter.
   - Versterking van de capaciteit van zorgpersoneel; met name opschaalbaarheid en opleidingen (zie onderwerp 7).
   - Toewerken naar een regionaal digitaal surveillance systeem (zie onderwerp 1).
   - Samenwerking met de Nederlandse Landelijke Functionaliteit Infectieziektebestrijding (LFI).
   - Data-uitwisseling, aansluiting van ICT-systemen en digitalisering.
   - Publieksinformatievoorzieningen.
6. Maken van een inventarisatie van en uitvoeren van gezamenlijke oefeningen en trainingen (in overleg met rampenbestrijdingsstructuren).

1

Onderwerp 3: Voorbereidingen op en samenwerking bij crises en rampen (SINT MAARTEN)

1. De landen spreken af inreismaatregelen ten aanzien van covid niet te zullen hanteren tijdens een preventieve medische evacuatie volgens het vigerend crisis handboek van ontvangende land. Het covidprotocol zoals bij het draaiboek bijgevoegd wordt aangehouden.

WERKGROEP geneeskundige hulpverlening (onder leiding ESF-6 coördinator SXM)

2. Vóór het orkaanseizoen van 2023 wordt door de werkgroep geneeskundige hulpverlening een oefening georganiseerd met deelname van alle landen om het crisisdraaiboek te oefenen en te updaten.
3. Het platform samenwerkende zorgverzekeraars CAS-BES en de ontvangende ziekenhuizen binnen het Koninkrijk spreken een medisch tarief af voor tijden van crises en rampen ten behoeve van degene die door de ramp zijn geraakt (versie 2023).De werkgroep prioriteert de volgende acties voor versie 2023:
    - Aanpassen van het crisishandboek voor het orkaanseizoen 2023 naar aanleiding van het evaluatierapport van de oefening van 2023.
    - Toepasbaar maken van het crisishandboek voor Aruba, Curaçao en Bonaire, voor betere voorbereiding op crisis en rampen, bijvoorbeeld tropische stormen en pandemieën.
    - Uitwerken van het hoofdstuk "post-passage medische evacuaties" van het evacuatiedraaiboek. Dit stuk wordt opgesteld in samenwerking met BZK en defensie.
    - Het opstellen van een patiënten- en gewondenspreidingsplan voor ziekenhuizen en andere zorginstellingen in de Caribische regio door de werkgroep in samenwerking met de mogelijk ontvangende ziekenhuizen, waarbij ook samenwerking kan worden gezocht met (ei)landen die geen onderdeel zijn van het Nederlandse Koninkrijk. De voorwaarden voor uitzenden naar buiten het Koninkrijk worden door de werkgroep geneeskundige hulpverlening vastgesteld. Afstemming vindt plaats met de zorgverzekeraars van de ontvangende (ei)landen.
    - Het aanstellen van een aanspreekpunt voor verbinding tussen geëvacueerde patiënten en hun familie.
    - Organiseren van psychosociale hulpverlening voor geëvacueerde patiënten.

Onderwerp 4: Wetgeving Geestelijke Gezondheidszorg (SINT MAARTEN)

WERKGROEP GGZ:

- Instellen GGZ-werkgroep om aansluiting te creëren tussen wet- en regelgeving op gebied van gedwongen geestelijke gezondheidszorg.
- Uitvoeren van onderzoek naar gebreken in de bestaande wet- en regelgeving en bepalen wat elk land wil bereiken en hoe de aansluiting tussen de landen gerealiseerd kan worden.
- Opstellen van een visie nota CAS-BES (inclusief behandelmogelijkheden in Europees Nederland) als uitgangspunt voor de individuele startnotities per land (streefdatum November 2022).
- Voorleggen van individuele startnotities (streefdatum eind december 2022)

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Onderwerp 5: Preventie/Lifestyle/Health in all Policies (SINT MAARTEN)

WERKGROEP Preventie

1. Opstellen initieel plan met prioriteiten voor samenwerking per eind 2022.
2. Opstellen van een gezamenlijk plan om de voortgang en trends van NCDs te monitoren.

Onderwerp 6: Kwaliteitskader/Kwaliteitsinstituut/accreditatie (ARUBA)

1. Waarborgen kwaliteit en veiligheid van de geleverde zorg.
2. Aruba en Sint Maarten zullen vooruitlopend op de verdere uitwerking van de werkgroep alvast gaan samenwerken in een regionale raad setting.

WERKGROEP Kwaliteit

3. Onderzoek naar de mogelijkheid voor het opzetten van een gezamenlijk kwaliteitskader.
4. Onderzoek of een regionale raad de optimale manier is om de uiteindelijke gewenste harmonisering van kwaliteitsstandaarden en accreditatie te verwezenlijken.
5. Aruba en Sint Maarten zullen vooruitlopend op de verdere uitwerking van de werkgroep alvast gaan samenwerken in een regionale raad setting.

Onderwerp 7: Capaciteit zorgpersoneel en ministersplaatsen (CURAÇAO)

1. Meewerken aan opstarten pilot ten aanzien van samenwerken MBO verpleegkundigen opleidingen, mogelijk ook andere vervolgopleidingen op MBO en HBO niveau.
2. Monitoren van invulling geven door Nederland van toekenning plaatsen voor aspirant –studenten geneeskunde of geneeskundigen die wensen te specialiseren.

WERKGROEP Opleidingen

- Het creëren van een gestandaardiseerd traject voor landskinderen die buiten Nederland hun basisartsopleiding hebben genoten om door te stromen naar een Nederlandse BIG-registratie ten behoeve van specialisatie in Europees Nederland of CAS-BES.
- Het opstellen van een nationale en regionale manpoweranalyse en –planning. Verkend wordt of en hoe het Capaciteitsorgaan hier een rol in kan spelen.
- Het verkennen van het thema van samenwerking tussen de Nederlandse ziekenhuizen en de landen voor het boven formatie opleiden van medisch specialisten.

Onderwerp 8: Dutch Caribbean Hospital Alliance (DCHA) (NEDERLAND, momenteel)

1. Akkoord op hoofdlijnen met kaderstellend projectplan en inpassen van projecten in de overkoepelende nationale en regionale onderwerpen. De projecten betreffend:

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- Gezamenlijke inkoop
- Opleiding en onderwijs
- Pandemische paraatheid
- Verkenning van doelmatige inrichting ziekenhuiszorg

2. Monitoren structurele samenwerking en overlegstructuren DCHA en platform van verzekeraars a.d.h.v. halfjaarlijks rapport aan de ministeries.
3. Mede vaststellen indien van toepassing van omvang van daadwerkelijke gerealiseerde kostenbesparingen.
4. Laten aansluiten in overleg met CMC en AAH van AAH in het derde kwartaal van 2022 bij de DCHA.
5. Deelnemen aan mondeling overleg per kwartaal.
6. Overmaken van bedragen aan DCHA binnen 6 weken na akkoord op de kostenraming.

4

Annex 8: Bibliography

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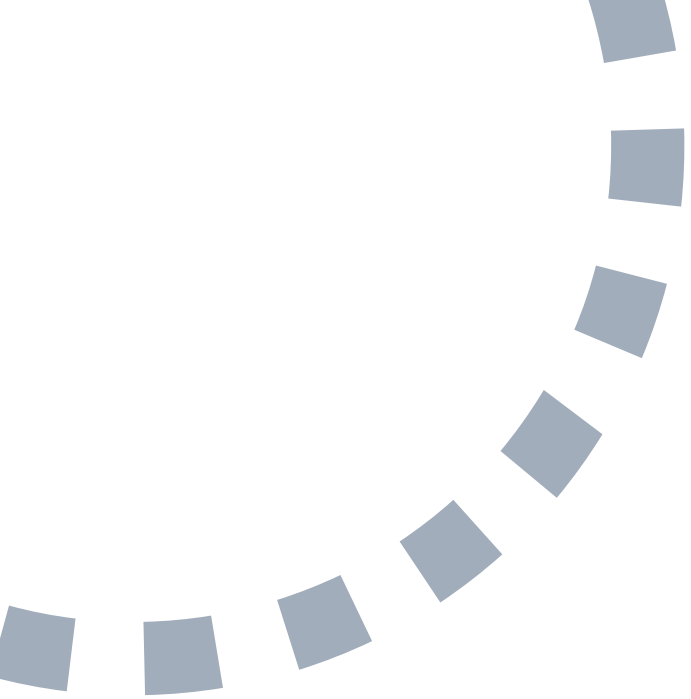

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