

Partners in Health

From: Cate Oswald [REDACTED]
Sent: Tuesday, May 31, 2022 5:11 PM
To: Consultations <consultations@worldbank.org>
Subject: review of PPR white paper

[External]

Hello,
Please find comments to the WB PPR white paper below.

I am available for any additional comments or questions.

Thank you,

Cate

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Pronouns: She, Her, Hers

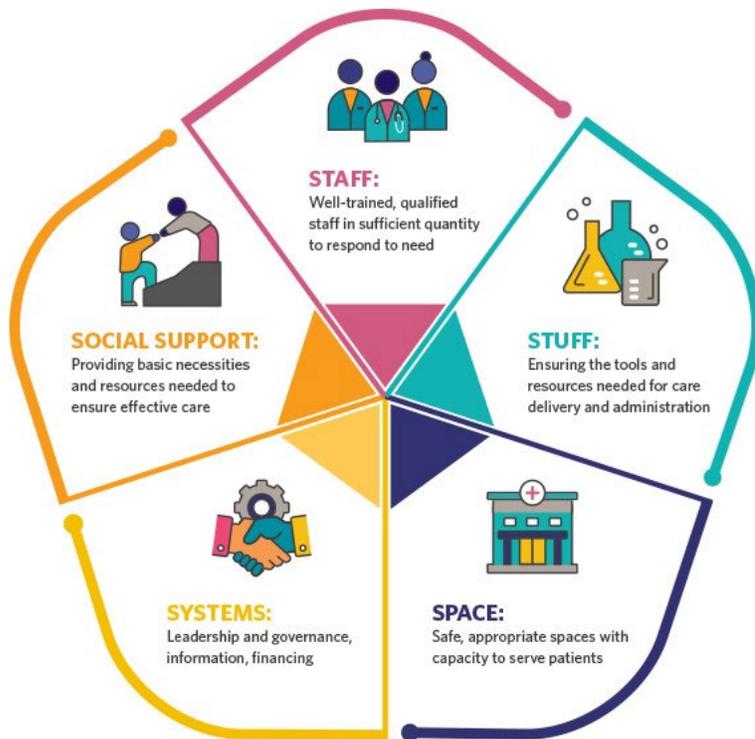


With the development of a new Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR) well underway, it will be essential to ensure the grant making parameters of such a fund do not repeat mistakes of the recent past where health security focused, short-term surveillance and outbreak containment funding was siloed from long term investments in the building blocks necessary to create robust, resilient health systems able to prevent and respond to the next outbreak. As the World Health Organization has stated, “functioning health systems are the bedrock of health security.”⁵ Health security is only possible by meeting the material needs required for strong health systems globally, to deliver quality care and public health. It requires a paradigm shift. Effective preparedness and response involves addressing the core drivers of pandemics, which consists of three pillars: 1) a comprehensive health system strengthening approach; 2) meeting material needs for strong health systems and; 3) advancing health equity as a fundamental requirement for individual and collective security. The core components of these pillars are outlined below in Figure 1.



Figure 1: The pillars of effective pandemic preparedness and response.

- **A COMPREHENSIVE HEALTH SYSTEM STRENGTHENING APPROACH**



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investments in the core public health capacities (reflected in the IHRs) are necessary for achieving health security, it is only by investing in all the system elements to improve both public health and care delivery systems that we can realize health security. It is through strong health system grounded in in primary health care that essential health services can be maintained even during emergencies. Primary health care systems are the first line of defense against outbreaks – it is only through an adequate health workforce operating in well-equipped and stocked facilities, supported by strong supply chain and other necessary systems that can response effectively.⁶ It is these frontline health care workers who form the backbone of pandemic response efforts, including through testing, tracing, treatment, and vaccination efforts, all of which are dependent on people’s trust and confidence in the health system, which this workforce is also key to building.⁷ To support LMICS to meet the material needs of their health systems, the USG should strategically channel investments for HSS through what by Dr. Paul Farmer has called the ‘Five S’s’ (Figure 2). Reflecting on preparedness and response efforts during to the 2014-16 Ebola outbreak in West Africa, Dr. Farmer noted *“Ebola teaches us the importance of social medicine, which focuses attention not only on why plagues afflict some and spare others but also on how inevitable mutations—social and biological, among pathogen and host—are related to differential risks for infection and death...if you want to address the delivery problem, you need a social medicine incorporating staff, stuff, space, and systems.”*⁸

It must be acknowledged that GHS is in tension with the other key global health agenda aspiring for a healthier and safer world, universal health coverage (UHC), both in strategy and implementation.⁹ UHC is the centerpiece of Sustainable Development Goal 3, and the UN Political Declaration on UHC, adopted in September 2019, clearly demonstrates the global political consensus and commitment to transition from silo-ed, vertical approaches to a health system strengthening approach. This tension is reflected in the separation of public health core capacities (reflected in the IHRs) and health care services. It is clear that the aspiration for GHS simply cannot be achieved without the achievement of UHC, consequently it is critical these two agendas are integrated into a synergistic solution: a comprehensive and unified

health system strengthening approach.¹⁰ The integration of public health core capacities within one national health system requires new funding strategies, including key changes to international commitments. External financing, in the form of official development assistance, must be stable, greatly increased, with core investments in accessible and robust health systems. Integrating these core capacities within health systems must be driven by local national health plans and strategies by ministries of health and not bypassed by diverging donor country interests. It is this divergence which has driven the existing fragmentation between care and containment.

- **MEETING MATERIAL NEEDS FOR STRONG HEALTH SYSTEMS**

Health security necessitates multilateral action, and the Panel report stressed interdependence as the core rationale for such action.¹¹ It is self-defeating to put national interest above global cooperation. Multilateral funding mechanisms are more efficient, equitable, and less fragmented than bilateral mechanisms and as such are preferred by recipient governments.¹² Yet, only 14% of US ODA provides core funding for multilateral organizations, one of the lowest shares of all donor nations.¹³ Preparedness requires changes to the global financing architecture to secure sustainable funding.¹⁴ There needs to be a reimagining of international governance and cooperation that prioritizes global public investments (GPI) for global public goods, which can be only realized through multilateralism. The GPI approach “offers a better way of securing the funds needed to meet our growing needs for global, regional and national public goods, services and infrastructure, to reduce our shared vulnerabilities to things like infectious diseases, and to protect the global commons. It would improve the ability of all individuals to live healthy, fulfilling and productive lives. GPI moves us beyond a system where these things are paid for via limited, fragmented and often bilateral (even private) assistance to a system based upon sustained co-responsibility.”¹⁵

- **HEALTH EQUITY – A REQUIREMENT FOR INDIVIDUAL AND COLLECTIVE SECURITY**

Achieving global health security requires individual health security, which requires quality care for everyone, especially the most vulnerable. 'Leave no one behind' must be more than a slogan. An effective prevention, preparedness and response strategy requires prioritizing the most vulnerable and meeting their health and material needs. The FIF should therefore ensure that as a core objective it is reducing health inequities.

An integrated, comprehensive publicly-funded health system is one in which all levels of care and the necessary related services are available through a single public system. Coupled with public financing, public provision of care tends to facilitate health system strengthening, increase overall equity, and reduce transaction costs. It is critical that the FIF promote the strengthening of systems to provide universal, high quality health services, and rather than promoting the privatization of services and for-profit solutions in LMICs. An emphasis on the private sector and promotion of privatized services undermines public system strengthening, access, equity, financial risk protection, and the right to health. Achieving health equity requires the strong public provision of care and strong regulation of privately provided care. Pro-poor financing, including the elimination of out-of-pocket expenditure, is required to achieve equity. Health security also needs to be based on fundamental human rights principles and legally binding norms, and not obscured by thinking that privileges surveillance tools. A fundamental lesson from Partners In Health’s experience and expertise in working with governments in responding to epidemics and pandemics over the past three decades – be it HIV, TB, Ebola, or COVID-19 – has been that the best case-finding strategy (especially for reaching the most vulnerable) is a functioning and trusted primary health care delivery system, strongly connected to the community level. For example, it was this strategy of strengthening the moribund primary health care delivery platform in

rural Haiti two decades ago – via improved staffing (health care workers and community health workers) supplies, and reducing barrier to care – Zanmi Lasante (Partners In Health’s Haitian counterpart) in partnership with the Haitian government that resulted in a 30- to 60-fold increase in service utilization. Strengthening the provision of health care services enabled improved HIV case-finding and treatment, and concomitant treatment of TB, while increase in care delivery across the primary health care platform, including for prenatal care and an array of common conditions.^{16 17}