**Living Goods Feedback**

**Focus of FIF financing:**

A critical lesson from the COVID-19 pandemic is that we must invest in strengthening the health workforce, both for emergency response and for keeping health services fully functioning. We urge the FIF to prioritize country-level funding for long-term health workforce strengthening. We join the Frontline Health Workers Coalition in asking the FIF to use an inclusive definition of public health workers so that it finances institutions and programs that build the capacity of all categories of health and care workers who contribute to public health, including community health workers (CHWs). CHWs play a crucial role in pandemic preparedness and response and in delivering quality health care, including in times of health emergencies. Yet, many CHWs – most of whom are women – are not paid or are underpaid, are under-supported, and lack essential equipment -- including personal protective equipment and medicines. FIF financing should support the integration of CHWs into national health systems along with fair pay, quality supervision, and adequate equipment, including digital tools, for these health workers. Finally, we urge the FIF to support the effective deployment of these workers during public health emergencies by supporting the development and strengthening of human resource information systems, including electronic community health information systems.

**Governance:**

As the Platform for ACT-A Civil Society and Community Representatives noted in their feedback, civil society and communities are recognized across most global health bodies as critical partners in the global health architecture and must be formally represented in decision-making processes. We agree with their feedback that the FIF must ensure meaningful participation of civil society and communities in its Board and all decision-making processes.

Civil society and communities have played a key role in the COVID-19 response, gathering evidence to better understand lived experiences and problems identified by members of their communities. These networks understand how to frame and deliver prevention messages and can effectively work with donors and governments to ensure that policies and services are put in place to address the health challenges faced by communities. We recommend that formal representation of civil society and communities in the FIF governance structure must be a priority.

Finally, we join the Frontline Health Workers Coalition in believing that to be effective, the FIF must include high-level experts on the health workforce, including the clinical and community health workforce, in its governance structure, including health workers themselves.