



## ADVISORY NOTE ON A GLOBAL FUND FOR PANDEMIC PREVENTION AND PREPAREDNESS

*Prepared by the coalition for Preventing Pandemics at the Source*

**Summary:** The coalition for Preventing Pandemics at the Source urges governments and other donors to support the creation of a new global fund for pandemic prevention and preparedness. The fund should be established quickly with a multi-stakeholder governance structure including governments from the Global South and North, relevant specialized UN agencies, as well as civil society organizations representing affected communities, Indigenous Peoples, and groups with deep technical expertise. The fund should grow to about \$50 billion annually, roughly equally divided between prevention and preparedness spending. The fund should support actions in low- and middle-income countries from upstream spillover prevention to early detection, containment, control, and mitigation. It should also incentivize increased public health spending in general. Contributions to the fund should be additional to existing international assistance.

### **Background: Why is a new fund needed?**

**COVID-19 starkly illuminates the urgent need to put in place long-term mechanisms to prevent and prepare for future pandemics.** The estimated [18 million deaths](#) resulting from this pandemic, massive inequity in access to vaccines, therapeutics, and hospital treatment, and continued rapid evolution of the virus, have laid bare serious weaknesses in existing global and national efforts to address pandemic risk. This is despite credible scientific predictions that such a risk exists. Particular attention is needed to ensure that low- and middle-income countries can consistently build capacity in prevention and preparedness, for their and everyone's benefit.

**A global fund must be created to protect the world from the devastating impact of future pandemics.** This is a vitally important public good. There are no existing financial mechanisms designed to fulfil this need or that could be readily repurposed. Furthermore, the private sector will not fulfill this need at any significant scale.

**Important steps are being taken to bring a new fund to life.** In January 2021, the United States included an historic call for a global fund to prevent and prepare for pandemics in its [National Security Memorandum - 1](#). This has been echoed by global expert panels [advising the G20](#) and [the World Health Organization](#). In September 2021, the US President and Vice President took the bold step of [calling for the establishment of a new global health security fund](#), reflected in President Biden's budget request and in funding passed by the US Congress. The G20 recently came to [consensus](#) that such a fund is needed.

**The [Coalition for Preventing Pandemics at the Source](#) (PPATS) strongly endorses efforts to establish a new global fund.** At the request of the Government of Indonesia, in its role as President of the G20, we have prepared recommendations for how such a fund should be structured, governed, financed, and the scope of actions it should support. These recommendations represent the consensus of our members which include leading global health, health rights, COVID survivors, environmental and Indigenous Peoples and community rights organizations.

### How should the fund be structured and governed?

We support the [proposal](#) presented at the September 2021 White House Summit to set up a new fund as a financial intermediary fund hosted by the World Bank. This positioning inside an existing organization with a strong track record of administering other funds would allow for it to be started quickly, in a cost-efficient way, with proven financial and administrative safeguards and treasury capacity. The World Bank should serve as the administrative home for the fund, as it does for many other funds. It should *not* play a significant role in decisions and policies concerning use of the funds, other than having one vote on the governing board, and in ensuring financial integrity and transparency in fund management.

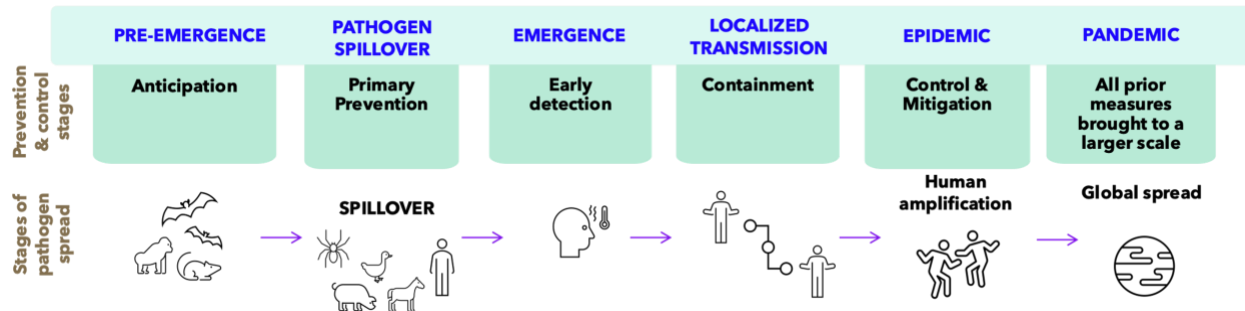
The governance structure should have the following components:

1. A **governing board** with donors and implementing countries equally represented, together with civil society organizations from the Global South and North, with seats reserved for Indigenous Peoples and community representatives and others hardest hit by pandemics. Relevant specialised UN agencies should also be represented including members of the [quadripartite group for One Health \(WHO, UNEP, FAO, OIE\)](#). The board should ensure that the allocation of funds and their outcomes are transparent with such information easily accessible online.
2. An **investment committee** comprised of members with the appropriate technical skills and no vested financial interests or links to corruption, to review and vet applications and oversee investment of assets and financial integrity of the fund.
3. A lean **secretariat** responsible for the day-to-day program and operations of the fund, accountable to the board, with a CEO appointed and evaluated by the board.
4. A **technical advisory committee** of specialists to review funding priorities, independent of the board, with diverse expertise and regional backgrounds to advise the secretariat and board.
5. A **technical assistance function** to support applicants and implementing partners, as well as drive highly accessible outreach efforts to ensure wide awareness and understanding of the fund in target countries.

Applicants should be encouraged to provide feedback on the application process to allow the secretariat to identify areas for improvement.

### What should be the scope of the fund?

It is crucial that the new fund adopts a holistic scope including all the prevention, control, and preparedness stages in the graphic below. Almost all pandemics and most emerging infectious diseases result from spillover of viruses primarily from wildlife to humans directly or via our livestock so scope must include efforts to reduce this spillover risk, as well as improved surveillance and containment.



- 1. Anticipation** - building a global, integrated surveillance network to detect pathogen transmission at the interfaces between humans, domestic animals, and wildlife. This includes surveillance programs in other species prior to spillover to humans.
- 2. Primary prevention** - reducing the risk of spillover, with emphasis on supporting implementation of the following actions:
  - Protection, conservation, and stewardship of tropical and subtropical forests with incentives, regulations, and improved enforcement measures.
  - Shutting down or strictly regulating commercial wildlife trade and markets that sell wildlife and contribute to zoonotic spillover risk, particularly commercial trade in birds and mammals, both domestically and internationally, while respecting the rights of Indigenous Peoples and local communities.
  - Universal health care, particularly for communities living in emerging infectious disease hotspots, where risk of spillover is high.
  - Alternative livelihoods for people whose current livelihoods put them in contact with wildlife, whether intentional or not.
  - Strengthened veterinary care and biosecurity in animal husbandry.
- 3. Early detection and response to outbreaks** - robust surveillance networks to detect outbreaks of pathogens in humans and monitor spread following spillover, focused on geographies and communities where spillover risk is highest, linked to a worldwide early warning, reporting and response system, with genetic sequencing and sharing of such analysis.

- 4. Containment, control, and mitigation** - key actions to strengthen public health capacity including funding for the following:
- Resilient and strengthened health systems including supporting adherence to the International Health Regulations. Basic public health system capacity is crucial to being able to detect and contain new outbreaks and brings many other benefits.
  - Robust and resilient supply chains to fill gaps in essential health commodities during crises.
  - Establishment of surge capacity for professional and community health workforces.
  - Public health support, contact tracing, quarantine for the elderly and most-at-risk, and social, economic, and medical protections for essential workers.
  - Research and development to anticipate and accelerate global vaccines access and production to rollout vaccines within 100 days instead of one year and achieve global coverage in six months.
  - Supply capacity for medical countermeasures including vaccines, tests, equipment, therapeutics, research and development and public-private partnerships, including the following:
    - Expansion of the [COVID-19 Technology Access Pool](#) model of patent-pool intellectual property sharing.
    - Regional manufacturing hubs that can be quickly retooled for different viruses, including mRNA vaccine manufacturing capacity.
    - Distribution and supply chain capacity to ensure equitable distribution of vaccines and therapeutics worldwide.

**Geographically**, the fund should focus on providing support to **low and middle-income countries**.

**The application process should be open to governments and to their implementing partners and to civil society organizations and service providers.** Applications should ideally be submitted by in-country, cross-sectoral teams including representatives from ministries of health, of environment and natural resources, health professionals, and civil society organizations representing Indigenous people as well as those most at risk. Grant submissions should require signoff from each of these constituencies. Valuable lessons and examples of this approach can be found in [other funding mechanisms](#).

#### **What is the scale of funding required and where should it come from?**

There are differing analyses of overall additional funding needs to support pandemic prevention and preparedness. [McKinsey's detailed review](#) suggests that a further \$50 billion is needed. [Bill Gates](#) calls for \$55 billion per year. These estimates depend on many assumptions, including about the scope of actions to be funded. Key peer reviewed analysis suggests that about [\\$20 billion per year](#) is needed for crucial upstream prevention alone – pandemic anticipation and spillover prevention (see above).

**Immediate financing.** In the near term, the G20 and other governments should kickstart the capitalization of the fund by allocating voluntary seed funding to it, ideally in amounts based on an assessed contribution formula. This approach creates shared ownership and accountability. The



philanthropic and private sectors should be encouraged to contribute given their capacity and ability to move quickly as well as the potential benefit to companies from reducing the risk of future disruptions from lockdowns and other impacts of pandemics.

**Long-term financing.** The fund should be financed through assessed contributions from governments following the [United Nations Scales of Assessment](#) method, with replenishment every five years, as well as ongoing philanthropic and business contributions.

**Additionality and flexibility of funding is crucial.** Resources allocated to the fund should be in addition to existing multilateral and bilateral international assistance budgets, otherwise there could be serious harm to other ongoing programs and priorities. In other words, new financing is needed beyond traditional aid otherwise the potential benefits of the fund could be severely compromised. Contributions should be unrestricted with the board and secretariat empowered to act with independence and flexibility within the scope set by the board. Further donor rules of engagement may be included in the constitutional documents of the fund.

**Incentivising governments to invest more in public health is also extremely important.** The fund can have additional impact by also providing incentives for governments to invest more of their national budgets in public health, with approaches and mechanisms to be developed in due course. There may also be opportunities to use the fund to help leverage increased use of the World Bank [International Development Association \(IDA\)](#) funding as well as other regional development bank resources to strengthen health care, especially in the poorest countries.

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*The members of the Coalition for Preventing Pandemics at the Source are Conservation International, Dalberg Catalyst, EcoHealth Alliance, Health in Harmony, IFAW, INCT EECBio, Management Science for Health, Marked by Covid, PIVOT, Rainforest Alliance, Right to Health Action, The Association of Zoos and Aquariums, The Jane Goodall Institute, The Nature Conservancy, The Tenure Facility, Wildlife Conservation Society, World Resource Institute, WWF*

For more information, please visit the [Preventing Pandemics at the Source](#) website or contact [secretariat@preventingfuturepandemics.org](mailto:secretariat@preventingfuturepandemics.org)