

## **White Paper: “A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank”**

### ***xHMG Response***

#### **1) Focus of FIF financing:**

*Given the substantial financing needs identified by various independent reports at country, regional and global levels, while also recognizing that the FIF’s financing priorities could change over time, and that it would ultimately be the prerogative of the FIF’s governing board to set the priorities, what would be the optimal balance between priorities at these three levels in the initial phase of the FIF’s operationalization?*

- The FIF should not try to fill all pandemic preparedness and response (PPR) gaps and should situate itself within a broader PPR architecture that includes organisations and mechanisms which may be better suited to supporting areas such as innovation and rapid response financing.
- Resilient national health systems, founded on primary health care (PHC) and effective public health functions, are essential for effective pandemic preparedness and response (PPR). The FIF should work to strengthen existing health systems particularly at the primary and community level, so that they can deliver essential routine services (including public health functions) and flex to manage health shocks and threats, including antimicrobial resistance.
- The FIF should actively support the alignment and integration of PPR and broader health interventions with national plans and system reforms. The FIF should work to strengthen national institutions and existing systems at country level, rather than establishing parallel systems for PPR, and should ensure investments adopt best practices for a One Health approach. To this end, it could also support the introduction of new technologies (such as near to community multiplex diagnostics platforms linked health management and information systems) that can improve planning, management, and delivery.
- The FIF should work to catalyse increased, long-term investment by countries into their own national health systems, including public health functions. This could be done by supporting domestic revenue mobilisation, coordinating existing sources of finance (such as through the Global Partnership for Education model) or incentivising countries to invest more into national health systems through domestic or MDB resources.
- The FIF should work to reduce the level of fragmentation currently prevalent across health system and PPR investments, promoting better coordination and alignment of external financing with national priorities. As a minimum, the FIF should ensure that all proposals and implementing partners demonstrate alignment with national health plans, as well as between programmes and donors in this space.
- Surveillance is seen as a potentially valuable investment for the FIF, notably through strengthening human health surveillance as well as the capacity of and linkages to animal health and environmental monitoring. Effective surveillance is grounded in robust, community-level systems, including event-based monitoring that alerts health authorities to health events and other unusual occurrences. This is critical where formal health services have poor coverage and capacity and should be a priority initial focus for the FIF.
- The FIF could also strengthen near to/community based diagnostic services (including the use of emerging multiplex diagnostics platforms) linked to effective health management

information systems to support better clinical and health service management, as well as improved public health information. A FIF could support inter-operability between information systems (horizontally and vertically) and data sets, including health service utilisation, epidemiology and genetic sequencing (where appropriate). Links should also be built to animal health and environmental monitoring systems to support a One Health approach.

- Building sufficient capacity for basic surveillance activities, such as national and sub-national laboratory infrastructure including quality assurance, and health worker and community capacity, is a necessary precursor to more advanced hubs to carry out more technical activities like genome sequencing.
- Various surveillance initiatives are currently being explored and/or financed by other actors, and the FIF should work with implementing partners, such as the WHO, to ensure cohesion and coordination across interventions in this space.
- By its nature as a global fund, a new-FIF is well-placed to invest in regional and global public goods. This could go alongside (and potentially co-finance) regional investments through the MDBs when there are clear global public good benefits.
- If initial financing is limited, the FIF should focus on catalytic investments that can scale-up with relatively less recurrent funding. The FIF could also explore providing early support to regional & sub-regional organisations, including public health capacity, such as regional centres for disease control. An initial gap analysis against agreed standards would be useful to clearly set out which countries lack key PPR capacities within a particular group.
- At a regional/international level, improved systems for sharing and utilising genomic and epidemiological data (and linking across data sets) are likely to add value, although these ultimately need to be grounded in strong national systems that effectively collect this data domestically.
- The FIF is less likely to offer a comparative advantage with regards to pandemic response (where rapid surge financing is required), as distinct from preparedness, but it would be helpful to understand how it will coordinate with other PPR actors leading on this & other areas.

## **2) Governance:**

*Based on the alternative arrangements that different FIFs follow in terms of the structure and composition of their governing boards, as presented above, we would welcome views on the composition of the governing board for the proposed FIF and on how best to incorporate the representation of recipient countries in a manner that balances inclusivity with the need for efficient decision-making and implementation. To facilitate efficient governance, the majority of FIFs group recipients into constituencies. How should recipients be grouped? For example, one seat per region? Or should limitations be set on the number of countries in any one constituency to facilitate coordination within the constituency, which would result in a different number of seats per region?*

*How could representation from CSO observers be best reflected on the FIF's governing board? Would a constituency-based approach work?*

*How could the FIF's governing board best leverage scientific/technical advice from WHO and other expert organizations/individuals? (e.g., through a technical advisory body and/or as observers to the governing body?)*

*What would be the best way to establish linkages between the proposed FIF and the G20 JFHTF and/or any other G20 finance and health coordination platform established in the future?*

- The FIF should pursue a governance model that promotes country ownership by including recipients and non-state actors at least as observers or in advisory roles. A constituency model may work for the board or advisory groups.
- Effective health systems strengthening (HSS) interventions need to be clearly situated within individual country context and aligned to domestic priorities. To that end, beneficiary countries should be fully engaged in country proposals for priority interventions, with these then evaluated against evidence on effectiveness. FIF technical advisory support could be used to help countries identify and prioritise their needs, as well as helping to develop long-term financing strategies.
- Given the need for a long-term uplift in financing from governments into domestic health systems, when assessing interventions, clear consideration should be given as to how investments will be sustainable and not lead to cliff-edge curtailments. Where possible, investments in HSS at a country level should aim to lock PPR into long term strategies.
- The FIF should consider models that have effectively promoted country ownership in other health FIFs and MDTFs, such as the Global Financing Facility (GFF). The GFF has done positive work engaging with governments to make sure interventions are demand-led and align with political and developmental priorities. The FIF should consider how it can leverage buy-in for all its investments at the country-level.
- Given limited resources and significant needs, the FIF should develop evidence-based criteria for effective interventions to prioritise investments, given country contexts and financial resources. The FIF should generally focus on countries that demonstrate a degree of political commitment to long-term system strengthening and a willingness to link in to regional and global programming. The FIF should also be sensitive to different modalities and approaches that may be needed in fragile and conflict affected countries.
- The FIF should strengthen alignment and coordination of investments at the country level with country priorities. This will require the FIF and implementing partners to ensure they have sufficient capability to work with governments on the ground to strengthen coordination platforms, encourage joint planning, and review processes. Additional technical assistance may be required at the country level to support countries to draw up investments that align with domestic priorities and budgets, as well as other external resources.
- The FIF should capitalise on the WHO's expertise and global reach as a potential delivery partner, as well as for its leadership and coordination in PPR. The FIF secretariat/board should utilise the latest WHO tools and analysis to understand how PPR financing can be targeted to maximise effectiveness.
- The WHO should play a central advisory role for the FIF, whilst taking care to avoid any conflicts of interest as a potential delivery/implementing partner. This could be through either a technical advisory committee to the FIF or an observer role on the Board. The FIF should also leverage scientific and technical advice from other expert organisations, such as the Global Pandemic Monitoring Board, global health CSOs and key GHIs such as the Global Fund, Gavi and CEPI.
- The FIF should build strong relationships with emerging PPR initiatives, including those of the G20 JHFTF. The G20 JHFTF, or future equivalent, could add significant value by supporting the FIF in an advisory and technical capacity, as well as by enhancing coordination across donors and ministries more broadly. The G20 JHFTF could facilitate a gap analysis across the PPR financing system to identify the largest/most urgent PPR financing gaps, and then make recommendations for donors, funds (including the FIF) and countries to address these. Such

analysis should be updated on a regular basis, potentially by the JHFTF supported by the WHO, World Bank and broader expertise. The G20 JFHTF should also help to ensure G20 member states ODA/investments are prioritised based on evidence and well-coordinated both within and across countries.

### **3) Operating modalities, funding allocation, funds flow and resource mobilization:**

*How can the FIF's operating modalities be best structured to incentivize/catalyze country investments in PPR?*

*Should the FIF include eligibility for financing private sector activities and if so, which implementing entities should be engaged for this purpose (FIFs primarily fund such activities through the private-sector arms of MDB groups)?*

*Based on the relative merits and disadvantages of alternative replenishment approaches described above, should the proposed FIF aim for regular replenishments (e.g., every three or five years) or ad hoc replenishments?*

- Depending on the available volume of finance, FIF resources could be used to improve the concessionality of MDB finance or offer co-financing to encourage greater investments by countries in PPR and HSS where there are clear global public good benefits. Alongside this, strengthening incentives through mechanisms such as access to regional MDB windows should also be considered. The FIF should learn from the experience of other funds that have effectively catalysed new funding into specific areas, such as the Global Partnership for Education.
- The FIF should focus on funding and harmonising existing programmes & actors in a way that reduces transaction costs, rather than creating new projects that risk adding to fragmentation. To this end, the FIF should allow for flexibility in terms of eligible implementing partners, in particular the need to consider utilising those GHIs who are best placed to deliver key PPR activities, including Gavi, CEPI and the Global Fund.
- We agree that the FIF should consider providing finance to the private sector arms of MDBs, to incentivise investment in commercially viable manufacturing capacity and R&D in therapeutics and vaccines. This could include financing upstream project development, or reducing risk exposure, where private sector investment alone is currently constrained by significant uncertainty. A FIF could invest in supporting the policy, regulatory, skills and supply chain eco-systems necessary for a successful manufacturing sector.
- If regular replenishments are preferred, five-year periods may work best so that they can be linked to the length of grant cycles, noting that longer grant cycles are more likely to facilitate long-term system change and reform.