World Bank Consultation – WaterAid input (1st June 2022)

WaterAid welcomes the opportunity to provide feedback and input into the White Paper on a Proposed Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response.

We have focused our inputs and recommendations on the specific areas requested for feedback on financing, governance and operating modalities.

Focus of FIF financing:

The proposed FIF needs to respond to and fill nationally identified gaps in capacity and systems to effectively prevent, prepare and respond to health emergencies and future health threats, whether pandemics, epidemics or antimicrobial resistance (AMR). This must include filling gaps and weaknesses in national health systems and their basic building blocks, with a particular focus on primary health care. Strong health systems are the first line of defense against health threats and the foundation of pandemic prevention, preparedness and response (PPR). Ensuring all healthcare facilities have adequate water, sanitation and hygiene (WASH) services is a critical building block of resilient health systems, helping to prevent infections, deliver quality care, encourage healthcare seeking behaviours and ensure patient and health worker safety. Despite this, one in three healthcare facilities globally – and half of those in Least Developed Countries – currently lack readily available access to handwashing facilities, while a quarter lack access to basic water services.

Lack of these essential services will undermine other efforts to strengthen PPR and need to be considered core to the mandate of a new FIF for PPR. Estimates suggest that the total cost to achieve access to basic WASH services in all existing healthcare facilities in LDCs by 2030 is USD$6.5-9.6 billion, or an average of $0.65 per person per year. According to WHO, maintaining hygiene in health care settings is one of the most important measures that can significantly reduce the burden of treating infectious diseases on the health system, with hand hygiene alone yielding 16 times return on investment. Priority for FIF investments must be given to countries furthest behind in progress towards universal access to WASH in healthcare facilities.

At the same time, strengthening essential public health measures, including hygiene behavior change and access to WASH in communities and households should be a central component of efforts to build community resilience to future health threats. The FIF should consider how it can be used to catalyze investments in these areas of public health which fundamentally underpin individual, community and national resilience to health threats and in doing so strengthen PPR.

Recommendations:

1. Ensure the FIF is flexible to be able to respond to country identified needs on basic health system functions, including ensuring all healthcare facilities have access to water, sanitation and hygiene as a core component of strong and resilient health systems;

2. In the short-term, prioritize national level capacity through investments in the countries furthest behind as determined by health system weaknesses and progress towards UHC, including on access to WASH in health facilities;

3. Enable the FIF to catalyze investments in essential public health measures, such as hygiene behaviour change, as foundational underpinnings of PPR.
4. Promote county-led priority setting with strong accountability mechanisms in place to ensure support from intermediaries aligns to and responses to country-led plans.

Governance:

The governance of the FIF needs to reflect a globally representative and equitable structure that responds to our evolving world and the nature of current and future global health challenges. This will require equitable decision-making and representation of countries regardless of income level, as well as meaningful incorporation of the voices of civil society and communities. A truly inclusive governance model will be essential to the success of the FIF, ensuring representation from all relevant stakeholders to enable shared and collective ownership of PPR as everyone’s responsibility, ultimately leading to more sustained progress and impact.

The governance structure being proposed needs to move beyond an outdated donor and recipient model of development which reinforces power imbalances. This will require a new constituency-based approach in which the organization of constituencies is not based on donor or recipient country groupings. PPR is relevant for all countries and the proposed FIF needs to reflect this shared endeavor in a way that better promotes collective ownership and equal decision-making. This could include a universal contribution approach, such as that of the Global Public Investment (GPI) approach, where all countries contribute, all countries benefit and all countries decide, or alternative approaches with different groupings of constituencies which better incorporate and share decision-making equitably across countries, regardless of income or donor and recipient status. Meaningful participation of civil society and communities must include permanent decision-making representation, supported by a wider civil society constituency. This must also include mechanisms at country level that ensure civil society participation in the decision-making process. For example this could include a similar mechanism to the Global Fund Country Coordinating Mechanisms, where representatives from all relevant sectors are involved in the process and decision-making, ensuring alignment with national priorities.

Recommendations:

1. Revise and update the governance structure to better reflect the nature of global health challenges with more equal representation and decision-making regardless of country income level and away from traditional donor and recipient constituencies;

2. Ensure meaningful civil society and community representation on the board through permanent decision-making seats, supported by a wider civil society constituency.

Operating modalities, funding allocation, funds flow and resource mobilization:

Success of the FIF will require sustainable, predictable financing for countries – most likely through regular calls for proposals - in support of nationally led plans and priorities. As such, periodic replenishment modalities that provide countries with consistency to make long-term decisions on strengthening PPR will be more favorable than sporadic ad hoc replenishments. In this way the FIF will support sustainable approaches and be more effective in catalyzing longer-term country investments in PPR.

Recommendations:
1. Ensure an operating modality that supports more predictable financing to help catalyze long-term sustainable country investments in PPR, such as through regular replenishment cycles and funding calls.