

Community Health Impact

From: Carey Westgate [REDACTED]

Sent: Tuesday, May 31, 2022 5:39 PM

To: Consultations <consultations@worldbank.org>

Subject: [Community Health Impact Coalition] Recommendations for the World Bank's Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness, and Response (PPR)
[External]

Dear Consultations Team,

Thank you for the opportunity to provide feedback on the *Financial Intermediary Fund White Paper*. The Community Health Impact Coalition is pleased to offer the following comments.

Framing Remarks

Pandemics disproportionately affect the poor and vulnerable. **Community health workers (CHWs) are poised to play a pivotal role in preventing, preparing for, and responding to pandemics, especially in countries with less resilient health systems. Without CHWs, global pandemic prevention, preparedness and response efforts could fail.**

CHWs are trusted members of the community who are trained to provide health services in their neighborhoods. Acting as a link between the health system and individuals, they provide reliable information, carry out health promotion and prevention activities, implement vaccination campaigns, and treat illness. CHWs, most of whom are women, have played a vital role in many global health efforts. CHWs are the engine of community-based disease surveillance and are uniquely positioned to support case finding and contact monitoring activities. Ever since the first cases of COVID-19 were diagnosed, CHWs have played an important role in maintaining essential health services and fighting the pandemic. And when it comes to vaccination, CHWs also fulfill key roles: from identifying and enrolling target populations, to tracking and reporting outcomes. For this reason, we focus our feedback below on areas that we deem critical to advancing and supporting CHWs as the backbone of PPR efforts at the global, regional, and country levels.

Focus Areas for Feedback	CHIC Feedback
<i>Focus of FIF financing</i>	
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 current scope of financing for the FIF is very broad. Given the limited time span to get public and political buy-in, identifying some more parsimonious areas where progress can be shown will help to capitalize on the current moment. We recommend that the FIF identify and articulate areas of "quick wins" such as targeted investments in community health worker professionalization or the establishment of community health worker registries that will accelerate pandemic preparedness and ability to respond in the case of the detection of an emergent threat.

	<p>The White Paper states that “routine health systems strengthening initiatives can also be included under the definition of PPR, as prevention and preparedness are often best supported through health systems strengthening, rather than by setting up separate structures.” However, it does not include this as a focus area for financing. It also says that money from the FIF could be used for “community engagement” but that is not defined. Evidence shows that a critical element for pandemic preparedness and response is a strong and accessible national health system, including at the community level, and new analysis shows that CHWs who were equipped and prepared for the Covid-19 were able to maintain speed and healthcare coverage of community-delivered care during the pandemic period. Support for CHW professionalization should be an explicit focus area of the FIF.</p> <p>Collaboration with global, regional, and country level actors is required to realize progress towards CHW professionalization and these conversations can be pursued concurrently. Investing in regional public health entities can strengthen their leadership role at the regional level and build on existing efforts for pandemic preparedness and response, including those with a workforce focus.</p>
--	---

Governance

<p>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?</p>	<p>No comment</p>
--	-------------------

<p>How could representation from CSO observers be best reflected on the FIF's governing board? Would a constituency-based approach work?</p>	<p>CSOs, communities, and frontline health workers - specifically community health workers- should be given full representation, including voting rights.</p> <p>The importance of formal representation of civil society and communities in governance structures is well recognized by organizations including the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), Unitaid, GAVI, GFF, and others. The Global Fund currently has three civil society delegations each with a vote (Communities Delegation, Developing Country NGO Delegation, and Developed Country NGO Delegation) and Unitaid currently has two delegations each with a vote (Communities Delegation and NGO Delegation). The structure at Global Fund and Unitaid also highlights the critical importance of recognizing the right to self-representation and distinct voice of communities in governance and decision-making processes.</p> <p>In the absence of full representation, a constituency-based approach that includes representation from frontline health workers - specifically community health workers - would help to ensure that FIF investments are strengthening pandemic prevention, preparedness, and response at the last mile. Community health workers can provide a critical accountability mechanism to ensure funds are reaching the last mile while also ensuring that the FIF is investing resources where they are needed most by those on the frontlines of our pandemic response.</p>
<p>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?)</p>	<p>We recommend that the FIF ensure that its investments align with the latest WHO guidance on pandemic preparedness and response, including those that explicitly describe the role for the community health workforce plus the support that the community health workforce needs to perform their roles effectively; this support includes training, supervision, fair pay, and regular supplies, among others.</p> <p>We recommend that the FIF establish a technical advisory board that includes representatives with expertise in the community health workforce in order to best leverage the latest scientific/technical</p>

	advice from WHO and other expert organizations/individuals and to inform FIF's governing board.
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?	No comment
<i>Operating modalities, funding allocation, funds flow and resource mobilization:</i>	
How can the FIF's operating modalities be best structured to incentivize/catalyze country investments in PPR	See comment below
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)?	<p>We recommend that the FIF provide financing through implementing entities that bring together government, the private sector, civil society, academia, training providers, employers, and trade unions to expand and transform the health workforce as a foundation for stronger pandemic preparedness and response. Such implementing entities include:</p> <ul style="list-style-type: none"> • The Global Fund, through its investments in resilient and sustainable systems for health as well as its dedicated investments in the COVID-19 response; <ul style="list-style-type: none"> • Africa Centers for Disease Control, which strengthens the capacity and capability of Africa's public health institutions as well as partnerships to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programmes; and • Working for Health Multi-Partner Trust Fund which makes resources available at the country level for action and implementation of the <i>Working for Health: 2022–2030 Action Plan</i> which was adopted at the 75th World Health Assembly in 2022. <p>Adding these entities to the list of eligible FIF implementers would not only promote greater coordination at global, regional, and country level but would also unlock opportunities to incentivize/catalyze country investments in PPR via</p>

	pre-existing mechanisms. For example, providing financing to the Global Fund would enable the FIF to tap into the Global Fund's catalytic mechanisms which are specifically designed to incentivize and catalyze country investment in targeted areas, such as community health workforce development (as a foundation for PPR) and other areas deemed critical for overall PPR efforts.
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?	No comment

--

Carey Carpenter Westgate, MPH

Deputy Director | Community Health Impact Coalition