Thank you for the opportunity to comment on your white paper “A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank”. As a veterinarian actively engaged in One Health efforts, I could not help but notice that neither FAO nor OIE were mentioned in this paper. Were they involved in creation of this plan? If not, they should have been.

There are profound weaknesses in the veterinary and wildlife sectors in LMICs. Given that 60% of all emerging diseases are zoonotic and that 72% of emerging infectious diseases originate in wildlife, the lack of veterinary surveillance virtually guarantees we will continue to be taken by surprise by emerging zoonotic threats. In the absence of animal surveillance, zoonotic threat agents will not be detected until people are sick or dead – hardly a desirable result.

Unaddressed Issues that will negatively impact efforts to prepare/prevent or respond to emerging zoonoses:

1. **The World Bank has not tracked investments into the veterinary sector**

   In 2018, in preparation for a panel on “Disease X – Will we find it in time and be able to respond?” at the World Health Summit in Berlin, I asked Mukesh Chawla a simple question – “Of all the money poured into the GHSA, how much has actually gone to the veterinary sector?” His answer was that the World Bank has never tracked investments into the veterinary sector. Its database is filled with information on funding going to human health but the same cannot be said of veterinary medicine. The fact that there has been no accountability for LMICs receiving external funding to use money to address critical deficiencies in veterinary surveillance explains why we see the comments below in JEE and PVS reports.

2. **External funding going to LMICs for pandemic preparedness/IHR goes directly to public health entities, not the veterinary sector**

   Although billions have been poured into the GHSA, the problem has been that the funding is not going where it is most needed. As you can see from the quoted JEE reports below, when LMICs receive external funding, it gets allocated to the public health entities vs. the animal sector.

   From the Global Health Security Agenda Pilot Assessment Uganda Feb 2015 –
   - “The assumption that countries will be less inclined to develop and support veterinary practices and services %and lean towards the human health aspects has to be flagged. Indeed, during the assessment this was a key finding”
   - “Overall, the human health sector strides ahead of animal health in all regards”
   - “Documentation provided by Vet Services could not evidence a similar level of capability in the animal health sector compared to the human health side”
   - “Country has determined zoonotic diseases of greatest public health concern but does not have animal zoonotic surveillance in place”
   - “animal health surveillance identified as the weakest link in zoonotic control and prevention”

   From Joint External Evaluation (JEE) Uganda: “Need to strengthen animal health surveillance”
   From Joint External Evaluation (JEE) – Lesotho: “the national laboratory system in the animal health sector is in its infancy”

From Joint External Evaluation (JEE) Mozambique: “there is a shortage of veterinarians”

From OIE PVS report Cote d’Ivoire: The veterinary lab has no equipment and limited personnel, no budget

From OIE PVS report Guinea – May 2007: VS has a totally insufficient budget

From Performance of Veterinary Services (PVS) Pathway Follow-up mission – Kenya (2011)
- The initial PVS evaluation took place in 2007
- In 2011, “the laboratory equipment available in the visited laboratories is mostly obsolete, unmaintained or out of service. None of the visited laboratories has any proper structure to perform a post mortem examination with the minimal biosecurity”
- “None of the visited District Veterinary Offices (DVOs) has the appropriate instruments or facilities available to perform any professional activities, including guaranteeing the maintenance of cold chain of vaccines, medicines, samples, etc. The same situation was observed in the Provincial Veterinary offices
- “Every VS (Vet Services) building visited by the team showed a total lack of maintenance, and some of them were even closed and abandoned, or used for other purposes. In the opinion of the Team this situation, which has a detrimental effect on all veterinary professional activities under the mandate of the VS, should receive priority corrective action”

3. Public health entities do not understand the critical nature of gaps in veterinary surveillance that will impede our ability to detect emerging pandemic zoonotic threats

In the FAO Assessment of Veterinary Capacity in Sub Saharan Africa, they concluded there is little to no veterinary surveillance taking place in in many countries due to lack of funding for training of veterinary staff or even gasoline to transport samples to a lab for testing. Please see the attached pdf for more detail. The situation is dire...

FAO Assessment of Veterinary Capacity in Sub Saharan Africa – SET Evaluations (Surveillance Evaluation Tool) (see attached pdf on SET)
4. Lack of reporting of disease outbreaks by farmers in LMICs: Recognition of emerging zoonotic events is predicated on REPORTING of sick animals by farmers – does this reliably occur? No

From JEE Ethiopia – “Reporting rates in the animal health sector approx.. 40%
From JEE Tanzania - Current estimates of underreporting up to 90%
From JEE Uganda – “Reporting rate is still very low”
From JEE Cambodia – “Uncompensated culling creates a disincentive to report”; “Should develop policies for compensation for culled animals”
From JEE Ethiopia – “There is no plan to encourage reporting of animal diseases or address factors which might prevent farmers from reporting”

Why is reporting of animal diseases so low? This is due to the lack of an Indemnification Program – compensating farmers for the loss of their livestock or poultry that are killed to control disease outbreaks is the cornerstone of successful surveillance programs in developed countries. Creation of such programs in LMICs would remove the disincentive to report animal illness/fatalities. Failure to do so ensures that zoonotic related animal deaths will not be reported and early warning of impending human outbreaks will be missed

OVERALL RECOMMENDATIONS:
1. The World Bank must start tracking investments into the veterinary sector to ensure the funds are addressing critical deficiencies in the agricultural and wildlife sectors in LMICs. Doing so would introduce accountability on the part of recipients
2. WHO and funders should provide funding to create/enhance surveillance for zoonotic threats, set benchmarks and make continued funding contingent upon demonstration of success
3. The WB should help fund the creation of indemnification programs to remove the disincentive for farmers to report disease outbreaks. Right now, in the absence of compensation, subsistence farmers either eat, sell or bury dead animals.
4. Thorough PVS evaluations should be expedited and the OIE should be funded accordingly to perform these evaluations
5. The World Bank could do the world a service if it were to review program funding across agencies in a formal manner. What has been spent? Where has the money gone? Have those investments been matched by LMICs? Have metrics for success been defined? Have investments resulted in sustainable surveillance programs or just short-term projects? The creation of veterinary surveillance and infrastructure will be critical to the recognition of emerging pandemic threats. The traditional human-centric funding approach will need to be re-evaluated and who better to do it than the World Bank?

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