

G20 HEALTH AND DEVELOPMENT PARTNERSHIP

From: Alan Donnelly [REDACTED]
Sent: Wednesday, June 1, 2022 4:14 AM
To: Consultations <consultations@worldbank.org>
Cc: Priya Basu [REDACTED]
Subject: FIF Consultation

[External]

Dear Sir/Madam,

Please find below the input from the G20 Health and Development Partnership to the FIF Consultation.

Kind regards,

Alan

The G20 Health and Development Partnership is an official engagement group of the G20.

It is a not for profit global organisation, comprising NGO's, academic institutions and private sector representatives, dedicated to demonstrating to Heads of Government, Finance Ministers and Health Minister that there is a significant return on investment for citizens and national economies when governments invest in health system strengthening, research and development and health innovations.

The Proposed PPR FIF is a welcome and urgently needed initiative given the human and financial cost of COVID 19.

It is essential this initiative receives significant investment from governments and philanthropy, however we must all recognise that this Fund will not, in itself, be sufficient to address the funding gap in LMIC's.

The FiF must be a catalyst for several other structural and fiscal changes to the economies of LMIC's that improve domestic investments in national economies.

It is essential, given the massive indebtedness of LMICs resulting from the impact of COVID-19, that the World Bank and IMF support a conditional cancelling or restructuring of LMIC's sovereign debt - on the condition that the freed-up resources are demonstrably invested in domestic health strengthening and PPR.

In addition, LMIC's should be incentivised to address their domestic fiscal regimes, for example increased taxes on tobacco products with the increased revenues being ring fenced for improvements to public health and PPR. The additional tax raised could be matched with contributions from the FIF to improve the FIF's impact.

The G20HDP believes there are five guiding principles that must be central to the Health FIF to give it any chance of achieving long term success.

1. All participating countries need to commit to long-term, multi-annual funding. The ad-hoc replenishment model will not provide the stability and predictability. A commitment to a five-year multi annual programme by countries will allow efficient planning and delivery.

1. The FIF needs to be of a sufficient scale to meet the needs and justify the costs for all, including Low- and Middle-Income Countries.
1. The FIF must be additional to existing global health financing and complementarity with response efforts. Simply redirecting existing resources from one health track to the FIF will be entirely cosmetic.
1. Universality needs to be at the core of the FIF's governance and implementation structure, applying to who makes decisions and who gets access. The governance of the FIF should have high level representation from both donor and recipient countries on a regional constituency basis.
1. The FIF must put transparency and accountability and innovative partnerships at the heart of its governance and operations. There must be a rigorous and transparent evaluation mechanism, which demonstrates the efficient deployment of the FIF.

Regarding the role of the WHO, the technical and scientific secretariat and advisory board should be housed at the WHO and the WHO should have the right to a representative on the main governing body with voting rights.

The role of the WHO must be at the core of this initiative,

The governance of the FIF should reflect the stakeholders - including the private sector. The life sciences sector and the innovative financial sector have much to offer and should be represented in the governing body.

Regarding other organisations operating in the health space - if they are recipients of significant public funding, they should not be voting members of the governing board of the FIF. There is a significant risk of a conflict of interest.

These organisations should play an advisory role as experts, the governing board must be transparent and demonstrate that it is taking decisions objectively.

Finally, during COVID 19 there has been, understandably, a massive focus on vaccines.

In building a new resilient architecture for PPR the focus must properly address efficient, accurate diagnostics, innovative therapeutics, improved data gathering as well as vaccines. The FIF should not become an entirely vaccine focused organisation or dominated by any existing organisation within the health community.

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PATRON OF THE G20 HEALTH AND DEVELOPMENT PARTNERSHIP



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