

PLATFORM
FOR ACT-A
CIVIL SOCIETY
AND COMMUNITY
REPRESENTATIVES

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Feedback from the Platform for ACT-A Civil Society and Communities Representatives on the Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank dated 17th May 2022.

The Platform for ACT-A Civil Society & Community Representatives (co-hosted by WACI Health, Global Fund Advocates Network (GFAN) and STOPAIDS) supports community and civil society representatives in the Access to COVID-19 Tools Accelerator (ACT-A). Since June 2022, the Platform has advocated to ensure every aspect of the ACT-A has reserved space for communities and civil society to bring their expertise, experience, and voices to the COVID-19 response. Based on our experiences in the work of ACT-A, we share the following recommendations on the proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response:

On Governance:

There is an urgent need for inclusive Governance in the FIF: Developing countries were insufficiently involved in key institutional responses to the COVID-19 pandemic, including, most significantly, within the Access to COVID-19 Tools Accelerator (ACT-A). Developing countries, especially low income countries, should have a strong presence on the board and even stronger mechanisms for input, priority setting, planning, and implementation.

The proposed Board should also include civil society and community voting representation and financial/facilitation support to enable meaningful engagement and participation in governance and oversight, but also in policy development, priority setting, planning, and implementation. **We do not support further development of this FIF unless such inclusive governance and decision-making mechanisms are in place.** If these mechanisms are in place we offer our support to facilitate and support civil society and community representative involvement in the creation of the FIF. Our Platform and its co-leads have considerable experience, legitimacy and expertise in facilitating and supporting the involvement of civil society and communities

representatives in multilateral institutions, co-ordination mechanisms and funds in an effective, open and transparent way. The platform would be available to support the World Bank, WHO and governments in developing a process to identify representatives to the governance of the FIF.

In relation to specific paragraphs:

Paragraph 14: Governance decisions should not be left solely to founding members, where such founding has historically involved Northern developed countries/high income countries and global health institutions. There needs to be a prior commitment for co-leadership from the Global South, developing countries and from civil society and communities in the co-creation and design of such an instrument.

Paragraph 15: It should be predetermined that “recipient” countries should have voting rights. Note: at this point in time, the use of the term “recipient” countries does not signify the degree of co-ownership, co-leadership, and co-responsibility that non-donor or limited donor countries should have in the governance and operation of the proposed FIF.

Paragraph 19 and the question on CSO observer status: Paragraph 19 contains the first reference to the possible engagement of civil society, but it discusses observer status only. Observer status only involvement is unacceptable, particularly given the fact that most global health multilaterals and funds now have, and have been proven to benefit from, civil society and community seats and votes on their Boards. As outlined above, civil society and communities participation must include permanent representation, voting and funding to support engagement with broader civil society and communities

This paragraph also discusses the possible inclusion of the private sector. This would be undesirable because of the historic and unremedied conflict of interest between profit motivated entities and the achievement of global solidarity and pandemic preparedness goals.

On Operating modalities, funding allocation, funds flow and resource mobilisation

Fundable entities and conditions on private sector funding: From the outset the FIF should identify a set of key global health institutions that have played a key role in the response to the COVID-19 pandemic, particularly entities involved in the Access to COVID-19 Tools Accelerator or ACT-A. In particular, such a list should include The Global Fund, Unitaid, FIND, the Medicines Patent Pool, GAVI, and CEPI. These institutions have played not just a key role in responding to COVID but have proven their ability to impact positively in the areas of Pandemic Preparedness and Response and in strengthening health and community systems (this particularly relates to the Global Fund, co convenor of the HSRC pillar). This is all the more important as Pandemic

Preparedness and Prevention requires early detection often at Community Level. The inclusion of these organisations will also ensure a full set of tools is available to respond to future pandemics ([diagnostics](#) and therapeutics in addition to vaccines).

Funding should not ordinarily be provided to private entities except with the strong technology sharing and equitable access conditionalities. If funding is provided to private entities for research and development activities, that funding must come with conditions attached, in terms of open science and publication principles, licensing and technology transfer, and commitment to equitable distribution of resulting pandemic counter-measures.

There must also be clear avenues for civil society and community participation in the FIF's organizational structure. As civil society representatives to the ACT-A, we continue to experience challenges in working with the ACT-A Health Systems and Response Connector co-led by the World Bank and have not been appropriately included in key decision-making. There have been delays in establishing and managing the proposed workstreams in the Connector, and connecting those workstreams to critical civil society input from the ground. Such ways of working cannot be replicated in the FIF mechanisms.

Allocation of funds and focus of funding: It is very hard in advance to describe strong principles/metrics for allocating funds where contextual and epidemiological factors may present unforeseen challenges and opportunities and swift changes over time. Funding allocation must also take into account funding and activity undertaken by other entities contributing to pandemic preparedness. That said, it would be helpful even at this early stage to say something about anticipated proportionality of funding. For example, what proportion of funds might be held in reserve for the response to a newly emerging pandemic? Funding should focus on the building blocks of strong health systems including, without reservation, community health systems. Community-led responses for pandemic prevention, preparedness, and response proved essential in the COVID-19 pandemic and must be scaled-up through deliberate and sustained investments.

A stronger focus on partnerships: Overall, the FIF will work best if it has strong relationships and regular means of communication with other entities involved in pandemic preparedness. More attention should be paid to describing its vision for cooperation and coordination with global and national partners.

This is a unique opportunity to create a new world order, one that is equitable, fair and works for all, especially those most marginalized. We welcome being part of its co-creation.

To discuss this feedback further, please contact Revati Chawla at rchawla@frontlineaids.org or Courtenay Howe at courtenay@stopaids.org.uk