Inputs and recommendations on the World Bank's white paper on a proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response

Right to Health Action, the largest grassroots movement representing COVID survivors and front-line health workers disproportionately impacted by the ongoing SARS-CoV-2 pandemic, appreciates the opportunity to provide feedback on the white paper "A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank." We have advocated with all our collective might towards a global fund for pandemics, since the earliest days of this last pandemic. Our organization's leaders were involved in establishing the Global Fund to Fight AIDS, TB and Malaria (GFATM). We are following this process closely, are extremely active on this topic, and look forward to continuing to engage with the Word Bank Group and other stakeholders.

Summary of comments:

1. The Pandemic Fund should treat *prevention of zoonotic spillover* as a goal and fund activity that is at least as important as classic "preparedness". Focusing only on *stopping the spread*, but doing nothing to *prevent the outbreak* is a profound and deadly choice, rooted in uninterrogated bias, and accepts the deaths of mostly black and brown people at the front lines as inevitable and acceptable.
2. The governance of the FIF should have permanent representation from four CSO constituency groups, representing developing countries, developed countries, marginalized populations, and Indigenous communities from zoonotic spillover hotspots. There should be an equal number of donor governments and LMICs. UN representatives from the Quadrapartite Partnership for One Health should also be on the board, as well as technical advisors.
3. The Bank itself should serve as Trustee and Board member, but the Secretariat should be external and independent of the Bank. The FIF should be a funding pool that LMICs and civil society consortia can apply to in order to implement national pandemic prevention plans. Conversely, the choice to limit funding streams to a narrow set of existing entities should be shelved. The FIF should instead borrow the proven innovations from the GFATM, including, in particular, the "country coordinating mechanism".
4. Financing of the FIF should be based on an ability-to-pay mechanism to allow LMIC equitable representation in a decision making capacity on the FIF governance.
5. The Pandemic Fund board should set ambitious targets, including meeting IHR compliance for all LMICs within five years, progressively reducing the annual percentage of zoonotic spillovers, and being able to surge new plug-and-play vaccines worldwide within 100 days.

DETAILED RECOMMENDATIONS:

1. True pandemic *prevention* must be incorporated–not only *containment*.

The white paper rightly highlights that most disease outbreaks with pandemic potential have a zoonotic origin, and the articulation of prevention of zoonotic spillover is a welcome inclusion in the definitions section for "PPR: Prevention, preparedness and response."

However, there are currently ***no*** provisions for prevention of zoonotic spillover in the white paper, which focuses almost solely on what may be described as "containment" – what we must do **after**

an outbreak has happened. Notably, surveillance is related to the important work of *detecting* outbreaks—but does not, in itself, contribute to *preventing* outbreaks.

Right to Health Action also notes that any strategy that begins and ends solely on pandemic "preparedness" (best described as *containment*), is profoundly racist. The notion that global responsibility begins with *stopping the spread* (typically from poor to rich) accepts that *black and brown people just die.* We believe that the work of *stopping outbreaks from happening in the first place* must be a key part of the work of the FIF, at a level equal to that of pandemic preparedness. "Preparedness" alone has demonstrated its deadly, costly limits over the last two years. We must add true pandemic prevention to the package.

Funding spillover prevention interventions would be directly in line with the principle of complementarity and filling gaps in current financing, which the white paper commendably mentions on page 4. Existing institutions that provide international financing for PPR and non-ODA resources currently focus disproportionately on pandemic preparedness and response—critical but insufficient to avert future pandemics.

Five activities towards true prevention the FIF should support:

01. Funding for programs to move towards universal health care, particularly for communities living in emerging infectious disease hotspots, where risk of spillover is high.
02. Alternative livelihoods for people and communities whose current livelihoods put them in contact with wildlife, whether intentional or not.
    a. *Research has demonstrated enormous payoffs in community health, spillover reduction, poverty alleviation, **and carbon conservation** from combining the first two initiatives, in Indonesia, Brazil and Madagascar.*[1]
03. Incentives and support for improved enforcement measures for the protection, conservation, and stewardship of tropical forests in the top 500 zoonotic spillover hotspots.
    a. *With enforcement and incentive measures, Brazil was able to reduce deforestation and environmental degradation (and roughly commensurate risk of spillover outbreaks) by 70%.*[2]
04. Funding for regulation and enforcement action for commercial wildlife trade and markets that contribute to zoonotic spillover risk, particularly commercial trade in birds and mammals, while respecting the rights of Indigenous Peoples and local communities/
05. Strengthened veterinary care and biosecurity in animal husbandry as domesticated animals pose an increased risk of serving as an intermediary host during a zoonotic spillover event. For example, H1N1 and MERS, among other pandemics, had domesticated animals as an intermediary host.

2. <u>Include Civil Society and LMIC governments in FIF governance:</u>

We support the World Bank's recognition of Civil Society Organizations (CSOs) as integral stakeholders that need to be engaged on the highest levels of leadership. However, by excluding civil society, the white paper positions the Bank to fail to comply with its own key principles.

CSOs are woven into the marginalized and impoverished communities most affected by pandemics – exactly the experts most in need of representation. We propose the following recommendations on the governance structure outlined by the World Bank:

[1] National Academies of Science. October 2020: "Improving rural health care reduces illegal logging and conserves carbon in a tropical forest": https://healthinharmony.org/pnas-paper/
[2] Tropical Conservation Science. August 2013: "Brazil's Success in Reducing Deforestation": https://journals.sagepub.com/doi/full/10.1177/194008291300600308

a. There should be **CSO representation as voting members at all levels of decision making, from top-to-bottom.** The argument that CSO involvement presents a conflict of interest is outdated and incorrect, disproven long ago by, for example, the Global Fund to Fight AIDS, TB and Malaria. We recommend at least four protected CSO seats, elected for staggered 1-2 year terms, on the board, as well as reflected also in working groups and lower-level policy making bodies:
    i. At least one (or two) CSO delegations representing NGOs in developing countries
    ii. One CSO delegation representing NGOs advocates in donor countries
    iii. At least one (or more) CSO delegations representing front-line Indigenous communities in zoonotic spillover hotspots–the locations around the world with a high degree of risk for spillovers that create global emergencies
    iv. At least one CSO delegation representing marginalized populations, disproportionately impacted by pandemics
b. All levels of decision making on the Pandemic Fund should additionally include an **equal number of donor countries and LMIC 'implementing countries'**. To do otherwise has proven time and again an expensive way to fail.
c. To support the FIF's curiously un-enumerated recommendation for recognizing "One Health principles" as a focus area for financing, **experts on zoonotic spillover and biodiversity should be included in the technical body and advisory body of the FIF.**
d. WHO and other lead UN agencies should be included as (potentially non-voting) members of the board–including the Quadripartite partnership for One Health.

3. Operating Modalities:

The White Paper suggests that the Bank should be the trustee, the secretariat, and at least one of the implementers. We disagree. During last week's World Health Assembly, governments and civil society actors alike, cited over and over that MDBs are not trusted partners. The fact that COVID-19 happened at all, in spite of years of predictions and plans drafted but not enacted, demonstrates a broad track record of deadly failure by existing actors. **While an acting secretariat staff could (and should) be established by the World Bank, R2H Action suggests a new entity, with a new Secretariat, made neither of WHO, World Bank nor any other existing body.**

In addition, the model proposed in the White Paper of funding dedicated only to existing implementing entities is not a model that should be pursued. We propose instead taking a page from models already successfully implemented by the Global Fund to Fight AIDS, TB and Malaria. Specifically:

a. The FIF should be a pooled funding pot that countries and civil society apply to for funds to implement national country pandemic prevention plans.
b. Funding applications should come through a "country coordinating mechanism" structure similar to that adopted by the GFATM, which requires government ministries to jointly develop applications for submission on behalf of and signed-off on by civil society, including marginalized populations, health workers and the private sector. Applications are not from governments alone, but from all stakeholders within the country.
c. Funding for national pandemic prevention plans should be primarily directed towards local community groups and public-sector ministry programs, rather than multilateral development banks.

4. FIF Financing and resource mobilization

Right to Health Action commends the Independent Panel's recommendation of the **FIF mechanism to be financed on an ability-to-pay assessment basis,** instead of a voluntary based donation.

a. Ensuring ability-to-pay based financing mechanism **allows for rapid and massive financial investment to be pooled for a larger set of developing and developed countries** to ensure structured, catalytic, country investments in PPR in comparison to relying on an ad-hoc donation and grants based model for the FIF.
b. Ability-to-pay based funding should also ensure **low-and-middle-income country** (LMICs) **representation on the governance board as founding donors. LMICs are hit the hardest** when a pandemic occurs, as proven by the ongoing COVID-19 pandemic. This has exacerbated existing socio-economic inequalities and pushed millions into poverty. Facilitating financial commitment and political will at the highest level amongst LMICs will translate into taking ownership and leadership of national and regional level PPR priorities.
c. Ability-to-pay based financing mechanisms will allow for sustained replenishment efforts and engage sustained financing during the inter-pandemic years, something the white paper indicates as a goal to achieve.

5. <u>Set bold targets:</u>
Global health initiatives that have set targets and goals have been more successful than those that do not. **R2H Action requests that the FIF adopts and implements the following measurable goals:**

a. Meet the International Health Regulations *in all LMICs in five years*
b. Reduce by 10% annually the number of new zoonotic disease outbreaks occurring at the human-animal health intersection
c. Set up plug-and-play R&D, regional manufacturing, and distribution systems to extend new vaccines to LMICs within 100 days (rather than four years).

Thank you again. We look forward to engaging with this important project.

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