

## ACTION PARTNERSHIP FIF RECOMMENDATIONS

*RE: Response to the White Paper for the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR) Hosted by the World Bank*

June 1, 2022

Mr. Axel van Trotsenburg  
Managing Director of Operations  
World Bank

Dear Axel,

As a global health advocacy partnership, we appreciate the opportunity to respond to the Bank's call for feedback on the FIF and to support strengthening this mechanism. We want to ensure that this mechanism can efficiently support the country and regional capacity to react to the next crisis and that it fills a gap in the existing global health security ecosystem. As a partnership composed of over 14 locally rooted, independent organizations spanning five continents, we have collectively outlined below a set of high-level recommendations to consider, framed around the FIF's principles, financing, governance, and operating modalities ahead of the June board meeting.

- **Principles:** The White Paper indicates five key principles of the FIF designed to complement the existing structures, catalyze resources, encourage flexibility among institutions, incentivize countries, and spur inclusivity. However, the value-add of the FIF to the existing global health architecture is not clear. We are concerned that the paper does not provide a strategic analysis of existing global health institutions and platforms' capacities, and how the FIF will support and enhance those vs. duplicate them and add additional layers of complexity. Also, given the current health financing landscape, it's important that the FIF create true additionality and be nimble to the current fiscal space in order to embody the five key design principles. The document explicitly expresses that resources mobilized for the FIF shouldn't substitute existing ODA flows and mentions that the FIF would catalyze private funding. However, given the budget constraints countries face, the FIF could and likely will be in direct competition with ongoing resource mobilization efforts or overall current levels of health ODA. ***We recommend that the FIF clearly articulate its plans for mobilizing and leveraging resources outside existing ODA, and not rely primarily on ODA, while also highlighting ways in which it will catalyze private funding, beyond foundations. We also urge that the FIF further clarify its intention to support vs. duplicate the roles and capacities of***

***existing institutions like the Global Fund, WHO, CEPI and Gavi in PPR, and fill clearly defined gaps in the existing architecture.***

- **Financing:** We note the important principle above of ensuring the additionality of FIF financing outside of ODA, and the critical importance of ensuring key global health partners are able to serve as implementing entities in the context of operating modalities below. The White Paper addresses the need for the FIF to allocate additional financing where investments are most urgently needed to bolster PPR and plugging key capacity gaps at all levels. The current version of the White Paper does not outline the need and ways in which it will finance both long-term preparedness and rapid response to pandemic threats and strengthen and make use of existing capacity to save lives now and enhance future preparedness. This new mechanism should prioritize filling gaps in the current systems for preparedness and response and generate global public goods. The FIF should improve the focus on health system strengthening and delivering on primary health care in countries. Ensuring that the FIF can explicitly integrate equity in funding allocations and be nimble enough to take advantage of innovative approaches, like channeling funding through debt relief, will be essential to the sustainability and impact of the FIF. The white paper also references the potential for funding to be disbursed under semi-annual, quarterly, or ad hoc calls for proposal. However, this may not offer the predictability, regularity, and sustainability of funding needed for significant health system strengthening required for pandemic preparedness at the country level or for packaged financing at the regional level. ***We recommend that a consistent but flexible approach with multi-year funding would be more efficient for working with implementing entities and can also allow for regional approaches and better support health sovereignty.***
- **Governance:** We are deeply concerned that the proposed governance structure of the FIF would likely exclude critical and central stakeholders from meaningful decision-making, including implementing country governments, civil society, affected communities, and other key institutional partners. From the language in the White Paper, there is insufficient space for tangible representation from key stakeholders like the WHO, Global Fund, and other institutions, and critical implementing partners, specifically recipient countries, civil society, and affected communities, outside of being observers. ***We recommend a proper seat at the table that would allow for full participation and voting rights for recipient countries, across income categories, but also critical stakeholders like the WHO and other institutions like the Global Fund who have the required expertise and capacity to guarantee the successful implementation of strong PPR. We also strongly recommend that the governance of the FIF recognize the essential contributions of civil society and affected community organizations beyond their role as “observers” and provide representation within the decision-making body.*** Currently, a number of examples exist of FIF’s housed at the Bank that are incorporating more inclusive governance. Embracing more innovative representation and ensuring full transparency at all levels will ultimately enhance the success of the FIF. Framing narrow governance that excludes central stakeholders and implementers as managing “perceived conflict of interest” seems very problematic. We believe that the Bank and the FIF can best address such concerns through transparent strategies and processes and meaningful and inclusive governance.
- **Operating modalities:** Drawing on good practices to ensure streamlined processes for the FIF and strong accountability through all of its implementing partners is highlighted as a critical component of the FIF in order to deliver on its promised results. The White Paper does not outline clearly who the “implementing entities” are that would receive the transferred resources and leaves that and other determinations solely to donors. There is no clarity on whether other health financing mechanisms are eligible to apply or otherwise participate as implementing entities, although this was previously indicated in dialogues on the FIF, but instead references that a waiver would be required

to be eligible for funds. In order to avoid duplication and fragmentation, clear language is needed on the ability, and ideally priority, of Global Fund, CEPI, Gavi and other relevant global institutions to act as implementing entities for the FIF, and to provide reassurance on how effectively aligning these mechanisms to complement and catalyze each other within the existing global health financing architecture and across various populations and countries will be a top priority of the FIF. **We recommend that the FIF better articulate the value-add to PPR efforts by existing institutions and clearly indicate how it will collaborate with and fund multilaterals, including clarifying the ability of other key global health institutions, including Global Fund, CEPI, Gavi, as well as UN agencies, to be implementing entities for the FIF.** Many of these institutions are uniquely positioned to support LMICs to reinforce health systems' preparedness while also strengthening existing health platforms to save lives now and drive increased health equity.

The next months will be a critical time to ensure this mechanism builds on our commitment and ensures **the most vulnerable and marginalized communities are prioritized, enacting an equitable response and recovery, and preparing for any future pandemics, particularly through expanded access to primary health care.** As you prepare to hold conversations on the FIF, we urge you to incorporate these recommendations on behalf of our partnership.

Thank you for your leadership and consideration.

ACTION Global Health Advocacy Partnership

**Dr. Joanne Carter**, Chair, ACTION Partnership  
Executive Director, RESULTS

**Dr. Vineeta Gupta**, MD, JD, LL.M  
Director, ACTION Secretariat

**ACTION** GLOBAL HEALTH  
ADVOCACY PARTNERSHIP

Æquitas Consulting Pvt. Ltd., India

ASAPSU

Focus Equality

Global Health Advocates France

Global Health Advocates India

Health Promotion Tanzania (HDT)

Kenya AIDS NGOs Consortium (KANCO)

Princess of Africa Foundation

Results Australia

Results Canada

RESULTS Educational Fund

RESULTS Japan

RESULTS UK

WACI Health