

AHF Global Public Health Institute at the University Of Miami

From: Jorge Saavedra [REDACTED]
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To: Consultations <consultations@worldbank.org>
Subject: Responses to the FIF white paper

[External]

Dear WB team leading the consultation of the white Paper for the Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank.

I am also attaching my resume, I am not seeking a job or anything like that, it's just in case you don't know me, I am not someone new thinking about these issues for the first time.

Here below my ideas/contributions:

Focus of FIF financing:

The FIF should just define global broad distribution, not to micromanage and not to decide on allocations based on poverty levels, because Covid19 demonstrated that new viruses not necessarily follow the traditional beliefs that the WB classification of countries by income per capita level is a predictor on how countries will be affected. An example, Latin America had a lot more deaths than Africa due to Covid19. The deaths by covid19 in Mexico alone, overpassed the total covid19 deaths in the entire African continent

Therefore, a broader decision at the FIF level should be that 10% go to global health architecture/organizations; 20% for regional bodies, and 70% for country level implementation.

However, "the country" concept should not be a synonym of government; therefore, allocation of funding to-countries should follow the Global Fund to fight AIDS, TB and Malaria model of CCM (Country Coordinating Mechanism), where countries are a representation of the multi-stakeholders involved on prevention, preparedness and response to infectious diseases, and not just governments. The GF model include governments, civil society, private sector, independent public health institutions and communities as implementers

Governance: •

The question should not only be on how to accommodate the representation of recipient countries but also on how to accommodate donor countries

My proposal is 30 seats governing body:

15 seats to Donors

Half of the Governing Board should be of Donors.

The representation of the **donor countries should** be proportional to the size of their contributions to the FIF, therefore if a single country contributes with one 5th of the funding of the FIF, then one 5th of the seats should be assigned to that country or region.

The FIF should open the doors to non-state donors; therefore, there will be 13 seats for donor countries plus 1 seat for private sector and 1 seat for private foundations

15 seats to Recipients (Implementers)

The concept of recipient countries sounds like a neo-colonial term, it should be changed to implementers

All non-high-income countries should be considered implementers unless they voluntarily move to the donors' seats. China should be encouraged to move to the donors group.

The UN system to classify regions is not accurate and it doesn't fit epidemiological, cultural, language, history, migration of its populations, family ties, and trade realities, i.e. Latin America is extremely different from non-Latin The Caribbean; but the UN system insist to merge them together as a single region; West and Central Africa behave differently from Eastern and Southern Africa; India due to its size should be a single region. Therefore, my proposal is the following:

The representation of **Implementers** should be based in Sub-regional representation, according to the number of countries and size of their populations:

1: Western Pacific (including Indonesia and Philippines)

2 South East Asia

3) India

4) Middle East/North Africa

5) Anglophone Africa (Eastern & Southern Africa)

6) Francophone Africa (West & Central Africa)

7) Eastern Europe & Central Asia (former Soviet Republics)

8) Balkans (including Southeastern Europe countries that have never been Russian speakers)

9) Latin America (Latin countries)

10) The Caribbean (Anglophone and Francophone countries)

Plus 5 additional seats for other implementers:

1. Civil Society from Developing Countries

1. International Civil Society

1. Communities of people affected or survivors of life-threatening infectious diseases from Developing Countries

1. Non-profit private sector from developing countries

1. Independent public health institutions/independent providers of health services from developing countries

CSO, communities and independent public health institutions from developing countries should be invited not as observers but as full members of the governing body with voice and vote, therefore all of them should be considered implementers too.

All non-state actors that are part of the FIF board, should represent broader constituencies and not to be invited directly by the WB or by its governing body, representation of non-state actors, including CSO and communities should be decided by themselves

Technical partners should be invited as part of the governing body with voice but no vote, and they should be: WHO, the GF, UNICEF and GAVI.

Operating modalities,

The FIF should not assign funds directly to countries

The FIF should not consider WHO, other UN agencies and as Implementers, they should be considered as technical partners, who can advise and guide countries who are the real implementers.

The WB should make a call to the GF to expand its mandate beyond AIDS, TB and Malaria to other infectious diseases, including neglected tropical diseases if they want to be considered as intermediary recipients of FIF funding.

The GF has the experience on transparently negotiating with individual countries, in terms of public health targets and co-investments, therefore its experience should be incorporated, if the GF accepts to expand its mandate

RDB should be considered as potential recipients, so they could invest in the development of regional public health infrastructure, but not to assign direct funding to countries for national use, the RDB should not promote public health nationalism

The WB should retain its role as trustee of the FIF, with a seat at the FIF governing body and as the host of the Secretariat that monitors the flow of the resources and develops the MOUs with the different intermediary recipients, but the WB should not be a recipient of FIF funding, because that will generate a huge conflict of interest, since it will be the host of the FIF, and will impose duplication of efforts. The role of intermediary between the countries and the funds from the FIF should be given to RDB and the GF

The WHO, and other UN agencies should not receive funds to transfer to countries, they should be funded by the FIF but to comply with their mandate to provide technical assistance to countries and not as funding agencies.

Other specific recommendations

The FIF must be an authoritative body that requires all recipients to accept the following 4 non-negotiable principles:

- 1) Comprehensive global collaboration/participation that includes member states and relevant non-state actors,
- 2) Accountability,
- 3) Full transparency on the use and negotiation of allocation of resources, and on sharing timely epidemiological information, and
- 4) Equity

Full transparency should be required to UN agencies too.

The FIF should not be perceived as a top-down model, therefore figure 1 (in page 6 of the white paper) should be changed for a more horizontal cooperation model, it needs to incorporate the bottom-up approach too.

Only non-profit private sector should be allowed to receive direct funding from the FIF through the GF or RDB. Private sector should receive and get contracts as sub recipients in competitive public binding ways. All contracts with private sector should be fully transparent and available online

The FIF should not be based in voluntary replenishment but primarily in quotas assigned to WB members states, according to their GDP size adjusted by their per capita GDP. The GDP and per capita GDP should be used to assign quotas to member states but not to be used to make developing countries eligible or not.

All countries, developing and developed should pay quotas if they want to receive funding from FIF, even if low-income countries pay symbolic quotas. They should be remembered that controlling an outbreak in a remote country is preventing a potential health threat in other country, even if they are far away.

I am also part of the Panel for the Global Public Health Convention ([PGPHC - Panel for a Global Public Health Convention \(gphcpanel.org\)](http://PGPHC - Panel for a Global Public Health Convention (gphcpanel.org))) and member of a still informal Pandemic Policy Group.

Jorge Saavedra MD MPH MSc

Executive Director

AHF Global Public Health Institute at the University Of Miami

Don Soffer Clinical Research Center Bldg.

1120 NW 14th Street, Office 1026

Miami, Florida 33136

Office: [REDACTED]

Mobile: [REDACTED]

Email: [REDACTED]