



**Pandemic Action Network Consultation Session on from May 24, 2022
On the White Paper: A Proposed Financial Intermediary Fund (FIF) for Pandemic
Prevention, Preparedness and Response Hosted by the World Bank**

Summary of Priorities and Key Discussion Points

Pandemic Action Network thanks the World Bank for the opportunity to directly discuss feedback on and recommendations to enhance the white paper entitled *A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response (PPR) Hosted by the World Bank*. Below find a summary of priorities and discussion points raised during the open consultation session with our Network members. We hope the World Bank will take these points into consideration in the revised paper that will be submitted to the Bank's Board of Executive Directors for decision as well as in the ensuing design and launch phase.

Focus of FIF financing

Priorities for Financing

While Pandemic Action Network members understand that specific funding priorities will be determined by founding members of the new FIF governance structure, recommendations include:

- Identify parsimonious priorities for funding as the first step to capitalize on the energy for the FIF and support the day-to-day infrastructure and capacity-building at the country level that creates the real ability for countries to detect, prevent and be prepared to rapidly respond to potential pandemics. International Health Regulations, Joint External Evaluations, and National Action Plans for Health Security provide important tools for prioritization, but even putting the FIF within the IHR framework will not be narrow enough. More deliberate focus will be essential to ensure that the FIF can demonstrate real, tangible progress in a short time period.
- Stipulate that preparedness for zoonotic spillover should be part of the scope and a priority for financing. If we create a fund that aims only to stop diseases after an outbreak then we are missing the first piece of the puzzle. One Health priorities need to be more clearly addressed beyond surveillance, which is just one aspect of the One Health agenda. The FIF needs to connect the interface of human, animal, and ecological health. This is fundamental to getting at the drivers of pandemics.
- PPR is not easily siloed from other health system needs. The paper should articulate at a high level if there are plans to leverage the FIF to address more basic routine functions during emergencies such as sustaining primary and community health care workers and supporting health systems. Support for these elements can be essential to generate broad buy-in from countries and communities. Many major gaps in the COVID-19 response were attributable to a lack of health systems support, such as a fragmented and inadequate health workforce and disruptions to essential health services. Support for basic health system functions are necessary to sustain in-country responses to crises, particularly as many low- and lower-middle-income countries (LMICs) may lack sufficient capacity.
- Clarify and strengthen ties between the new FIF and addressing the big pandemics impacting people right now, including HIV/AIDS, Tuberculosis, and Malaria. The White Paper

refers to building a system that can strengthen PPR in peacetime, but there is no peace time when these diseases are still raging around the world.

- It will be helpful if the paper can better articulate at least the high-level bounds for broad categories of funding priorities. Does the FIF's terminology of pandemic preparedness and global health security extend to antimicrobial resistance?
- Articulate whether innovation, and specifically medical countermeasure innovation, is within scope of the FIF. How would support for medical countermeasure innovation link to intellectual property rights, TRIPS processes, and funding pandemic R&D as a global public good?

Governance

Outdated structure and governance model

- The donor-recipient model and initial governance structure as discussed in the White Paper is outdated and perpetuates colonialist paradigms that prioritize donor interests over country needs and priorities. Suggest alternate terminology and structure be used to make it clear that all countries will benefit from this new facility and its ability to mobilize additional resources and close critical preparedness gaps (as investments in pandemic preparedness are a global public good). As such, the aim should be that all countries should contribute, all countries should have a voice in deciding funding priorities, with a governance structure that allows for decision-making by countries at all income levels.
- More clearly articulate recommendations and structures for how the governance structure can be truly representative, including examples of other global and regional governance structures that meaningfully include countries at different income levels and civil society in decision-making. Look at and/or reference the multi-sectoral country platforms that have been stood up to support the Global Financing Facility to help local stakeholders strengthen decision making and disbursement of funds. Also look at/reference the Global Fund as a FIF that has had success with inclusive framing, representation, and governance.

Inclusive governance structure, efficiency, and conflicts of interest

- It is essential that principles for governance and inclusion that are deemed important are well-established from the start, starting with this paper and whatever version is tabled at the World Bank's Executive Board for decision to establish the FIF.
- Civil society and implementing countries must be part of the governing structure, with decision-making authority— not just observers. To build an entity that can establish trust and country ownership, ensure the flow of good and timely information, build and sustain strong support, and ensure accountability, civil society organizations and implementing countries must be included as full members in the FIF governance body from the beginning. This should be non-negotiable. Without representation and equity in governance we will actually do harm to the global health architecture.
- Representation is not sufficient and efficiency and inclusivity should not be presented as a trade-off: inclusivity is essential to the FIF's success and sustainability.
- Conflict of interest can happen with any set of groups. Donors are not immune to conflict of interest. This is outdated thinking used to help rationalize historic power imbalances. Implementing countries should be seen not as a conflict of interest, but rather as a value-add in decision-making and essential experts needed for effectiveness.

- Articulate how the FIF will both avoid further fragmenting the global health architecture *and* tackle existing fragmentation? The white paper suggests that there might not be horizontal collaboration between implementing entities, especially if they work on similar priorities.

Stakeholders at the decision-making table

- Global Fund, Gavi, CEPI, FIND, UNITAID and other global organizations have an important role to play in governance, decision-making, and implementation of the FIF. However, FIF governance and implementation should include regional organizations such as Africa CDC as decision-makers, not just global/multilateral organizations. Regional organizations can be closer to country needs, can channel funding more efficiently, and often have strong ownership from the member countries they serve.
- Sectors outside of health, such as the biosecurity sector, also have key equities in pandemic preparedness and global health security and should be included in the FIF governance in some capacity.

Operating modalities, funding allocation, funds flow and resource mobilization

Implementing partners

- As noted above, Gavi, the Global Fund, CEPI, FIND, UNITAID, Africa CDC, CARPHA and other leading regional organizations who have played key roles in the COVID-19 response should be considered as implementing partners for the FIF and highlighted as such in the white paper, even if the Bank must undertake a risk review to ensure they can play this role.
- These organizations have key roles to play in PPR, but there is also a risk that focusing only on such organizations as implementers and decision-makers can miss that this FIF should focus on closing country-identified, country-level gaps in preparedness. Thus other regional, national, and even local-level institutions, including civil society organizations, should be considered as possible implementing partners where they may have particular expertise, experience, and capacity to support country-level work.
- The white paper should further articulate the expectations on how technical partners will be leveraged and engaged as implementers, decision-makers, and advisors.
- Questions were raised about the World Bank's own nimbleness, efficiency, and comparative advantage to serve as an implementing partner.

Operating principles

- The FIF's structure, calls for proposals, operational modalities, and systems should be built in a way that prioritizes country-level needs and investments in capacity-building and infrastructure that can pay dual dividends for PPR and improved health outcomes more broadly (e.g. workforce, frontline systems, supply chains, etc).
- We suggest that the white paper articulate more clearly the essential links between PPR and the FIF with other sectors, issues, and constituencies, such as security and finance sectors, One Health and zoonotic spillover, and the health workforce.
- The FIF's reporting and monitoring should not only be transparent in line with the Bank's own disclosure policies but also with best global practices, and it should be standardized across the board and widely accessible to stakeholders across sectors and around the world.

Funding allocation/Funding flows

- Funding projects and collaborative efforts at the regional level can solve for a lot of efficiency and for cross-border challenges. The paper should thus articulate the important role of regional organizations for efficiency and on-the-ground connections.
- Articulate how the funding model should be set up to ensure disbursement of funds is streamlined and efficient in getting to countries and communities. Getting funds to communities on time will be essential to proving proof of concept and really helping countries prioritize and build preparedness capacities as soon as possible.

Resource Mobilization (Incentivisation, ODA, replenishment, etc.)

- The paper should articulate more clearly that the FIF should be seen as a vehicle for investments from countries at all income levels (middle-income and low-income), not just traditional high-income country donors.
- The paper should assert more clearly the imperative for the FIF to promote and ensure significant **additionality** in PPR funding, and not to repurpose existing global health spending, further strain existing ODA resources, or create further competition for the same resources. The paper should clearly reject the logic that funding is being pulled from a finite pool, and additionality must be a non-negotiable operating principle for the FIF.
- With the initial contributions coming from ODA, there is a real risk that the FIF could draw funds away from other crucial global health spending. The paper should clearly articulate how the FIF will promote and advance country investments in PPR and use a catalytic funding model, including for example the expectation that the FIF will provide co-financing alongside new domestic resource mobilization.
- Articulate the vision for replenishment over the short and long terms, and as noted above the expectations for contributions from countries at all income levels.

Participant List

Last Name	First Name	Organization
Adler	Zoe	CEPI
Aluoka	Nahashon	PAN (Africa)
Ann	Ekatha	Results Canada
Ann	Judith	WHO
Annett	Gro	CEPI
Aoun	Imad	UNICEF
Arabasadi	Ashley	MSH
Assi	Ramadan	PAN (Middle East)
Baldan	Tarita	Global Health Advocates
Bancroft	Alyson	Village Reach
Banda	Amanda	Wemos Health United
Barrie	Liza	Public Citizen

Bass	Emily	Rockefeller Foundation
Bell	Jessica	NTI
Benn	Christopher	Joep Lange Institute
Bhingé	Manisha	Rockefeller Foundation
Blaser	Vince	Sabin Vaccine Institute
Bosslet	Lindsay	PATH
Bowen	David	Klick Group
Braganza	Giovanna	Mount Sinai
Bregu	Migena	Johnson & Johnson
Bryden	David	IntraHealth International
Buckingham	Keifer	Open Society Foundations
Buissonniere	Marine	Resolve to Save Lives
Carson	Courtney	PAN (US)
Cohen	Rachel	The Drugs for Neglected Diseases Initiative (DnDI)
Collins	Chris	Friends of the Global Fight
Datta	Rittika	Amnesty International
Davis	Paul	Right to Health Action
Dharmarajah	Kanna	Frontline Aids
Dieudonne	Lina	Dalberg
Dunford	Polly	IntraHealth International
Dunn	Caitlin	UCSF
Eckles	Jacob	NTI
Emmrich	Ole	WHO
England	Sarah	ACT-A Hub
Epstein	Jon	EcoHealth Alliance
Eyman	Sarah	Jones
Finlayson	Stephanie	Frontline Aids
Folse	Mandy	Living Goods
Ganak	Danielle	PAN
Ganjian	Niloofar	Last Mile Health
Gonzalez-Pier	Eduardo	Development Alternatives Incorporated
Greenslade	Leith	Every Breath Counts
Haapaniemi	Veera	Global Fund Advocates Network (G-FAN)
Han	Lily	Rockefeller Foundation

Hanpeter	Liz	Emergent Biosolutions
Harrison	Anne	Amnesty International
Hecht	Robert	Pharos Global Health
Herder	Monika	Joep Lange Institute
Herlinda	Olivia	Center for Indonesia's Strategic Development (CIDS)
Hlatjwako	Sibusiso	PATH
Horie	Yumiko	Save the Children Japan
Hosemann	Deborah	Deutsche Stiftung Weltbevoelkerung (DSW)
Hubbell	Carrie	PATH
Humme	Alexandra	World Bank
Hurkchand	Hitesh	World Food Programme
Hyman	Jon	Friends of the Global Fight
Ignatius	Heather	PATH
Inaba	Masaki	Africa Japan Forum
Iqbal	Muhammad	Center for Indonesia's Strategic Development (CIDS)
Jackson	Audrey	Johnson & Johnson
Kettler	Hannah	GAVI
Lal	Arush	Women in Global Health
Lee	Samantha	PAN
Lerner	Autumn	PAN
Mac	Eolann	Frontline Aids
Mack	Alison	
Maybarduk	Peter	Public Citizen
McClelland	Amanda	Resolve to Save Lives
McKenna	Rosalind	Open Society Foundations
McNab	Christine	Independent Panel Secretariat
Melissa	Yurdhina	CIDS (Indonesia)
Mendenhall	Adrienne	Access Health International
Messonnier	Nancy	Skoll Foundation
Meurs	Mariska	Wemos Health United
Mlewa	Onesmus	Eastern Africa National Network of AIDS Organizations
Mohan	Aparna	COVID Action Collaborative

Morris	Courtney	PAN
Mubaiwa	Kennedy	Higher Life Foundation (Zimbabwe)
Mundaca	Cecilia	UN Foundation
Mwabvu	Rebecca	Cholera Secretariat
Nauleau	Margot	Save the Children
Nicovich	Crickett	Results US
Norwalk	Steven	Bill and Melinda Gates Foundation
O'Connor	Michael	Find Dx
Omollo	Johnpaul	PATH
Owalla	Dan	Africa People's Health Movement
Pack	Mary	International Medical Corps
Parikh	Nupur	COVID Action Collaborative
Paul	Corinne	CARE International
Probst	Richard	Boston Consulting Group
Puzo	Colin	Results
Rahimzai	Mirwais	FHI360
Rashid	Julien	Global Health Technologies Coalition
Reynolds	Carolyn	PAN
Russell	Asia	Health Gap
Saran	Karishma	Find Dx
Shanmugarasa	Theebika	ONE Campaign
Shodell	Daniel	Public Health Rising
Siddula	Akshita	Right to Health Action
Silborn	Patrik	PAN (Asia)
Sizer	Nigel	Preventing Pandemics at the Source Coalition (PPATS)
Sloate	Lori	UN Foundation
Smitham	Eleni	Center for Global Development
Tipper	Ellen	PSI
Todd	Eloise	PAN
Vaughan	Jenny	UNICEF
Vora	Neil	Conservation International
Westgate	Carey	Community Health Impact Coalition
Wilson	Megan	WaterAid
Woodrow	Emily	Center for Global Health Science and Security

Woolcombe	Zander	PAN (UK)
Wurie	Aminata	PAN (EMEA)
Yemanaberhan	Rahel	Resolve to Save Lives