Pandemic Action Network Review and Feedback

A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank

Pandemic Action Network welcomes the opportunity to review and provide feedback on the World Bank white paper, A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank.

Below we have identified issues we believe are most important to be clarified or amended in the white paper now, to broaden political and financial support for the Fund and set clear directions for the Fund design phase to follow the decision meeting by the Bank’s Board of Executive Directors.

We look forward to working closely with the Bank team and founding stakeholders to shape and stand up a new Fund that is inclusive, representative, and fit-for-purpose in 2022.

Focus of FIF financing

Setting near-term priorities for funding

- Major gap areas in pandemic prevention, preparedness, response and resilience (PPR) outlined by the G20 High Level Independent Panel on Financing the Global Commons (HLIP) should set the broad parameters for the new Fund’s priorities and this should be laid out explicitly in the paper as a guiding frame for the future governance body: 1. Globally networked surveillance and research to prevent and detect emerging infectious diseases; 2. Resilient national systems that strengthen a critical foundation for global PPR; 3. Supply of medical countermeasures and tools to radically shorten the response time to a pandemic and deliver equitable global access; and 4. Pandemic governance to ensure the system is tightly coordinated, properly funded, and with clear accountability for outcomes. These categories remain overly broad, however, and as such are not sufficient to guide investment priorities.

- Thus, while the future Fund governing body will have the responsibility to spell out specific funding priorities, we recommend that the paper set out more clearly the expectation that the Fund will prioritize support to address the most acute IHR core capacity gaps at the country and regional level to detect, prevent, and rapidly respond to outbreaks with pandemic potential and to stop or mitigate cross-border spillover, as indicated by recent international health security assessments.

- Solving for global capacity gaps should be a secondary priority for the Fund, if and when sufficient resources permit. The Fund should not exist primarily to “top up” the budgets of existing global health organizations, even if their work aligns with PPR, but rather should channel funding to those entities only if they are identified by the countries themselves as the most effective partners and implementers to address their acute prevention and preparedness needs.

- The Fund should prioritize activities that can yield significant measurable progress in the near term, to show early proof-of-concept gain, drive long-term political buy-in and galvanize additional resource mobilization commensurate with the $10 billion+ annual funding needs for pandemic preparedness (HLIP, IPPR).

- The paper is clear on the principle of complementarity; as such, the Fund should not focus on supporting activities already within the mandates of existing global organizations like Gavi, Global Fund, Coalition for Epidemic Preparedness Innovations (CEPI) and others. Examples of cross-cutting areas of pandemic preparedness where the Fund can add
significant value and play a gap-filling role and could be usefully elaborated in the white paper may include:

- Reliable, globally-coordinated and integrated disease surveillance, field epidemiology, data, and laboratory networks for early detection and sequencing of emerging pathogens with pandemic potential, including zoonotic spillover.
- Robust and effective biosafety, biosecurity, and research oversight and governance capacity at the national and sub-national levels.
- A well-trained, well-equipped frontline health workforce and infrastructure capable of timely, agile, and effective infection prevention and control in the event of a serious outbreak while also enabling continued delivery of essential health services.
- Stress-tested national, regional, and global systems that can stop localized outbreaks from spreading, such as emergency operations centers, national public health institutes, communications networks, simulations, and pre-agreed response protocols.
- National, regional, and global platforms to accelerate and coordinate rapid development, manufacturing, and equitable delivery of medical countermeasures and supplies essential to controlling epidemics and pandemics.

**Preparedness vs. emergency response surge funding**

- The paper should articulate clearly whether this Fund will strictly focus on prevention and preparedness capacities, or if it will also be a vehicle for surge funding in a global health emergency. Both types of financing are urgently needed to address future pandemic threats, but the Fund is not the vehicle to do so at this time.
- **The white paper should clearly spell out that the primary purpose of this new Fund is to be laser focused on filling prevention and preparedness gaps, and that it should not be raided for emergency outbreak response.** The funding that would be required to both support preparedness and emergency response would be multiple times greater than the (conservative) estimated $10 billion+ annual international funding gap for pandemic preparedness alone.
- Based on the lessons learned from the past two decades, if emergency response were to be included in the Fund’s mandate at its inception, the principle of additionality will likely be impossible to achieve, perpetuating the cycle of panic and neglect when it comes to financing preparedness.
- The Contingency Fund for Emergencies (CFE) at WHO already exists to finance early investigation and response to outbreaks, and should be appropriately resourced to do so. The white paper could be more explicit on this and that a separate process will be needed to advance an appropriate structure for rapid surge funding to countries and international organizations in the case of an active and escalating global health emergency.

**Governance**

**Meaningful engagement of all stakeholders in design and decision-making**

- The paper should specify that a key governance principle of the new Fund will be to **provide full engagement and decision-making roles for governments at all income levels and for representatives of civil society and community organizations, with a process of rotating, elected seats on the governance body for each stakeholder constituency.** Observer or “second class” status should not be even offered as an option. Inclusion of civil society and LMIC governments as full members of the governing board - in line with best global practices that utilize such constituency-based models - will be essential to drive political support and buy-in, equity, transparency, and accountability; to cement the fund as a
cross-cutting global good; and to enable the strong stakeholder engagement necessary to drive impact and sustainability.

- For decision-making and priority setting, meaningful engagement might mean striking thoughtful balances between moving expeditiously to take advantage of political momentum and taking the required time to meaningfully consult with a globally diverse and representative set of stakeholders, including civil society and other non-state actors. This should not imply any efficiency loss, but rather should be part of the Fund design process from the start to keep to ambitious timelines while also taking the needed steps to engage across partner and stakeholder groups and to apply emerging lessons in the dynamic PPR space.

- The Fund can serve as a model for the application of the principles of global public investment: all countries contribute, all countries benefit, and all countries have a role in decision-making. To achieve this, countries at all income levels and regional organizations must have a role to play in determining the Fund’s priorities for investment through its leadership, decision making, and governance.

Operating modalities, funding allocation, funds flow and resource mobilization
Complement the global health architecture and drive system-wide commitment to pandemic preparedness

- The Fund’s governance and operating modalities should actively promote and facilitate work across sectors to advance an integrated, whole-of-government approach to pandemic preparedness, beyond the health sector, to include security, environment/climate, One Health, finance, technology, and other sectors and reflect the full reach and impact of pandemic threats.

Implementing agencies

- While the World Bank’s current FIF Framework only pre-authorizes the Bank, other MDBs and UN agencies as FIF implementing agencies, there are numerous other organizations with the expertise, experience, and capacity in PPR to serve in this role. The paper should set out the clear expectation and guidance for the future governing body that other implementing agencies can and should be considered for this FIF, including other leading multilateral entities, technical agencies, civil society organizations, and private sector entities at global, regional, and national levels. The paper is currently too passive on this point.

New, additive funding beyond ODA

- The paper should be stronger on asserting not only the core principle of additionality, but also that a priority and value-add of the Fund will be to mobilize diverse resources for pandemic preparedness from a whole-of-government, whole-of-society perspective. The Fund must not drive further competition for existing Official Development Assistance (ODA) or global health and development resources; the expectation should be that donor governments will either expand their ODA pie and/or will tap into other budgets to resource the Fund (and as noted above, all governments should contribute).

- While the initial focus is proposed to be on “grants in, grants out” to expedite the Fund’s launch, the Fund can and should evolve into a blended financing platform that will promote and crowd in other innovative sources of financing from the public, private, and philanthropic sectors.

- The Fund should work to incentivize domestic resource mobilization for pandemic preparedness through mechanisms—such as matching funds—which will require support and engagement from political leadership in all countries and regions. The white paper
should offer examples on how grant financing can catalyze domestic planning and budgeting for preparedness without forcing prioritization between pandemics and other health and domestic needs or contributing to further LMIC indebtedness. A requirement that funded activities should be part of an evidence-based national action plan for health security - and clearly laying out how the Fund would fill financing gaps for those plans - would be a good starting point to drive country ownership.

**Metrics, reporting, and transparency**

- **Link grant financing through the Fund to measurable progress toward global preparedness indicators and technical assistance** to implement capacity-building and monitor and evaluate effectiveness, leveraging leading tools such as the JEEs, the IHR Monitoring and Evaluation Framework, and the Global Health Security Index.

- **Ensure timely and transparent updates on Fund activities and achievements to build and sustain political support and confidence** in the Fund and demonstrate the Fund’s added value to the global architecture. This should include an emphasis on supporting countries and regional institutions in developing stronger systems for accountability.