

Institute for Global Health

From: Tilman Rüppel [REDACTED]

Sent: Tuesday, May 31, 2022 5:56 AM

To: Consultations <consultations@worldbank.org>

Subject: Feedback submitted by Tilman Rüppel (medmissio) on the white paper 'A Proposed FIF for Pandemic Prevention, Preparedness and Response Hosted by the World Bank'

[External]

Dear World Bank Civil Society Team,

thank you very much for the opportunity to submit our recommendations regarding the review of the White Paper "A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank".

You find my brief input and suggestions attached.

Sincerely,

Tilman Rüppel

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General feedback and response to specific questions raised in the white paper "*A Proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response Hosted by the World Bank*"

General feedback

Along with discussing important implementing issues relating to the proposed Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response, we want to present several overarching themes that must be accounted for in general:

1. The white paper briefly touches on the problematic issue that financial resources in the realm of health-related Official Development Assistance (ODA) could be diverted from existing programs towards the newly established FIF instead of accumulating additional finances. This problem is compounded by the fact that the FIF should encompass 10.5 billion US\$ but an analysis by World Bank and the World Health Organization (WHO) estimates that in fact 31 billion US\$ are needed. Furthermore, so far signaled investments for the proposed FIF amount to 960 million US\$, which is not even 10% of the required amount of 10.5 billion US\$ over the next 5 years. Therefore, acquiring sufficient financial resources for the FIF to fulfil its intended goals is already a serious problem at the outset of the proposed fund. This predicament has to

be taken into account in the whole course of the FIF's implementation phase and rewards a serious debate as well as strategy on how to address this dilemma. Additionally, this debate should include the problematic circumstance of further fragmentation in the field of health-specific ODA.

2. Predominantly, the Global Fund should serve as a prime example for the implementation of the proposed FIF owing to its proven track record as well as its efficient and well-balanced governance structure. In terms of governance and partnership, it is paramount to ensure that the involvement of developing countries and civil society is based on equal terms in comparison to donor countries and the private sector. Failures that occurred in the design of ACT-A and COVAX which resulted in unequal access to decision making for developing countries and civil society organizations must be avoided.

Feedback on specific questions raised in the white paper

Given the substantial financing needs identified by various independent reports at country, regional and global levels, while also recognizing that the FIF's financing priorities could change over time, and that it would ultimately be the prerogative of the FIF's governing board to set the priorities, what would be the optimal balance between priorities at these three levels in the initial phase of the FIF's operationalization?

Initially, the FIF should concentrate on disseminating finances mainly at the country and regional levels since the prevention of public health threats with pandemic potential has to be implemented on the ground and in line with principles like the "One Health" approach. Moreover, preparedness that can effectively respond to disease outbreaks primarily depends on quickly detecting and containing surges in incidence on the ground aka the country level. Resilient and well-equipped health systems as well as accompanying structures such as laboratories and data hubs are of utmost importance in this regard. Whereas fast and efficient data sharing in addition to having a rapid response team available are also of high relevance at the global level, the financing requirements at the country and to some extent regional levels are greater and that is why they particularly need financial resources stemming from the FIF.

Based on the alternative arrangements that different FIFs follow in terms of the structure and composition of their governing boards, as presented above, we would welcome views on the composition of the governing board for the proposed FIF and on how best to incorporate the representation of recipient countries in a manner that balances inclusivity with the need for efficient decision-making and implementation. To facilitate efficient governance, the majority of FIFs group recipients into constituencies. How should recipients be grouped? For example, one seat per region? Or should limitations be set on the number of countries in any one constituency to facilitate coordination within the constituency, which would result in a different number of seats per region?

How could representation from CSO observers be best reflected on the FIF's governing board? Would a constituency-based approach work?

How could the FIF's governing board best leverage scientific/technical advice from WHO and other expert organizations/individuals? (e.g., through a technical advisory body and/or as observers to the governing body?)

What would be the best way to establish linkages between the proposed FIF and the G20 JFHTF and/or any other G20 finance and health coordination platform established in the future?

As mentioned above, the FIF should largely adopt the governance structure of the Global Fund since for approximately two decades this governance structure has led to a well-balanced and efficient power dynamic within the Global Fund. In addition, while some differences concerning the programmatic themes exist between the FIF and the Global Fund, both are at the center of health-specific ODA simply due to the pure size of their financing flows. A similar governance structure, therefore, has the potential to weaken the negative effects of fragmentation for political decision-makers, civil society representatives and further stakeholders. In the same light, inclusion of civil society as well as WHO should be organized in the same way as it takes place in the Global Fund. However, we advise to refrain from establishing direct linkages between the proposed FIF and the G20 JFHTF as this endangers the fragile equilibrium in relation to power dynamics between nations involved in the G20 and the multitude of countries that are not part of this group.

How can the FIF's operating modalities be best structured to incentivize/catalyze country investments in PPR?

Should the FIF include eligibility for financing private sector activities and if so, which implementing entities should be engaged for this purpose (FIFs primarily fund such activities through the private-sector arms of MDB groups)?

Based on the relative merits and disadvantages of alternative replenishment approaches described above, should the proposed FIF aim for regular replenishments (e.g., every three or five years) or ad hoc replenishments?

The eligibility for financing private sector activities should be included in the proposed FIF, however, the governing body must ensure that only small amounts of financial flows in comparison to the overall financial investments undertaken by the FIF are distributed to the private sector. In our view, it is also important that the proposed FIF should aim for regular replenishments. Replenishments on a regular basis are better suited to constantly obtain new financial resources, which is essential for the proposed FIF in order to continuously fund prevention, preparedness and response. Investments in these thematic fields must especially occur in times when the danger of a pandemic is perceived as low in the political and medial debates. This is the only way to distribute the necessary resources needed to have effective and efficient response systems available when a new pandemic strikes. Regular replenishments are better suited for this purpose than ad hoc replenishments.