Arush Lal

From: Arush Lal [redacted]
Sent: Thursday, June 2, 2022 5:32 PM
To: Consultations <consultations@worldbank.org>
Cc: [redacted]; Magnus Lindelow [redacted]
Subject: Feedback to FIF White Paper Consultation
Importance: High

[External]
Dear Priya, Magnus, and colleagues,

Thank you again for the opportunity for to feed into the World Bank FIF White Paper, and it was a pleasure meeting you during the recent Pandemic Action Network meeting. I wanted to briefly share a few larger points to consider that may help strengthen the structure and utility of the FIF paper.

Suggestions:

- ***Commit portion of FIF investments to support health systems*** during crises.
  - Major gaps in 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. The ACT-A Health Systems & Response Connector was developed to try to address this, and the G20 Joint Finance/Health Analysis noted these challenges. However, the White Paper doesn't adequately address this. Beyond the traditional health security capacities described (e.g., surveillance capacities, laboratory systems, medical countermeasures), the success of FIF will hinge on committing a percentage of core investments to support essential public health functions (e.g., primary health care, community health workers, interoperable information systems, etc.) necessary to sustain in-country responses to crises, particularly as LMICs may not have the capacity to address these on their own. Note that this isn't the same as financing routine health system strengthening, which likely falls out of the scope of FIF, but rather focuses on maintaining health service resilience during health emergencies.
- ***Promote FIF coherence in PPR architecture*** by ensuring recommendations are clearly linked to those provided by other major PPR initiatives (e.g., IPPPR, IOAC, INB, GPMB, WGIHR, pooled procurement mechanisms like the PAHO Strategic Fund).
  - Where recommendations are fully aligned, this should be noted; where differences exist (even if minor, e.g., Global Health Threats Board vs. Global Health Threats Council, etc.) this and justification should also be clarified for readers.
- ***Ensure targeted focus on vulnerable populations*** through alignment with SDG gaps during health emergencies.
  - While specific plans for operationalization and targeted populations go beyond the scope of this paper, at least outlining high-level categories of actors involved (e.g., WHO, UN agencies, Member States, CSOs, donors, IFIs, private sector) would help move conceptualize how multistakeholder participation can better support marginalized groups through notable gaps during health emergencies, many of which overlap with SDG targets that World Bank and its partners are already working to address (e.g., gender

inequity including in ill-fitting PPE for female health workers and disproportionate impacts on women and girls, social protection programs to support marginalized communities that may lose employment, climate change-related gaps such as increased zoonoses in communities, etc.).

I've also attached below some recent research I've led that I hope may be useful in conceptualising practical ways to link health systems for UHC into PPR proposals, including on how to integrate important PHC lessons into the FIF. I've attached a short blurb about this below — please do let me know if you have any questions, and I'd welcome any feedback you have.

I hope these may be helpful, and I look forward to supporting and amplifying this timely document. Please don't hesitate to reach out if you have any questions.

Sincerely,
Arush

Arush Lal
Community & Civil Society Representative | ACT-Accelerator Health Systems Connector
Vice Chair, Board of Directors | Women in Global Health
International Consultant, Strategic Fund | PAHO/WHO
MPhil/PhD Candidate, Health Policy | London School of Economics & Political Science
Email: [redacted] | Phone/Whatsapp: [redacted] | Twitter | LinkedIn | Google Scholar